



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**APPLICATION FOR FOOD STAMP BENEFITS**

FOR FSD USE ONLY DATE OF LAST F-T-F INTERVIEW	DATE RECEIVED/APPLICATION DATE
<input type="checkbox"/> MAIL-IN <input type="checkbox"/> WALK-IN	SCN
	DCN

NAME (LAST, FIRST, MIDDLE)	HOME TELEPHONE	MESSAGE TELEPHONE
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		I AM HOMELESS <input type="checkbox"/> Yes <input type="checkbox"/> No

You have the right to immediately file a Food Stamp application as long as it contains your name, address, and signature. Complete the rest of the application by taking it home and bringing, mailing, or faxing it back to the office. You can complete all of the form and give it to us now. You will not receive expedited Food Stamp benefits, if eligible, until a completed application form is received. Your Food Stamp benefit is based on the date of your application. You establish your date of application when this completed section is received at the office. Any expenses not reported and verified will not be used to compute your Food Stamp benefit amount. Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for Food Stamp benefits.

SIGNATURE OF APPLICANT	DATE
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**HOUSEHOLD MEMBERS** List all individuals who live in your household. You must include any children under the age of 22, spouses, and anyone who eats with you by checking "yes" in the last column. List yourself on the first line. **Providing the race/sex (including Hispanic/Latino) of each individual is optional and voluntary and does not affect your eligibility or the amount of Food Stamps you receive. Race/sex data is for statistical use only. Providing the SSN (Social Security Number) and immigration status of each household member is voluntary.** However, you will not receive Food Stamp benefits for individuals who do not provide an SSN and/or immigration status. Alien status of applicant household members may be subject to verification by USCIS (formerly known as INS) through the submission of information from the application to USCIS and may affect your eligibility and benefit level. Any SSNs and immigration status information will be used and disclosed in the same manner as SSNs and immigration status of household members who receive Food Stamps.

NAME	Sex M/F	Relationship to Applicant	Date of Birth	Social Security Number	Hispanic or Latino	Race* (Enter ALL that apply)	Citizen	Buy/Cook Together
1.		Self			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Select ALL that apply \* 1 - White 2 - Black/African American 3 - American Indian/Alaska Native 4 - Asian 5 - Native Hawaiian/Pacific Islander

Does any adult in your household speak English well?  Yes  No If no, what is the language spoken most often in your home?

Is anyone in your household a migrant or seasonal farm worker?  Yes  No

**HOUSEHOLD'S DECLARATION INQUIRY** Answer yes or no to each of the questions in this section. For each question answered yes, explain in the space provided. **A "yes" response to any of the questions A-H in this section may result in a disqualification for that individual.**

- A. Have you or any member of your household been convicted of buying or selling Food Stamp benefits of \$500 or more after 9-22-96?  Yes  No  
If yes, who? \_\_\_\_\_
- B. Are you or any member of your household fleeing to avoid prosecution, custody, or jail for a crime (or attempted crime) that is a felony?  Yes  No  
If yes, who? \_\_\_\_\_
- C. Are you or any member of your household violating a condition of probation or parole? If yes, who? \_\_\_\_\_  Yes  No
- D. Are you or any member of your household receiving Food Stamp benefits under another identity or as a member of another household or in another state? If yes, who? \_\_\_\_\_  Yes  No
- E. Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession, use, or distribution of a controlled substance? If yes, who? \_\_\_\_\_  Yes  No
- F. Have you or any member of your household ever been convicted of fraudulently receiving duplicate Food Stamp benefits in any State after 9-22-96? If yes, who? \_\_\_\_\_  Yes  No
- G. Have you or any member of your household been convicted of trading Food Stamp benefits for guns, ammunitions, or explosives after 9-22-96? If yes, who? \_\_\_\_\_  Yes  No
- H. Have you or any member of your household ever been convicted of trading Food Stamp benefits for drugs after 9-22-96? If yes, who? \_\_\_\_\_  Yes  No



**EMPLOYMENT CHANGES**Are you or any member of your household currently on strike?  Yes  No If yes, who?Have you or anyone in your household ages 16-60 quit a job in the last 60 days?  Yes  No If yes, who?Have you or anyone in your household ages 16-60 reduced hours worked at a job in the last 60 days?  Yes  No If yes, who? :**SELF EMPLOYMENT**

Self employment is a business you own or operate such as dependent care, construction, over-the road driver, etc.

Are you or anyone in your household self-employed?  Yes  No If yes, please complete the following income from self-employment:

NAME	SOURCE	START BUSINESS	HOW OFTEN PAID	HOW MUCH IS EARNED EACH PAY PERIOD BEFORE TAXES AND DEDUCTIONS

**EXPENSES OF SELF EMPLOYMENT**

Please complete the following expenses for the above self employment business:

TYPE	HOW OFTEN PAID	HOW MUCH	TYPE	HOW OFTEN PAID	HOW MUCH

**OTHER INCOME**

Money from sources other than work that your household receives.

Do you or any member of your household have income from another source?  Yes  No If yes, please complete the following:

NAME	SOURCE	START RECEIVING	HOW OFTEN PAID	HOW MUCH IS RECEIVED EACH PAY PERIOD BEFORE TAXES AND DEDUCTIONS

**MEDICAL EXPENSES**

Examples of medical expenses: insurance, co-pays, dentures, office visits, glasses/contacts, hospital bills, alert systems, medicine, Medicare premiums, hearing aids, in-home care, mileage/lodging, transportation for medical care, etc.

Do you or any member of your household have medical expenses?  Yes  No If yes, please complete the following:

NAME	TYPE	HOW OFTEN PAID	HOW MUCH	NAME	TYPE	HOW OFTEN PAID	HOW MUCH

**SHELTER EXPENSES**Has the household received energy assistance at the current address in the last 12 months?  Yes  NoDoes the household have any expenses for shelter?  Yes  No If yes, please complete the following:

NAME	TYPE	HOW MUCH	HOW OFTEN PAID	IS THIS A PRIMARY HEATING OR COOLING EXPENSE?
				<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
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**DEPENDENT CARE EXPENSES**Do you or a household member pay someone outside the home for dependent care expense?  Yes  No If yes, please complete the following:

WHO PAYS	WHO IS THE CARE FOR?	HOW MUCH	HOW OFTEN	AMOUNT	How many miles do you drive to and from your home to your dependent care provider in a month?

**COURT ORDERED EXPENSES**

Court Ordered Expenses are alimony, child support, arrearages, or any expense a court has ordered you or a household member to pay.

Are you or any member of your household paying court-ordered expenses?  Yes  No If yes, please complete the following:

NAME	TYPE	PAID FOR	AMOUNT OF THE OBLIGATION	AMOUNT PAID	HOW OFTEN PAID

**NON-DISCRIMINATION AND FAIR HEARING RIGHTS:** 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 USDA, Director, Office of Civil Rights, Room 326-W, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-866-632-9992 (voice and TDD). USDA is an equal opportunity provider and employer. You can have a fair hearing if you are denied benefits and wish to appeal the decision. You can also request a hearing either orally or in writing, on any agency action which affects your participation in the Food Stamp Program.

**The collection of information on this application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. This information is used to determine eligibility or continued eligibility for the Food Stamp Program. Information is verified through computer matching programs. This information is used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement to apprehend persons fleeing to avoid the law. In the event of an overpayment of benefits, this information may be referred to Federal and State agencies, as well as private claim collection agencies for claims collection action.**

DO NOT LIE OR HIDE INFORMATION TO GET BENEFITS THAT YOUR HOUSEHOLD SHOULD NOT GET.

DO NOT USE FOOD ASSISTANCE BENEFITS TO BUY NONFOOD ITEMS, SUCH AS ALCOHOL OR CIGARETTES, OR TO PAY ON CREDIT ACCOUNTS.

DO NOT USE OR HAVE IN YOUR POSSESSION EBT CARDS THAT ARE NOT YOURS AND DO NOT LET SOMEONE ELSE USE YOUR CARD.

**NOTIFICATION AND ACKNOWLEDGMENT OF FRAUD PROVISIONS**

7 USC 2015 (b)(1) Any person who has been found by any State or Federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed, or withheld facts or committed any act that constitutes a violation of this Act, the regulations issued thereunder, or any State statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing Food Stamp benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the Program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion, and permanently upon the third occasion.

7 USC 2024 (b), (c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses Food Stamp benefits or access devices in any manner contrary to the Food Stamp Act is subject to fine and imprisonment. Upon conviction, punishments include a fine of \$250,000 and/or imprisonment for 20 years if the value of the benefits or access devices is \$5,000 or more. If the value is less than \$5,000 but greater than \$100, punishments include a fine of \$10,000 and/or imprisonment for 5 years. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption benefits or access devices which have been illegally received, transferred, or used is subject to a fine of \$20,000 and/or imprisonment for 5 years if the value of the benefits is \$100 or more. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States. **S/he may also be subject to prosecution under other applicable federal and State laws. S/he may also be barred from the Food Stamp Program for an additional 18 months if court ordered.**

7 USC 2015 (b)(1)(iii)(IV) and 2015 (j). Anyone convicted of trafficking in Food Stamp benefits of \$500 or more shall be permanently disqualified from the Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple Food Stamp benefits simultaneously shall be ineligible to participate in the Food Stamp Program for ten (10) years beginning with the date of such agency determination or such conviction in Federal or State court.

7 USC 2015 (b)(1). Anyone convicted in a Federal, State, or local court of trading benefits for controlled substances, illegal drugs, or certain drugs for which a doctor's prescription is required shall be barred from the Food Stamp Program for 2 years for the first offense and permanently for the second offense. Anyone convicted of trading benefits for firearms, ammunition, or explosives is barred permanently from the Food Stamp Program for the first offense.

7 USC 2015(k). Any individual who is a fleeing felon or a probation/parole violator is ineligible to participate in the Food Stamp Program.

Pursuant to Section 570.030, RSMo the stealing of public assistance benefits is a Class C felony if the value of the benefits is \$750.00 or more. Punishment includes imprisonment for up to seven years and a fine not to exceed \$5,000.00. If the value of the benefits is less than \$750.00, the crime is a Class A misdemeanor.

Read this page carefully before signing. When you sign, you are certifying you understand the statements on this page. You are certifying you understand that information provided on this form and during the interview must be true and accurate, or you will be subject to the penalties outlined above.

I/we authorize the Director of Family Support Division or his/her appointee to investigate my circumstances and statements. I understand that it is against the law to obtain or attempt to obtain Food Stamp benefits to which I am not entitled, or obtain, or attempt to obtain Food Stamp benefits in the amount greater than those to which I am entitled. I understand that any false claim, statement, or concealment of any material fact whatever, in whole or part, on this form or during the interview, may subject me to criminal and/or civil prosecution. I/we authorize the Family Support Division to use the data in the State's Child Support Enforcement system to verify child support paid to me or child support paid to another household.

**SIGNATURE: This is to certify that I understand the questions on this form and the penalties for giving false statements or withholding information. Under the penalty of perjury, I certify that I have given true, accurate, and complete statements to the best of my knowledge, for each household member for whom I am applying.**

SIGNATURE	DATE
Witness Signature	Date