

Simple Application for the Supplemental Nutrition Assistance Program (SNAP) • for Elderly or Disabled Households

You can use this application for SNAP benefits if:

- Everyone in the household is age 60 or older or disabled and purchases and prepares food together and does not receive any earnings from work; **OR**
- All household members age 60 or older or disabled with no earnings from work purchase and prepare food separately from other household members.

<ul style="list-style-type: none"> • Can you read, write, and understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____ • We encourage you to answer as many questions as you can unless the instructions tell you that you can choose not to answer. The more complete information we have, the faster we can process your application. 	<ul style="list-style-type: none"> • We can start your application as soon as you write your name and address, and sign this application. • Please provide a phone number. If we can contact you by phone, we can process your application faster. • If you are eligible, SNAP benefits start from the date we receive your application. We will tell you within 30 days if you are eligible or not. • If you need help with this application, please call your local county assistance office. Or call our CUSTOMER SERVICE CENTER at 1-877-395-8930. In Philadelphia, call 1-215-560-7226.
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Quick SNAP! You may be able to get SNAP within 5 days! Answer these questions, then sign this application and give it to your county assistance office by 5 p.m. today! Your county assistance office will set up an interview with you.	
Total monthly income, for you and anyone who is applying, before taxes are taken out: \$ _____	Do you pay for heating or the cost to run air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total resources (resources are money in cash, checking and savings accounts): \$ _____	Do you pay for utilities other than telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, which utilities?</i> _____
Total monthly rent or mortgage for you and anyone who is applying: \$ _____	Are you, or anyone you are applying for, a seasonal or migrant farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR LAST NAME		YOUR FIRST NAME		MIDDLE INITIAL	YOUR DATE OF BIRTH (MM/DD/YYYY)
YOUR ADDRESS (INCLUDE CITY, STATE, & ZIP CODE)					SOCIAL SECURITY NUMBER
COUNTY	PHONE NUMBER (HOME)	ALTERNATE PHONE NUMBER		BEST TIME TO CALL	

Complete the section below for everyone in your home				List information on THIS SIDE of the line ONLY if the person is requesting SNAP benefits		Optional check all that apply								
Last name, First name, Middle initial	Sex M/F	Date of Birth (mm/dd/yy)	Relationship to you	Social Security Number	U.S. citizen? * <small>(If NO, you will be required to provide Alien Last name, first name, middle initial documentation)</small>								Ethnicity	
						1	3	4	5	7	2			
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No									

*Alien status information may be subject to verification through USCIS and such information may affect the household's eligibility and level of benefits.

Would you like for someone not in your household to complete this application for you or represent you as your authorized representative?

Yes No *If yes, tell us the information below:*

Name of Representative: _____

Address: _____ Telephone: _____

An authorized representative is someone that knows your household circumstances and can assist you in applying for, getting, or using SNAP benefits for your household.

Income

Does anyone have any income? Yes No **If yes**, list income you have already received this month or expect to receive this month.

Income includes, but is not limited to: Social Security; Pensions; SSI; Child Support; Alimony; Unemployment or Workers' Compensation; Pensions; Dividends or Interest; Room and Board; Private disability insurance; Veteran's Benefits; IRA Distributions and Annuity Payments.

PERSON WITH INCOME	TYPE/SOURCE OF INCOME	HOW MUCH	HOW OFTEN	DATE RECEIVED
		\$		
		\$		
		\$		
		\$		
		\$		

Household Expenses

If you do not report household expenses and give proof of them if required, we will assume that you do not want a deduction for those expenses. (U.S. Department of Agriculture, Food and Nutrition Service, Mid-Atlantic region, Administrative Note 6-99, issued January 4, 1999.)

Does anyone in your home pay for child care or the care of an adult with a disability so he or she can go to work, school, or training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , how much each month? \$ _____	
Does anyone in your home pay child support to a person who does not live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , is it court-ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone in your home get Housing Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , what kind? _____ If yes , do you get a utility allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay for heat or air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay any other utilities? (water, sewer, phone, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , list them: _____

If you have any of these expenses, how much do you pay per month?

RENT: \$ _____	CONDO FEES: \$ _____	HOMEOWNER'S INSURANCE: \$ _____
MORTGAGE: \$ _____	PROPERTY TAXES: \$ _____	

Do you or someone in your household pay out-of-pocket medical expenses of over \$35 per month? Yes No

Medical expenses include items such as health insurance or Medicare premiums, health-related supplies, medical equipment, prescriptions, hospital or doctor bills, etc.

TOTAL MONTHLY MEDICAL EXPENSES: \$ _____ WHO HAS THE EXPENSES? _____

Criminal History Inquiry

Have you or anyone in your household ever been convicted of welfare fraud or misuse of benefits? Yes No

If yes, tell us who: _____ Date _____ State _____

Is anyone in your household a fleeing felon or probation/parole violator? Yes No **If yes**, tell us who:

Name of household member(s) _____ Date _____ State _____

By signing my name below, I certify that the persons I am applying for are U.S. citizens or non-citizens in lawful immigration status. I understand my rights and responsibilities and know I must sign this to be eligible for SNAP benefits under law and that I certify that the information contained on this application is true to the best of my knowledge and belief and that there are penalties for not telling the truth about my family and myself. **Please sign below.**

X _____

Signature of applicant or authorized representative

_____ Date

Voter Registration (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No
IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

To register, you must: 1) Be at least 18 on the day of the next election; 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION; 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election.

Applying to register or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

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. Please contact the county assistance office if you would like help. 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, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

Read about your rights and responsibilities.

- I understand that the information on this form will be kept confidential.
- I authorize the release of personal, financial, and medical information to and from the Department of Human Services (DHS) for the purpose of determining eligibility for SNAP.
- I agree that I must report all required changes in my household or financial situation to the county assistance office within ten days of the change.
- I understand that I can request a hearing if I do not agree with a decision made on this application.
- I understand that my situation is subject to verification from employers, financial sources and other third parties.
- I understand that federal law requires SNAP applicants to provide Social Security numbers. If Social Security numbers are not provided or applied for, the person will not be eligible for SNAP. These numbers may be used to check the information on this application. (7CFR 273.6) These numbers will be checked with Pennsylvania State Police records, Pennsylvania court files and other records that are available.
- I understand that I have a right to interpreting and translating help if I do not speak or read English. The service will be provided within the required time frames for processing an application.
- I understand that the state may obtain information about my circumstances from other sources, including computer matches and the U.S. citizenship and immigration services.
- I certify that to the best of my ability I understand my rights and responsibilities.
- I certify that all information on this application is true, under penalty of perjury.
- Failure to report or provide proof of household expenses will be regarded as my statement that I do not want to receive a deduction for unreported or unproven expenses. (Authority; U.S. Department of Agriculture, Food & Nutrition Service, Mid Atlantic region, Administrative Notice 6-99 issued January 4, 1999) I understand that I have the right to receive credit for household expenses at the time I report and that I may be asked to provide proof of them at anytime during my SNAP certification period.

Read about your rights and responsibilities.

You must not:

- give false, incorrect, or incomplete information;
- trade, sell or alter your Electronic Benefit Transfer (EBT) Card or your PA ACCESS Card;
- use another person's EBT or PA ACCESS CARD;
- use your SNAP benefits to buy ineligible items, such as alcoholic drinks or tobacco;
- use your SNAP benefits to buy illegal drugs, firearms, ammunition, or explosives; or
- use your SNAP benefits to pay for food already received, or for food to be received in the future. This means that you may not use your SNAP benefits to purchase food on credit.

Any member of your household who is found guilty by a court or an administrative disqualification hearing of breaking any of the above rules or who signs a voluntary disqualification consent agreement or waiver of administrative disqualification hearing will be barred from getting SNAP benefits for up to:

- 12 months for the first violation;
- 24 months for the second violation; and
- permanently for the third violation.

Any household member found guilty by a court of having used SNAP benefits to buy illegal drugs will be disqualified for;

- 24 months for the first violation; and
- permanently for the second violation.

Any household member found guilty by a court of buying or selling SNAP benefits, EBT, ACCESS cards, or other benefit instruments for cash or consideration other than food or the exchange of firearms, ammunition or explosives in the amount of \$500 or more in SNAP benefits will be disqualified permanently.

Any household member found guilty by a court or an administrative disqualification hearing of misrepresenting his identity or residence to receive multiple SNAP allotments will be disqualified for 10 years.

Any household member fleeing to avoid prosecution, custody, or confinement for a felony, or attempted felony, or violating a condition of probation or parole will be ineligible until the situation is rectified.

If you do not report changes as required, your benefits may be reduced or stopped. If you purposely fail to give correct information or report changes, you may be fined and/or put in jail. Improper use of the SNAP PA ACCESS card or electronic benefit transfers may result in a fine, imprisonment, or both.

If you are found guilty of violating these rules, or committing fraud, you also may be:

- fined up to \$250,000;
- jailed up to 20 years; and/or
- required to repay the food stamp benefits you received.

RIGHT TO NONDISCRIMINATION

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at: www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

PRIVACY ACT STATEMENT

(i) The collection of this information, including the Social Security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

(ii) This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

(iii) If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

(iv) Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

If you have a disability and need this application in large print or another format, please call our Helpline at **1-800-692-7462**. TDD Services are available at **1-800-451-5886**.

This is an application for SNAP benefits. If you need this application in another language or someone to interpret, please contact your local county assistance office. Language assistance will be provided free of charge.

Esta es una solicitud de beneficios de SNAP. Si necesita esta solicitud en otro idioma o alguien para que interprete, comuníquese con la oficina de asistencia de su condado. La asistencia bilingüe será gratuita.

Перед вами заявление на получение льгот по программе SNAP. Если вам нужно получить данное заявление на другом языке или если вам требуются услуги переводчика, обратитесь в местный окружной отдел поддержки по вопросам социального обеспечения. Услуги переводчика будут предоставлены вам бесплатно.

Đây là đơn xin trợ cấp SNAP. Nếu quý vị cần đơn xin này bằng một ngôn ngữ khác hoặc nhờ người nào đó thông dịch, xin liên lạc với văn phòng trợ giúp tại quận địa phương của quý vị. Sẽ có trợ giúp ngôn ngữ miễn phí.

នេះគឺជាពាក្យសុំអត្ថប្រយោជន៍ SNAP ។ ប្រសិនបើអ្នកត្រូវការពាក្យសុំនេះជាភាសាផ្សេង ឬត្រូវការនរណាម្នាក់ដើម្បីបកប្រែសូមទាក់ទងការិយាល័យជំនួយការប្រចាំខោនធីក្នុងតំបន់របស់អ្នក ។ ជំនួយផ្នែកភាសានឹងត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃ ។

这是一份营养补充援助计划 (SNAP) 福利的申请表。如果您需要其他语言的申请表或需要请人口译，请联系您所在郡的协助办事处 (County Assistance Office)。将免费提供语言协助。



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