

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