

SECTION 6 – HOUSEHOLD INFORMATION – List everybody who lives with you, even if they are not applying with you. List yourself on the first line.DOES THIS PERSON
(INCLUDING MINOR
CHILDREN) BUY FOOD
OR PREPARE MEALS
WITH YOU?HIGHEST SCHOOL
GRADE COMPLETED

(Middle Initial)				THIS PERSON IS APPLYING FOR:								DATE OF BIRTH			SEX M OR F	RELATION- SHIP TO YOU	SOCIAL SECURITY NUMBER OF <u>APPLYING</u> HOUSEHOLD MEMBERS (See instruction book, PUB-1301 Statewide, or talk to your social services district)		YES	NO
RI	LN	FIRST NAME	M.I.	LAST NAME	PA	SNAP	MA	CC	FC	S	EMR G	Month	Day	Year						
	01															SELF				
	02																			
	03																			
	04																			
	05																			
	06																			
	07																			
	08																			

PLEASE LIST MAIDEN OR
OTHER NAMES BY WHICH
YOU OR ANYONE IN YOUR
HOUSEHOLD HAVE BEEN
KNOWN

Line No.	ONC	FIRST NAME	M.I.	LAST NAME
Line No.	ONC	FIRST NAME	M.I.	LAST NAME

IS ANYONE SANCTIONED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHO	REASON	END DATE
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NON-APPLICANT INFORMATION

LN	FIRST NAME	LAST NAME	LEGALLY RESPONSIBLE		FOR WHOM?	CONTRIBUTION/ DEEMED INCOME	CHECK IF MEMBER OF SNAP HOUSEHOLD
			YES	NO			

NON-CITIZEN WITH SATISFACTORY IMMIGRATION STATUS INFORMATION**INDIVIDUAL EDUCATION****CONSIDER**

LN	NON-CITIZEN STATUS	STATUS ADJUSTED		DATE OF ENTRY/STATUS			APPLIED FOR CITIZENSHIP		SPONSORED		LN	DEGREE RECEIVED	LN	DEGREE RECEIVED
		YES	NO	MONTH	DAY	YEAR	YES	NO	YES	NO				
											01		05	
											02		06	
											03		07	
											04		08	

✓ RCA/RMA REFERRAL

LN	SECTION 7 – RACE/ETHNICITY – Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for requesting this information is to ensure that program benefits are distributed without regard to race, color, or national origin.							CLIENT IDENTIFICATION NUMBER	ENTER APPROPRIATE CODES									
	<div>H I A B P W U</div> <div>HISPANIC OR LATINO NATIVE AMERICAN OR ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR PACIFIC ISLANDER WHITE UNKNOWN (MA ONLY)</div>								REL	SSN	SFUI	MS	SI	LA	EM	CI	EL	
	↓	ENTER Y (YES) OR N (NO) FOR HISPANIC OR LATINO																
		ENTER Y (YES) OR N (NO) FOR EACH RACE																
	H	I	A	B	P	W	U											
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
ANTICIPATED FUTURE ACTION				CASE TYPE	RELATED CASE NUMBERS			CONSIDER				REQUESTED	DOCUMENTATION		IN FILE			
LINE NO.	CODE	DATE							✓ Relationship ✓ Filing Unit ✓ Legally Responsible Relative ✓ Single Economic Unit ✓ SNAP Household Composition ✓ SNAP Aged/Disabled Individual ✓ Photo ID ✓ AFIS (PA Only) ✓ CBIC/PIN ✓ RFI/OCA ✓ Health Insurance		Photo ID							
											Birth Verification							
											Marriage License							
SERVICE ELIGIBILITY PROCESS CODE							Social Security Card											
SFUI	CODE	SFUI	CODE				Code 9 Resolution											
SFUI	CODE	SFUI	CODE				Immigration Status											
NEEDED		REFERRALS			COMPLETED													
		Legal																
		Services																
		SSA																
		NYSoH																
		Chronic Care/SSI-Related																
		MA-Only																
		Medicare Savings Program																