



DEPARTMENT OF
HUMAN SERVICES

Combined Application Form

Apply online at www.applymn.dhs.mn.gov

This application can be used to apply for any of the following programs:

Supplemental Nutrition Assistance Program (SNAP)

SNAP helps low income Minnesotans get the food they need for good nutrition and well-balanced meals. If you are age 60 and older and are applying for SNAP only, please use the "Supplemental Nutrition Assistance Program (SNAP) Application for Seniors" (DHS-5223F).

Cash assistance programs

Cash assistance programs are provided to help families and individuals meet their basic needs until they can support themselves. Cash assistance programs include:

- Diversionary Work Program (DWP)
- Emergency Assistance (EA)*
- General Assistance (GA)
- Housing Support (HS)
- Minnesota Family Investment Program (MFIP)
- Minnesota Supplemental Aid (MSA)
- Refugee Cash Assistance (RCA).

If you need help paying for child care, ask your worker how to apply for the Child Care Assistance Program.

Need to apply for Health Care coverage?

Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to www.mnsure.org or call 855-366-7873.

How to fill out this application

Read all of the information in this application. Tell someone if you need help filling out this application. Complete and turn in pages 1–10 as soon as possible to your agency. We can set your application date if we have your name, address and signature (page 1), but we must have the complete application to decide if you can get help.

For your application to be complete, you must answer all questions and have certain information verified. SNAP and cash programs require an interview with a worker. For SNAP, this can be a phone interview.

To answer the marital status and race questions, please refer to page 2 of this application.

Attached to this application is information that will be discussed and reviewed with you during the interview. Review these pages prior to the interview and let your worker know if you have questions about these forms.

If you miss your interview appointment, you must reschedule. If you do not reschedule, we may stop or not approve your benefits.

You may need to provide proof of the information you report on this application. Your worker may ask for additional proof. You may not get help until we get proof of this information. Bring the required information with you to the interview or send the information to your worker as soon as you can.

You must report changes immediately while your application is pending.

Submit your completed application to your county or tribal agency where you reside.

Recertifications

Report all changes in the past 12 months on this application. You may need to provide proof of the reported information.

Required Information	Cash Programs	SNAP
Identity of applicant or authorized representative (driver's license, state ID, passport, etc.)	✓	✓
Social Security numbers of all people applying for help	✓	✓
Residency in Minnesota (state ID, lease agreement, etc.)	✓	✓
Income** (paystubs, pension, etc.) or any other money coming into your household (unemployment, sponsor income, etc.). The agency will verify Social Security income.	✓	✓
Housing costs*** (rent/house payment receipt, mortgage, lease, subsidized housing, etc.)	✓	✓
Medical costs*** (prescription and medical bills, etc.)		✓
Relationship to other household members (birth certificates, marriage licenses, court documents, etc.)	✓	
Checking and savings accounts (bank statement, direct deposit account, Reliacard, etc.)	✓	
Value of vehicles (cars, trucks, motorcycles, trailers, campers)	✓	
Current value of stocks/bonds, certificates of deposit, trusts (statement, etc.)	✓	
Utility costs (utility statement, phone bill, etc.)	✓	
Proof of illness or disability (doctor's statement, etc.)	✓	

* Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

** Proof of income from the last 30 days or federal income tax records if you are self-employed.

*** Your SNAP benefits may increase if you also provide proof of these expenses: child support paid for children not living with you; housing costs; medical expenses (including prescriptions) for people with disabilities or who are age 60 or older. Your DWP benefits may increase if you provide proof of your housing and utility costs.

Combined Application Form

Apply online at: www.applymn.dhs.mn.gov

Do not use this application to apply for health care coverage. The soonest your SNAP (food) or cash benefits can start is the date the agency receives your application. We can set your application date if we have your name, address and signature on page 1. **For your application to be complete, answer all questions on the application. Tell someone if you need help filling out this application. Be sure to sign and date the application on pages 1 and 10.**

CASE NUMBER

PERSON 1

APPLICANT'S LEGAL NAME - LAST		FIRST NAME	MIDDLE NAME	OTHER NAMES YOU USE (family name, nickname, etc.)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W		ARE YOU A VETERAN? <input type="radio"/> Yes <input type="radio"/> No
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
PRIMARY PHONE NUMBER	OTHER PHONE NUMBER	DO YOU LIVE ON A RESERVATION? <input type="radio"/> No <input type="radio"/> Yes - which one?			
DO YOU NEED AN INTERPRETER? <input type="radio"/> Yes <input type="radio"/> No	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?		WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?		
LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy) Date: _____ From: _____				
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen					IMMIGRATION STATUS
If you are applying for the Minnesota Housing Support program:					
WHICH HOUSING SUPPORT PROGRAM ARE YOU APPLYING FOR?			HOUSING SUPPORT VENDOR NAME AND NUMBER (if you know it)		
WHAT PROGRAM(S) ARE YOU APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None					
ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No		RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W		Is anyone in your household pregnant? <input type="radio"/> Yes <input type="radio"/> No If yes, Who? _____	
Has anyone in your household ever received cash assistance, commodities or SNAP benefits before? <input type="radio"/> Yes <input type="radio"/> No If yes, When? _____ Where? _____ What? _____					

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

- How much income did or will your household get **this month**? \$ _____
1a. Are you self-employed? Yes No
- 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
Do you receive energy assistance? Yes No
- Is anyone in your household a **migrant or seasonal farm worker**? Yes No

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/TRIBAL SIGNATURE	DATE RECEIVED
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***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

AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON					
Eligible for expedited SNAP?	<input type="radio"/> Yes <input type="radio"/> No		Intends to reside in MN?	<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	Does LPR have sponsor?	<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	Verification:	<input type="radio"/> requested <input type="radio"/> attached
	children _____		adults _____		

What is your living situation? (optional)

<input type="checkbox"/> Own housing; lease, mortgage or roommate	<input type="checkbox"/> Family/friends due to economic hardship
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Service provider - foster care, group home
<input type="checkbox"/> Hospital, treatment facility, detox center or nursing home	<input type="checkbox"/> Jail, prison or juvenile detention facility
<input type="checkbox"/> Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport)	<input type="checkbox"/> Hotel or motel
	<input type="checkbox"/> Other: _____

List all of the people living in your home even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. You have to give a Social Security number **only** for people who are applying for help. If anyone in the household uses another name (maiden name, nickname, etc.) list the other name(s) in the OTHER NAMES boxes below. **List in this order:** Your spouse, other adult(s), children, all other people, anyone temporarily away from home. The ETHNICITY and RACE 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.

PERSON 2			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____	
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON			
Intends to reside in MN?		<input type="radio"/> Yes <input type="radio"/> No	RELATIONSHIP VERIFICATION
Does LPR have sponsor?		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> requested <input type="radio"/> attached

PERSON 3			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____	
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON			
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached	
Does LPR have sponsor? <input type="radio"/> Yes <input type="radio"/> No			

PERSON 4			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____	
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON			
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached	
Does LPR have sponsor? <input type="radio"/> Yes <input type="radio"/> No			

PERSON 5			
LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female	RELATIONSHIP TO YOU
MARITAL STATUS* <input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA Date (mm/dd/yyyy): _____ From: _____	
CITIZENSHIP <input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen			
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None		ETHNICITY (optional) Hispanic? <input type="radio"/> Yes <input type="radio"/> No	RACE** (optional) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W
AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON			
Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No		RELATIONSHIP VERIFICATION <input type="radio"/> requested <input type="radio"/> attached	
Does LPR have sponsor? <input type="radio"/> Yes <input type="radio"/> No			

If more than 5 people, complete DHS-5223S or attach a separate sheet.

Tell us about your household. (Answer all questions below.)

1. Does **everyone** in your household buy, fix **or** eat food with you?
 Yes No

AGENCY USE: EATS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

2. Is **anyone** in the household, who is age 60 or over or disabled, unable to buy or fix food due to a disability?
 Yes No

AGENCY USE: EATS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

3. Is **anyone** in the household attending school?
 Yes No

AGENCY USE: SCHL
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

4. Is **anyone** in your household temporarily not living in your home? (for example: vacation, foster care, treatment, hospital, job search)
 Yes No

AGENCY USE: REMO
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

5. Is **anyone** blind, or does anyone have a physical or mental health condition that limits the ability to work or perform daily activities?
 Yes No

AGENCY USE: DISA, EMPS, PBEN, UNEA, WREG
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

6. Is **anyone** unable to work for reasons other than illness or disability?
 Yes No

AGENCY USE: EMPS, WREG
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

7. Do all children under the age of 19 have both parents living in the home?
 Yes No

AGENCY USE: INFC/CSIA, ABPS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

What kinds of income do you have? (Answer all questions below.)

8. In the last 60 days did **anyone** in the household:

Check all that apply

- Stop working or quit a job?
- Refuse a job offer?
- Ask to work fewer hours?
- Go on strike?

AGENCY USE: STWK, STRK, PBEN
<input type="checkbox"/> Confirmed response
ELIGIBLE FOR GOOD CAUSE: <input type="radio"/> Yes <input type="radio"/> No
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

ADDITIONAL DETAILS

9. Has **anyone** in the household had a job or been self-employed in the past 12 months?
 Yes No

AGENCY USE: JOBS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

For SNAP only: Has anyone in the household had a job or been self-employed in the past 36 months?

Yes No

10. Does **anyone** in the household have a job or expect to get income from a job this month or next month? **Bring or send proof.**

Yes No

If yes:

EMPLOYEE NAME	
HOURLY WAGE	HOW MANY HOURS DO YOU WORK PER WEEK
EMPLOYER/BUSINESS NAME	
EMPLOYEE NAME	
HOURLY WAGE	HOW MANY HOURS DO YOU WORK PER WEEK
EMPLOYER/BUSINESS NAME	

Note: Include income from Work Study and paid internships. Include free benefits or reduced expenses received for work (shelter, food, clothing, etc.).

AGENCY USE: JOBS, STIN
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached
HOW OFTEN PAID: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly
<input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Other

11. Is **anyone** in the household self-employed or does anyone expect to get income from self-employment this month or next month? **Bring or send proof.**

Yes No

If yes:

GROSS MONTHLY EARNINGS

- Examples:
- Product sales
 - Conservation Reserve Program (CRP)
 - Personal services
 - Farming
 - Paper route
 - In-home day care
 - Roomers/boarders
 - Property rental
 - Driver
 - Delivery services
 - Other

AGENCY USE: BUSI, RBIC
<input type="checkbox"/> Confirmed response
<input type="radio"/> 50% <input type="radio"/> taxable
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

12. Do you expect any changes in income, expenses or work hours?

Yes No

AGENCY USE: BUSI, JOBS, WKEX
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

Principal Wage Earner (PWE)

SNAP (food) households with children must designate the person they want as the PWE. Any adult in your SNAP household can be the PWE. Talk to your worker before designating the SNAP PWE.

DESIGNATED PWE	SIGNATURE OF APPLICANT
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13. Has **anyone** in the household applied for or does anyone get any of the following types of income each month? **Bring or send proof.**

Social Security (RSDI)**	<input type="radio"/> Yes <input type="radio"/> No	\$
Supplemental Security Income (SSI)**	<input type="radio"/> Yes <input type="radio"/> No	\$
Veteran Benefits (VA)	<input type="radio"/> Yes <input type="radio"/> No	\$
Unemployment Insurance	<input type="radio"/> Yes <input type="radio"/> No	\$
Workers' Compensation	<input type="radio"/> Yes <input type="radio"/> No	\$
Retirement benefits	<input type="radio"/> Yes <input type="radio"/> No	\$
Tribal payments	<input type="radio"/> Yes <input type="radio"/> No	\$
Child support or spousal support	<input type="radio"/> Yes <input type="radio"/> No	\$
Other unearned income (trusts, gifts, gambling, etc.)	<input type="radio"/> Yes <input type="radio"/> No	\$

**The agency will verify this income for you.

AGENCY USE: PBEN, UNEA
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

14. Does **anyone** in the household have or expect to get any loans, scholarships or grants for attending school? **Bring or send proof.**
 Yes No

AGENCY USE: STIN
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

What kinds of expenses do you have? (Answer all questions below.)

15. Does **your household** have the following housing expenses? Check yes or no for each item. **Bring or send proof.**

Rent (include mobile home lot rental)	<input type="radio"/> Yes <input type="radio"/> No
Mortgage/contract for deed payment	<input type="radio"/> Yes <input type="radio"/> No
Association fees	<input type="radio"/> Yes <input type="radio"/> No
Homeowner's insurance (if not included in mortgage)	<input type="radio"/> Yes <input type="radio"/> No
Room and/or board	<input type="radio"/> Yes <input type="radio"/> No
Real estate taxes (if not included in mortgage)	<input type="radio"/> Yes <input type="radio"/> No

AGENCY USE: SHEL, EATS
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

15a. Do you receive a rental subsidy (ex: Section 8)? Yes No

16. Does **your household** have the following utility expenses **any time** during the year, **including seasonal charges**? Check yes or no for each item. **Bring or send proof.**

Heating	<input type="radio"/> Yes <input type="radio"/> No	Air conditioning	<input type="radio"/> Yes <input type="radio"/> No
Water and sewer	<input type="radio"/> Yes <input type="radio"/> No	Electricity	<input type="radio"/> Yes <input type="radio"/> No
Phone/cell phone	<input type="radio"/> Yes <input type="radio"/> No	Garbage removal	<input type="radio"/> Yes <input type="radio"/> No

AGENCY USE: ACUT, HEST
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

16a. Did you or anyone in your household receive energy assistance of more than \$20 in the past 12 months?
 Yes No

17. Do **you or anyone living with you** have costs for care of a **child(ren)** because you or they are working, looking for work or going to school? The Child Care Assistance Program may help pay child care costs. Ask your worker how to apply for the Child Care Assistance Program.

Yes No

AGENCY USE: DCEX
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

18. Do **you or anyone living with you** have costs for care of an **ill or disabled adult** because you or they are working, looking for work or going to school?

Yes No

AGENCY USE: DCEX
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

19. Does **anyone** in the household **pay** court-ordered child support, spousal support, child care support, medical support or contribute to a tax dependent who does not live in your home?

Yes No

AGENCY USE: COEX
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

20. **For SNAP only:** Does **anyone** in the household have medical expenses? To get a medical deduction you must provide proof of all medical bills incurred by anyone in your household **who is disabled or 60 years or older**. **Do not** bring medical bills that are being paid for by any health care program, insurance or someone not living with you.

Yes No

AGENCY USE: FMED
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

What do you own? (Answer all questions below.)

21. Does **anyone** in the household own any of the following? **Bring or send proof.**

Cash	<input type="radio"/> Yes <input type="radio"/> No
Bank accounts (savings, checking, debit card, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Electronic payment card (Reliacard, Direct Express, etc.)	<input type="radio"/> Yes <input type="radio"/> No
Stocks, bonds, annuities, 401K, etc.	<input type="radio"/> Yes <input type="radio"/> No
Vehicles (cars, trucks, motorcycles, campers, trailers)	<input type="radio"/> Yes <input type="radio"/> No

AGENCY USE: CASH, CARS, ACCT, REST, SECU, SPON
<input type="checkbox"/> Confirmed response
EFT OFFERED? <input type="radio"/> Yes <input type="radio"/> No
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

22. **For Cash programs only:** Has **anyone** in the household given away, sold or traded anything of value **in the past 12 months?** (For example: Cash, Bank accounts, Stocks, Bonds, Vehicles)

Yes No

AGENCY USE: TRAN
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

Other information (Answer questions below.)

23. **For recertifications only:** Did **anyone** move in or out of your home in the past 12 months?

Yes No

AGENCY USE: ADME, REMO
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

24. For Minnesota Supplemental Assistance only: Does anyone in the household have any of the following expenses?

Representative payee fees	<input type="radio"/> Yes <input type="radio"/> No
Guardian or conservator fees	<input type="radio"/> Yes <input type="radio"/> No
Medically-prescribed special diet	<input type="radio"/> Yes <input type="radio"/> No
High housing costs	<input type="radio"/> Yes <input type="radio"/> No

AGENCY USE: DIET, PDED
<input type="checkbox"/> Confirmed response
VERIFICATION: <input type="radio"/> requested <input type="radio"/> attached

You may authorize another person(s) to:

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

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, trusted professional acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

AUTHORIZED PERSON 1				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits <input type="checkbox"/> Communicate	NAME	RELATIONSHIP		PHONE NUMBER
	ADDRESS	CITY	STATE	ZIP CODE

AUTHORIZED PERSON 2				
I WANT THE PERSON NAMED TO: <input type="checkbox"/> Fill out forms <input type="checkbox"/> Get notices <input type="checkbox"/> Get and use my SNAP benefits <input type="checkbox"/> Communicate	NAME	RELATIONSHIP		PHONE NUMBER
	ADDRESS	CITY	STATE	ZIP CODE

*Only one authorized representative can get and use SNAP benefits on behalf of the applicant.

Legal guardian

Do you have a legal guardian or conservator, or is there a power of attorney? Yes No

If yes:

PERSON'S FULL NAME		ORGANIZATION	
DO YOU PAY A FEE? <input type="radio"/> Yes <input type="radio"/> No	IF YES, AMOUNT	HOW OFTEN?	

Attach copies of legal documents.

Other help

Are you currently getting help from a social worker or social services agency? Yes No

Do you need help with referrals for other areas (for example, food shelves, housing, transportation)? Yes No

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

Penalty warnings and qualification questions

If you get cash or SNAP benefits, you must follow the rules listed below.

- **Do not give false information** or hide information to get or continue to get benefits. If you get cash or SNAP benefits and give false information or hide information about your **identity** and **residency** 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 Electronic Benefit Transfer (EBT) access cards. **The trade or sale of benefits valued at over \$500 may result in permanent ineligibility.**
- **Do not use cash or SNAP benefits to buy ineligible items**, such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get cash or SNAP benefits for your household.

The state may bar household members who break any of these rules. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The months you are barred from MFIP for breaking the rules may count toward your 60-month lifetime limit.

You can also be prosecuted for fraud if you break the rules and additional fines and penalties may apply. 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 agency may ask you to take random drug tests. The first time you fail a drug test, the agency will reduce your household's MFIP or SNAP benefits by 30 percent. If you fail the test a second time, you will be permanently disqualified.

<input type="radio"/> Yes	<input type="radio"/> No	1. 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 rules above?
<input type="radio"/> Yes	<input type="radio"/> No	2. Has anyone in the household been convicted of making fraudulent statements about their place of residence to get cash or SNAP benefits from more than one state?
<input type="radio"/> Yes	<input type="radio"/> No	3. 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?
<input type="radio"/> Yes	<input type="radio"/> No	4. Has anyone in your household been convicted of a drug felony in the past 10 years?
<input type="radio"/> Yes	<input type="radio"/> No	5. Is anyone in your household currently violating a condition of parole, probation or supervised release?

If you checked yes to any of the above questions, list the household member(s) and question number below:

QUESTION NO.	HOUSEHOLD MEMBER	QUESTION NO.	HOUSEHOLD MEMBER

Employment services registration

I understand that signing this application registers me for employment services. I also understand that doing so automatically registers everyone in my home whom the agency approves to receive assistance with me for employment services. I understand that I or others in my home might have to take part in employment services to receive cash assistance or SNAP benefits.

Assignments

I understand that when I get MFIP I must assign my rights to child support and maintenance to the state of Minnesota.

Perjury and general declarations

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 Statutes, section 256.984, subd. 1]

Authorization to share information for fraud investigation and audits

I agree that third parties may share information about me with persons investigating fraud and conducting Federal or state audits. This may include, but is not limited to:

- Employers and schools,
- Landlords and utility companies,
- Financial and insurance agencies, and
- Other government offices.

I understand this consent is good for six months after my benefits stop.





How can we send you updates and reminders about your case in the future? By checking here, you consent to receive electronic updates.

Is it OK to reach out to you via text? No Yes – which number should receive texts? _____

Is it OK to contact via email? No Yes – email address: _____

By signing:

- I understand cash assistance is provided to help eligible families meet their basic needs.
- I understand if I give incorrect information or misuse an electronic benefit transfer (EBT) card, I may be investigated and disqualified or prosecuted for fraud. [Minnesota Statute, sections 256.98 and 609.821]
- I acknowledge that since my last application or recertification, I have received my cash and/or SNAP benefits directly or used my EBT card to get my cash and/or SNAP benefits.
- I acknowledge that I have read and understand the "Penalty warnings and qualification questions" section
- I acknowledge that my worker reviewed and explained the attached "Notice of Privacy Practices" (DHS-3979) and "Client Responsibilities and Rights" (DHS-4163).
- I agree to assign my child support as stated above.
- I agree to the sharing of information as stated on the fraud investigation and audits release information section above.
- I agree to the sharing of information as stated in the Social Security numbers section on page ii.

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 for cash, food and child care programs (DHS-2920) <input type="checkbox"/> Domestic Violence Information brochure (DHS-3477) <input type="checkbox"/> Notice of Privacy Practices (DHS-3979) <i>(attached)</i> <input type="checkbox"/> Client responsibilities and rights (DHS-4163) <i>(attached)</i> <input type="checkbox"/> Appeal Rights (DHS-3353) <i>(attached)</i>	<input type="checkbox"/> Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759) <i>(attached)</i> <input type="checkbox"/> Do you have a disability? (DHS-4133) <input type="checkbox"/> How to Use Your Minnesota EBT Card (DHS-3315A) <input type="checkbox"/> Reviewed all pages of application with client	
AGENCY SIGNATURE	INTERVIEW DATE	CASE NUMBER