



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
APPLICATION FOR FOOD STAMP BENEFITS

FOR FSD USE ONLY DATE OF LAST F-T-F INTERVIEW	DATE RECEIVED/APPLICATION DATE
<input type="checkbox"/> MAIL-IN <input type="checkbox"/> WALK-IN	SCN
	DCN

NAME (LAST, FIRST, MIDDLE) Please list your legal name.	HOME/CELL TELEPHONE	MESSAGE TELEPHONE
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		I AM HOMELESS <input type="checkbox"/> Yes <input type="checkbox"/> No

You have the right to immediately file a Food Stamp application as long as it contains your name, address, and signature. Complete the rest of the application by taking it home and bringing, mailing, or faxing it back to the office. You can complete all of the form and give it to us now. You will not receive expedited Food Stamp benefits, if eligible, until a completed application form is received. Your Food Stamp benefit is based on the date of your application. You establish your date of application when this completed section is received at the office. Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for Food Stamp benefits.

SIGNATURE OF APPLICANT	DATE
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HOUSEHOLD MEMBERS List all the people who live in your household. You must include any children under the age of 22, spouses, and anyone who eats with you by checking "yes" in the last column. List yourself on the first line. **Providing the race/sex (including Hispanic/Latino) of each individual is optional and voluntary and does not affect your eligibility or the amount of Food Stamps you receive. Race/sex data is for statistical use only. Providing the SSN (Social Security Number) and immigration status of each household member is voluntary.** However, you will not receive Food Stamp benefits for individuals who do not provide an SSN and/or immigration status. Alien status of applicant household members may be subject to verification by USCIS (U.S. Citizenship and Immigration Services formerly known as INS) through the submission of information from the application to USCIS and may affect your eligibility and benefit level. Any SSNs and immigration status information is used and disclosed in the same manner as SSNs and immigration status of household members who receive Food Stamps.

FULL LEGAL NAME	Sex M/F	Relationship to Applicant	Date of Birth	Social Security Number	Hispanic or Latino	Race* (Enter ALL that apply)	Citizen	Buy/Cook Together
1.		Self			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Select ALL that apply * 1 - White 2 - Black/African American 3 - American Indian/Alaska Native 4 - Asian 5 - Native Hawaiian/Pacific Islander

Does any adult in your household speak English well? Yes No If no, what is the language spoken most often in your home? _____

Is anyone in your household a foster child or foster adult? Yes No If yes, who? _____

HOUSEHOLD'S DECLARATION INQUIRY Answer yes or no to each of the questions in this section. For each question answered yes, explain in the space provided. **A "yes" response to any of the questions A-H in this section may result in a disqualification for that individual.**

A. Have you or any member of your household been convicted of buying or selling Food Stamp benefits of \$500 or more after 9-22-96? Yes No
If yes, who? _____

B. Are you or any member of your household fleeing to avoid prosecution, custody, or jail for a crime (or attempted crime) that is a felony? Yes No
If yes, who? _____

C. Are you or any member of your household violating a condition of probation or parole? If yes, who? _____ Yes No

D. Are you or any member of your household receiving Food Stamp benefits under another identity or as a member of another household or in another state? If yes, who? _____ Yes No

E. Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession, use, or distribution of a controlled substance? If yes, who? _____ Yes No

F. Have you or any member of your household ever been convicted of fraudulently receiving duplicate Food Stamp benefits in any State after 9-22-96? If yes, who? _____ Yes No

G. Have you or any member of your household been convicted of trading Food Stamp benefits for guns, ammunitions, or explosives after 9-22-96? If yes, who? _____ Yes No

H. Have you or any member of your household ever been convicted of trading Food Stamp benefits for drugs after 9-22-96? If yes, who? _____ Yes No

EXPEDITED SERVICE		Emergency or expedited Food Stamp benefits are issued within 7 days of receiving your completed application.					
You will not receive expedited Food Stamp benefits if eligible, until a completed application and identification is submitted. You may qualify if your household answers Yes to any of the questions below.							
Does your household have \$100 or less available in cash or in a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$							
Does your household expect to receive less than \$150 in income this month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$							
Does your household have rent/mortgage and/or utility costs that are more than your total income, available cash and bank accounts for this month? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What is the monthly amount of your rent/mortgage payment? \$ _____ Do you pay to heat or cool your home? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Does your household include a migrant or seasonal farm worker whose income has stopped and whose liquid resources do not exceed \$100? <input type="checkbox"/> Yes <input type="checkbox"/> No							
OUT OF STATE BENEFITS		Have you or any of your household members received Food Stamp benefits in another state in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:					
NAME	STATE	COUNTY	LAST MONTH RECEIVED IN ANOTHER STATE				
DISABILITY		Being disabled includes but is not limited to receiving SSI, benefits for the blind, retirement benefits based upon disability, and disabled veterans' benefits.					
Do you or any member of your household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:							
NAME	TYPE OF DISABILITY						
HIGHER EDUCATION		Higher education is enrollment in a business, technical or vocational school, or college.					
Is anyone in your household age 18-49 enrolled in higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer "yes" or "no" to all that apply to the student.							
NAME OF STUDENT	WORKS 20 HOURS PER WEEK	IS DISABLED	PARTICIPATES IN WORK STUDY	PARTICIPATES IN ON-THE-JOB TRAINING	SINGLE PARENT WITH A CHILD UNDER 12	IN A WIA TRAINING PROGRAM	RECEIVES TEMPORARY ASSISTANCE
BANK ACCOUNTS, CASH, ETC.		Please list any cash, money in bank accounts, stocks, bonds, retirement accounts, settlements from accidents, insurance claims, and lottery winnings.					
Do you or anyone in your household have any of the things listed above, or jointly own any of the things listed above with another household member or jointly own with someone outside of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:							
NAME OF OWNER (S)	TYPE (bank account, stocks, bonds, retirement account, etc.)	VALUE	NAME OF BANK OR COMPANY			HOW IS THIS MONEY USED?	
OTHER RESOURCES		Other resources are things such as cars, trucks, land, homes, burial plots, boats, trailers, etc. that you own or are buying.					
Do you or any member of your household own or are buying a prepaid burial or funeral plan?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or any member of your household own or are buying a vehicle such as a car, truck, motorcycle, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or any member of your household own or are buying real property such as a home, land, buildings, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or any member of your household own or are buying personal property such as boats, campers, burial plots, etc.?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
EARNED INCOME		Earned income is income you receive from work.					
Do you or any member of your household work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:							
NAME OF PERSON WORKING	EMPLOYERS' NAME	START DATE	HOW OFTEN IS HE/SHE PAID?	AMOUNT EARNED PER MONTH	DOES HE/SHE RECEIVE ANY OF THESE TYPES OF INCOME? LIST MONTHLY AMOUNT BELOW.		
					TIPS	BONUS	COMMISSION

EMPLOYMENT CHANGES Please list any changes to your work such as being laid off, going on strike, quitting or being fired from a job.

Are you or any member of your household currently on strike? Yes No If yes, who?

Have you or anyone in your household ages 16-60 quit a job or been laid off from a job in the last 60 days? Yes No If yes, who?

Name of employer: _____ Date job ended: _____ Date of last paycheck: _____ Amount of last pay check: \$ _____

Have you or anyone in your household ages 16-60 reduced hours worked at a job in the last 60 days? Yes No If yes, who?

SELF EMPLOYMENT Self employment is a business you own or operate such as child/adult care, construction, over-the road driver, etc.

Are you or anyone in your household self-employed? Yes No If yes, please complete the following income from self-employment:

NAME	BUSINESS TYPE (child care, farmer, construction, etc.)	WHEN WAS THE BUSINESS STARTED?	HOW OFTEN IS HE/SHE PAID?	HOW MUCH MONEY IS EARNED?

EXPENSES OF SELF EMPLOYMENT Please complete the following for expenses for the above self employment business (advertisement, rent, transportation costs, seeds, feed, meals, etc.):

TYPE OF EXPENSE	HOW OFTEN IS THIS PAID?	AMOUNT PAID	TYPE OF EXPENSE	HOW OFTEN IS THIS PAID?	AMOUNT PAID

OTHER INCOME Other income is money from sources other than work that your household receives. (Social Security, VA, Child Support, SSI, Unemployment, Pensions, Retirement Benefits, Money given to you or your household, etc.)

Do you or any member of your household have income from another source? Yes No If yes, please complete the following:

NAME OF PERSON WITH OTHER INCOME	WHAT IS THE SOURCE OF THE INCOME?	WHEN DID THIS INCOME START?	HOW OFTEN DOES HE/SHE RECEIVE THIS INCOME?	HOW MUCH DOES HE/SHE RECEIVE BEFORE TAXES AND DEDUCTIONS ARE REMOVED?

MEDICAL EXPENSES Examples of medical expenses: insurance, co-pays, dentures, office visits, glasses/contacts, hospital bills, alert systems, medicine, Medicare premiums, hearing aids, in-home care, mileage/lodging, transportation for medical care, etc.

Do you or any member of your household have medical expenses? Yes No If yes, please complete the following:

WHO PAYS THIS EXPENSE?	TYPE OF MEDICAL EXPENSE	AMOUNT PAID	HOW OFTEN IS THIS PAID?

How many miles do you drive per month from your home to receive medical care or pick up prescriptions?

SHELTER EXPENSES Does the household have any expenses for shelter? Yes No If yes, please complete the following:

Do you receive housing assistance (Section 8, HUD or other public housing aid) or does anyone help you pay these expenses? Yes No

Has the household received energy assistance at the current address in the last 12 months? Yes No

WHO PAYS THIS EXPENSE?	TYPE OF EXPENSE BEING PAID (rent, mortgage, trash, electric, gas, water, sewer, telephone, etc.)	AMOUNT PAID	HOW OFTEN IS THIS PAID?	IS THIS A PRIMARY HEATING OR COOLING EXPENSE?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT CARE EXPENSES Dependent care expenses may be expenses paid for a child or an adult's care while you are at work or school.

Do you or a household member pay someone outside the home for dependent care expenses? Yes No If yes, please complete the following:

WHO PAYS THIS EXPENSE?	WHO IS THE CARE FOR?	AMOUNT PAID	HOW OFTEN IS THIS PAID?

How many miles do you drive per month from your home to the dependent care provider?

COURT ORDERED EXPENSES

Court Ordered Expenses are alimony, child support, arrearages, or any expense a court has ordered you or a household member to pay.

Are you or any member of your household paying court-ordered expenses? Yes No If yes, please complete the following:

WHO PAYS THIS EXPENSE?	TYPE OF EXPENSE BEING PAID	WHO IS THIS EXPENSE PAID FOR?	AMOUNT OF OBLIGATION	AMOUNT PAID	HOW OFTEN IS THIS PAID?

*** The Family Support Division uses the data in the Missouri Child Support system to verify child support paid to you or child support you pay to another household.**

NON-DISCRIMINATION AND FAIR HEARING RIGHTS: In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-866-632-9992 (voice and TDD), 1-800-877-8339 (Federal Relay for hearing/speech impaired) or 1-800-845-6136 (Spanish). USDA is an equal opportunity provider and employer. You can have a fair hearing if you are denied benefits and wish to appeal the decision. You can also request a hearing either orally or in writing, on any agency action which affects your participation in the Food Stamp Program.

The collection of information on this application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. This information is used to determine eligibility or continued eligibility for the Food Stamp Program. Information is verified through computer matching programs. This information is used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement to apprehend persons fleeing to avoid the law. In the event of an overpayment of benefits, this information may be referred to Federal and State agencies, as well as private claim collection agencies for claims collection action.

DO NOT SELL YOUR FOOD STAMP BENEFITS FOR CASH.

DO NOT LIE OR HIDE INFORMATION TO GET BENEFITS THAT YOUR HOUSEHOLD SHOULD NOT GET.

DO NOT USE FOOD ASSISTANCE BENEFITS TO BUY NONFOOD ITEMS, SUCH AS ALCOHOL OR CIGARETTES, OR TO PAY ON CREDIT ACCOUNTS.

DO NOT USE OR HAVE IN YOUR POSSESSION EBT CARDS THAT ARE NOT YOURS AND DO NOT LET SOMEONE ELSE USE YOUR CARD.

NOTIFICATION AND ACKNOWLEDGMENT OF FRAUD PROVISIONS

It is against the law to lie to receive Food Stamps or to sell or trade your Food Stamp benefits. Excessive Electronic Benefit Transfer (EBT) card replacement requests may result in a referral for fraud investigation.

7 USC 2015 (b)(1) Any person who has been found by any State or Federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed, or withheld facts or committed any act that constitutes a violation of this Act, the regulations issued there under, or any State statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing Food Stamp benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the Program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion, and permanently upon the third occasion.

7 USC 2024 (b), (c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses Food Stamp benefits or access devices in any manner contrary to the Food and Nutrition Act is subject to fine and imprisonment. Upon conviction, punishments include a fine of \$250,000 and/or imprisonment for 20 years if the value of the benefits or access devices is \$5,000 or more. If the value is less than \$5,000 but greater than \$100, punishments include a fine of \$10,000 and/or imprisonment for 5 years. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption benefits or access devices which have been illegally received, transferred, or used is subject to a fine of \$20,000 and/or imprisonment for 5 years if the value of the benefits is \$100 or more. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States. **In addition to such penalties, any person may be subject to prosecution under other applicable Federal and State laws and may be suspended by the court from participation in the Food Stamp Program for an additional 18 months.**

7 USC 2015 (b)(1)(iii)(IV) and 2015 (j). Anyone convicted of trafficking in Food Stamp benefits of \$500 or more shall be permanently disqualified from the Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple Food Stamp benefits simultaneously shall be ineligible to participate in the Food Stamp Program for ten (10) years beginning with the date of such agency determination or such conviction in Federal or State court.

7 USC 2015 (b)(1). Anyone convicted in a Federal, State, or local court of trading benefits for controlled substances, illegal drugs, or certain drugs for which a doctor's prescription is required shall be barred from the Food Stamp Program for 2 years for the first offense and permanently for the second offense. Anyone convicted of trading benefits for firearms, ammunition, or explosives is barred permanently from the Food Stamp Program for the first offense.

7 USC 2015(k). Any individual who is a fleeing felon or a probation/parole violator is ineligible to participate in the Food Stamp Program.

Pursuant to Section 570.030, RSMo the stealing of public assistance benefits is a Class C felony if the value of the benefits is \$750.00 or more. Punishment includes imprisonment for up to seven years and a fine not to exceed \$5,000.00. If the value of the benefits is less than \$750.00, the crime is a Class A misdemeanor.

Read this page carefully before signing. When you sign, you are certifying you understand the statements on this page. You are certifying you understand that information provided on this form and during the interview must be true and accurate, or you will be subject to the penalties outlined above.

I/we authorize the Director of Family Support Division or his/her appointee to investigate my circumstances and statements. I understand that it is against the law to obtain or attempt to obtain Food Stamp benefits to which I am not entitled, or obtain, or attempt to obtain Food Stamp benefits in the amount greater than those to which I am entitled. I understand that any false claim, statement, or concealment of any material fact whatever, in whole or part, on this form or during the interview, may subject me to criminal and/or civil prosecution.

SIGNATURE: This is to certify that I understand the questions on this form and the penalties for giving false statements or withholding information. Under the penalty of perjury, I certify that I have given true, accurate, and complete statements to the best of my knowledge, for each household member for whom I am applying. I understand that any expenses I do not report and verify, when requested, will not be used to compute my Food Stamp benefits.

SIGNATURE	DATE
Witness Signature	Date