

Minnesota Department of **Human Services****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 one-page 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

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)

Your worker may ask for additional proofs.

Bring the proofs with you to the interview or send them to your worker as soon as you can. You may not get help until we get proof of this information.

* If you have housing and/or medical expenses you may be eligible to receive a deduction from your income. You must provide proof of these expenses before the agency can allow these expenses as a deduction from your income.

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.

Why do we ask for this information?

- To tell you apart from other people with the same or similar name
- To decide if you are eligible
- To make reports, do research, do audits, and evaluate our programs
- To investigate reports of people who may lie about the help they need.

Social Security numbers (SSN)

You have to give a Social Security number only for people who are applying. Household members, who are not applying, do not have to provide a Social Security number or citizenship status but must give information about their income because this information is needed to see if the people who are applying are eligible.**

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 SNAP
- 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.

** (Food Stamp Act of 1977 as amended by PL 97-98 and the Social Security Act of 1935 [section 1137] as amended by PL 98-369 and 42 CFR 435.910 [2006]; [Minnesota Statute, section 256D.03, subdivision 3 [h]; Minnesota Statute, section 256L.04, subdivision 1a])

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
- Guardians, conservators or persons with power of attorney
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

Your responsibilities

You must report changes which may affect your benefits to the county agency within 10 days after the month the change has occurred. For example, if a change happens in March, you must report the change by April 10th. Report these changes to your worker when the change happens. Examples of the types of changes you must report include starting or stopping a job, income, household size, change of address, shelter costs and others. For more information on reporting changes see “Supplemental Nutrition Assistance Program Reporting Responsibilities” (DHS-2625).

If you have any questions or are unsure about any reporting rules, contact your worker. If your worker is not available, leave a message so the worker can get back to you.

The county, state or federal agency may check any of the information you give. To get some information we must have your signed consent. If you don't allow the county to confirm your information, you might not get help.

The state or federal quality control agency may randomly choose your case for review. They will review statements you made on forms. They will check to see if we figured your eligibility correctly. The State agency may seek information from other sources. The state or federal quality control agency will tell you about any contact they intend to make. **If you do not cooperate, your benefits may stop.**

If you give us information you know is untrue or we get information you did not report, we will investigate you for fraud.

Each time you use your electronic benefit transfer (EBT) card or sign your check, you state that you have informed the county agency about any changes in your situation which may affect your benefits.

Each time your EBT card is used we assume you have received your SNAP benefits, unless you reported your card lost or stolen to EBT customer service.

It is illegal for an EBT user to buy or attempt to buy tobacco products or alcohol with the EBT card.

If they do, it is fraud and they will be removed from the program. Do not use an EBT card at a gambling establishment.

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.

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.

Your rights

Your private information is protected by state and federal laws. You and people you have given permission to may see private information we have about you. You may have to pay for the copies.

- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to get a record of some of the people or organizations with whom we have shared your information. This record was started on April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

- You have the right to reapply at any time if your benefits stop.
- You have the right to know why, if we have not processed your application promptly. The county has 30 days to process your application.
- You have the right to know the rules of the program you are applying for and for us to tell you how we figured your benefits.

What are our responsibilities?

We must protect the privacy of your private information according to the terms of this notice.

We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form, unless you tell us in writing that we can.

We must follow the terms of this notice, but we may change our privacy policy because privacy laws change.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you believe that your privacy was violated you may send a written complaint either to the county agency, the organization or to the federal civil rights office at:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice) or toll free 800-368-1019 or
866-282-0659
312-353-5693 (TTY)
312-886-1807 (Fax)

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services at the address above or to:

Minnesota Department of Human Services
Attn: Privacy Official
P.O. Box 64998
St. Paul, MN 55164-0998

Appeal rights

If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. For SNAP, you may appeal **within**

90 days by writing or calling the county or the State Appeals Office at the Minnesota Department of Human Services, P.O. Box 64941, St. Paul, MN 55164-0941. 651-431-3600 (Voice); 800-657-3510 (Voice); 800-627-3529 (TTY); 651-431-7523(Fax). You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you. If you wish your assistance to continue until the hearing, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county worker to explain how the timing of your appeal could affect your present or future assistance.

Access to free legal services

Contact your worker for information on free legal services.

Discrimination is against the law

You have the right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint.

The **Minnesota Department of Human Services, Equal Opportunity and Access Division**, prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, sex, or political beliefs. Contact the Equal Opportunity and Access Division directly:

Minnesota Department of Human Services
Equal Opportunity and Access
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

The **U.S. Department of Agriculture** prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Denial or changes

The State may deny or change your SNAP benefits because of information you give on the application form. 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 or no later than the date you receive or would receive your SNAP benefits.

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. These third parties may include, but is not limited to:

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

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

Employment services registration

I understand I may volunteer for employment services activities and that by signing this application registers me and everyone in my household for employment services if I wish to participate in their activities.

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 about this or would like to know what the county might tell or ask the USCIS, talk to your worker.

Immigration

All immigration information you give to us is private. We use it to see if you can get coverage. 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 other household members, but not yourself.

Domestic violence/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. The following are some examples of violence/abuse:

- Taking money or property without permission or against your wishes
- Someone with control of your money does not use your money to pay your bills
- A caregiver whose job it is to do so, does not provide needed care
- Swearing or screaming at you
- Threatening to hurt you or others you care about
- Calling you names
- Not letting you leave your house
- Being touched against your wishes or forced to have sex
- Choking, grabbing, hitting, pushing, pinching or kicking you
- Stalking you.

Vulnerable adults

Call the Senior LinkAge Line at 800-333-2433 to report concerns and to help a vulnerable adult get needed protection and assistance. For more information, ask your worker for the “Help protect people who are frail or vulnerable brochure” (DHS-2754).

Additional resources

Elder Abuse prevention.....800-333-2433
Minnesota Food HelpLine888-711-1151 or
mnfoodhelpline.org
Senior LinkAge Line800-333-2433
SNAP Hotline.....800-657-3698
For TTY service, call the Minnesota Relay at 711 or
800-627-3529

Tell someone if you need help filling out this application. Be sure to sign and date the application.

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

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

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

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

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂທ 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.

LB1-0001 (3-13)

ADA5 (12-12)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA Coordinator.



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

CASE NUMBER

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.

PERSON 1 APPLICANT'S LEGAL NAME (last/first/middle)		SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
OTHER NAMES YOU USE		ADDRESS WHERE YOU LIVE (If you do not have an address, write homeless)		
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (if different from address where you live)				
PHONE NUMBER (include area code) Home _____ Other _____		MARITAL STATUS	U.S. CITIZEN OR U.S. NATIONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?	RACE (optional)	ETHNICITY (optional) Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU NEED AN INTERPRETER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSON 2 LEGAL NAME (last/first/middle)		SOCIAL SECURITY NUMBER	BIRTH DATE (mm/dd/yy)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
OTHER NAMES	RELATIONSHIP TO YOU	MARITAL STATUS	U.S. CITIZEN OR U.S. NATIONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?	ETHNICITY (optional) Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE (optional)	DO YOU NEED AN INTERPRETER? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1. How much income (cash or checks) did or will your household get this month ?	\$ _____
2. How much does your household have in cash, checking or savings ?	\$ _____
3. How much does your household pay for rent/mortgage per month ?	\$ _____
What utilities do you pay? <input type="checkbox"/> Heat <input type="checkbox"/> Air conditioning <input type="checkbox"/> Electricity <input type="checkbox"/> Phone <input type="checkbox"/> None	
Did you or anyone in your household receive LIHEAP (energy assistance) of more than \$20 in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is anyone in your household a migrant or seasonal farm worker ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has anyone in your household ever received commodities or SNAP benefits before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE
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6. Has **anyone** in your household applied for or does anyone get any of the following types of income each month?

- 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 (explain): _____ \$ _____

*The county agency will verify this income for you.

7. Do you pay property taxes or property insurance separate from your mortgage payment? Yes No
8. Does your **household** receive income from a job or self-employment? Yes No

EMPLOYER/BUSINESS NAME	GROSS MONTHLY EARNINGS
	\$

9. Does **anyone** in the household have medical expenses? Yes No
10. Does **anyone** in the household **pay** court-ordered child support? Yes No
11. Does your household have costs for adult dependent care? Yes No
12. 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 2? Yes No
13. 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
14. Has **anyone** in your household been convicted of a drug felony in the past 10 years? Yes No
15. Is **anyone** in your household currently violating a condition of parole, probation or supervised release? Yes No

You may authorize another person 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) Yes No
- Get notices and information related to your case Yes No
- Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account. Yes No

If yes, please complete the following:

NAME	RELATIONSHIP TO YOU	PHONE NUMBER
ADDRESS	CITY	STATE
		ZIP CODE

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

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
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AGENCY USE ONLY

<input type="checkbox"/> "Domestic Violence Information brochure" (DHS-3477) given <input type="checkbox"/> "IEVS notice" (DHS-2759) given	CASE NUMBER
AGENCY SIGNATURE	INTERVIEW DATE