

Iowa Department of Human Services  
**Application for Food Assistance**

**What is Food Assistance?**

Food Assistance, also known as Food Stamps, is a program to help buy food for good health.

**How Do I Get Food Assistance?**

Step 1. Fill out an application.



Anyone may fill out an application. Answer as many questions as you can. **If you can't fill out the whole application today, turn in this page. But, then please fill out and turn in the rest of the application as soon as you can.** If you need help filling out an application, please ask for help at your local Department of Human Services (DHS) office.

Step 2. Return the application to us.



You can mail your application to a local DHS office. Or, you can bring your application to a local DHS office when it is open. When we get your application, an interview will be set up with you. You have the right to know soon whether you will get Food Assistance. **The date we get this page with your name, address and signature starts the time we have to decide. It is also the start date of Food Assistance for you.**

Step 3. Talk with us.



At your interview, you will need to show us:

- proof of who you are, such as your driver's license, social security card or alien documentation;
- proof of your address, something that has both your name and address on it;
- proof of child care costs; and
- proof of money you have gotten in the past 30 days, such as check stubs.

If you can't bring everything, come to the interview anyway. We will help you.

**You may be able to get Food Assistance by the 7<sup>th</sup> day after applying.** This is called Emergency Service. If you want this, we need more than Page 1. See Page 2 about Emergency Service or ask us about this.

**Tell Us About You**

Answer these questions about yourself.

|                                |                  |          |
|--------------------------------|------------------|----------|
| Name                           | Telephone Number |          |
| Street Address                 |                  |          |
| Mailing Address (if different) |                  |          |
| City                           | State            | Zip Code |

Signature/Mark

Today's Date

**If you need help filling out this form for Food Assistance, call 1-877-937-3663 (1-877-Yes-Food).**

## What Do Our Terms Mean?

We use these terms in the application. This is what they mean.

|                                |  |
|--------------------------------|--|
| <b>Alien</b>                   | A person who is not a U.S. citizen.  |
| <b>EBT card</b>                | A plastic card that you use at the grocery store to buy food.  |
| <b>Eligible</b>                | Meeting all of the guidelines to get Food Assistance.  |
| <b>Household</b>               | A person or a group of people who live together and buy food and fix meals together.   |
| <b>Quality Control</b>         | A DHS unit that reviews some Food Assistance cases to see if they are correct. If your case is chosen, the Quality Control unit will contact you.  |
| <b>Work and Training Rules</b> | Some people have to work or attend training to get Food Assistance. If this is true for you or for other people in your household, we will tell you. You will have to follow the rules about work and training to get Food Assistance. |

## When Will I Get Food Assistance?

**To get Food Assistance, you will need to fill out all of this application.** We need the whole application to decide if you are eligible, even if you are applying for Emergency Service.

The more information you give us the better job we can do. Give us all the information you can. If you need help, ask us and we will help you.

You also need to turn in a copy of your ID such as your driver's license, social security card, or alien documentation.

### Emergency Service – Food Assistance in 7 days

This is who can get Food Assistance within 7 days:

- Households with gross monthly income less than \$150 and with assets, such as cash or bank accounts, of \$100 or less; or
- Households with rent, mortgage and utilities that are more than the household's gross monthly income and assets; or
- Households with a migrant or seasonal farm worker and with assets of \$100 or less whose income is stopping or starting.

### Food Assistance in 30 days

If you don't get Emergency Service, you will get:

- Food Assistance if you are eligible, or
- a letter if you are not eligible. The letter will tell you why.

## Can I Choose to Have Someone Help Me?



You can choose to have someone help you. You don't have to do this. But, if you do, this person can fill out your application, answer questions for you, give information at your interview, and buy your food with an EBT card.

We will be able to share information with this person. Tell us about the person you want to help you.

| Name | Address | Telephone Number |
|------|---------|------------------|
|      |         |                  |

## Information About Immigration Status

You can apply for Food Assistance for part of your household even if some members may not be eligible because of their immigration status. For example, parents who do not have legal immigrant status may apply for Food Assistance for their children who are U.S. citizens or qualified legal immigrants. **Do not apply for people who don't have legal immigrant status.**

We will not contact the U.S. Citizenship and Immigration Services (USCIS) about the people you don't apply for. We must use their income and assets to see if the rest of the household can get Food Assistance.

You don't have to give us the immigrant documents for the people you do not want Food Assistance for.

**Do not apply for people who are in the country illegally, but list their name, relationship and birth date in the table on Page 4.**

We check the immigration status of immigrants you apply for through the Systematic Alien Verification System operated by the USCIS. The information received from INS may affect your Food Assistance.

## Information About Social Security Numbers

You can choose to give us the Social Security Number of each person in your household. We can give Food Assistance only to the people who give us their Social Security Number.

You don't have to give us the Social Security Number for the people you do not want Food Assistance for.

## Tell Us About the People in Your Home



A Food Assistance household is a person or a group of people who live together and buy food and fix meals together. The group does not need to be related.

**The following people must be one Food Assistance household if they live together even if they do not buy and fix meals together:**

- Yourself,
- Husband or wife,
- Your children who are under 22 (even if they have children of their own),
- Parent of children under age 22,
- Other children under 18 who you take care of, and
- All other people who buy food and fix meals with you.

**Instructions:** Fill in the boxes for all of the people listed above. Also, tell us about the other people you want Food Assistance for.

If you do not want Food Assistance for someone, answer no to the first question below and fill in only their name, their relationship to you, and their date of birth.

We have to ask your ethnicity and race, but you don't have to answer. Your answer won't affect how much you get or how soon. If you answer, use the following coding:

- |                            |                                 |   |
|----------------------------|---------------------------------|---|
| * Ethnicity                | ** Race (Choose all that apply) |   |
| H = Hispanic or Latino     | W = White                       | I = American Indian or Alaskan Native         |
| N = Not Hispanic or Latino | B = Black or African American   | N = Native Hawaiian or other Pacific Islander |
|                            | A = Asian                       |   |

| Apply for?<br>Yes/No | Name (First, Last) | Relationship to you | Birth Date | Last Grade in School | Social Security Number | Ethnicity * | Race ** | Citizen Yes/No | If Alien, Status |
|----------------------|--------------------|---------------------|------------|----------------------|------------------------|-------------|---------|----------------|------------------|
|                      |                    | Self                |            |                      |                        |             |         |                |                  |
|                      |                    |                     |            |                      |                        |             |         |                |                  |
|                      |                    |                     |            |                      |                        |             |         |                |                  |
|                      |                    |                     |            |                      |                        |             |         |                |                  |
|                      |                    |                     |            |                      |                        |             |         |                |                  |
|                      |                    |                     |            |                      |                        |             |         |                |                  |

Is anyone getting food stamp or Food Assistance benefits in another state?     Yes     No    What state? \_\_\_\_\_

Does anyone have an Iowa EBT card?     Yes     No    Who? \_\_\_\_\_

List anyone age 18 or over who is in college or trade school \_\_\_\_\_

# What Expenses Does Your Household Have?



To get the most Food Assistance you can, please tell us about your bills.

## Shelter and Utilities

List your share of the following expenses:

- Rent:                                 \$ \_\_\_\_\_ per month
- Lot Rent:                            \$ \_\_\_\_\_ per month
- Mortgage:                            \$ \_\_\_\_\_ per month
- Property Taxes:                    \$ \_\_\_\_\_ per \_\_\_\_\_
- Homeowner's Insurance:         \$ \_\_\_\_\_ per \_\_\_\_\_

Check the boxes next to the utility bills you have.

- Heat
- Lights
- Garbage and Trash
- Air Conditioning
- Gas
- Extra charges from your landlord
- Telephone
- Water and Sewage

## Day Care

List your share of any day care for a child or a disabled adult:

Who gets care: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per month

## Child Support

If anyone currently pays court-ordered child support, give the following information:

Who pays: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per month

## Medical Expenses

Tell us the medical costs for everyone who is disabled or over age 59. These could be doctor and hospital bills, medicine, transportation, health insurance premiums or other medical services.

Amount per month: \$ \_\_\_\_\_

## Help Paying Expenses

List help you get from any agency, organization or person:

| Which Expense Was Paid | Who Paid | Amount Paid |
|------------------------|----------|-------------|
|                        |          |             |
|                        |          |             |
|                        |          |             |

## What Money Do People in Your Household Get?



Please list the person's name and the monthly amount. If you leave a space blank, we will take that to mean there is no money of this kind. Attach another sheet if needed.

| Where the Money Comes From                               | Who Gets the Money | Amount Per Month |
|--|--------------------|------------------|
| Money From Work Before Taxes (Gross)                     |                    |                  |
| Money From Work Before Taxes (Gross) 2 <sup>nd</sup> Job |                    |                  |
| Self-Employment or Odd Jobs                              |                    |                  |
| Tips   |                    |                  |
| Social Security or SSI                                   |                    |                  |
| Veterans Benefits, Pensions or Retirement                |                    |                  |
| Unemployment or Worker's Compensation                    |                    |                  |
| Child Support or Alimony                                 |                    |                  |
| Money from Friends or Relatives                          |                    |                  |
| Other  |                    |                  |

Has anyone quit a job in the last 30 days?  Yes  No

Is anyone a migrant or seasonal farm worker?  Yes  No

Is anyone on strike?  Yes  No

## What Assets Do People in Your Household Have?



List any cars, trucks, boats, campers, motorcycles or other vehicles that anyone has:

| Make | Model | Year | Value or Worth | Amount Owed |
|------|-------|------|----------------|-------------|
|      |       |      |                |             |
|      |       |      |                |             |
|      |       |      |                |             |

Does anyone have or own any land, buildings or houses other than the house you live in?  Yes  No

List the total money everyone has in:

Bank/Credit Union Accounts      \$ \_\_\_\_\_      Cash    \$ \_\_\_\_\_

Stocks, bonds, savings certificates, IRAs, Keogh or other assets      \$ \_\_\_\_\_



**Please read this information and sign and date page 8.**

## **Rules of the Food Assistance Program**

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell or give away Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.

## **Penalties of the Food Assistance Program**

Anyone who breaks the above rules:

- May not get Food Assistance benefits for **1 year for the first time, 2 years for the second time, and forever for the third time;**
- May be fined up to \$250,000 or jailed up to 20 years, or both; and
- May be kept off Food Assistance for an additional 18 months if court ordered.

If a court finds you guilty of buying, selling or trading more than \$500 in Food Assistance benefits, you may not get Food Assistance forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

***Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.***

## **We Check What You Tell Us**

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: Social Security Number, job and pay, bank account amount, amounts received from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny Food Assistance.

We will give your answers to law enforcement officials to catch persons fleeing to avoid the law.

If you have a Food Assistance overpayment, we will give your answers to federal and state agencies as well as private claims collection agencies, to collect the overpayment.

We will deny Food Assistance to people, if you do not give us their Social Security Number. We will use any Social Security Number given to us the same way we use the Social Security Number of persons getting Food Assistance. We will not give your Social Security Number to the Immigration and Naturalization Service.

We check and use computer systems like the State Income and Eligibility Verification System, or others. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people. To do this kind of checking with your employer, bank, or other people, we will ask you first.

## You Have the Right to Appeal



You or the person helping you may request a hearing either verbally or in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

## You Will Not Be Discriminated Against



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. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Your Signature and Understanding



I understand:

- The questions on this application and what can happen if I hide information or give wrong information.
- I must give proof of information about my household.
- The Food Assistance office and the Quality Control unit may contact other people or organizations to get proof of my information.

I understand my expenses may be used to figure out how much Food Assistance I get. By not reporting or giving proof of any expenses, I have chosen not to claim the expense. I can report and give proof of the expenses later. If I report and prove them later, they will be used for future months only.

I understand that I may have these expenses included in my Food Assistance benefit calculation by reporting and giving proof of the expenses.

I certify, under penalty of perjury, that:

- My answers are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for Food Assistance is correct.

**I agree that all members of my household will follow the work and training rules.**

|                |              |
|----------------|--------------|
| Signature/Mark | Today's Date |
|----------------|--------------|