



# Application for Food and Nutrition Services

## What are Food and Nutrition Services?

Food and Nutrition Services help households buy eligible food in authorized retail food stores. This will increase low-income household's food buying power so they can have more nutritious meals.

## How Do I Apply for Food and Nutrition Services?

**Step 1. Fill out this application:** You have the right to receive an application upon request. If you can't fill out the whole application today it will be accepted as long as you fill in the bottom of this page with your name, address, and signature. If you need assistance in completing this form, please let us know so that we can assist you.

**Step 2. Turn in the application to your local DSS as soon as possible:** You can mail, fax, or bring the application to your local DSS office. The date we get your application with your name, address, and signature on it, is also the start date of your Food and Nutrition Services application. If you are eligible for Food and Nutrition Services in the month you apply, the amount of Food and Nutrition Services you will get for that month depends on the date you turn in your application. The sooner you give us this application, the quicker you will know if you are able to get Food and Nutrition Services.

**Step 3. Talk with us:** A caseworker must interview you or someone you choose to represent you. This is to see if you can get Food and Nutrition Services. If you are unable to stay for your interview today, please tell the receptionist or a caseworker so that we can schedule an interview for you.

## Information About Social Security Numbers, US Citizenship and Immigration Status

You can choose not to apply for yourself or members of your household and are not required to answer questions about Social Security Numbers (SSNs) and citizenship/immigration information for those you choose not to apply for. For each individual that you are applying for you must provide information about SSNs and citizenship/immigration status. Providing a SSN is required by the Food and Nutrition Act for applicants seeking benefits. We will not share SSNs with INS. We will only use the SSNs you give us to do computer matches to check what you told with State and Federal Agencies Income and Eligibility Verification System (IEVS), other computer matching systems, program reviews and audits. This information may be verified through other sources when discrepancies are found and may affect your household's eligibility and benefit level. You must be a United States (U.S.) citizen or an eligible alien and also meet other Food and Nutrition Services rules to get Food and Nutrition Services benefits. We will only contact USCIS to check the immigration status on the household members who give us their immigrant documents. If an applicant does not provide this information, they will be ineligible for benefits. Household members must provide their financial information because it is needed to determine eligibility for individuals who are applying. Eligible household members who apply will be able to get benefits even though some people in the household are not applying for benefits. The amount of benefits will depend on the number of people requesting benefits.

## Do You Need Assistance in Completing This Form?

If you need assistance in completing this application in order to apply for Food and Nutrition Services, please let us know so that we can assist you. Do you need assistance in completing this application?  Yes  No

## Do You Need An Interpreter To Help You Apply For Food and Nutrition Services?

An interpreter can be provided, free of charge, if you need assistance in applying for Food and Nutrition Services. Would you like an interpreter to assist you?  Yes  No

Si usted necesita ayuda al solicitar los beneficios de Cupones de Alimentos, se le puede otorgar los servicios gratuitos de un intérprete, ¿ Quisiera que un intérprete lo ayude?  Sí  No

## Tell Us About Your Household

<b>Name:</b>			
_____	_____	_____	_____
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Alias</i>
<b>Address of where you live:</b>		<i>When did you start living at this address?</i>	
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Mailing address if different than above:</b>			
_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Language you speak?</b>			
_____			
<b>How can we reach you?</b>			
_____	_____	_____	_____
<i>Home phone number</i>	<i>Cell phone number</i>	<i>Work phone number</i>	<i>Other phone number</i>
_____	_____	_____	
<i>Signature</i>	<i>Date</i>	<i>Witness Signature (if signature is an X)</i>	

**Do You Need Someone To Apply For Or Use Your Food and Nutrition Services?**

If you want someone other than yourself to apply for, use, or obtain information about your benefits, please check yes below. If you check **Yes**, we will give or mail you a form. You and the person you want to help can complete the form and return it to our office. If you choose, this person will receive an EBT card and will have access to your Food and Nutrition Services. An Electronic Benefit Transfer Card (EBT) is a plastic card you use at the store to buy food. Do you need someone (Authorized Representative) to help you get and/or use your Food and Nutrition Services?  Yes  No

**When Will I Get My Food and Nutrition Services?**

If you are able to get Food and Nutrition Services, you will get them within **30 calendar days** from the date you turn in the application with your name, address, and signature. If you are applying for FNS and SSI at the same time from an Institution the filing date is determined when the application is provided to the agency. You may be able to get Food and Nutrition Services within **7 calendar days** if you qualify for expedited benefits. In order to evaluate you for expedited benefits make sure that you have provided us the needed information by answering the questions regarding your household's income, assets and expenses and if anyone is a migrant/seasonal farm worker. Your household may be in an emergency situation if:

- Your household's gross monthly income is less than \$150 and your household's cash or money in the bank is \$100 or less, or
- Your household's rent, mortgage and utilities are more than your household's gross monthly income and cash or money in the bank, or
- You or a member of your household is a migrant/seasonal farm worker.

**Expedited Benefits**

The follow information will help us determine whether the applicant and the people in their home may be eligible for Faster Service for Food Assistance.	Amount
What is the household's total countable monthly gross income?	
What is the total household cash/savings?	
What are the total monthly shelter costs (rent or mortgage) that the household pays?	
What, if applicable, is the appropriate utility standard (SUA/BUA/TUA)?	
Is anyone in the home a migrant or seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete a – d If no, go to next section	
a. Did his/her job end recently? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Did the only income received for the month of application end before today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Will he/she receive \$25 or less from a new employer within 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Will his/her liquid resources such as cash, checking/savings be \$100 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Tell Us About the People in Your Household**

Your household is you and everyone who lives with you, even if they are not relatives. Fill in the chart below for all the people in your household and indicate if you are applying for them. Attach a piece of paper if you need more space to complete this section. We will determine who must be included in your Food and Nutrition Services case.

Name (First, Middle Initial, & Last)	Relation-ship to You	Marital Status	Birth Date	Sex M/F	Applying? (Yes/No)	*Optional Social Security Number	*Optional U.S. Citizen? (Yes/No)	*Optional Hispanic or Latino (Yes/No)	*Optional Race (see below)
	Self								

**\*Social Security Numbers and Citizenship Information are not needed for those not applying for benefits.**

**\*Benefits or level of benefits are not affected if ethnicity or race is not answered. When the information is not provided the agency will collect the information by observation during the interview. Giving this information will help ensure program benefits are distributed without regard to race, color or national origin (this information is used for statistical purposes only).**

**\*RACE: Choose one or more numbers that apply and enter above for Race: 1 - American Indian/Alaskan Native  
2 – Asian 3 – Black/African American 4 – Native Hawaiian/Other Pacific Island 5 - White**

Are you a resident of this state?  Yes  No

Do you live here:  permanently or  temporarily?

Please check the type of living situation that best describes your household. We/I live in a  Home,  
 Adult Care Home,  Alcohol and/or Drug Treatment Center,  Group Home,  Halfway House,  Hotel,  
 Institution,  Residential Treatment Facility,  Shelter for Battered Women and Children,  
 Other \_\_\_\_\_ What date did your living situation begin? \_\_\_\_\_

Does everyone in your home buy food and cook meals together?  Yes  No If **no**, who buys separately?

Name of Separate Person(s) \_\_\_\_\_

Does anyone in your household have an EBT card?  Yes  No Who? \_\_\_\_\_

What State issued this card? \_\_\_\_\_ If yes, when was it last used? \_\_\_\_\_

Does anyone get Food and Nutrition Services, Food Stamps, or SNAP in this or another county or state?  Yes  No

If yes, who? \_\_\_\_\_ What County or State? \_\_\_\_\_

When did the benefits Start? \_\_\_\_\_ When did they End? \_\_\_\_\_ How much did you get? \_\_\_\_\_

Does anyone participate in a Food Distribution Program on an Indian Reservation?  Yes  No

**Does anyone in your household fit a situation below?**

**Please check any that apply.**

Someone in my household is:

A foster child Do you want to include this child on the case?  Yes  No Who? \_\_\_\_\_

Pregnant Due Date \_\_\_\_\_ Who? \_\_\_\_\_

In a drug/alcohol treatment program Who? \_\_\_\_\_

A live-in person (attendant) who takes care of someone in your household Who? \_\_\_\_\_

Renting a room from you Who? \_\_\_\_\_

Paying for food **and** a place to stay Who? \_\_\_\_\_

Disqualified from Food and Nutrition Services in North Carolina or another state Who? \_\_\_\_\_

Trying to avoid a felony prosecution or fleeing from law enforcement Who? \_\_\_\_\_

Trying to avoid jail after conviction of a felony Who? \_\_\_\_\_

Violating conditions of probation or parole Who? \_\_\_\_\_

A person convicted of a drug related felony committed after August 22, 1996 Who? \_\_\_\_\_

A person convicted of fraudulently receiving duplicate benefits  
in any State after August 22, 1996 Who? \_\_\_\_\_

A person convicted of trading benefits for guns, drugs, ammunitions, or explosives  
after August 22, 1996 Who? \_\_\_\_\_

A person convicted of buying or selling benefits over \$500 or more  
after August 22, 1996 Who? \_\_\_\_\_

In college or trade/vocational/technical school at least half-time  
Name of School \_\_\_\_\_ Who? \_\_\_\_\_

If you are not registered to vote where you live now, would you like  
to apply to register to vote here today?  Yes  No **IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO  
HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**What Assets Do People in Your Household Have?**

Assets are valuable items that you own such as cash or bank accounts. We will determine if verification is needed and if it is accessible to you. Please check all the assets you own, someone else in your household owns, or jointly own with non-household member.

For all items checked above, fill in the boxes below:

Type of Asset	Who Does This Belong To?	Value or Worth	Business Name and Account Number
<input type="checkbox"/> Cash			
<input type="checkbox"/> Checking and/or Savings Acct			
<input type="checkbox"/> Retirement Accounts			
<input type="checkbox"/> Mutual Funds or Trust Funds			
<input type="checkbox"/> Prepaid Burial Contracts			
<input type="checkbox"/> Certificates of Deposit (CD's)			
<input type="checkbox"/> Stocks or Bonds			

My household does not own any of the assets listed

Has anyone in your household transferred assets in the last 3 months in order to receive Food and Nutrition Services?

Yes  No

**What Money Do People in Your Household Get from Work?**

Include Full-Time, Part-Time, Day Work, Temporary Work, Work Study for College, and Working for Tips.

Does anyone in your household work?  Yes  No

Name	Employer (Name, address, phone number if available)	Start Date	Gross Pay (Pay Before Taxes)	How Often Is Pay Received?	Last date pay received?	Day of Week Pay received?	Hours per week?	Days worked per week?

Please provide verification for the previous month. Example: if it is now the month of June we will need verification of ALL pays received in the month of May. Don't delay turning in your application if you don't have the verification because you can turn it in later.

Is anyone in your household self-employed?  Yes  No If yes, complete below.

Examples are babysitting, selling Avon or other products, farming, doing hair, renting houses, doing yard work for other people or odd jobs.

Name	Start Date	Business Name	Type of Business	Gross Monthly Income	Monthly Expenses

Please provide verification of the previous year's tax records. If tax records are not available provide verification of income and receipts for business expenses for the past 12 months. Don't delay turning in your application if you don't have the verification because you can turn it in later.

Is anyone getting ready to start a new job?  Yes  No If yes, complete below.

Name	Employer (Name, address, phone number if available)	Start Date	Gross Pay (Pay Before Taxes)	How Often Is Pay Received?	Date 1st pay received?	Day of Week Pay received?	Hours per week?	Days worked per week?

Has anyone stopped working in the past 30 days?  Yes  No If yes, please complete below.

Name	Employer (Name, address, phone number if available)	End date	Date last pay received or will be received?	Gross amount of last pay	Reason stopped working?

Is anyone a migrant or seasonal farm worker?  Yes  No If yes, who? \_\_\_\_\_  
 Date started working? \_\_\_\_\_  
 Place working & phone number? \_\_\_\_\_

Is anyone on strike?  Yes  No If yes, who? \_\_\_\_\_  
 Last date worked? \_\_\_\_\_ Place worked & phone number? \_\_\_\_\_

**What Money Do People in Your Household Get from Other Places?**

We need to know the money or checks you get other than from work. Please check off all of the following ways you get money.

- |  |  |
|--|--|
| <input type="checkbox"/> Adoption, Foster Care, or Guardianship Payments   | <input type="checkbox"/> Social Security                           |
| <input type="checkbox"/> Annuities, Pensions, or Retirement  | <input type="checkbox"/> Special Assistance (SA)                   |
| <input type="checkbox"/> Alimony   | <input type="checkbox"/> Supplemental Security Income (SSI)        |
| <input type="checkbox"/> Child Support from parent <b>or</b> <input type="checkbox"/> Child Support from the Court | <input type="checkbox"/> Unemployment Benefits                     |
| <input type="checkbox"/> Educational Scholarships  | <input type="checkbox"/> Veterans Benefits                         |
| <input type="checkbox"/> Military Allotment  | <input type="checkbox"/> Work First/TANF                           |
| <input type="checkbox"/> Money from friends or relatives that is not a loan and you don't have to pay back         | <input type="checkbox"/> Interest and Dividends                    |
| <input type="checkbox"/> Payments for the sale of an asset (such as a car, boat, mobile home or house)             | <input type="checkbox"/> Workers Compensation                      |
| <input type="checkbox"/> Private Disability  | <input type="checkbox"/> Other _____                               |
|  | <input type="checkbox"/> My Household does not get any other money |

For all items checked above, fill in the boxes below:

Type of Money	Who Gets the Money?	Who Gives the Money?	Phone Number and Address of person/organization that gives you money?	How Much?	How Often?	Date last received?

Is any of the income listed above child support?  Yes  No If yes, Is the child support court ordered?  Yes  No  
 If yes, what is the Court Order Number \_\_\_\_\_ Date Established \_\_\_\_\_ Obligated Amount \_\_\_\_\_

**Please Tell Us About Your Household Bills**

Please complete this section for all expenses your household is responsible for paying.

Expense Type	Name, Address, Phone number to whom you pay the bill	Amount Billed	How often paid?	Who pays the bill?
Rent or Mortgage				
Lot Rent				
Property Taxes (If not included in mortgage)				
Homeowners Insurance (If not included in mortgage)				
Homeowners Dues				

Check the boxes next to the utility cost your household is responsible for paying.

- Electricity                       LP/Natural Gas                       Utility Excess (Public Housing)  
 Water/Sewage                       Garbage/Trash

Telephone/Cell Phone    Name of phone company? \_\_\_\_\_

Are you responsible for paying for heating or cooling your home?  Yes  No

How do you heat your home? (Check One)

- Electricity                       Natural                       Kerosene                       Wood  
 LP Gas                               Gas                               Oil                               Other \_\_\_\_\_  
 Coal

Were you a member of a household that received a Low Income Energy Assistance Program (LIEAP) check at your current address within the past 12 months?  Yes  No

Do you receive Section 8 or HUD Assistance?  Yes  No

**Help Paying Bills**

Does any agency, organization, or person (Including Section 8) outside your household help pay any of your rent or utilities?  Yes  No If yes, complete questions below.

Which bill is paid?	Name, Address, Phone Number of the person that pays the bill?	Was the money given to you?	Amount paid?	How often paid?	Date of Last Payment?
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please Tell Us About Your Other Bills**

Do you or anyone in your household pay for child or disabled adult care?  Yes  No If yes, complete questions below.

Who gets care?	Who pays for the care?	Name, address and phone number of care provider/babysitter	Amount paid?	How often?	Start date?	Why needed?	Date last payment?	Number of hours per week

Does any agency, organization or person (Including Social Services) outside your household help pay any of your childcare?  Yes  No If yes, complete questions below.

Which bill is paid?	Name, address and phone number of person that pays the bill?	Amount paid?	How often paid?	Date of Last Payment?

**Court Ordered Child Support**

Does your household pay court ordered child support for children outside your home? Include court ordered health insurance payments  Yes  No If yes, complete questions below.

Who pays the child support?	Name of Child?	Name, address and phone number of person that pays the child support?	Amount paid?	Start date?	How often paid?	Date of Last payment?

**Medical Bills for Disabled or Age 60 or Over**

*(A disabled person usually gets disability payments from a government agency such as Social Security, SSI, Veterans Benefits for 100% Disability, or Medicaid for disabled persons.)*

Is anyone age 60 or over or disabled?  Yes  No If yes, who? \_\_\_\_\_. When did the disability begin? \_\_\_\_\_. Who made the disability determination? \_\_\_\_\_.

If yes, we need to know the medical bills you have or are responsible for paying. Medical bills include, but are not limited to:

- |  |   |
|--|---|
| Health and hospital insurance premiums or co-payments    | Prescription and over-the-counter medications and medical supplies such as aspirin, diabetic supplies and eye glasses |
| Food and/or veterinary care for a trained service animal | Rental and purchase of medical equipment and supplies   |
| Transportation and lodging to get medical treatment      | Prescribed eye glasses and contact lenses   |
| Medicare Premiums  | Dentures, hearing aids, and prostheses  |
| Doctor and hospital bills                                | Payments for aides, attendants, and nurses  |
| Medical and dental care                                  |   |

Type of expense?	When did the expense start?	Name, Address, Phone number of medical provider?	Amount paid?	How often paid?	Date of last payment?

Does any agency, organization or person (Including Social Services) outside your household help pay any of **your** medical bills?  Yes  No If yes, complete below.

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

By signing this application I am saying that:

1. I have told the truth on this form.
2. I know Food and Nutrition Services rules and what I must do to get Food and Nutrition Services.
3. I agree to give information about what I have said so that my application can be processed. I am aware of the information I give may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law .
4. I give permission to social services to get proof of what I have said from any person, agency, or business, other persons, agencies, or businesses include, but are not limited to: employers, banks, savings and loans, landlords, etc.
5. I have given correct information on the citizenship/immigration status of all individuals applied for.
6. I understand my expenses may be used to figure my Food and Nutrition Services amount. If I do not tell you about some of my expenses and/or verify them, they may not be used in the budget to calculate the amount of my benefits.
7. I have read, understand, and received the Program Information and Rights and Responsibilities form.
8. **I am aware of the Intentional Program Violations Penalties** Individuals found to have committed an Intentional Program Violation either through an administrative disqualification hearing or by a Federal, State or local court, shall be ineligible to participate in the Food and Nutrition Services:  
**For A Period of Twelve months for the first Intentional Program Violation, Twenty-four months upon the second occasion and Permanently for the third occasion of any Intentional Program Violation.**

**Additional Program Violations:**

- . If you use your food assistance benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit accounts you will lose your benefits.
- . Giving wrong information knowingly may also mean we may reduce your benefits, or you may have to repay benefits, or maybe subject to criminal prosecution or not able to get benefits for twenty-four months.
- . If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years the first time.
- . If a court finds you guilty of buying, selling, or trading benefits \$500 more than, trading benefits for firearms, drug trafficking, ammunication, or explosives after August 22, 1996 you may lose Food and Nutrition Services forever.
- . You will not get Food and Nutrition Services for 10 years if you are found guilty of getting or trying to get Food and Nutrition Services in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.
- . If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for forever the second time.
- . If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services permanently, and may be fined up to \$250,000 and/or jailed up to 20 years. You may also be ineligible for Food and Nutrition Services for an additional 18 months if court ordered.

_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Witness Signature (if signature above is an "X")</b>	_____ <b>Date</b>
_____ <b>Caseworker's Signature &amp; District Number</b>	_____ <b>Date</b>