

CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

Combined Application – Household Member Supplement Form

Purpose: This form is a supplement to the Combined Application Form (CAF) (DHS-5223). Use this form if you need more space than the five persons allowed on the CAF to list the people in your household.

Additional people: List all of the people living in your home, even those temporarily living away from you, even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. For example, list your spouse, other adults, children, all other people and those temporarily away from your home.

***Marital status:** (choose one) **N** = Never married **M** = Married living with spouse **S** = Separated (married, living apart) **L** = Legally separated **D** = Divorced **W** = Widowed

***Race:** (choose all that apply) **A** = Asian **B** = Black or African American **N** = American Indian/Alaska Native **P** = Pacific Islander/Native Hawaiian **W** = White

NOTE: This information will not affect eligibility or level of benefits and is to assure that program benefits are distributed without regard to race, color, or national origin

PERSON 6

LEGAL NAME - LAST		FIRST NAME		MIDDLE NAME		OTHER NAMES (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER (only if applying for help)			DATE OF BIRTH		GENDER <input type="radio"/> Prefer Not to Say <input type="radio"/> Male <input type="radio"/> Female		RELATIONSHIP TO YOU
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W		LAST SCHOOL GRADE COMPLETED		MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____			
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen							
IMMIGRATION STATUS (only if applying for help)			U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No				
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None				ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON							
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No				RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached	
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No							

PERSON 7				
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER (only if applying for help)	DATE OF BIRTH	GENDER <input type="radio"/> Prefer Not to Say <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU	
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____		
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen				
IMMIGRATION STATUS (only if applying for help)	U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON				
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No				

PERSON 8				
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER (only if applying for help)	DATE OF BIRTH	GENDER <input type="radio"/> Prefer Not to Say <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU	
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____		
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen				
IMMIGRATION STATUS (only if applying for help)	U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON				
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No				

PERSON 9				
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER (only if applying for help)	DATE OF BIRTH	GENDER <input type="radio"/> Prefer Not to Say <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU	
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____		
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen				
IMMIGRATION STATUS (only if applying for help)	U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON				
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No				

PERSON 10				
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES (maiden name, nickname, etc.)	
SOCIAL SECURITY NUMBER (only if applying for help)	DATE OF BIRTH	GENDER <input type="radio"/> Prefer Not to Say <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU	
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____		
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen				
IMMIGRATION STATUS (only if applying for help)	U.S. Military Service (regardless of discharge status)? <input type="radio"/> Yes <input type="radio"/> No			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W	
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON				
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached		IMMIGRATION VERIFICATION <input type="radio"/> requested <input type="radio"/> attached
Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No				