

Intent to Apply

We want to be able to help you as soon as possible, so please answer the following questions.

Do you have a physical or mental condition that requires you to have special accommodations during your application interview, such as needing a sign language interpreter? [] Yes [] No

If Yes, what do you need? _____

We can get a **free** interpreter for your interview if you have trouble speaking English.

Do you need an interpreter during your interview? [] Yes [] No

If yes, what language? _____

Important information for all applicants

- Anyone who wants to receive K-TAP (cash assistance), Food Stamp or Medicaid benefits must give us his or her social security number (SSN) and tell us about his or her citizenship or immigration status. If you do not have a SSN we can help you get one if you are eligible for one. This will not delay your application. Applying for a SSN is voluntary.
- **SSNs will not be used to report anyone to the Immigration and Naturalization Service (INS).**
- You do not have to tell us about the SSN, citizenship or immigration status of yourself or anyone else in your home who does not want to receive benefits. Other members of your household can still get benefits if they qualify.
- SSNs are used to verify your family's income and to do computer matches with other agencies such as the Kentucky Department of Employment Services, the Internal Revenue Service and other matching sources.
- Anyone applying only for emergency Medicaid does not have to give us his or her SSN or tell us about his or her citizenship or immigration status.
- Receiving Medicaid, Kentucky Children's Health Insurance Program (KCHIP), or Food Stamp benefits will not affect your or your family's ability to change your immigration status. An exception to this is the use of long-term institutional care, such as a nursing home.
- Receiving K-TAP or Supplemental Security Insurance (SSI) could cause problems for immigrants who are trying to change their immigration status, especially if the benefits are your family's only income. If this applies to you, talk to an agency that helps immigrants with legal problems before you apply.
- Refugees and persons granted asylum may receive any benefit, including K-TAP, without hurting their chances of changing their immigration status or becoming a U. S. Citizen.



Part I – Right To Apply

If you live in Kentucky and want to apply for Food Stamp benefits, cash assistance (K-TAP), or Medicaid follow these steps:

- Complete this form and submit it to the local Department for Community Based Services.
- Once this form is received, an interview will be scheduled to complete the application process.
- To begin the application process, complete Part I, II, III, and V of this form. To apply for Food Stamp benefits, you may complete only Part I.
- If you are applying for Food Stamp benefits, you may be eligible for expedited services. Complete Part IV to receive expedited services.

- If you are eligible for expedited services, you will be provided Food Stamp benefits within 5 days. If you are not eligible for expedited services, you will be given an appointment to complete the application process.
- Benefits are provided from the date you give us this form, so the sooner you give us this and any required verification, the quicker you will know whether you will receive K-TAP, Medicaid or Food Stamp benefits.
- Residents of public institutions who apply for Food Stamp benefits prior to their release from the institution will have eligibility for benefits determined beginning with the date they are released.

Application for:

- Food Stamp Benefits (food assistance)
- K-TAP (cash assistance)
- Medicaid (medical assistance)
- KCHIP (medical assistance)

For Office Use only
If FS, Expedited Services <input type="checkbox"/> Yes <input type="checkbox"/> No Case No. _____ Date Received _____

Your Name: _____
(Last) (First) (Middle Initial)

(Street Address) (City) (State) (Zip Code)

County _____

Telephone Number _____ Yours Nearby

If your mailing address is different from your street address, write it below:

(Mailing Address) (City) (State) (Zip Code)

Sign Here _____
(Your Name) (Date)

Part II – Household Member Information

Applicant Section

List all of the people who live in your home for whom you want to receive benefits. They are considered **applicants**. Anyone for whom you do not want to receive benefits is considered a **non-applicant** and should be listed in the next section.

First Name / M. I. / Last Name	Social Security #	Relation to you	Birth Date	Sex M or F
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Non-Applicant Section

List any other people who live with you in this section.

First Name / M. I. / Last Name	Relation to you

Please answer the following questions about you and your household.

Yes No

Is the household living in a center for abused spouses?

Is the household living in a certified rehab drug alcohol/mental health center or is a person defined as blind or disabled in a group living arrangement?
If in a group living arrangement, how many people live in this home? _____

Has anyone been convicted of a drug felony since 8/22/1996?

Does anyone in your household own a vehicle?

Part III – Representative

If you would like to authorize an adult representative to use your EBT card for you or to conduct an interview in the absence of you or your protective payee (for K-TAP), we need you to tell us the following information about the person.

Name: _____

(Mailing Address) (City) (State) (Zip Code)

Do you want a second adult representative to use your EBT card for you?

Yes No (If yes, complete form KIM-100, Sup. A.)

Part IV – If you need Food Stamp benefits right away

If your household has little or no income, or if certain monthly shelter expenses exceed your monthly income and resources, you may be able to receive Food Stamp benefits within a few days. Please answer these questions to help us decide if you need Food Stamp benefits right away.

How much do the members of your household have in cash and savings?\$ _____

What is the total gross income for the month for everyone in your household?..... \$ _____

Is anyone in your household a migrant or seasonal farm worker? []Yes []No

If yes, and you are not receiving food stamp benefits in this state yet,
when will you receive your first paycheck? _____

Has every member of your household been approved for or is now receiving K-TAP or
Supplemental Security Income (SSI)? []Yes []No

What is your household's total monthly expense for rent or mortgage and utilities?\$ _____

Part V – Rights, Responsibilities, Signature

The information I give on this form is complete and true to the best of my knowledge. I understand:

- If I give false information or do not report all of the information needed, I may be subject to prosecution for fraud. For Food Stamp benefits, this may include a fine of up to \$250,000, imprisonment of up to 20 years, or both.
- If my household is found guilty of purchasing a controlled substance as defined by 21 U.S.C. 802, with Food Stamp benefits, the household shall be disqualified for two years for a first offense and permanently for a second offense.
- If I am found guilty of purchasing firearms, ammunition, or explosives with Food Stamp benefits, I shall be disqualified permanently for the first such offense.
- If I am convicted of selling or buying Food Stamp benefits of \$500 or more, I will be permanently disqualified. I understand if I am found guilty of making false statements pertaining to my identity or where I live to the agency in order to receive multiple Food Stamp benefits at the same time, I will be ineligible to participate in the Food Stamp program as a member of any household for 10 years.
- If I leave a place to avoid prosecution, custody, or confinement after conviction of a crime, or attempt to commit a crime that is a felony under the law, or violate the conditions of a probation, or am a convicted drug felon, I shall be ineligible to participate in the Food Stamp program.
- If I do not register for work, quit a job without good cause, or voluntarily reduce the number of hours I work to less than 30 hours a week or refuse to cooperate with ETP, I may be barred from receiving benefits for a period of two, four or six months.
- Filing this form is just the first step in the application process.
- I shall complete an interview and provide any needed information or proof of eligibility before an application can be processed.
- The information I have provided on this form is subject to verification by federal, state, and local officials to determine if the information is true.
- None of the information provided about non-applicants will be shared with the Immigration and Naturalization Service (INS).
- My caseworker shall schedule an appointment for me to complete the application process.
- If I am unable to keep this appointment, I shall contact my caseworker to make other arrangements.
- I, or someone I choose to represent me, may request a fair hearing if I disagree with any action taken on my case or feel like I have been treated unfairly. The hearing can be requested by calling or going to the local DCBS office, or by writing a request for a hearing and sending it to the local DCBS office. At the hearing, I can be represented by anyone I choose.

Attention recipients:

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

You may also file a your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770 ext. 4107.

If you have other complaints about your Food Stamp case, you can call the Ombudsman's Office at 1-800-372-2973. TTY is available at 1-800-627-4702.

Sign Here _____ Today's Date _____