

<b>SECTION 1</b> CHECK EACH PROGRAM YOU OR ANY HOUSEHOLD MEMBER ARE APPLYING FOR				Public Assistance (PA)   Child Care in lieu of PA   Supplemental Nutrition Assistance Program (SNAP)   Medicaid (MA) and SNAP Medicaid (MA) and PA   Services (S), including Foster Care (FC)   Child Care Assistance (CC)   Emergency Assistance Only (EMRG)																					
<b>SECTION 2</b>																<b>SECTION 5</b> DO ANY OF THESE APPLY TO YOU?  Pregnant 1 Victim of Domestic Violence 2 Need To Establish Paternity 3 Need Child Support 4 Drug/Alcohol Problem 5 Fuel Or Utility Shutoff 6 No Place To Stay/Homeless 7 Fire Or Other Disaster 8 Have No Income 9 Serious Medical Problem 10 Pending Eviction 11 No Food 12 Need Foster Care 13 Need Child Care 14 Problems with English 15 Reasonable Accommodations 16 Other _____ 17									
WHAT IS YOUR PRIMARY LANGUAGE?   ENGLISH   SPANISH OTHER (specify) _____								DO YOU WANT TO RECEIVE NOTICES IN:   ENGLISH ONLY   ENGLISH AND SPANISH																	
<b>SECTION 3</b> <b>APPLICANT INFORMATION</b> <b>PLEASE PRINT CLEARLY</b>																									
FIRST NAME				M.I.	LAST NAME					MARITAL STATUS		PHONE NUMBER (   ) AREA CODE													
STREET ADDRESS					APT. NO.	CITY				COUNTY			STATE	ZIP CODE											
IN CARE OF NAME (COMPLETE IF YOU RECEIVE YOUR MAIL IN CARE OF ANOTHER PERSON)																									
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					APT. NO.	CITY				COUNTY			STATE	ZIP CODE											
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS?		YEARS	MONTHS	IS THIS A SHELTER? YES   NO		ANOTHER PHONE WHERE YOU CAN BE REACHED		NAME				PHONE NUMBER (   ) AREA CODE													
DIRECTIONS TO CURRENT ADDRESS																									
FORMER ADDRESS					APT. NO.	CITY				COUNTY			STATE	ZIP CODE											
IF YOU ARE CURRENTLY WITHOUT A HOME, CHECK HERE																									
AGENCY HELPING APPLICANT/CONTACT PERSON											PHONE NUMBER (   ) AREA CODE														
DO YOU NEED THE MEDICAID PORTION OF THIS APPLICATION AND THE POTENTIAL RECEIPT OF ANY MEDICAID COVERAGE TO BE KEPT CONFIDENTIAL?   YES   NO																									
<b>SECTION 4 – If You Are Applying For SNAP:</b> You can file an application the day you get it. In order to file a SNAP application, it must have, at minimum, your name, address (if you have one) and signature below. You must complete the application process, including signing the last page of the application and being interviewed. If eligible, you will get SNAP benefits back to the date you filed the application. You must be told, within 30 days of the date you turned in (filed) your application for SNAP benefits, if your application is approved or denied. If your household has little or no income or liquid resources, or if your rent and utility expenses are more than your income and liquid resources, you may be eligible to get SNAP benefits within five calendar days of the date you file. If you are a resident of an institution and are applying for both Supplemental Security Income (SSI) and SNAP benefits prior to leaving the institution, the filing date of the application is the date you leave the institution.																									
SNAP APPLICANT/REPRESENTATIVE SIGNATURE  X										DATE SIGNED															