

Commonwealth of Virginia  
Department of Social Services  
**APPLICATION FOR BENEFITS**

### GENERAL INFORMATION

With this application, you may apply for one or more of the following assistance programs:

- Auxiliary Grants (AG)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- General Relief – Unattached Child (GR)
- Refugee Cash Assistance (RCA)
- TANF Emergency Assistance (TANF EA)

### COMPLETING THE APPLICATION

If you need help completing this application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If there are more than 6 people are living in your home and you need more space to list everyone, tell the agency you need extra pages.

Individuals who have a disability or who have difficulty with English may receive extra help to make sure they get assistance or services they are eligible to receive.

### COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you do not give needed information, we may not be able to determine your eligibility for assistance. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.

### FILING THE APPLICATION

You may turn in a partially completed application which contains at least your name, address, and signature (or the signature of your authorized representative), **but you must complete the rest of this application before your eligibility can be determined.** For some programs, you must also be interviewed, but you may turn in your application before your interview. You may turn in your application any time during office hours the same day as you contact your local agency. You have the right to turn in your application even if it looks like you may not be eligible for benefits.

### VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)

Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. Information may be used to:

- determine the correctness, accuracy, and truthfulness of the application;
- verify your identity and citizenship; verify wages and salary, unemployment benefits, and unearned income, such as Social Security and Supplemental Security Income (SSI) benefits; verify quarters of coverage under Social Security for an alien, or to verify the status of aliens;
- prevent receipt of benefits from more than one social service agency at the same time;
- make required program changes;
- allow disclosure for official examination and to law enforcement officials to assist in apprehending persons fleeing to avoid the law; or
- assist in SNAP claims collection actions.

Information regarding your race and ethnicity is not required and will not affect your eligibility or benefit amount. This information is requested to be sure that program benefits are provided without regard to race, color, or national origin.

## SPECIAL INFORMATION FOR SNAP APPLICANTS

You may apply for SNAP benefits by leaving a completed Application for Benefits at the agency or by leaving a partially completed application with at least your name, address, and signature, or by tearing off and leaving the half-sheet on the next page with your name, address, and signature. **You must complete the rest of this Application before your eligibility can be determined.**

You must also be interviewed in the office or by telephone. You may turn in your application before you are interviewed. This is important because if you are eligible for the month in which you apply, your SNAP amount will be based on the date you actually turn in your application.

### NONDISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases, religion and political beliefs.

The U.S. Department of Agriculture (USDA) also prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. Not all prohibited bases will apply to all program and/or employment activities.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish).

For any other information dealing with SNAP issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotline.htm](http://www.fns.usda.gov/snap/contact_info/hotline.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

### INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Do not write in shaded areas. These areas are for agency use only.
2. Complete **SECTION A: APPLICANT INFORMATION**. Complete the grid in **SECTION B: Household Composition** for everyone who lives in your home, even if you are not applying for that person. You may leave questions about citizenship, immigration and Social Security Number blank for anyone for whom you are NOT requesting assistance.
3. Answer the questions in **SECTION C: INCOME** for everyone for whom you are applying. In addition, if you are applying for **TANF**, also provide income information for children age 18 or under, even if you are not applying for that child, and the stepparent of the children for whom you are applying.
4. Answer the questions in **SECTION D: RESOURCES** for everyone for whom you are applying unless you are applying for TANF.
5. After completing Sections A through D, answer the questions in the sections indicated below, depending on the type of assistance you are requesting.

**TANF**  
**SNAP**

**Section E**, page 6  
**Section G**, page 7

**TANF Emergency Assistance**  
**Auxiliary Grants**

**Section F**, page 6  
**Section H**, page 8

7. Read **CHANGE REPORTING AND PENALTIES** on page 9.
8. Read and complete the last page of this application. Be sure to sign and date the application.

**EXPEDITED SERVICE FOR SNAP BENEFITS**

Your household may qualify for Expedited Service and receive SNAP benefits within 7 days if you are eligible and if your gross monthly income is less than \$150 and liquid resources are \$100 or less; or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or if someone in your household is a migrant or seasonal farm worker with little or no income and resources. **GIVE THE INFORMATION BELOW SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_

Total income received/expected this month before deductions \$ \_\_\_\_\_  
 Total cash, money in checking/savings accounts, CDs, etc. \$ \_\_\_\_\_  
 Total rent or mortgage for this month \$ \_\_\_\_\_  
 Utility expenses for this month \$ \_\_\_\_\_  
 Which utilities do you pay? (check all that apply)  
 Heat    Lights    Telephone    Electricity for Air Conditioning  
 Water    Sewer    Garbage    Other  
 Is anyone in your household a migrant or seasonal farm worker?       YES    NO

**COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION**

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**  
 (Please check only one)

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (please fill out the voter registration application form)
- No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help 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 if you desire.

**If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, Telephone (804) 864-8901.**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Applicant Name      Signature      Date

*for agency use only*

Voter Registration form completed:    Yes    No  
 Voter Registration form given to applicant for later mailing (at applicant's request)    Yes    No  
 \_\_\_\_\_      \_\_\_\_\_  
 Agency Staff Signature      Date:

**AGENCY USE ONLY**

**CASE NAME**

**CASE NUMBER**

**LOCALITY**

**SCREENER**

**DATE**

**EXPEDITED SERVICE DETERMINATION**

Income < \$150 + resources ≤ \$100

YES  NO

Income + resources < shelter bills

YES  NO

For migrant or seasonal farm workers:

Resources ≤ \$100 and ≤ \$25 is expected in next 10 days from new income;

YES  NO

**OR**

Resources ≤ \$100 and \$0 income is expected from a terminated source for the rest of this month or next month.

YES  NO

**EXPEDITE IF YES TO ANY OF THE ABOVE.**

**APPLICATION FOR BENEFITS**

AGENCY USE ONLY		
Case Name	Case Number	Locality
Date Received	Date of Interview:	<input type="checkbox"/> In office <input type="checkbox"/> Telephone
Interviewer	Program (s)	

**A. APPLICANT INFORMATION**

Your Contact Information

**Your Name** (last, first, middle initial)

**Your Street Address** (include apartment number)

**City, State, ZIP**

**Your Mailing Address** (if different from your street address)

**City, State, ZIP**

**In what city or county do you live?**

**E-mail Address**

**Primary Telephone Number**

**Alternate Telephone Number**

**Directions to your home if there is no street address:**

**What is the primary language spoken in your household?**

- English     Vietnamese     Laotian     Somali     French     Other (specify):  
 Spanish     Farsi     Chinese     Kurdish     German  
 Cambodian     Haitian-Creole     Korean     Arabic     Japanese

- YES  NO 1. Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving any benefits from a social services agency, including SNAP (Food Stamps), TANF, Medicaid, General Relief, Auxiliary Grant, Foster Care, Adoption Assistance, or Refugee Cash Assistance? If **YES**, enter the information below.

Applicant's Name	Social Security Number	Type of Benefits Received
When	From What County, City, or State	

- YES  NO 2. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive TANF, SNAP, or Medicaid in two or more states at the same time? If **YES**, give date and place of conviction. \_\_\_\_\_
- YES  NO 3. Have you or anyone for whom you are applying ever been disqualified from participating in TANF, SNAP, or Medicaid? If **YES**, give date and place of all disqualifications. \_\_\_\_\_
- YES  NO 4. Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If **YES**, explain \_\_\_\_\_
- YES  NO 5. Do you or anyone in your home have a felony conviction for drugs after August 22, 1996 for ( ) Use? ( ) Possession? ( ) Distribution of drugs? (check all that apply) If **YES**, who? \_\_\_\_\_  
 Did the court assign ( ) Periodic Testing? ( ) Drug Treatment? ( ) Other Action?  YES  NO  
 If **YES**, have you finished the plan or are you cooperating?  YES  NO

**B. HOUSEHOLD COMPOSITION:** This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person. List yourself first.

**1**  
Name (last, first, middle initial) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Gender:  Male  Female  
Marital Status:  Married  Never Married  
 Separated  Divorced  Widowed  
Highest Grade Completed: \_\_\_\_\_  
School Name if a Student: \_\_\_\_\_  
Are you a veteran or dependent?  Yes  No  
Program(s) Requested:  AG  SNAP  TANF  
 TANF EA  GR  RCA  None

**Self**  
Relationship to You \_\_\_\_\_  
Birth Date (mm-dd-yyyy) \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State, Country)  
Are you a U.S. Citizen?  Yes  No  
If No, immigration status: \_\_\_\_\_  
US Residency Date: \_\_\_/\_\_\_/\_\_\_  
Alien Registration Number: \_\_\_\_\_  
Are you disabled?  Yes  No  
Are you temporarily living away from home?  Yes  No  
Date Left \_\_\_/\_\_\_/\_\_\_ Expected Return Date \_\_\_/\_\_\_/\_\_\_  
Reason for being away: \_\_\_\_\_

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

**2.**  
Name (last, first, middle initial) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Gender:  Male  Female  
Marital Status:  Married  Never Married  
 Separated  Divorced  Widowed  
Highest Grade Completed: \_\_\_\_\_  
School Name if a Student: \_\_\_\_\_  
Is this Person a veteran or dependent?  Yes  No  
Program(s) Requested:  AG  SNAP  TANF  
 TANF EA  GR  RCA  None

Relationship to You \_\_\_\_\_  
Birth Date (mm-dd-yyyy) \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State, Country)  
Is this Person a U.S. Citizen?  Yes  No  
If No, immigration status: \_\_\_\_\_  
US Residency Date: \_\_\_/\_\_\_/\_\_\_  
Alien Registration Number: \_\_\_\_\_  
Is this Person Disabled?  Yes  No  
Is this person temporarily away from home?  Yes  No  
Date Left \_\_\_/\_\_\_/\_\_\_ Expected Return Date \_\_\_/\_\_\_/\_\_\_  
Reason for being Away: \_\_\_\_\_

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

**3.**  
Name (last, first, middle initial) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Gender:  Male  Female  
Marital Status:  Married  Never Married  
 Separated  Divorced  Widowed  
Highest Grade Completed: \_\_\_\_\_  
School Name if a Student: \_\_\_\_\_  
Is this Person a veteran or dependent?  Yes  No  
Program(s) Requested:  AG  SNAP  TANF  
 TANF EA  GR  RCA  None

Relationship to You \_\_\_\_\_  
Birth Date (mm-dd-yyyy) \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State, Country)  
Is this Person a U.S. Citizen?  Yes  No  
If No, immigration status: \_\_\_\_\_  
US Residency Date: \_\_\_/\_\_\_/\_\_\_  
Alien Registration Number: \_\_\_\_\_  
Is this Person Disabled?  Yes  No  
Is this person temporarily away from home?  Yes  No  
Date Left \_\_\_/\_\_\_/\_\_\_ Expected Return Date \_\_\_/\_\_\_/\_\_\_  
Reason for being Away: \_\_\_\_\_

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

**HOUSEHOLD COMPOSITION (continued)**

If you need more space to list your household members, please ask for another form or write the information on a separate sheet.

4.

Name (last, first, middle initial) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Married  Never Married  
 Separated  Divorced  Widowed

Highest Grade Completed: \_\_\_\_\_  
School Name if a Student: \_\_\_\_\_  
Is this Person a veteran or dependent?  Yes  No

Program(s) Requested:  AG  SNAP  TANF  
 TANF EA  GR  RCA  None

Relationship to You \_\_\_\_\_ Birth Date (mm-dd-yyyy) \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State, Country)

Is this Person a U.S. Citizen?  Yes  No  
If No, immigration status: \_\_\_\_\_  
US Residency Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Alien Registration Number: \_\_\_\_\_

Is this Person Disabled?  Yes  No  
Is this person temporarily away from home?  Yes  No  
Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for being Away: \_\_\_\_\_

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

5.

Name (last, first, middle initial) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Married  Never Married  
 Separated  Divorced  Widowed

Highest Grade Completed: \_\_\_\_\_  
School Name if a Student: \_\_\_\_\_  
Is this Person a veteran or dependent?  Yes  No

Program(s) Requested:  AG  SNAP  TANF  
 TANF EA  GR  RCA  None

Relationship to You \_\_\_\_\_ Birth Date (mm-dd-yyyy) \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State, Country)

Is this Person a U.S. Citizen?  Yes  No  
If No, immigration status: \_\_\_\_\_  
US Residency Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Alien Registration Number: \_\_\_\_\_

Is this Person Disabled?  Yes  No  
Is this person temporarily away from home?  Yes  No  
Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for being Away: \_\_\_\_\_

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

6.

Name (last, first, middle initial) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Married  Never Married  
 Separated  Divorced  Widowed

Highest Grade Completed: \_\_\_\_\_  
School Name if a Student: \_\_\_\_\_  
Is this Person a veteran or dependent?  Yes  No

Program(s) Requested:  AG  SNAP  TANF  
 TANF EA  GR  RCA  None

Relationship to You \_\_\_\_\_ Birth Date (mm-dd-yyyy) \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
(City, State, Country)

Is this Person a U.S. Citizen?  Yes  No  
If No, immigration status: \_\_\_\_\_  
US Residency Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Alien Registration Number: \_\_\_\_\_

Is this Person Disabled?  Yes  No  
Is this person temporarily away from home?  Yes  No  
Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for being Away: \_\_\_\_\_

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino  
Racial Heritage:  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

**C. INCOME**

1. Do you or anyone who lives with you receive or expect to receive any of the following types of money from working? Include money from all jobs that you have now or expect to begin: full time, part time, seasonal, temporary, self-employment. Answer Yes or No below and provide the requested information:

- |                          |                            |                          |                                 |                          |                              |
|--------------------------|----------------------------|--------------------------|---------------------------------|--------------------------|------------------------------|
| <b>Yes</b>               | <b>No</b>                  | <b>Yes</b>               | <b>No</b>                       | <b>Yes</b>               | <b>No</b>                    |
| <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>     |
|                          | Wages/Salary               |                          | Earned Sick Pay                 |                          | Domestic Work                |
| <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>     |
|                          | Contract Income            |                          | Babysitting/Adult or child care |                          | Self-employment              |
| <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>     |
|                          | Vacation Pay               |                          | Farming/Fishing                 |                          | Any other money from working |
| <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>        |                          |                              |
|                          | Commissions, Bonuses, Tips |                          | Odd jobs                        |                          |                              |

a.

Name (last, first, middle initial)	Employer Name, Address and Telephone Number	
Number of Hours Per Week	Rate of Pay	Pay Schedule <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other
Date Job Started	Next Pay Date (mm-dd-yyyy)	

b.

Name (last, first, middle initial)	Employer Name, Address and Telephone Number	
Number of Hours Per Week	Rate of Pay	Pay Schedule <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other
Date Job Started	Next Pay Date (mm-dd-yyyy)	

YES  NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked in the last 60 days? If YES, give name and explain: \_\_\_\_\_

\_\_\_\_\_

3. Do you or anyone who lives with you (including children) receive or expect to receive any of the following? Answer yes or no below and provide the requested information.

- |                          |                                  |                          |                             |                          |  |
|--------------------------|----------------------------------|--------------------------|-----------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                        | <b>Yes</b>               | <b>No</b>                   | <b>Yes</b>               | <b>No</b>                              |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | Social Security                  |                          | Cash gifts or contributions |                          | Strike benefits                        |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | SSI                              |                          | Unemployment benefits       |                          | Prize winnings                         |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | VA benefits                      |                          | Room/board income           |                          | All food, clothing, utilities, or rent |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | Child support, alimony           |                          | Black Lung benefits         |                          | Other retirement                       |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | Public Assistance (TANF, GR etc) |                          | Worker compensation         |                          | Interest, dividends                    |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | Military Allotment               |                          | Rental Income               |                          | Insurance settlement                   |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | Training allowances (WIA, etc.)  |                          | Inheritance                 |                          | Refugee Matching Grant                 |
| <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>               |
|                          | Loans                            |                          | Railroad retirement         |                          | Any other type of money                |

a.	\$		
Name of Person	Amount	Type of Money or Help	How Often Received?
b.	\$		
Name of Person	Amount	Type of Money or Help	How Often Received?
c.	\$		
Name of Person	Amount	Type of Money or Help	How Often Received?

YES  NO 4. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If YES, give name, amount, and explain: \_\_\_\_\_

\_\_\_\_\_

YES  NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain: \_\_\_\_\_

\_\_\_\_\_

YES  NO 6. Does anyone pay legally obligated child support to someone who is not in the household? If YES, give name of person paying, person supported, and amount: \_\_\_\_\_

\_\_\_\_\_

**D. RESOURCES**

You do not have to complete this section if you are only applying for TANF. Otherwise, answer for everyone for whom you are applying. Include any resources anyone owns, or that are jointly owned with someone else, even if that person does not live with you. List the names of all joint owners.

1. Do you or anyone who lives with you have any of the following resources or assets?

- |                          |  |                          |  |                          |  |
|--------------------------|--|--------------------------|--|--------------------------|--|
| <b>Yes</b>               | <b>No</b>  | <b>Yes</b>               | <b>No</b>  | <b>Yes</b>               | <b>No</b>                                    |
| <input type="checkbox"/> | <input type="checkbox"/> Cash \$_____                        | <input type="checkbox"/> | <input type="checkbox"/> Checking, Savings             | <input type="checkbox"/> | <input type="checkbox"/> Credit Union        |
| <input type="checkbox"/> | <input type="checkbox"/> 401K, 403B, etc                     | <input type="checkbox"/> | <input type="checkbox"/> Promissory notes              | <input type="checkbox"/> | <input type="checkbox"/> Money Market Funds  |
| <input type="checkbox"/> | <input type="checkbox"/> Individual Retirement Account (IRA) | <input type="checkbox"/> | <input type="checkbox"/> Christmas Club                | <input type="checkbox"/> | <input type="checkbox"/> Deeds of Trust      |
| <input type="checkbox"/> | <input type="checkbox"/> Deferred Compensation Plan          | <input type="checkbox"/> | <input type="checkbox"/> Uniform Gift to Minor Account | <input type="checkbox"/> | <input type="checkbox"/> Retirement accounts |
| <input type="checkbox"/> | <input type="checkbox"/> Keogh Plan                          | <input type="checkbox"/> | <input type="checkbox"/> Certificate of Deposit (CD)   | <input type="checkbox"/> | <input type="checkbox"/> Trust funds         |
| <input type="checkbox"/> | <input type="checkbox"/> Stocks or bonds                     | <input type="checkbox"/> | <input type="checkbox"/> Pension plans                 | <input type="checkbox"/> | <input type="checkbox"/> Other               |

— If **Yes to any of the above**, please provide the following information:

**a.**

<u>Owner Name</u> (last, first, middle initial)	<u>Co-Owner Name</u> (last, first, middle initial)
<u>Name of Bank or Institution</u>	<u>Account Type</u>
<u>Address of Bank or Institution</u>	<u>Account Number</u>
	<u>\$</u> <b>Balance</b>

**b.**

<u>Owner Name</u> (last, first, middle initial)	<u>Co-Owner Name</u> (last, first, middle initial)
<u>Name of Bank or Institution</u>	<u>Account Type</u>
<u>Address of Bank or Institution</u>	<u>Account Number</u>
	<u>\$</u> <b>Balance</b>

YES  NO 2. Has anyone sold, transferred or given away any resources in the last 3 months (for SNAP) or in the last 3 years (for Auxiliary Grants)? If YES, explain: \_\_\_\_\_

**Answer the remaining questions on this page only if you are applying for the Auxiliary Grants program.**

YES  NO 3. Do you own any household goods or personal effects worth more than \$500? If **YES**, list the items and their value here. \_\_\_\_\_

YES  NO 4. Do you have any burial plots, burial arrangement or trust funds for burial?

Owner(s)	Number of Plots, Type of Arrangement:	Where	Value \$ Amount Owed \$	Date Acquired

YES  NO 5. Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

Owner(s)	Type	Is this property used in your business or trade, including farming? YES ( ) NO ( )	Value	Amount Owed	Date Acquired

YES  NO 6. Does anyone own any real property, including life estates, inherited property, land, buildings, or mobile homes? If **YES**, do you live there? Check (✓):  YES  NO

Owner(s)	Type	YES ( ) NO ( ) Currently rented? YES ( ) NO ( ) Income-producing? YES ( ) NO ( ) Currently for sale?	Value \$	Amount Owed \$	Date Acquired

YES  NO 7. Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds?

Owner(s)	Type, Make, Model, Year	Currently Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle ID# License #	Value Amount Owed	How Used	Date Acquired
			# #	\$ \$		

YES  NO 8. Do you own any household goods or personal effects worth more than \$500, such as silver, fine china, furs, artwork, jewelry, or other items held for their value or as an investment?

Description and Value of Items
--------------------------------

**E. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

(ASK FOR AN EXTRA PAGE IF YOU NEED MORE SPACE)

<b>1. CHILD/PARENT INFORMATION</b>  List each child for whom you are applying. Then, list the names of both parents.  <b>You must identify both parents in order to receive TANF. If you intentionally misidentify a parent, you shall be prosecuted</b>	<b>2. IMMUNIZATION</b>  (Answer <u>only</u> if applying for TANF and the child is not in school.)  Has the child received <b>ALL</b> of the immunizations required according to the child's age?  Check (√) <b>Yes Or No Or Unknown</b>
<b>Child's Name</b>	Yes ( )    No ( )    Unknown ( )
Mother	
Father	
<b>Child's Name</b>	Yes ( )    No ( )    Unknown ( )
Mother	
Father	
<b>Child's Name</b>	Yes ( )    No ( )    Unknown ( )
Mother	
Father	
<b>Child's Name</b>	Yes ( )    No ( )    Unknown ( )
Mother	
Father	

**F. TANF EMERGENCY ASSISTANCE**

- YES  NO 1. Have you or your family experienced a natural disaster or fire in the past 30 days? If **YES**, give date and explain.  
\_\_\_\_\_
- YES  NO 2. As a result of the natural disaster or fire, does anyone have emergency needs, such as replacement of clothing, or the repair or replacement of household equipment and supplies which were destroyed?

Description and cause of emergency
------------------------------------

**G. SNAP BENEFITS** (formerly Food Stamps)

1. List the name of the person who is the head of your household: \_\_\_\_\_.
2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name an authorized representative, please give the information below about the representative and what you want the representative to do on your behalf. Note that you may have only one representative who can access your benefits.

Name, Address and Telephone Number of the Authorized Representative	Check (✓) each duty authorized for that person
	<input type="checkbox"/> Apply for SNAP benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use snap benefits
	<input type="checkbox"/> Apply for SNAP benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use snap benefits

- YES  NO 3. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓)  YES  NO
- YES  NO 4. Is anyone living in your home renting a room from you (a roomer) or being provided a room and food (a boarder)? If **YES**, list names: \_\_\_\_\_
- YES  NO 5. Is anyone age 60 or older **or** approved to receive Medicaid because of a disability **or** receiving any type of disability payment? If **YES**, list all current medical expenses for these people.

Household Member with Medical Expense	Type of Expense	Amount	Name of Doctor, Hospital, Pharmacy

- YES  NO 6. Do you have any of the following shelter expenses? If **YES**, list your current expenses. Check (✓) here  if these expenses are for a house you do not live in.

Expense	Amount Billed	How Often Billed?	Who is Responsible for the Bill?
Rent/Mortgage			
Taxes			
Insurance			
Electricity			
Gas/Oil/Kerosene			
Coal/Wood			
Water/Sewage/Garbage			
Telephone			
Installation			

6a How do you heat your home? \_\_\_\_\_

- YES  NO 6b Do you have air conditioning in your home?
- YES  NO 6c Did you receive energy/fuel assistance during this past year while living in your current home?
- YES  NO 6d Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If **YES**, how much does it cost to stay there during the month?

\_\_\_\_\_

If you are staying temporarily in someone else's home, when did you move there? \_\_\_\_\_

**H. AUXILIARY GRANTS (AG)**

- YES  NO 1 Do you live in an Assisted Living Facility, an Adult Foster Care Home, a Nursing Facility, or other institution?  
 If **YES**, Date Applicant Entered \_\_\_\_\_  
 City/County and State where you lived before entering the institution \_\_\_\_\_.  
**If outside Virginia**, was placement made by a government agency?  YES  NO
- YES  NO 2 Do you have a spouse who does not live in the home? If **YES**, enter the Spouse's Name and address  
 \_\_\_\_\_
- YES  NO 3. Have you lived in Virginia for the past 90 days?
- YES  NO 4. Do you owe or did you pay any bills you had in the month of entry into an assisted living facility or adult foster care?
- YES  NO 5. Do you have any unpaid medical bills for the three months before the application month?

Description of Bills	Dates of Bills	Dates Bills Paid

**An application for AG is also an application for Medicaid. The following questions will help determine Medicaid eligibility through the Department of Social Services or possible eligibility for Advanced Premium Tax Credits (APTC) for private health insurance through the Federal Marketplace (Healthcare.gov).**

- YES  NO 6. Does anyone have health insurance? If Yes, complete the following:

Policy Holder:	Person(s) Insured:
Company Name, Address, Phone:	
Coverage Type:	Begin Date: / / End Date: : / /
ID Number:	Premium Amount: \$

- YES  NO 7. Does anyone have Medicare?

Person Insured	Claim Number	Coverage
		<input type="checkbox"/> Part A <input type="checkbox"/> Part B
		<input type="checkbox"/> Part A <input type="checkbox"/> Part B

8. List the names of everyone expected to be included on the same tax return as you for this year, whether or not they live in the same home as you. For anyone in the home that does not file taxes and does not expect to be on anyone else's tax return, list those names under "Non-filer(s)".

Tax Filer:	
Joint Taxpayer:	
Tax Dependent(s):	
Non-filer(s):	

## **CHANGE REPORTING AND PENALTIES**

**(READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)**

### **REPORTING CHANGES**

You must report changes that occur. What you need to report and when you need to report it varies by each program as listed below.

**SNAP:** Report within 10 days, but no later than the 10<sup>th</sup> day of the month after the change occurs. Report if:

- Your household income goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit [www.dss.virginia.gov](http://www.dss.virginia.gov).
- The number of work hours in a week goes under 20 for anyone who is 18-49 if there are no children in your SNAP household.

**TANF/Refugee Cash Assistance:** Report within 10 days, but no later than the 10<sup>th</sup> day of the month after changes occur. Report these changes:

- Your household income goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit [www.dss.virginia.gov](http://www.dss.virginia.gov).
- Your address changes.
- An eligible individual leaves or enters the home.
- Changes that may affect your participation in VIEW such as, changes in income, employment, education, training, transportation, and child care.

**General Relief-Unattached Child:** Report the day the change occurs or the first day that the agency is open after the change occurs. Report these changes:

- Your address changes.
- The amount of your monthly income changes.
- There are other changes that may affect eligibility.

**Auxiliary Grants:** Report changes within 10 days. Report these changes:

- Your address changes.
- The amount of your monthly income changes.
- There are changes in your resources, including transferring assets/property or in any motor vehicles owned

### **PENALTIES FOR SNAP VIOLATIONS**

You must not give false information or hide information to get SNAP benefits. You must not trade or sell EBT cards or attempt to trade or sell EBT cards. You must not use SNAP benefits to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's EBT card for your household.

If you intentionally break any of these rules, you could be barred from getting SNAP benefits for 12 months (1<sup>st</sup> violation), 24 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> violation); subject to \$250,000 fine, imprisoned up to 20 years, or both; and suspended for an additional 18 months and further prosecuted under other Federal and State laws.

If you intentionally give false information or hide information about identity or residence to get SNAP benefits in more than one locality at the same time, you could be barred for 10 years.

If you are convicted in court of trading or selling SNAP benefits of \$500.00 or more, you could be barred permanently.

If you are convicted in court of trading SNAP benefits for a controlled substance, you could be barred for 24 months for the 1<sup>st</sup> violation, permanently for the 2<sup>nd</sup> violation.

If you are convicted in court of trading SNAP benefits for firearms, ammunition, or explosives, you could be barred permanently for the first violation.

### **PENALTIES FOR TANF AND REFUGEE CASH ASSISTANCE (RCA) VIOLATIONS**

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF or RCA, or to receive supportive or transitional services such as child care or assistance with transportation.

If you are found guilty of intentionally breaking these rules, you will be ineligible to receive TANF or RCA for yourself for 6 months (1<sup>st</sup> violation), 12 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> violation). In addition, you may be prosecuted under Federal or State law.

Anyone convicted of misrepresenting his or her residence to get TANF, Medicaid, SNAP benefits or SSI in two or more states is ineligible for TANF for 10 years.

Anyone convicted of a drug-related felony for actions that occurred after August 22, 1996, could be barred permanently.

**BY MY SIGNATURE BELOW, I DECLARE:**

- I read the information at the beginning of this application and the Change Reporting and Penalties section of this application.
- I understand that if I refuse to cooperate with any review of my eligibility, including a review by Quality Assurance, my benefits may be denied until I cooperate.
- I understand that if my application is for SNAP benefits, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for these expenses.
- I have given true and correct information on this application to the best of my knowledge and belief. I understand that if I give false information, withhold information, or fail to report a change promptly or on purpose, I may be breaking the law and could be prosecuted for perjury, larceny, and/or welfare fraud. I understand that if I help someone complete this form in order to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- As a condition of receiving TANF, I agree to assign all of my rights to financial support paid to me and to anyone for whom I am receive TANF. After my application for TANF is approved, I agree to give any support payments I receive to the Division of Child Support Enforcement.
- I authorize the Department of Social Services and refugee service contractors to obtain any verification necessary to both determine and review financial assistance eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply as long as my medical assistance case is open or to investigations regarding possible fraud.
- As an applicant for Auxiliary Grants, I understand that my application will be evaluated for Medicaid. I agree to assign my rights to medical support and other third-party payments to the Department of Medical Assistance Services (DMAS). I also agree to assign the rights of anyone for whom I am applying for Auxiliary Grants to medical support and other third-party payments to DMAS. If I do not agree to assign these rights, I will be ineligible for Medicaid.
- I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits.  
 I allow  I do not allow the Department of Social Services to disclose certain information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Health, and the Department for Aging and Rehabilitative Services. I can withdraw this authorization at any time by notifying my eligibility worker.

I filled in this application myself  YES  NO. If NO, it was read back to me when completed.  YES  NO.

\_\_\_\_\_  
**Applicant's Signature or Mark**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness To Mark or Interpreter**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of the Spouse or Authorized Representative**

\_\_\_\_\_  
**Date**

Complete this section below if this application was completed for the applicant by someone else.

\_\_\_\_\_  
**Name of Person Completing Application**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Primary Telephone**

\_\_\_\_\_  
**Alternate Telephone**

\_\_\_\_\_  
**Relationship to Applicant**