

TO: \_\_\_\_\_ County Department of Social Services  
Food Stamp Office

# SSI/ Food Stamp Application

☐ **Emergency Service Eligible**

If the household is eligible for emergency service, check above and FAX this form to the appropriate local DSS office.

☐ **Pre-release Application**

Date the applicant is expected to be released from the institution: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Institution Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

FROM: \_\_\_\_\_ SSA Office

Date Received by SSA: \_\_\_\_\_

Date Received by DSS: \_\_\_\_\_ **APPLICATION FOR FOOD STAMPS**

## PART ONE Information About Filing Your Application

### ➤ **Applying For Food Stamps**

To apply for food stamps, you need to fill in your name and address below. Sign your name on the line marked **signature**. Give the signed form to your SSI worker.

NAME (print): _____	ADDRESS: _____
	CITY: _____ STATE: ____ ZIP: _____
SIGNATURE: _____	DATE: _____ Phone or Contact # _____

The amount of food stamps you get is based on when you apply for them. The sooner you sign this application and give it to your SSI worker, the sooner you may be able to get your stamps. You can apply for and get food stamps, if eligible, no matter what your race, sex, age, handicap, religion, national origin, or political belief.

I understand that my application for food stamps may be processed before my application for SSI. I understand that **my food stamps may be reduced without prior notice** when my SSI is approved.

### ➤ **Civil Rights**

You have the right to be protected against discrimination or the effect of discrimination on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination for the Food Stamp Program, call 1-(800) 795-3272 (voice) or (202) 720-6382 (TTY) or write:

United States Department of Agriculture (USDA)  
 Director, Office of Civil Rights  
 1400 Independence Avenue, S.W.  
 Washington, D.C. 20250-9410

### ➤ **Having An Interview**

After you sign this form and give it to your SSI worker, you will have to answer some questions about your income, bills, and the people who live in your household.

### ➤ **Telling the Truth**

Everything you tell your SSI worker must be true, or you can be taken to court and charged with a crime. If you are found guilty, you must pay back any food stamps you get that you should not have gotten. The 1st time this happens you could be stopped from getting food stamps for one year, the 2nd time for two years, and the 3rd time for the rest of your life.

If anyone in my home is convicted by a court of giving false information about his identity **or** where he lives in order to receive food stamps in more than one place, he will be ineligible to receive food stamps for 10 years from the conviction.

If anyone in my home is convicted of (1) buying guns, explosives, or ammunition with food stamps **or** (2) selling food stamp benefits of \$500 or more, he will not get food stamps for the rest of his life.

### ➤ **Proving the Things You Tell Us**

You must prove some of the things you tell your SSI worker.

➤ **Getting Your Food Stamps**

If your application is approved, you will get your first food stamps within 30 days from the date you sign this application and give it to your SSI worker.

If you need food stamps right away and meet certain rules, the food stamp office will complete your application within 7 days. Your SSI worker will tell you if you meet these rules.

➤ **Misusing Your Food Stamps**

If you are found by a court to have used food stamps to buy illegal drugs, you will stop getting food stamps for two years the 1st time and for the rest of your life the 2nd time. If you are found by a court to have used food stamps to buy guns, ammunition, or explosives, you will not get food stamps for the rest of your life.

➤ **Citizenship**

By signing this form, you swear or affirm that you and everyone in your household is a United States citizen or allowed to live in the United States by law.

**PART TWO Who Lives With You**

List everyone who lives in the home

NAME	Social Security Number	Birthdate	Race	Sex	Do you buy and cook food with this person?
1. (You) _____	_____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART THREE Income and Resources**

List the total gross income and resources for each person who eats with the applicant for the application month and the following month if different.

Household Member	GROSS INCOME (application month)		GROSS INCOME (following month)		Stopped		LIQUID RESOURCES	
	Amount	Source	Amount	Source	Yes	No	Amount	Source
1	\$ _____	_____	\$ _____	_____	_____	_____	\$ _____	_____
2	\$ _____	_____	\$ _____	_____	_____	_____	\$ _____	_____
3	\$ _____	_____	\$ _____	_____	_____	_____	\$ _____	_____
4	\$ _____	_____	\$ _____	_____	_____	_____	\$ _____	_____

**TOTALS:** \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

<b>PART FOUR      Expenses</b>
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List the monthly amount of any of the following expenses for which the household is responsible. (Circle the primary source of heating and/or cooling.)

Expense	Cost	Expense	Cost	Expense	Cost	Expense	Cost
Legally Obligated Child Support	\$ _____	Child Care	\$ _____	Medical	\$ _____	Self-employment	\$ _____
Rent or Mortgage	\$ _____	Telephone	\$ _____	Electricity	\$ _____	Fuel Oil	\$ _____
Property Taxes	\$ _____	Garbage and Trash	\$ _____	Kerosene	\$ _____	Wood	\$ _____
Home Insurance	\$ _____	Water and Sewerage	\$ _____	Gas (LP or N)	\$ _____	Coal	\$ _____
<b>TOTALS:</b>	\$ _____		\$ _____		\$ _____		\$ _____

I acknowledge that I have received an explanation of my right to an income deduction for any of the following items: Legally obligated Child Support, childcare expenses, medical expenses, shelter expenses, utility expenses, and operational expenses for self-employment. I understand that failure to report or verify any of the above listed expenses will be seen as a statement by my household that I do not want to receive a deduction for the unreported expense(s).

**TOTAL EXPENSES: \$ \_\_\_\_\_**

<b>PART FIVE      ADDITIONAL INFORMATION ABOUT INDIVIDUALS INCLUDED IN YOUR FOOD STAMP BENEFITS</b>
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**Please answer the questions below.**

(1) Is anyone in your home:

- Trying to avoid a felony prosecution?      **Yes ☐ or No ☐**
- Fleeing from law enforcement?      **Yes ☐ or No ☐**
- Trying to avoid jail after conviction of a felony?      **Yes ☐ or No ☐**
- In violation of the conditions of probation or parole?      **Yes ☐ or No ☐**

(2) Was anyone in your home convicted of a drug-related felony on or after August 23, 1996?      **Yes ☐ or No ☐**

If yes, was the conviction in North Carolina?      **Yes ☐ or No ☐**

If convicted in North Carolina, what was the classification of the felony if you know it?      **Class: \_\_\_\_\_**

If you checked "yes" to any of the blocks above, please write in the space below the name(s) of the individual(s), the date of the violation, and the type of the violation (**This individual is ineligible to get food stamp benefits, unless the individual was convicted of an H or I controlled substance felony in North Carolina.**):

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**I understand that if a law enforcement officer requests the address of anyone in my home, this agency must provide it.**

**PART SIX****Screening For Emergency Service**

Use this guide to determine if the applicant is eligible for emergency service. Ask the following questions. Inform the applicant if he is eligible for emergency service processing of 7 days.

ANSWER		QUESTION	EFFECT
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	❶ Do you and everyone who eats with you have total cash on hand and in the bank of less than or equal to \$100 <i>and</i> total monthly gross income right now of less than \$150?	If yes, the applicant is eligible for emergency service processing. If no, go to ❷, below.
<input type="checkbox"/>	<input type="checkbox"/>	❷ Are the total income <i>and</i> liquid resources in Part Three less than the total shelter expenses in Part Four?	If yes, the applicant is eligible for emergency service processing. If no, go to ❸, below.
<input type="checkbox"/>	<input type="checkbox"/>	❸ Are you or anyone who eats with you a migrant or seasonal farmworker?	If yes, go to (A) below. If no, the applicant is not eligible for emergency service processing.
<input type="checkbox"/>	<input type="checkbox"/>	(A) Do you and everyone who eats with you have total cash on hand and in the bank of less than or equal to \$100?	If yes, go to (B) below. If no, the applicant is not eligible for emergency service processing.
<input type="checkbox"/>	<input type="checkbox"/>	(B) Did your household's income recently stop?	If yes, has the last pay been received? If yes, go to (C) below. If no, the applicant is not eligible for emergency service processing.
<input type="checkbox"/>	<input type="checkbox"/>	(C) Will you or anyone who eats with you get more than \$25 from a new source in the next 10 days?	If yes, the applicant is not eligible for emergency service processing. If no, the applicant is eligible for emergency service processing.

Complete if the applicant has Medicaid, Medicare, private medical insurance, or any other medical expenses he is responsible for paying.

Individual Receiving Service	Type of Expense	\$ Amount	Frequency

I understand I may not be eligible for a medical deduction until my SSI is approved. I also understand that if I expect to receive a medical deduction at that time, I must provide my SSI worker with proof of all the medical expenses I am responsible for paying.

**Customer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DSS Caseworker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved:** ☐ Yes ☐ No **If no, why not?** \_\_\_\_\_ **Certified From** \_\_\_\_\_ **Through** \_\_\_\_\_