

P E N N S Y L V A N I A

Application for Food Stamps



This application is used by families or individuals
to apply for food stamp benefits.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.LT. (USDA, siglas en ingles, se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, religión, creencias políticas, o impedimentos de las personas. (No todas las bases de prohibición se aplican a todos los programs.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.



Can you read, write and understand English? Yes No

If no, what language do you read, write and understand? _____

Are you interested in Medicaid (free health care coverage)? Yes No

Application for Food Stamps Coverage

1. Fill out the form. **Please print.**
2. **Attach proof of all income** your household received during the last 30 days.
 - Proof includes pay stubs, or a copy of award letters or paychecks.
 - Make sure the pay stubs show a full month's income and the pay period. (If paid every week, attach four pay stubs. If paid every two weeks, attach two pay stubs.) Also, an employer can write a letter that states what the monthly pay is if there are no pay stubs.
 - If self employed, copies of tax returns or receipts, or other records count as proof of income.
 - The information you attach should show what the income is before taxes and deductions.
3. Mail or take this form to your local County Assistance Office. Call 1-800-692-7462 if you do not know where to send this form.
4. If you are applying for someone who is not a U.S. citizen, please attach proof of non-citizen status. You do not need to do this if this is an expedited application for food stamps. If you need food stamps for more than 30 days, you must show proof of your non-citizen status.
5. **If you have an emergency situation, take this application to the County Assistance Office immediately.**
6. If you need help with this application, please call 1-800-842-2020. If you are hearing impaired, please call TDD 1-800-451-5886.

Tell us who you are and where you live.

Last Name		First Name		Middle Initial	Social Security Number	
Street Address				City	State	Zip Code
County	Home Phone		Work Phone		Best time to call	

Complete this section if you are filling out this form for someone else.

YOUR NAME OR ORGANIZATION	ORGANIZATION CODE (If applicable)

ADDRESS	PHONE NUMBER

Please list the people who live with you. Start with yourself.

Last name, first name, middle initial	Are you applying for this person? Yes/No?	Sex M or F	Is this person: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Date of Birth	Social Security Number *	Is this person a student? Yes/No?	How is this person related to you? <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Is this person a U.S. citizen? Yes/No? *
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	

* If you are not applying for this person, you may leave this blank.

Criminal History Inquiry

Please answer the following questions for yourself and anyone else for whom you are applying. If you answer "yes" to a question, list the name of the person(s) to whom the "yes" answer applies.

Has anyone in your household ever been convicted of a felony committed after August 22, 1996, for the possession, distribution and/or use of a controlled substance? Yes No

Household member(s) _____

Are you or anyone in your household a felon fleeing from law enforcement officials? Yes No

Household member(s) _____

Work History

Are you or anyone else in your household currently working or have worked in last 30 days? Yes No **If yes, complete the section below.**

NAME OF PERSON WORKING	EMPLOYER'S NAME	EMPLOYER'S ADDRESS	TELEPHONE NUMBER	DATE YOU STARTED WORKING MM/DD/YY	DATE YOU STOPPED WORKING MM/DD/YY	HOURS WORKED PER WEEK

Is anyone in your household disabled? Yes No

If yes, please list member(s). _____

Resources

A. Does anyone have any of the following? If yes, please explain in section B below.

- | | | | | | |
|--------------------------------------|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|
| Cash-on-hand | <input type="checkbox"/> Yes | <input type="checkbox"/> No | U.S. Savings Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Savings Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Christmas or Vacation Club | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Checking Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks or Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificate of Deposit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trust Fund | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Savings Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Family Savings Account | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IRA, KEOGH, or other retirement plan | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Other Resources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Please list your resources.

NAME OF OWNER	TYPE / ACCOUNT # / LOCATION OF THE RESOURCE	CURRENT VALUE	NAME OF OWNER	TYPE / ACCOUNT # / LOCATION OF THE RESOURCE	CURRENT VALUE
		\$			\$
		\$			\$
		\$			\$

Motor Vehicles

Does anyone own or is anyone buying a car, truck, motorcycle? Yes No If yes, please list below.

If you have a recreational vehicle such as a boat, camper, motorhome or snowmobile, list it.

NAME(S) OF OWNER	YEAR	MAKE	MODEL	LICENSED	AMOUNT OWED
				<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	

Income

Is anyone on strike? Yes No If yes, who?
 When did the strike start? ▶ MO ____ DAY ____ YR ____

Does anyone have any income? Yes No If yes, list income you have already received this month or expect to receive this month

Income includes, but is not limited to:

- | | | | |
|-----------------|-----------------|---------------------------------------|-----------------|
| Wages | Rent | Alimony | Pensions |
| Self Employment | Social Security | Unemployment or Workers' Compensation | Commissions |
| Babysitting | SSI | Money for College or Training | Strike Benefits |
| Room and Board | Child Support | Dividends or Interest | |

PERSON WITH INCOME	TYPE / SOURCE OF INCOME	HOW MUCH	HOW OFTEN	DATE RECEIVED
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

ATTACH PROOF OF INCOME your household received for the last 30 days. Proof includes pay stubs or a copy of award letters or paychecks.

Child Care & Adult Care Expenses

For anyone who is employed and pays the care expenses for a child or disabled adult, please list these expenses. Attach proof.

NAME OF CHILD OR DISABLED ADULT	NAME, ADDRESS & TELEPHONE NUMBER OF PROVIDER	HOW MUCH	HOW OFTEN
		\$	
		\$	
		\$	
		\$	

Household Expenses

A. Please explain your household expenses.

Do you pay for heating or cooling? Yes No

Are you billed separately for your heating or cooling? Yes No

Did you get Energy Assistance (LIHEAP) since October 1st? Yes No

Do you have utility costs other than heating, cooling, or phone? Yes No

Are your meals included in your rent? Yes No

Is there anyone outside your household who pays any of your expenses? Yes No

If so, what? _____

How much? \$ _____

To whom? _____

Do you live in subsidized housing? Yes No

Do you share expenses? Yes No

If yes, with whom? _____

What expenses are shared (rent/utilities or both)? _____

How much is contributed? _____

Do you pay court-ordered support to anyone outside your household? Yes No

How much? _____

How often? _____

B. Please list your household expenses. Attach proof of your household expenses for the last 30 days.

EXPENSES	HOW MUCH	HOW OFTEN
RENT OR MORTGAGE	\$	
PROPERTY TAXES (City, County, School)	\$	
OTHER - SUCH AS LOT RENT, CONDO FEES, HOMEOWNER'S INSURANCE, ETC.	\$	
PHONE	\$	
ELECTRIC	\$	
WATER	\$	
SEWAGE	\$	
GAS / OIL / COAL / WOOD / KEROSENE	\$	
GARBAGE, UTILITIES, INSTALLATION	\$	
MEDICAL LIST EACH MEMBERS' EXPENSES	\$	

PROHIBITIONS AND PENALTIES

You must not:

- give false, incorrect, or incomplete information;
- trade, sell or alter your Electronic Benefit Transfer (EBT) Card or your PA ACCESS Card;
- use other people's EBT or PA ACCESS CARD;
- use your food stamp benefits to buy ineligible items, such as alcoholic drinks or tobacco;
- use your food stamp benefits to buy illegal drugs, firearms, ammunition, or explosives; or
- use your food stamp benefits to pay for food already received, or for food to be received in the future. This means that you may not use your food stamp benefits to purchase food on credit.

Any member of your household who is found guilty by a court or an administrative disqualification hearing of breaking any of the above rules or who signs a voluntary disqualification consent agreement or waiver of an administrative disqualification hearing will be barred from getting food stamp benefits for up to:

- 12 months for the first violation;
- 24 months for the second violation; and
- permanently for the third violation.

Any household member found guilty by a court of having used food stamp benefits to buy illegal drugs will be disqualified for:

- 24 months for the first violation; and
- permanently for the second violation.

Any household member found guilty by a court of buying or selling food stamp benefits, EBT, ACCESS cards, or other benefit instruments for cash or consideration other than food or the exchange of firearms, ammunition or explosives in the amount of \$500 or more in food stamp benefits will be disqualified permanently.

Any household member found guilty by a court or an administrative disqualification hearing of misrepresenting his identity or residence to receive multiple food stamp allotments will be disqualified for 10 years.

Any household member fleeing to avoid prosecution, custody, or confinement for a felony, or attempted felony, or violating a condition of probation or parole will be ineligible until the situation is rectified.

If you do not report changes as required, your benefits may be reduced or stopped. If you purposely fail to give correct information or report changes, you may be fined and/or put in jail. Improper use of the food stamp PA ACCESS card or electronic benefit transfers may result in a fine, imprisonment, or both.

If you are found guilty of violating these rules, or committing fraud, you also may be:

- fined up to \$250,000;
- jailed up to 20 years; and/or
- required to repay the food stamp benefits you received.

Food Stamp Work Requirements/Sanctions

If you are physically and mentally fit, over 15 years of age and under 60 years of age, and not otherwise exempt, you may not refuse to:

- register for employment;
- participate in an approved employment and training program unless you have good cause;
- accept employment unless you have good cause;
- provide sufficient information to your county assistance office about your employment status and job availability unless you have good cause; or
- comply with workfare.

Additionally, you must not voluntarily, and without good cause, quit your job or reduce the number of hours you work if, after the reduction, you are employed less than 30 hours per week.

If you or another member of your household violates any of the above work requirements, you or that person may be disqualified from receiving food stamp benefits. Before a disqualification is imposed, you will receive a notice and will have the right to appeal and have a fair hearing.

The minimum disqualification periods are as follows: for the first violation, one month and thereafter until the failure to comply ceases; for the second violation, three months and thereafter until the failure to comply ceases; and for the third and subsequent violations, six months and thereafter until the failure to comply ceases.

You have certain rights and responsibilities. They are:

FOOD STAMPS

- I understand that the information on this form will be kept confidential.
- I authorize the release of personal, financial, and medical information to and from DPW for the purpose of determining eligibility for the Food Stamp Program.
- I agree that I must report all changes in my household or financial situation to the County Assistance Office within ten days.
- I understand that I can request a hearing if I do not agree with a decision made on this application.
- I understand that my situation is subject to verification from employers, financial sources and other third parties.
- I understand that federal law requires food stamp applicants to provide Social Security Numbers. If Social Security Numbers are not provided or applied for, the person will not be eligible for food stamps. These numbers may be used to check the information on this application. (7CFR § 273.6) These numbers will be checked with PA State Police records, PA court files and other records that are available.
- I understand that I have a right to interpreting and translating help if I do not speak or read English. The service will be provided within the required time frames for processing an application.
- I certify to the best of my knowledge that I understand my rights and responsibilities.
- I certify that all information on this application is true, under penalty of perjury.

SIGNATURE OF APPLICANT / AUTHORIZED REPRESENTATIVE	DATE	ID	PROVIDER / EMPLOYEE / WITNESS SIGNATURES

ADDRESS OF REPRESENTATIVE (STREET, CITY, STATE, ZIP)

SECOND WITNESS IF AN (X) IS SIGNED ABOVE	ADDRESS OF WITNESS

Certification of Citizenship or Non-Citizen Status

By signing my name below, I certify that the persons that I am applying for are U.S. citizens or non-citizens in lawful immigration status. I know I must sign this to be eligible for food stamps under law.

Signature: _____

DO NOT COMPLETE – COUNTY ASSISTANCE OFFICE USE

Source of Application: <input type="checkbox"/> Helpline <input type="checkbox"/> CAO <input type="checkbox"/> CHIP Contractor (specify) _____ <input type="checkbox"/> Other (specify) _____			
Date Received: _____	Categories: _____		
File Cleared By/Date: _____	Screened By/Date: _____		
AP Registration # : _____	Provider # : _____		
County: _____	District: _____	Record #: _____	
<input type="checkbox"/> Authorized	<input type="checkbox"/> Not Authorized	Reason Code: _____	

You have certain rights and responsibilities. They are:

FOOD STAMPS

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- I authorize the release of personal, financial, and medical information to and from DPW for the purpose of determining eligibility and for review of the Food Stamp Program.
- I agree that I must report all changes in my household or financial situation to the County Assistance Office within 10 days.
- I understand that I can request a hearing if I do not agree with a decision made on this application.
- I understand that my situation is subject to verification from employers, financial sources and other third parties.
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24 months for the second violation: and
permanently for the third violation.

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KEEP THIS PAGE FOR YOUR RECORDS.

FOOD STAMPS NOW!

- DOES YOUR HOUSEHOLD HAVE \$100 OR LESS IN AVAILABLE CASH AND BANK ACCOUNTS AND EXPECT TO RECEIVE LESS THAN \$150 IN INCOME THIS MONTH?
ARE YOU A MIGRANT OR SEASONAL FARM WORKER?
- ARE YOUR MONTHLY GROSS INCOME AND CASH ON HAND LESS THAN YOUR RENT/MORTGAGE AND UTILITY COSTS FOR THIS MONTH?

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, YOU MAY HAVE A RIGHT TO **EXPEDITED FOOD STAMPS**. This means you can get food stamps within five days. Ask for more information by contacting the local County Assistance Office.

FILE YOUR FOOD STAMP APPLICATION TODAY! IT IS **YOUR RIGHT** to file an application today at **ANY TIME** before 5 p.m. The person at the County Assistance Office should date-stamp your application while you watch.

If you are denied expedited food stamps, you have the right to an agency conference within two working days with a supervisor at the County Assistance Office.

If you feel you are being denied your rights or services, or if the County Assistance Office does not take your application when you hand it in, and date-stamp it while you watch, ask to talk with a supervisor or call the HELPLINE toll free at **1-800-692-7462**.

YOU CAN GET FREE LEGAL HELP AT THE LOCAL LEGAL SERVICES OFFICE.

This is an application for food stamps. If you need help with this application, please contact your local County Assistance Office.
This application is also available in Spanish.

Este es one solicitud de cupones de alimentos. Si necesita ayuda con esta solicitud, comuníquese a la Oficina de Asistencia del Condado de su localidad. También puede obtener esta solicitud en español.

Dity li ddn xin hd'3ng tem phigu thrc ph\$m. Ne'n qui vi c\$n tr0 gidp trong vieic lim dda xin, hily lien ho Vin Ph6ng Trq cap Dia Phddag

IB:~MLfi[nNMAMntNfgtU foodstampsl tUNgt6IMMUftLililiftftUAIf(tUiblluUntig:
tyualilBhteim7untUmf!tuttp (County Assistance office) famtsimueuku6lInnngnl

3uecb npenarasnena ~opma sananenns as nponoeonbcmeaame Tanosm (food stamps).
Ecn sam ayxcna nomowa npn nouave Taxorn 3aseneuua, o6pautarrrecs e Sropo HOMOnln (County Assistance Office).

這是申請現金補助的表格。如果您需要幫助填寫這份表格，請與您居住郡的公共福利辦公室聯絡。