`DPHHS-HCS-252
(Rev. 09/2010)

STATE OF MONTANA
Department of Public Health and Human Services

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION

If you need assistance completing this application, please ask an Office of Public Assistance (OPA) staff member.

COMPLETION INSTRUCTIONS

The Montana Department of Public Health and Human Services (DPHHS) offers several programs to help you. **This application is to be used if you are applying for SNAP benefits only.** If you wish to apply for programs other than SNAP, please request a multiple program application.

1. If you don't have time to complete the full application now, you have the right to immediately file an application:

   - Fill in your name and address on page one;
   - Sign your name on page one (or an authorized representative may sign for you); and
   - Turn in only the top copy of page one today. You may take the rest of the application with you and bring it with you to your interview, or you may mail or fax it to the Public Assistance Office.

2. If you have completed the application process and are determined eligible for SNAP benefits, your benefits will start from the date page one of the application is received.

3. You may be entitled to receive SNAP benefits within seven days (expedited service). See the back of page one of the application for details.

4. Complete the entire application to the best of your ability.

5. Please use black or blue ink (it is easy to read and copies best). Print your answers.

6. If more space is needed to answer a question(s), use the space provided on page eight, or attach an additional sheet with appropriate information about each additional person.

7. A household member, or an authorized representative, who knows the financial situation of all household members should fill out the application.

8. Providing a Social Security number or citizenship/alien status is voluntary. However, if this information is not provided for a household member, he/she will not be eligible for benefits, with certain exceptions. Any question that refers to a household is referring to those people applying for benefits. You need to enter the Social Security number and citizenship/alien status only for individuals requesting SNAP benefits.

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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION

AGENCY USE			
Date Application Received			
Date of Interview			
Case Number			
	Expedited SNAP		Regular SNAP

Last Name		**First Name**		**Middle Initial**		**County**	

Street Address		**City**		**Zip**	
Mailing Address		**City**		**Zip**	
Phone Number		**Message Phone Number**			

Note: If you do not have a street address, describe how to get to your home:

Fill in all required blanks for everyone who lives with you either permanently or temporarily. You must list yourself, your spouse, all children under age 22, and children under age 22 must list parents. Also, you must include all persons who live with you and purchase and prepare food with you.

	Name (List yourself first)	**Relationship To You**	**Social Security Number**	**Date of Birth**	**Sex (Optional)**	**U.S. Citizen Yes**	**No**
1.		SELF					
2.							
3.							
4.							
5.							
6.							

EXPEDITED SERVICE QUESTIONS		**AGENCY USE**	**Yes**	**No**
If the dollar amount is none, enter zero.		Income less than $150, and cash and savings of no more than $100?		
What is the total income (before deductions) your household has received or expects to receive **this month**?		Combined income and resources less than rent/mortgage and appropriate utility allowance?		
How much do the members of your household have in cash and savings? (give your best estimate)		Migrant/seasonal farm worker with liquid resources not exceeding $100?		
How much is your monthly rent/mortgage?		**If yes to any of the above questions – EXPEDITE**		
			Yes	**No**
		Screened for expedited services?		
How much are your monthly utilities?		Eligible for expedited services?		
Is anyone in your household a migrant or seasonal farm worker?	**Yes** / **No**	OPA Employee:		

PENALTY WARNING

I HEREBY SWEAR AND/OR AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT.

Applicant Signature/Mark **(or Legal Guardian/Authorized Representative)**	**X**		**Date**	
Witness to Mark **(If applicant cannot sign full name)**	**X**		**Date**	

INTERVIEW

1. After your application is filed, you will be notified of the date and time of your interview. Complete as much of the application as you can. A worker will help you with any unanswered questions at the interview. If you do not have all the necessary information, this could delay a decision on your application. An interview is required as part of the application process.
2. If you are not able to appear for an interview, or you are unable to find someone to represent you, call your local Office of Public Assistance to schedule a home visit or a phone interview.
3. If you cannot keep your appointment, you must schedule another appointment within 30 days of the application date. If you do not schedule another appointment, your application will be denied.

TO GET SNAP BENEFITS WITHIN SEVEN DAYS (EXPEDITED SERVICE)

You may be entitled to expedited services if your income and resources are not enough to cover your monthly rent/mortgage and utilities, you have very little income or resources, or your household includes a migrant or seasonal farm worker.

1. Complete the application and provide proof of identity of the person listed as number one on page one.
2. If you do not have time to complete this application now, complete the front page and turn it in today. This will ensure your benefits will start from today if you complete the application process and are determined eligible for SNAP benefits.
3. If you are eligible for expedited service, you can receive SNAP benefits for this month even if you cannot give us all of the verification we need.
4. If you feel you are eligible for expedited services but your worker says you are not, you may ask for an administrative review, or you may request a Fair Hearing either orally or in writing.
5. If you are not eligible for expedited service, your application will be processed within 30 days following the date the signed application was received.

RIGHTS AND RESPONSIBILITIES

1. You have the right to file an application on the same day you contact us. You may either leave the entire application or the completed front page at the office, or you may mail or fax it.
2. You do not have to be interviewed or have a scheduled appointment before submitting the application.
3. Your application will be processed within 30 days.
4. Applicants soon to be released from an institution may make application for SNAP benefits prior to their release. The application filing date for pre-release applicants is the date of release from the institution.
5. **It is illegal to:**
   - Trade or sell SNAP benefits;
   - Use SNAP benefits to get ineligible items such as alcoholic drinks and tobacco, pay on credit accounts; or
   - Use someone else's SNAP benefits for your household or let someone use your benefits.
6. You will be required to repay any benefits that you are not eligible to receive because of a client or agency error.
7. 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, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call 800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

WORK REQUIREMENTS

1. Individuals who are physically and mentally fit and between the ages of 16 and 60 shall be ineligible for SNAP benefits if they: (1) refuse without good cause to provide sufficient information to allow a determination of their employment status or job availability; (2) voluntarily and without good cause quit a job; or (3) voluntarily and without good cause reduce their work effort (and after the reduction, are working less than 30 hours a week).
2. Individuals who live in a county with a SNAP Employment and Training Program may attend this program.

TIME-LIMITED BENEFITS

1. An individual who is an able-bodied adult without dependents may not be eligible for SNAP benefits if they have received three months of SNAP benefits in a 36-month period, unless they meet an exemption or meet the work requirement.

PENALTIES

1. It is unlawful for you to knowingly make false statements, misrepresent facts, or conceal information to obtain benefits.
2. Individuals who knowingly or intentionally break a SNAP rule can be prosecuted and fined. The fine may be up to $250,000 or you may be imprisoned for up to 20 years, or both. Individuals are also subject to prosecution under other applicable federal laws. Individuals may also be barred for an additional 18 months if court ordered.
3. Any household member who knowingly and intentionally breaks a SNAP rule can be barred from participating in SNAP for one year for the first violation; two years for the second violation; and permanently disqualified after the third violation.
4. Any SNAP recipient who has been found guilty in a federal, state, or local court of trading SNAP benefits for controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) will be disqualified from participation in SNAP for two years for the first offense, and permanently for the second offense.
5. Any SNAP recipient who has been found guilty in a federal, state, or local court of using/receiving SNAP benefits for firearms, ammunition, or explosives will be permanently disqualified from participation in SNAP upon the first occasion of such violation.
6. An individual shall be permanently disqualified from participation in SNAP if he/she is convicted of trafficking SNAP benefits of $500 or more.
7. An individual shall be ineligible to participate in SNAP for ten years if he/she is found to have made a fraudulent statement or representation with respect to identity and/or residence in order to receive multiple benefits simultaneously.

1.	**You can choose an authorized representative to help you with your SNAP benefits.**		
	Please check yes or no for each of the following questions.	**Yes**	**No**
	Do you need your authorized representative to help you apply for SNAP benefits?		
	Do you want your authorized representative to have access to your Montana Access SNAP account, and use your benefits to buy food for you?		

List the authorized representative's name, address, and telephone number below. You can name multiple authorized representatives. If additional representatives are named please complete the following information on page eight.

Last Name		**First Name**		**Middle Initial**		**Phone**	
Mailing Address				**City**		**Zip**	

	Please check yes or no for each of the following questions	**Yes**	**No**
2.	**Has anyone listed on page one ever used another name (e.g., maiden name) or Social Security number?** If yes, please provide other names and numbers used:		
3.	**Is any household member between the ages of 18 and 49 currently attending post-secondary school or an institution of higher education?** If yes, list who is attending, the name and location of the school and the number of class hours the student is attending.	**Yes**	**No**
4.	**Is any household member a boarder (paying someone to provide meals)?** If yes, please list who.	**Yes**	**No**

VOLUNTARY: Please complete questions 5 and 6 for all household members. These questions regarding ethnic and racial background will **not** be used to determine your eligibility or benefit level. If you do not answer, your worker will complete this section. Title VI of the Civil Rights Act of 1964 authorizes questions about ethnic and racial background. The reason for the information is to assure that program benefits are distributed **without** regard to race, color or national origin.

5. Please mark one *ethnic category* for each household member.

Household Member Name	**Hispanic/Latino**	**Non-Hispanic/Latino**

6.	Please mark one or more *racial heritage categories* for each household member.					
Household Member Name	**American Indian or Alaskan Native**	**Asian**	**Native Hawaiian or Pacific Islander**	**Black or African American**	**White**

7.	Indicate whether any household member (including children) own any of the following property and/or accounts. Include property/accounts jointly owned with others in or outside the household.				
Property/Account	**Yes**	**No**	**Owner(s)/ Joint Owner(s)**	**Name of Financial Institution**	**Amount**
Cash					
Checking Account					
Savings Account					
Certificate of Deposit (CD)					
Individual Indian Money Account(s)					
Retirement Account(s)					
Stocks/Bonds					
Trust Fund(s)					
Other (specify):					

8.	Indicate whether any household members own or are purchasing any of the following property. Include property co-owned with others in or outside the household.							
Property	**Yes**	**No**	**Owner(s)/ Joint Owners**	**Location/ Account Number**	**Amount Owed**	**For Sale**		**Agency Use Equity**
						Yes	**No**	
Burial Trust/Contract/Policy								
Contract(s) for Deed								
Farm/Business Equipment								
Home You Live In (include mobile homes)								
Income Producing Property								
Life Estate								
Livestock								
Mineral Rights (oil, gas, coal, etc.)								
Other Houses, Land, or Buildings								
Tools/Equipment for Work								
Other (specify):								

9.	Has any household member sold, traded, or given away any money, property, or other assets within the last three months? If yes, complete the information below:	**Yes**	**No**

Household Member's Name	**Item Sold, Traded, or Given Away**	**Date Sold, Traded, or Given Away**	**Dollar Value**

10.	Indicate whether any household member has the following unearned income (income not from employment).

	Yes	No	Owner(s)/ Joint Owners	How Often Paid	Gross Amount
Child Support/Alimony					
Foster Care Payments					
General Assistance (includes County/BIA)					
Gifts/Contributions					
Insurance Settlement					
Interest/Dividends					
Lease Income					
Loans					
Military Allotment					
Retirement Benefits/Pensions					
Royalties					
Social Security					
Supplemental Security Income (SSI)					
Temporary Assistance for Needy Families - TANF/ Tribal TANF					
Temporary Disability Insurance					
Tribal or Other State Assistance Payments					
Unemployment Insurance					
Veterans Benefits					
Workers' Compensation					
Other (specify):					

11.	Indicate whether any household member has applied for or received any student financial aid within the last 12 months.

Financial Aid	Yes	No	Household Member's Name	Dollar Amount
Bureau of Indian Affairs				
Pell Grant				
Scholarships				
Student Loan				
Veterans'Assistance				
Vocational Rehabilitation				
Other (include family, work study, church, employer, etc.)				

12.	Has anyone in your household applied for or received Unemployment Insurance (UI) or Worker's Compensation (WC) within the last 12 months? If yes, complete the information below.	Yes	No

Household Member's Name	Check Type of Income		Start Date	End Date	Reason Terminated/Denied
	UI	WC			

13.	**Does anyone expect to receive any money before the end of the next calendar month (such as a settlement from a legal action, child support, retirement, pensions, disability, or accident insurance)?** If yes, list what it is and who will be receiving the money.	**Yes**	**No**

AGENCY USE

Name of Injured Person			
Lawyer's Name		Date of Accident	
Person/Insurance company who is or may be responsible for paying any of these medical costs			

Contributions/Gifts: Request information regarding the amount received (check policy).

14.	**Is anyone in the household currently working or have they worked in the past 30 days?**	**Yes**	**No**

List all household members who have worked, will work, or are currently working any kind of job *this month*, or will receive wages *this month* due to work done in a previous month. Include: employment (full-time and part-time), spot jobs, tips, commissions, work study, etc.

Complete a column for each job held by any household member

Person Employed			
This Month's Total Wages Before Taxes			
Business Name			
Business Address			
Business Phone			
Job Start Date			
Average Hours Per Week			
Pay Per Hour			
Average Tips Per Week			
How Often Paid			
Dates Pay Received			
Pay Period End Date			

PLEASE PROVIDE WAGE VERIFICATION FOR THIS MONTH AND LAST MONTH

15.	**Is anyone in your household self-employed?** If yes, list the name of the business, who owns it, and the kind of business it is:	**Yes**	**No**

PLEASE PROVIDE SELF-EMPLOYMENT INCOME AND EXPENSE RECORDS

AGENCY USE

16.	**Has anyone in your household stopped working or reduced work hours in the last 30 days?** If yes, fill in the information below.	**Yes**	**No**

Household Member's Name	
Name of Employer	
Date Household Member Left Job or Reduced Hours	
Date and Amount of Final Check	
Reason for Leaving	
Is It a Temporary Layoff?	
Date Expected to Return to Work	

Include additional people on page eight

17.	**Is anyone in your household working in exchange for living expense(s) or housing cost(s)?** If yes, please explain:	**Yes**	**No**

18. List expenses for which you are billed and responsible to pay. If anyone outside the household pays any expense for the household, please write their name in the last column. List medical expenses only for household members who are elderly (age 60 or older) or disabled. If you do not report and verify expenses, the expense deduction will not be allowed.

Expense	Total Monthly Cost	Household's Share	Person Who Assists in Paying the Expense
Dependent Care (adult or child)			
Rent			
Lot Rent			
Mortgage			
Home Insurance (if separate from mortgage)			
Property Tax (if separate from mortgage)			
Basic Phone Rate (land or cell phone)			
Electricity			
Garbage/Trash			
Natural Gas/Propane			
Oil			
Utility Installation Fee (not deposit)			
Water/Sewer			
Wood/Coal/Other Heat Source			
Medical Insurance Premiums			
Medical Payments/Bills			
Medicare Premiums			
Other Expenses (specify)			

19.	**Do you pay heating or cooling costs separate from rent?**	**Yes**	**No**

20.	**Is any household member court ordered to pay child support or arrearages?** **If yes, who? _____** **Who are the payments for? _____** **Amount court ordered: _____ Amount Paid? _____**	**Yes**	**No**

21.	**Are you approved for or receiving assistance from the Low Income Energy Assistance Program (LIEAP)?**	**Yes**	**No**

22.	**If you indicated a dependent care expense, please complete the information below. Complete a column for each person receiving care.**			
Person Receiving Care				
Amount Billed				
Date Paid				
Person Providing Care				
Person Paying for Care				
Program Paying for Care				

Please check yes or no for each of the following questions

23.	**Are any household members disabled?** If yes, please list who is disabled.	**Yes**	**No**
24.	**Is anyone in your household on strike?** If yes, please list who is on strike, when the strike began, the employer's name, and the amount of strike income:	**Yes**	**No**
25.	**Is anyone in your household certified to receive Tribal food commodities?** If yes, who?	**Yes**	**No**
26.	**Has anyone in your household received SNAP benefits in the last 30 days?** If yes, list who received them, where, and when:	**Yes**	**No**
27.	**Do you have a Montana Access Electronic Benefit Transfer (EBT) Card?**	**Yes**	**No**
28.	**If you are not registered to vote where you live now, would you like to apply to register to vote today? (Optional)**	**Yes**	**No**

- If you do not check either of these boxes, you will be considered to have decided not to register to vote at this time.
- If you would like help in filling out the Voter Registration Application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
- Applying to register or declining to register to vote will **not** affect your eligibility or benefit level.
- If you believe someone has interfered with your right to register to vote or to decline to register to vote, or your privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Secretary of State, PO Box 202801, Helena, Montana 59620-2801; toll free telephone number: 1-888-884-8683.

29.	**Have you, or any member of your household, ever been disqualified from SNAP for providing incorrect information to a caseworker or failing to provide information to a caseworker that affected SNAP eligibility and benefits?** If yes, list the name of the person, date it happened, date disqualified, and the length of the disqualification period:	**Yes**	**No**

30.	**Have you, or any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996?** If yes, list the name of the person, date it happened, date disqualified, and the length of the disqualification period:	**Yes**	**No**
31.	**Have you, or any member of your household, ever been convicted of trafficking SNAP benefits of $500 or more after September 22, 1996?**	**Yes**	**No**
32.	**Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime?**	**Yes**	**No**
33	**Are you or any member of your household currently in violation of probation or parole?**	**Yes**	**No**
34.	**Are you or any member of your household, a convicted felon for possession, use, or distribution of a controlled substance (illegal drugs or certain drugs for which a doctor's prescription is required after August 22, 1996?**	**Yes**	**No**
35.	**Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996?** If yes, who?	**Yes**	**No**
36.	**Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunitions or explosives after September 22, 1996?** If yes, who?	**Yes**	**No**

ADDITIONAL HOUSEHOLD INFORMATION

READ CAREFULLY BEFORE SIGNING

IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER ABOUT IT.

I UNDERSTAND THAT:

- **The information I (we) give here is subject to verification by federal, state, and/or local officials to determine if the information is factual. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.**

- I must report changes in my situation to the local Office of Public Assistance based on my reporting requirements, which have been explained. Late reporting may cause incorrect benefits.

- The collection of information on the application including my (our) Social Security number(s) is authorized under the Food and Nutrition Act of 2008 as amended and will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may be used and may be verified through collateral contacts when discrepancies are found by the State agency and such may affect eligibility or benefit level. The Social Security number(s) may also be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending fleeing felons/probation or parole violators and for claim collection purposes. If there is a SNAP claim against your household, the information may be also referred to private claims collection agencies for claims collection action. It will also be used to monitor compliance with program regulations and program management.

- My (our) alien status information will be or may be verified with United States Citizenship and Immigration Service (USCIS). This information may affect my eligibility or benefit level.

- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.

- I may request a Fair Hearing orally or in writing if I disagree with any action taken on my case, and my case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson.

I understand the questions on this application and the penalty for withholding or giving false information or breaking any of the rules listed in the penalty warning. I understand and agree to provide documents to prove what I have stated on this application. I understand and agree that the Agency may contact other people or organizations to obtain necessary verification of any statements on this application.

I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship and alien status of each household member.

I have been informed my household is authorized to receive TANF Information and Referral services. I have been given the TANF Information and Referral Service brochure that has information about these services.

YOUR SIGNATURE	TODAY'S DATE	WITNESS SIGNATURE (If applicant signed with an X)

AGENCY USE

Name of Applicant or Authorized Representative			
Interviewed By (OPA Employee Name)			
Interview Date		**Application Effective Date**	
Date of Application			

AGENCY USE

Your Interview is Scheduled for:	**Date**		**Time**	

IF YOU CANNOT KEEP YOUR SCHEDULED APPOINTMENT, PLEASE CALL TO RESCHEDULE.

VERIFICATIONS

As requested, you must provide information and verification to help determine if you are eligible for assistance. The Agency may help you obtain the verification or contact other people or agencies to assist you. If you need help with gathering verification, tell the Office of Public Assistance.

The following is a list of verifications to bring to the interview or submit with your application, which will speed up the application process:

Income and Resources

Award Letters for Social Security, Supplemental Security Income, Unemployment Insurance	Financial Statements for Certificates of Deposit or Stocks and Bonds
Award Notices for Educational Loans, Scholarships, Grants	Burial Policies
Bank Statements for Checking and Savings Accounts	Pay Stubs
Child Support and/or Alimony Stubs or Payment Records	Rental Income or Sales Contract Records/Ledgers
Earnings Statements from Employers	Statements of Loans, Gifts, or Contributions Received
Federal Income Tax Returns, Bookkeeping Records, Expense Records for self-employment	

Expenses

Child Support Paid	Medical Expense Bills for the Elderly or Disabled (e.g., medication, doctor/hospital bills, insurance premiums. Include copies of Medicare and health insurance explanation of benefits/payment statements.)
Dependent Care Bills/Receipts	
Heating/Cooling Bills	
Higher Education Expense Receipts	
Rent Receipt/Mortgage Payment (including home mortgage insurance and property taxes)	

Other

Commodity Release	School Enrollment Forms

ADDITIONAL INSTRUCTIONS