



# 60+

## Supplemental Nutrition Assistance Program (SNAP) Application for Seniors (Individuals and couples age 60 and older)

The Supplemental Nutrition Assistance Program (SNAP) helps low income Minnesotans get the food they need for sound nutrition and well-balanced meals. SNAP benefits are issued on an Electronic Benefit Transfer (EBT) card.

### How to fill out this application

**This application is for individuals and couples age 60 and older.** If there are others under the age of 60 who are applying, please use the "Combined Application Form" (DHS-5223). You can also apply online at [www.applymn.dhs.mn.gov](http://www.applymn.dhs.mn.gov)

**Complete and turn in this application form as soon as possible.** For your application to be complete, answer all questions on the application. An interview is required for SNAP. Your county agency will contact you to set up an interview. Mail, fax or hand in the completed form to your county human services office.

**You may need to provide proof of the information you report on this application.** Required proofs for SNAP include:

- Identity (Driver's license, state ID, passport)
- Income (pay stubs, pension). The county agency will verify Social Security income for you.
- Housing expenses\* (rent/house payment receipt, lease)
- Medical expenses\* (prescription and medical bills)

### SNAP penalty warnings

**If you get SNAP benefits, you must follow these rules:**

- **Do not give false information** or hide information to get or continue to get SNAP benefits. If you get SNAP benefits and give false information or hide information about your identity and/or residence to get multiple benefits for the same period of time, you may be barred for 10 years.
- **Do not trade or sell SNAP benefits** or EBT access cards. **The trade or sale of benefits valued at over \$500 may result in permanent ineligibility.**

- **Do not use SNAP benefits to buy ineligible items,** such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get SNAP benefits for your household.

The state may bar household members who break any of these rules from SNAP. For SNAP, the bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud.

You can also be prosecuted for fraud if you break the rules, and additional fines and penalties may apply. For the SNAP program, the maximum penalty is a fine of \$250,000 or a jail term of 20 years, or both.

**Special SNAP penalty warning:** If a federal, state or local court finds you or any household member guilty of giving or receiving SNAP benefits in exchange for:

- **Controlled substances,** that household member will be barred from getting SNAP for 24 months for the first offense and permanently for the second offense
- **Firearms, ammunition or explosives,** that household member will be barred from getting SNAP permanently.

If you admit committing a drug felony in the past 10 years, the county agency may ask you to take random drug tests. The first time you fail a drug test, the county agency will reduce your household's SNAP benefits by 30 percent. If you fail the test a second time, you will be permanently disqualified.

**NOTE:** If you sign this application as an authorized representative of a person who is requesting or receiving assistance, you are agreeing to assume all of the responsibilities listed above on behalf of that person.

**Be sure to sign and date the application.**

Keep this page for your records.

## Important Information

### Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

### Denial or changes

The state may deny or change your SNAP assistance because of information you give on the application. The state may make changes without giving you 10 days advance notice for SNAP. The state will send you written notice no later than the effective date of the change for cash assistance and no later than the date you receive or would receive your SNAP benefits.

Household members may choose not to apply. The amount of SNAP benefits will depend on the number of people who apply. The Social Security number and citizenship or immigration questions do not need to be completed for those who do not apply. Household members who do apply must provide this information. Household members who are not applying must give information on their income and, in some cases, assets because this information is needed to see if the persons who are applying can get help.

### Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.\* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations
- To coordinate with other programs or state agencies to provide more effective and meaningful services to you.

### Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself.

### Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is not a U.S. citizen and who is applying for help. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

For non-citizen members of your household who apply and are eligible for help, your worker may do a computer match with the U.S. Citizenship and Immigration Services (USCIS) to confirm the immigration status documents you give us are valid.

We will not share information about you with the USCIS without your permission. If you would like more information or would like to know what the agency might tell or ask the USCIS, talk to your worker.

### Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

### Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 800-799-7233; 800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 866-223-1111.

### Vulnerable adults

To report suspected maltreatment of a vulnerable adult call the Minnesota Adult Abuse Reporting Center at 844-880-1574.

\* 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 the Food Stamp Program. 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. 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. If a food stamp 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. 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 food stamp 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.

Keep this page for your records.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ: ይህንን ደብዳቤ ለመተርጎም አርዳታ የሚፈልጉ ከሆነ: የጉዳዩን ስራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

ຄំណត់សំគាល់ ፡ ፀើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ፡

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntwav no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လၢာ် တီလၢာ်စိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်အပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍລີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

01-01BT



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

# Supplemental Nutrition Assistance Program (SNAP) Application for Seniors (Individuals and couples age 60 and older)

**How to fill out this application:** List all people who live with you. Use a separate sheet of paper if there are more than 2 people in your house. The RACE and ETHNICITY questions are optional and will not affect your eligibility or level of benefits. The reason we ask for this information is to assure that program benefits are distributed without regard to race, color, or national origin.

CASE NUMBER

|  |  |  |  |  |  |  |       |          |
|--|--|--|--|--|--|--|-------|----------|
| <b>PERSON 1</b>  |  |  |  |  |  |  |       |          |
| APPLICANT'S LEGAL NAME - LAST  |  | FIRST NAME   |  | MIDDLE NAME  |  | OTHER NAMES YOU USE (maiden name, nickname, etc.)  |       |          |
| SOCIAL SECURITY NUMBER   |  | DATE OF BIRTH  |  | GENDER<br><input type="radio"/> Male <input type="radio"/> Female                                |  | MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W |       |          |
| ADDRESS WHERE YOU LIVE (if you do not have an address, write "homeless")             |  |  |  | APT. NUMBER  | CITY   |  | STATE | ZIP CODE |
| MAILING ADDRESS (if different from address where you live)                           |  |  |  | APT. NUMBER  | CITY   |  | STATE | ZIP CODE |
| HOME PHONE NUMBER  |  | OTHER PHONE NUMBER   |  | DO YOU LIVE ON A RESERVATION?<br><input type="radio"/> No <input type="radio"/> Yes - which one? |  |  |       |          |
| DO YOU NEED AN INTERPRETER?<br><input type="radio"/> Yes <input type="radio"/> No    |  | WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?  |  |  | WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?   |  |       |          |
| U.S. CITIZEN OR U.S. NATIONAL?<br><input type="radio"/> Yes <input type="radio"/> No |  | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No |  |  | RACE* (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |       |          |

\* See MARITAL and RACE codes on the top of page 2.

**Do you need help right away? Questions 1-4 will help us decide if you can get help with food right away.**

- How much income (cash or checks) did or will your household get **this month**? \$ \_\_\_\_\_
- How much does your household (including children) have in **cash, checking or savings**? \$ \_\_\_\_\_
- How much does your household pay for **rent/mortgage per month**? \$ \_\_\_\_\_  
What **utilities** do you pay?  Heat  Air conditioning  Electricity  Phone  None
- Is anyone in your household a **migrant or seasonal farm worker**?  Yes  No
- Has **anyone** in your household ever received commodities or SNAP benefits before?  Yes  No  
If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_ What? \_\_\_\_\_

**AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON**

|   |  |
|---|--|
| Eligible for expedited SNAP? <input type="radio"/> Yes <input type="radio"/> No | Has sponsor? <input type="radio"/> Yes <input type="radio"/> No              |
| Same-day interview offered? <input type="radio"/> Yes <input type="radio"/> No  | Declined? <input type="radio"/> Yes <input type="radio"/> No                 |
| Next-day interview offered? <input type="radio"/> Yes <input type="radio"/> No  | Declined? <input type="radio"/> Yes <input type="radio"/> No                 |
| _____ adults  | Immigration status _____   |
|   | Verification: <input type="radio"/> requested <input type="radio"/> attached |

Your application date or the day your SNAP benefits can start is the date the county agency gets your application. We can set your application date if we have your name, address and signature. We must have the complete application to decide if you can get benefits.

**I have looked over my answers and believe they are all true and correct to the best of my knowledge.**

|   |      |                  |               |
|---|------|------------------|---------------|
| SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE | DATE | AGENCY SIGNATURE | DATE RECEIVED |
|   |      |                  |               |

**\*Marital status:** (choose one)

N = Never married M = Married living with spouse S = Separated (married, living apart) L = Legally separated D = Divorced W = Widowed

**\*Race:** (list all that apply)

A = Asian B = Black or African American N = American Indian or Alaska Native P = Pacific Islander or Native Hawaiian W = White

**Living situation:** (optional, choose one)

- Own housing: lease, mortgage or roommate
- Family/friends due to economic hardship
- Jail, prison or juvenile detention facility
- Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport)
- Service provider - foster care, group home, assisted living
- Hospital, treatment facility, detox center or nursing home
- Hotel or motel
- Emergency shelter
- Unknown
- Declined

| PERSON 2   |   |   |                     |
|--|---|---|---------------------|
| LEGAL NAME - LAST  | FIRST NAME  | MIDDLE NAME   | OTHER NAMES         |
| SOCIAL SECURITY NUMBER   | DATE OF BIRTH   | GENDER<br><input type="radio"/> Male <input type="radio"/> Female                 | RELATIONSHIP TO YOU |
| MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W | U.S. CITIZEN or U.S. NATIONAL?<br><input type="radio"/> Yes <input type="radio"/> No  | WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?   |                     |
| ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No   | RACE (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W | DO YOU NEED AN INTERPRETER?<br><input type="radio"/> Yes <input type="radio"/> No |                     |

**1. Has anyone in the household applied for or does anyone get any of the following types of income each month? Check yes or no for each item. Bring or send proof.**

- Yes  No Social Security (RSDI)\* \$ \_\_\_\_\_  Yes  No Supplemental Security Income (SSI)\* \$ \_\_\_\_\_
- Yes  No Veteran Benefits (VA) \$ \_\_\_\_\_  Yes  No Unemployment Insurance \$ \_\_\_\_\_
- Yes  No Workers' Compensation \$ \_\_\_\_\_  Yes  No Retirement benefits \$ \_\_\_\_\_
- Yes  No Tribal payments \$ \_\_\_\_\_  Yes  No Child support or spousal support \$ \_\_\_\_\_
- Yes  No Other unearned income (trusts, gifts, gambling, etc.) \$ \_\_\_\_\_

\* The county agency will verify this income for you.

**2. Do you pay property taxes or property insurance separate from your mortgage payment?**

Yes  No

**3. Does your household receive income from a job or self-employment? Bring or send proof.**

Yes - complete below  No

|                        |                        |                        |
|------------------------|------------------------|------------------------|
| EMPLOYEE NAME          | HOURLY WAGE (optional) | GROSS MONTHLY EARNINGS |
| EMPLOYER/BUSINESS NAME |                        |                        |

**4. Does anyone in the household have medical expenses?**

Yes  No

**5. Does anyone in the household pay court-ordered child support?**

Yes  No

**6. Does your household have costs for adult dependent care?**

Yes  No

7. Has a court or any other civil or administrative process in Minnesota or any other state found anyone in the household guilty or has anyone been disqualified from receiving public assistance for breaking any of the SNAP penalty warnings on page 1?  
 Yes  No
8. Has **anyone** in the household been convicted of making fraudulent statements about their place of residence to get SNAP benefits from more than one state?  
 Yes  No
9. Is **anyone** in your household hiding or running from the law to avoid prosecution, being taken into custody, or to avoid going to jail for a felony?  
 Yes  No
10. Has **anyone** in your household been convicted of a drug felony in the past 10 years?  
 Yes  No
11. Is **anyone** in your household currently violating a condition of parole, probation or supervised release?  
 Yes  No

**You may authorize another person(s) to act on your behalf to help you:**

- Fill out forms and apply for help from the county agency (for example, go to an interview for you)
- Get notices and information related to your case
- Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account.

| AUTHORIZED PERSON   |         |                     |       |              |
|---|---------|---------------------|-------|--------------|
| I WANT THE PERSON NAMED TO:<br><input type="checkbox"/> Fill out forms<br><input type="checkbox"/> Get notices<br><input type="checkbox"/> Get and use my SNAP benefits | NAME    | RELATIONSHIP TO YOU |       | PHONE NUMBER |
|   | ADDRESS | CITY                | STATE | ZIP CODE     |

Do you want to register to vote or update your registration?  Yes  No

**By signing:**

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both. [Minnesota Statute, section 256.984, subdivision 1]

|   |      |  |      |
|---|------|--|------|
| SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE | DATE | SIGNATURE OF SPOUSE OR OTHER ADULT     | DATE |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE              | DATE | SIGNATURE OF AUTHORIZED REPRESENTATIVE | DATE |

**AGENCY USE**

PROVIDED APPLICANT WITH THE FOLLOWING DOCUMENTS:

- |  |  |
|--|--|
| <input type="checkbox"/> Program information brochure (DHS-2920)           | <input type="checkbox"/> Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759) (attached) |
| <input type="checkbox"/> Domestic Violence Information brochure (DHS-3477) | <input type="checkbox"/> Do you have a disability? (DHS-4133)  |
| <input type="checkbox"/> Notice of Privacy Practices (DHS-3979) (attached) | <input type="checkbox"/> How to Use Your Minnesota EBT Card (DHS-3315A)  |
| <input type="checkbox"/> Responsibilities and Rights (DHS-4163) (attached) | <input type="checkbox"/> Reviewed all pages of application with client   |
| <input type="checkbox"/> Important Information (DHS-3353) (attached)       |  |

|                  |                |             |
|------------------|----------------|-------------|
| AGENCY SIGNATURE | INTERVIEW DATE | CASE NUMBER |
|------------------|----------------|-------------|

# Notice of Privacy Practices

(Effective Date: November 2016)

**This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.**

## Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
  - To tell you apart from other people with the same or similar name
  - To decide what you are eligible for
  - To help you get medical, mental health, financial or social services and decide if you can pay for some services
  - To decide if you or your family need protective services
  - To decide about out-of-home care and in-home care for you or your children
  - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
  - To make reports, do research, do audits, and evaluate our programs
  - To investigate reports of people who may lie about the help they need
  - To collect money from other agencies, like insurance companies, if they should pay for your care
  - To collect money from the state or federal government for help we give you.
  - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

## Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

## Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

## With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care