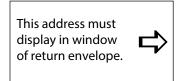


State of Connecticut Department of Social Services



(Application Cover Sheet)



DSS ConneCT Scanning Center PO Box 1320 Manchester CT, 06045-9968

## IMPORTANT: YOU MUST FILL OUT AND SEND THIS COVER SHEET WITH YOUR APPLICATION.

What is your first name?	
What is your last name?	
What is the zip code where you live?	If you have a client ID, write it here:
Make a clear, dark mark  in each circle that applies to you and the people you are applying for.	
Who are you applying for?	What are you applying for?
<ul> <li>Only myself</li> <li>Myself and my spouse</li> <li>Myself and my family</li> <li>Only children under 19 in my care</li> </ul>	<ul> <li>SNAP (Supplemental Nutritional Assistance Program/Food Stamps)</li> <li>Medical Coverage (Health Insurance)</li> <li>Family Planning Coverage</li> <li>Nursing Home or Home-Based Care</li> <li>Cash</li> </ul>
Are you pregnant? O Yes O No	
Do you live in a licensed residential care facility (boarding home)? O Yes O No	