



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Request for Benefits

For use with Forms 08MP002E and 08MP003E

OKDHS use only: Case name: _____	Case #: _____
Co.: _____	Sup./Dist.: _____

We have many programs that may help you and your family.

What you need to do to get started:

1. Read the following descriptions and check the areas you would like information about or help with:

- Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamp Program — helps pay for food
 - Child Care — helps pay for care for your child so you can work or go to school
 - SoonerCare (Medicaid) — helps pay for medical costs, prescriptions, or pregnancy-related services
 - SoonerCare (Medicaid) — helps pay for nursing home care or care in your home
 - SoonerCare (Medicaid) — helps pay Medicare premiums for people receiving Social Security benefits
 - Temporary Assistance for Needy Families (TANF) — helps low income families with children support themselves by providing temporary cash and services
 - TANF Diversion Assistance — short-term assistance instead of TANF for help in retaining or obtaining employment
 - State Supplemental Payment (SSP) — gives a small cash payment to elderly, blind, or disabled people
 - Family Planning Services — helps pay for birth control and family planning services
 - Other — if you need other help _____
- Please explain: _____

2. Fill out this form or have someone else fill it out for you.

What to do when you complete the form:

- Sign this form and take, mail, or fax it to the local OKDHS office.
- After you give us this form, we will set up your interview. During your interview, we will help you complete the rest of the application. We will also tell you which benefits you can receive.

What you will need to bring to your interview:

- Proof of identity, such as driver license or school identification;
- Social Security number or card for everyone who wants benefits;

- Proof of citizenship for everyone who wants benefits;
- Proof of legal status for anyone who is not a U.S. citizen and wants benefits;
- Proof of income for everyone living with you, such as pay stubs or award letters;
- Proof of all resources, such as bank accounts, car titles, or land; and
- Proof of your need for child care, such as your work or school schedule, and the name of the place you want to use to care for your child.

You may be asked to give more information after your interview. You have the right to refuse to give any or all information. However, if you don't give us the information we need, we may not be able to help you.

When you ask for help from OKDHS, you have a right to:

- receive equal treatment regardless of race, color, age, sex, disability, religion, political belief, or national origin; and
- ask for a fair hearing, either orally or in writing, if you disagree with any action taken on your case. Any person you choose may represent you at the hearing.

Tell us about you (person needing benefits).

Please fill out the following about yourself (or the person needing benefits).

Person 1. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	
Name at birth, if different from above		State of birth	County of birth	
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last				
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number		Social Security number	
Marital status	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship to person 1 self	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>				
Mailing address, street or P.O. Box	City		State	Zip
Street address or directions to your home, if different than mailing address				
Phone number where you can be reached			E-mail address	

Tell us about everyone else living in the home.

Please fill out the following for each person living in the home. You must check yes or no in the U.S. citizen block and fill in the Social Security number for each person who wants

benefits. If there are more than six persons in your household, attach another sheet of paper showing their information.

Person 2. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Marital status	Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to person 1	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			
Person 3. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Marital status	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to person 1	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			
Person 4. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Marital status	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to person 1	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			

Person 5. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Marital status	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to person 1	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			
Person 6. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	
Marital status	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to person 1	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			

Households entitled to a decision regarding their food benefit application within seven calendar days:

- households with less than \$150 gross monthly income and liquid resources less than \$100;
- households with monthly rent or mortgage and/or utilities which cost more than the combined monthly gross income and liquid resources; and
- destitute migrant or seasonal farm worker households with liquid resources less than \$100.

Please answer these questions to see if you can get food benefits within seven calendar days.

1. How much money did you get or will you get this month (total amount)? \$ _____
2. How much cash do you have? \$ _____
3. How much money do you have in bank accounts? \$ _____
4. How much do you pay for your rent or mortgage? \$ _____
5. Do you pay the heating or cooling bill where you live? Yes No
6. Are you a seasonal or migrant farm worker? Yes No

If you need child care:

Once you have completed the application and interview, the earliest date you can get help with child care is the date you bring all needed information to your OKDHS office.

Read this information and then sign below:

I give OKDHS permission to check the information I gave on this form to make sure it is true.

I understand that the names and Social Security numbers I gave will be used to obtain information from other state and federal agencies.

I give OKDHS permission to share information with other agencies.

Your signature

Today's date

Please give this form to the receptionist or fax or mail it to your local OKDHS office.

OKDHS use only:

Date form was received: _____ Date screened: _____ Screened by: _____

Is the household eligible for expedited food benefits? Yes No

Interview date: _____ Interviewed by: _____

Routing: The original is filed in the case record. Upon request, a copy is given to the client. Form 08MP001E, Request for Benefits, is required to register an application. These additional forms are required to complete an application:

- Form 08MP002E, Eligibility Information for Benefits; and
- Form 08MP003E, Responsibilities and Signature for Benefits.