

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND FOOD STAMPS

FOR OFFICE USE ONLY: Date Given or Mailed: _____ Case Number: _____ <input type="checkbox"/> APP <input type="checkbox"/> REAPP <input type="checkbox"/> REEVAL	RECEIVED DATE: _____	RETURN TO: _____
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Name _____	SSN _____	Date of Birth _____
Phone No. _____	2 nd Phone No. _____	Race _____ Sex _____
Residence _____ APT# _____	Mailing Address _____	APT# _____
City _____ State _____ Zip _____	City _____ State _____	Zip _____
Contact Person _____	Phone No. _____	Relationship _____
What are you applying for? <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF	SIGNATURE _____	DATE _____
Before we can determine your eligibility you must be interviewed.	Signature of Witness if signed by a mark _____	

Have you, or anyone in your household, ever applied for or received **Food Stamps** or **TANF** before? Yes No
If yes circle the type. Who? _____ When? _____ Where? _____
Has any member of your household been convicted of a drug-related felony that was committed since August 22, 1996? Yes No
Is any member of your household a fleeing felon or in violation of probation or parole? Yes No *If yes, who?* _____

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

To begin your application, complete this page. We are required to take action within 30 days from the day you give us this form.

FOOD STAMPS

You may file your application immediately as long as we have your name, address and the signature of a responsible household member or your authorized representative on the first page of this application. Benefits are provided from the day we receive this form in our office, if you are determined eligible. We are required to verify information you provide and take action within 30 days from the date your application is received, unless you are entitled to receive benefits within 7 days. **YOU MAY GET FOOD STAMPS WITHIN 7 DAYS** if your household's gross monthly income is less than \$150 and your household's resources such as cash, checking or savings accounts are \$100 or less; or if your rent/mortgage and utilities are more than your household's combined gross monthly income and liquid resources; or if you are a migrant or seasonal farm worker household; and you verify your identity.

1. Has anyone in your household received any income (money, checks, gifts, etc.) this month? Yes No *If yes, how much?* \$ _____
2. Does anyone expect to receive income later this month? Yes No *If yes, how much?* \$ _____
3. How much money does your household have in cash, checking account and savings? \$ _____ *What kind?* _____
4. Do you have a monthly rent or mortgage payment? Yes No
- 5a. Are your monthly rent/mortgage and utilities more than your combined gross income, cash and available resources? Yes No
- b. Does your household have a heating or air conditioning expense separate from rent/mortgage payment? Yes No
Give the actual expense amounts:
Rent or Mortgage \$ _____ Electricity \$ _____ Gas \$ _____ Water \$ _____
Telephone \$ _____ Other (coal, wood, etc.) \$ _____
6. Is your household's only income from migrant or seasonal farm work? Yes No

FOR OFFICE USE: Entitled to Expedited services? <input type="checkbox"/> Yes <input type="checkbox"/> No If expedited, is EBT card needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ordered _____

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Service (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

PENALTY WARNING: A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested. SSNs will be verified and used for Federal and State data matches, including but not limited to, Social Security, Internal Revenue Service, VA, MS Department of Employment Security, resource/income verifications, and program disqualifications. State and federal laws provide for fines, imprisonment or both for any person guilty of obtaining assistance to which he/she is not entitled by willfully withholding or giving false information. Information may be verified through collateral contacts when discrepancies are found. Alien status is subject to verification with United States Citizenship and Immigration Services (USCIS) and will require submission of certain information from this application to USCIS.

FOOD STAMP PENALTY WARNING: If your household receives food stamps, it must follow the rules listed below. Any member of your household who breaks any of these rules on purpose can be barred from the Food Stamp Program for 1 year for first offense, 2 years for second offense, and permanently for third offense; fined up to \$250,000, imprisoned up to 20 years or both; and subject to prosecution under other federal laws.

DO NOT give false information, or hide information to get or continue to get food stamp benefits.

DO NOT trade or sell EBT cards.

DO NOT alter EBT cards to get food stamp benefits you are not entitled to receive.

DO NOT use food stamp benefits to buy ineligible items such as alcohol and tobacco or to pay food credit accounts.

DO NOT use someone else's food stamp benefits or EBT card for your household.

Individuals determined by a court to have committed the following program violations will be subject to the following penalties:

- Disqualified for 2 years for the 1st offense and permanently for 2nd offense involving the sale of illegal drugs for food stamp benefits.
- Permanently disqualified for the 1st offense involving the sale of firearms, ammunition, explosives for benefits; or trafficking in food stamps of \$500 or more.
- Individuals (Case Head, spouse, or responsible household member), determined by a court or the State agency to have made a fraudulent statement or representation with respect to identity and/or residence in order to receive multiple benefits simultaneously will be disqualified for 10 years.

TELL US ABOUT THE PEOPLE IN YOUR HOUSEHOLD:

List household Members beginning with the Head of Household:

NAME FIRST	LAST	RELATION- SHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HERITAGE/ RACE	U.S. CITIZENSHIP Y OR N	MARITAL STATUS
1.		HEAD OF HOUSEHOLD							
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									

List anyone in your household who is **not included** in this application

NAME: FIRST	LAST	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE

Food Stamp Authorized Representative

The case head, spouse, or any other responsible member of the household may designate an authorized representative to act on behalf of your household in making application for food stamps. Would you like to authorize someone **other than a member of your household** to act on your behalf in making application for food stamps? Yes No **If yes give:**

Name of Representative _____

Phone No. _____ Address _____

I understand that I am responsible for any overpayment which results from incorrect information given by my authorized representative.

Signed by _____ Date _____

1. Is anyone attending college or vocational school at least half time? Yes No *If yes, list who and where:*

Tell us about your household's income.

2. List any unearned income:

Unearned Income Type	Amount	How often do you get this income?	Which family member(s) gets this income?
Child Support			
SSI			
Social Security Payment			
Unemployment Benefits			
Veterans Benefits			
TANF			
Other (explain)			

3. List any wages. Enter **Gross** pay. *If unemployed enter "0"*.

Wage Earner's Name _____ Wage Earner's Name _____
 Employer _____ Employer _____
 Amount of Gross Pay Each Month before Taxes? _____ Amount of Gross Pay Each Month before Taxes? _____

4. Has anyone who is not working now, worked or received earnings in the past 90 days? Yes No *If yes, list:*

5. Is anyone self employed? Yes No *If yes, list who and type of business:*

Tell us about your household's resources:

6. Does anyone in your household have any cash or bank accounts such as checking, savings, certificate of deposits, stocks, bonds, etc., or is anyone in your household listed on someone else's account? Yes No *Type and frequency of deposits: _____ If yes, list who and what type:*

7. Does anyone own or currently buying any property such as a home, land, buildings, mineral rights, or livestock? Yes No *If yes, list who and the type of property:*

8. Does anyone own or currently buying any boats, recreational vehicles, etc? Yes No *If yes, list who and the type of property:*

9. During the past 90 days did anyone sell, deed, give away, or transfer anything of value such as money, land or a home? Yes No *If yes, explain:*

Tell us about your expenses:

10. Does anyone pay for child care or incapacitated adult care so that someone can work, look for work or attend training?

Yes No *If yes, complete information below:*

Child/Adult Name	Caregiver Name	Address	Phone	Amount	Frequency

11. Does anyone age 60 or over or that is receiving disability benefits pay for any medical expenses for themselves? Yes No
 Does the individual have Medicare, Medicaid or private insurance? Yes No *If yes, list who and what type of medical coverage and expenses:*

12. Does anyone in the household pay child support for any children outside the home? Yes No *If yes list amount:* _____.

13. Do you have a heating or cooling expense? Yes No If yes, is that expense included in your rent or mortgage? Yes No

14. List any shelter expenses for the household: Home Owners
 Rent _____ Mortgage _____ Property Tax _____ Insurance _____

15. Are any of the shelter expenses paid or donated by someone outside your household? Yes No *If yes, explain:*

16. For each child whose mother and/or father is absent from the home, enter the information below:

Child	Absent Parent's Name	Absent Parent's Address	Absent Parent's SSN	Absent Parent's		
				DOB	Race	Sex

(If additional space is needed, please ask the clerk for an additional application form.)

17. Has anyone quit a job, refused a job, gone on strike or voluntarily reduced work hours in the last 60 days? Yes No *If yes, explain:*

18. Who is the head of your household? _____

19. Does your household need an EBT card Yes No or a Mississippi Debit Mastercard (Protective Payee only) Yes No?

By signing and dating this application, I am giving consent for the attendance records of the children identified on this application to be disclosed by the Mississippi Department of Education to the Mississippi Department of Human Services for use by the Department of Human Services to determine compliance with school attendance requirements of the Temporary Assistance for Needy Families (TANF) Program.

I certify that each person included in my household is a U.S. citizen or alien in lawful immigration status and that the information provided is true to the best of my knowledge. I give permission for the Department of Human Services to make a full review of my case and any necessary contacts to verify my statements. I know that I could be penalized if I knowingly give false information. I certify that I received the Rights and Responsibility handout from this agency.

Signature of Applicant

Date

Signature of Authorized Representative or Second Parent in TANF

Date

Signature of witness of signed by mark
ADDITIONAL USE:

Date

Signature of Recipient

Date