

This package includes the printed material that you will need for the Food Stamps Non-financial Eligibility Course. It is 30 pages, and includes the following:

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Note: You will use the verification charts and the Margaret Simmons application as you complete your self-study modules. The other three applications will be reviewed in your WebEx sessions.

Verification of Identity

Identity must be verified at initial application; it is the one point of eligibility that must be verified even for expedited applications.

We do not require a picture ID. ALL possibilities for identity verification must be exhausted before an application is denied for this reason.

Any document which reasonably establishes identity must be accepted.

To verify identity:

FIRST, check ; 5; UHk Umto see if identity has previously been verified. This may be established by:

- ✓ Case record documentation

Also check DIS (Document Imaging System) if available for identity verification. DIS checks OFI, Child Care, and Child Support records.

NEXT, if verification cannot be obtained through a data match, accept any reasonable verification from the client including (but not limited to):

- ✓ Driver's license
- ✓ State ID
- ✓ Social Security Card
- ✓ Corrections ID
- ✓ Work ID
- ✓ Alien Card
- ✓ Birth Certificate
- ✓ Passport
- ✓ Military ID
- ✓ Health benefit care—insurance, Medicaid, or Medicare
- ✓ ID from another assistance program such as WIC or child support
- ✓ Voter registration card
- ✓ Wage Stubs
- ✓ School ID
- ✓ Collateral Contact

Verification of Residency

Residency must be verified at initial application; residency verification may be delayed for expedited applications.

Any document which reasonably establishes residency must be accepted.

To verify residency:

FIRST, check ; 5 ; UHYk Umto see if residency has previously been verified. If, for example, residency was previously verified with a GA Driver's License this may be used as verification of residency for the new application as well.

Also check DIS (Document Imaging System) if available for residency verification. DIS checks OFI, Child Care, and Child Support records.

NEXT, check all available data matches for possible residency verification including (but not limited to):

- ✓ Work Number that matches the address provided
- ✓ SDX/BENDEX that matches the address provided
- ✓ DOL New Hire alert that matches the address provided
- ✓ DOL UCB match that shows client's name and address
- ✓ Tax Assessors Website (www.gaassessors.com) if name and address match

FINALLY, if verification cannot be obtained through a data match, accept any reasonable verification from the client including (but not limited to):

- ✓ mortgage statement or lease
- ✓ rent or utility company receipts
- ✓ school records
- ✓ any other document proving residency
- ✓ Driver's license that matches the address provided
- ✓ State ID that matches the address provided
- ✓ Voter registration card that matches the address provided
- ✓ Wage Stubs, if a home address is included and matches the address provided
- ✓ written statement of responsible reference

Verification of Citizenship

Citizenship must be verified at initial application or if a new member is added to the FS AU. Citizenship verification may be delayed for expedited applications.

Any document which reasonably establishes citizenship must be accepted.

To verify citizenship:

FIRST, check ; 5 ; UHYk Umto see if citizenship has previously been verified. If the applicant receives Medicaid or TANF, citizenship is established through those programs.

Also check DIS (Document Imaging System) if available for citizenship verification. DIS checks OFI, Child Care, and Child Support records.

NEXT, check all available date matches for possible citizenship verification including (but not limited to):

- ✓ Georgia Vital Records information that matches the client's name and DOB
- ✓ SDX/BENDEX records that indicate receipt of RSDI disability (not RSDI on another person's account), Medicare, or SSI
- ✓ ; 5 ; UHYk Umrecords that indicate the member received Newborn Medicaid at any time

FINALLY, if verification cannot be obtained through a data match, accept any reasonable verification from the client including:

- ✓ Birth certificate
- ✓ Certificate of Citizenship (N- 560, N-561 , N-600, or N-643)
- ✓ Naturalization certificate (N-550) (N-570)
- ✓ Report of Birth Abroad of U.S. Citizen (Form FS-240, FS 545, DS 1350)
- ✓ U.S. Citizen I.D. card (I-197 or I-179)
- ✓ U.S. Passport
- ✓ Consular Report of Birth
- ✓ American Indian card (I-872), first issued by INS, now known as the United States Citizenship and Immigration Services (USCIS) in 1983
- ✓ Northern Mariana Primary I.D. card (I-873), issued prior to 1986 and to applicants born prior to 11/3/86 by INS
- ✓ Court records of parentage, juvenile proceedings, or child support indicating place of birth
- ✓ Property records verifying U.S. citizenship status
- ✓ Religious record of birth recorded in the U.S or its territories within three months of birth. The document must show either the date of birth or the individual's age at the time the record was made
- ✓ Any document that establishes place of birth or U.S citizenship such as records from SSA, VA, local government agencies, hospitals, and a clinic's record of birth or parentage



Georgia Department of Human Services Application for Benefits



If you need help filling out this application, ask us or call 1-877-423-4746. If you have a hearing impairment, call GA Relay at 1-800-255-0135. Our services are free.

What Services Do We Offer at the Division of Family and Children Services (DFCS)?

DFCS offers the following services:



Food Assistance

Food Stamps are benefits that you can use to buy food at any store that has the EBT/Quest sign. We will subtract the price of your food purchase from your Food Stamp account.



Cash Assistance/Employment Support Services

Temporary Assistance for Needy Families (TANF) provides cash assistance to families with dependent children for a limited time. Parents or caretakers who are included in the grant are required to participate in a work program. Cash Assistance program also provides financial assistance to refugee households who are not eligible for the TANF program.



Medical Assistance

Medicaid, for those who are eligible, may help pay medical bills, doctor's visits, and Medicare premiums.



Community Outreach Services

For more information about Community Outreach Services, please visit our website at: <http://www.dfcs.dhr.georgia.gov> or call 1-877-423-4746.

How Do I Apply for Benefits?

Step 1. Fill out the application.

Read the questions carefully and give accurate information. Sign and date the application.

Step 2. Turn in the application. You will need to tear off pages 1 -3 and keep it for yourself.

Mail, fax, or bring in pages 4-8 of this application to your local Division of family & Children Services (DFCS) office. If you or the person for whom you are applying is eligible for benefits, Food Stamps or TANF benefits will be provided from the date that we receive the application with your name, address, and signature on it.

If you apply for Food Stamps, and/or Medicaid you can file an application for benefits with only your name, address and signature. However, it may help us to process your application quicker if you complete the entire form.

Step 3. Talk with us.

You may need to complete an interview with a case manager. If so, we will give you an appointment. This interview can be completed by phone.

Frequently Asked Questions

How long does it take to get benefits?

Food Stamps: up to 30 days
TANF: up to 45 days
Medicaid: 10 to 60 days
You may be able to get Food Stamps within 7 days if you qualify. See page 5.

How much will I get?

Your income, resources, and family size determine benefit amounts. We will be able to give you specific information once we determine your eligibility.

How will I get my benefits?

For Food Stamps and TANF, you will get an Electronic Benefit Transfer (EBT) card to access your benefits. For Medicaid, you will receive a Medicaid card for each eligible member.

What information will I need to provide?

It is a good idea to provide the following:

- Proof of identity for the applicant if applying for Food Stamps and/or TANF. Proof of identity for everyone requesting Medicaid if applying for Medicaid. Ex: An identification card (ID) or driver's license (DL)
- Proof of US citizenship/qualified immigrant status for everyone requesting benefits
- Social Security numbers of everyone requesting assistance
- Proof of income *for example*, pay stubs, child support payments, and income award letters
- Proof of expenses like child care receipts, medical bills, medical transportation costs, and child support payments

You will be given time to return any information to our office. If you need help getting this information, please tell us.

How do we use the applicant's personal information?

You only have to provide Social Security Numbers (SSN) and citizenship or immigration status for persons who want to apply for benefits. This information will be used to check the income and eligibility verification system (IEVS). We will also match your information against other Federal, state and local agencies to verify your income and eligibility. If a household member does not want to give us information about their SSN, citizenship, or immigration status, other household members may still receive benefits.

Can someone else apply for me?

Yes, for Food Stamps and Medicaid, you may ask someone to apply for you. For TANF, anyone can apply but the parent or caretaker must be interviewed.



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"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 and Nutrition Act of 2008** and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact USDA or HHS.

Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9411 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write HHS, Director, Office of Civil Rights, Room 509-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 complaint of Discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978.

Under the Department of Community Health (DCH) policy, Medicaid cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or political or religious beliefs. To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local 404-463-7590) (toll free) 800-533-0686.

What Do the Words Used in this Application Mean?

This chart explains the words we have used in this application.

Caretaker	A parent, relative or legal guardian who applies for and receives TANF with children in his or her care.
Grantee Relative	A parent, relative or legal guardian who applies for and receives TANF in his or her name on behalf of the children.
Disqualified	The action taken to remove an individual from a Food Stamp or TANF case because they did not tell the truth and received benefits that they should not have received.
Electronic Benefit Transfer (EBT)	The system used in Georgia to pay benefits to individuals who are eligible for Food Stamps. Individuals receiving assistance are issued an EBT debit card, which is used to access their food stamp accounts.
EPPICard debit MasterCard	New debit card issued by Xerox for individuals receiving cash assistance in Georgia. The EPPICard debit MasterCard will be accepted for purchases and cash withdrawals anywhere the MasterCard is accepted.
Household Members	Individuals who live in your home. For Food Stamps, individuals who live together and purchase and prepare their meals together.
Income	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received.
Migrant Farm Workers	Individuals who are seasonal farm workers and move from one home base to another to work or look for farm work.
Resources	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance.
Seasonal Farm Workers	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis.



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What Do the Words Used in this Application Mean? (cont'd)

This chart explains the words we have used in this application.

<p>Trafficking in the SNAP/Food Stamp Program</p>	<p><i>Trafficking</i> SNAP benefits means:</p> <p>(1) Buying, selling, stealing, or otherwise exchanging SNAP benefits issued and accessed via EBT cards, card numbers and PIN numbers or by manual voucher and signature, for CASH or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone; (2) The exchange of firearms, ammunition, explosives, or controlled substances; (3) Purchasing a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount; (4) Purchasing a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food; (5) Intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.</p>
<p>Qualified Alien/Immigrant</p>	<p>A <i>qualified alien/immigrant</i> is a person who is legally residing in the U.S. who falls within one of the following categories: a person lawfully admitted for permanent residence (LPR) under the Immigration and Nationality Act (INA); <i>Amerasian</i> immigrant under section 584 of the Foreign Operations, Export Financing and Related Program Appropriations Act of 1988; a person who is granted asylum under section 208 of the INA; <i>Refugees</i>, admitted under section 207 of the INA; A person <i>paroled</i> into the US under section 212(d)(5) of the INA for at least one year; A person whose <i>deportation</i> is being withheld under section 243(h) of the INA as in effect prior to April 1, 1997 , or section 241(b)(3) of the INA, as amended; a person who is granted <i>conditional entry</i> under section 203(a)(7) of the INA as in effect prior to April 1, 1980; <i>Cuban or Haitian</i> immigrants as defined in section 501(e) of the Refugee Education Assistance Act of 1980; <i>victims of human trafficking</i> under section 107(b)(1) of the Trafficking Victims Protection Act of 2000; <i>battered immigrants</i> who meet the conditions set forth in section 431 (c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended; <i>Afghan or Iraqi</i> immigrants granted special immigrant status under section 101(a)(27) of the INA (subject to specified conditions); <i>American Indians</i> born in Canada living in the U.S. under section 289 of the INA or non-citizens of federally-recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act and <i>Hmong or Highland Laotian tribal members</i> that rendered assistance to U.S. personnel by taking part in military or rescue operation during Vietnam Era (8/05/1964 – 5/07/1975).</p>
<p>Applicant</p>	<p>An individual who chooses to apply for or to receive public assistance/benefits</p>
<p>Non-applicant</p>	<p>An Individual who chooses NOT to apply for or to receive public assistance/benefits; non-applicants are not required to provide an SSN, citizenship or immigration status.</p>
<p>Assistance Unit</p>	<p>An assistance unit includes <i>eligible</i> individuals who live together and receive public assistance/benefits together.</p>



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What Am I Applying For? Check all that apply:

- Food Stamps**
The Food Stamp program helps meet the food and nutritional needs of eligible households.
- Temporary Assistance for Needy Families (TANF)**
Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.
- Refugee Cash Assistance**
The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.
- Medicaid**
Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About The Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so check all that apply.

- () TTY () Braille () Large Print () E-mail () Video Relay () Sign Language Interpreter _____
 () Foreign Language Interpreter (specify language) _____ () Other _____

Please fill out the chart below about the applicant.

First Name <i>Margaret</i>	Middle Initial	Last Name <i>Simmons</i>	Suffix
Street Address Where You Live <i>2640 Lincoln Blvd</i>		Apt	
City <i>Atlanta</i>	State <i>GA</i>	Zip Code <i>30303</i>	
Mailing Address (if different) <i>P. O. Box 5680</i>			
City <i>Atlanta</i>	State <i>GA</i>	Zip Code <i>30303</i>	
Main Telephone Number <i>404-656-1200</i>	Other Contact Number	E-Mail address (optional)	
Signature <i>Margaret Simmons</i>	Date <i>10/5/06</i>		
Witness Signature if signed by 'X'	Date		
For Office Use Only		Date Received By The County	



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Do I Qualify to Get Food Stamps Faster?

Answer these questions about the applicant and all household members to see if you can get Food Stamps within 7 days.

- Are you or any household member a migrant or seasonal farm worker? Yes No
- Total **Gross earned income** that will be received for this month: \$ 800.00
 Employer Name FedEx
 Employment Begin Date 1/16/06 Employment End Date _____
 Rate of Pay \$10.00 Hours Worked Weekly 20 wk/bi-wk/semi-mo/mo (circle one)
- Total **Gross unearned income** that will be received for this month: \$ _____
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
- Total earned and unearned income for this month: \$ 800.00
- How much money do you and all household members have in cash or in the bank? \$ 45.00
- How much do you and all household members pay for rent or mortgage? \$ 300.00
- How much do you and all household members pay for electric, water, gas, etc.? \$ 75.00

Can I Choose Someone to Apply for Food Stamps or Medicaid for me?

Complete this section only if you want someone to fill out your application, and/or complete your interview, and/or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

For Medicaid, do you want this individual to have a copy of your Medicaid card? Yes No



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Tell Us about the Applicant and All Household Members

Please fill out the chart below about the **applicant and all household members**. The following federal laws and regulations: The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7 C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request your and your household members social security number(s). If anyone in your household does not want to give us information about his or her citizenship, immigration status, or social security numbers, then that person can be designated as a non-applicant. This means that the person will not be considered an applicant and will not be eligible for benefits. However, other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their SSN. You will still need to tell us about your income and resources to determine the eligibility and benefit level of the household. Individuals will not be reported to the United States Citizenship and Immigration Services if they do not give us their citizenship or immigration status.

NAME			Relation-ship to You	Is this person applying for benefits? (Y/N)	Birth Date Format (-/-/-/-)	Social Security Number (Applicants Only)	Sex (M/F)	Hispanic/Latino? (Optional) (Y/N)	Race Code (Optional) (See codes Below)	Are you a U.S citizen, qualified alien/immigrant or Hmong/Highland Laotian Immigrant? (Applicants only) (Y/N)
First	Middle Initial	Last								
Margaret	Simmons		SELF	Y	12/5/74	582-01-XXXX	F	N	BL	Y
Tina	Simmons		Dgt.	Y	5/15/94	582-02-XXXX	F	N	BL	Y
Susan	Simmons		Dgt.	Y	11/25/00	582-03-XXXX	F	N	BL	Y
Roger	Simmons		Son	Y	3/14/93	582-04-XXXX	M	N	BL	Y

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White

By providing Race/Ethnicity information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

Tell Us More about the Applicant and All Household Members

We need more information about **the applicant and all household members** in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.



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1. Has anyone received any benefits in another county or state? Yes No
 Who: _____
 What: _____
 Where: _____
 When: _____

2. Did anyone in your house hold voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week since the last application or review? Yes No
 If yes, who quit? _____
 Why did he/she quit? _____

3. Is anyone pregnant? *Please provide proof of pregnancy if available. Yes No
 (This question does not apply to Food Stamp only applicants)
 Who: Margaret Simmons
 Due Date: 11/13/06

4. For Medicaid, does anyone have any unpaid medical bills for the last 3 months? Yes No
 (This question does not apply to Food Stamp or TANF only applicants)

5. Is anyone disqualified from the Food Stamp or TANF Program? Yes No
 a. Who: _____
 b. Where: _____

6. Is anyone trying to avoid prosecution or jail for a felony? Yes No
 Who: _____

7. Is anyone violating conditions of probation or parole? Yes No
 Who: _____

8. Has anyone been convicted of a drug felony (For TANF and FS only) or violent felony (For TANF only)? Yes No
 Who: _____
 When: _____

Date



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I have read and completed everything on this form that applies to the applicant and the applicant's household. I certify, under penalty of perjury, all the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Margaret Simmons
Applicant's Signature

10/5/06
Date

Authorized Representative's Signature

Date

Case Manager's Name and Signature

Date



Georgia Department of Human Services Rights and Responsibilities



Welcome to the Georgia Division of Family and Children Services!

If you need help filling out this application, ask us or call 1-877-423-4746. If you have a hearing impairment, call GA Relay at 1-800-255-0135. Our services are free. We are giving you this information to help you understand your rights and responsibilities when you receive help for Food Assistance, Cash Assistance and Medical Assistance. Please read over the Rights and Responsibilities for the programs in which you are applying, and sign the last page. If you are applying for someone else, these rights and responsibilities apply to that person as well.

Civil Rights Statement

"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 and Nutrition Act of 2008 and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact USDA or HHS.

Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9411 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

Write HHS, Director, Office of Civil Rights, Room 509-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 complaint of Discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978.

Under the Department of Community Health (DCH) policy, the Medicaid program cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or political or religious beliefs. To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local) 404-463-7590 or (toll free) 800-533-0686.

What Are My Rights in the Food Stamp, TANF and Medicaid Programs?

In all programs, you have the right to:

- **request a fair hearing in writing or in person.** You have the right to be represented by a household member, legal counsel, a relative, a friend or other spokesperson. If you are not satisfied with the action we have taken on your case, you can request a hearing by contacting the county office where you applied for benefits or by calling 1(800) 869-1150.
- **review some of the material and information in your case file.** However, you may not be able to see all of the information in the case file, such as names of people who have given us information about you or your household members or information about any criminal prosecutions involving you or any of your household members.
- **decide if you want to provide Social Security Number (SSN), citizenship, or immigration status information.** To qualify for public assistance, individuals must be a U.S. citizen, U.S. National, or eligible immigrant. Pursuant to the Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, DFCS is authorized to request your and your household members SSN.



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- **decide if you want to provide Social Security Number (SSN), citizenship, or immigration status information (cont.).** Individuals who are applying for public assistance must provide or apply for an SSN, and/or verify their citizenship or immigration status. Some immigrants are eligible and some are not, depending on their legal status. If you or anyone in your household does not have an SSN, we can help you apply for one. Applying for an SSN will not delay a decision on your application for benefits. An individual, who is not applying for public assistance and who does not provide an SSN, citizenship or immigrant status may be designated as a non-applicant.

A non-applicant is not required to provide an SSN, citizenship, or immigrant status but is required to provide other information that may affect the eligibility of the other applicant AU members such as income or resources. A non-applicant is not eligible to receive benefits. Only the people who give information to us about their SSN, citizenship, or immigration status will be eligible to receive benefits. We will use this information to check the Income and Eligibility Verification System (IEVS). We will also match your information with other Federal, state, and local agencies to verify your income and eligibility. This information may also be given to law enforcement officials to use to catch people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSNs, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS); however, if immigration status information has been submitted on your application, this information may be subject to verification through USCIS and may affect your household's eligibility and benefit level. We will not deny benefits to applicant assistance unit (AU) members because other AU members fail to provide their SSN, citizenship, or immigration status. Applying for or receiving **Food Stamp benefits does not** make a non-citizen a public charge. Receiving or accepting **Supplemental Security Income (SSI), TANF cash assistance, certain categories of Medicaid, or state General Assistance could make** a non-citizen a public charge if all eligibility criteria are met. However, receiving these benefits does not automatically make an individual inadmissible or ineligible to adjust his/her status to lawful permanent resident on a public charge basis. A "public charge" means you are a person who is likely to become "primarily dependent" on the government to maintain your way of life, as demonstrated by either the receipt of public cash assistance for income maintenance or by institutionalization for long-term care at the government's expense." If you are considered to be a public charge, you will not be deported, or denied permanent status because you have applied for or receive public assistance. Emergency Medicaid, including labor and delivery, is available for pregnant non-qualified and undocumented immigrants.

- **decide if you want to provide information about your race and ethnicity.** We collect data on race color, and national origin to ensure we are in compliance with Federal civil rights laws. By providing this information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

What Are My Responsibilities in the Food Stamp, TANF and Medicaid Programs?

In all programs, you are responsible for:

- giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- telling the truth at all times. If you or someone who is applying for you provides incorrect information, you may lose your benefits or be subject to criminal prosecution for knowingly providing false information.
- providing proof that you or anyone in your household applying for benefits is a U.S. citizen or qualified immigrant. **Note:** Your worker will give you a list of the ways you can prove your citizenship or immigration status.
- reporting certain changes in your household situation. Each program has different reporting requirements. See the responsibilities section for each program for things you need to report.



Georgia Department of Human Services Rights and Responsibilities



What Other Responsibilities Do I Have in the Food Stamp Program?

In the Food Stamp Program, you are also responsible for:

- cooperating with Quality Control reviewers when they call or come to your home to interview you about the information you have given your case manager. If you do not cooperate with them, your case may be denied or closed.
- repaying benefits you should not have received.
- reporting when your household's total gross monthly income is more than 130% of the Federal Poverty Level for the household's size. You may be given a Form 339, Simplified Reporting Requirement Notice, which explains more about this.

If you are a single working adult with no children, you must report when your work hours fall below 20 hours per week or 80 hours per month.

What Are My Rights and Responsibilities for Reporting Household Expenses in the Food Stamp Program?

In the Food Stamp Program, certain household expenses such as shelter costs, medical bills, dependant care costs, and child support paid outside the home may affect the amount of benefits you receive. If you have heating or cooling expenses, you may be eligible to receive the standard utility allowance. If you have only one utility expense and it is NOT a heating or cooling expense, you may be eligible to receive a deduction for the actual expense incurred. If you want us to consider these expenses, you are responsible for reporting and verifying them. If you fail to report or verify these expenses, we will not use them to determine your benefit amount.

What Are the Penalties in the Food Stamp Program?

In the Food Stamp Program, there are penalties:

If you ...	You will lose food benefits ...
<ul style="list-style-type: none"> • hide information or don't tell the truth • use EBT cards that belong to someone else • use food benefits to buy alcohol or tobacco trade benefits or EBT cards 	<ul style="list-style-type: none"> • for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense.
<ul style="list-style-type: none"> • trade or sell food benefits for drugs and were convicted prior to 8/22/96 	<ul style="list-style-type: none"> • for 12 months for the first offense and permanently for the second offense.
<ul style="list-style-type: none"> • trade or sell food benefits for drugs and were convicted of less than \$500 on or after 8/22/96 	<ul style="list-style-type: none"> • for 24 months for the first offense and permanently for the second offense.
<ul style="list-style-type: none"> • trade or sell food benefits for drugs and were convicted of \$500 or more on or after 8/22/96 	<ul style="list-style-type: none"> • permanently.
<ul style="list-style-type: none"> • trade food benefits for firearms ammunition or explosives 	<ul style="list-style-type: none"> • permanently.
<ul style="list-style-type: none"> • give false information about where you live so you can get food stamp benefits in more than one state 	<ul style="list-style-type: none"> • for 10 years.
<ul style="list-style-type: none"> • commit and are convicted of a felony related to possession, use or distribution of drugs, on or after 8/22/96 	<ul style="list-style-type: none"> • permanently.
<ul style="list-style-type: none"> • flee to avoid prosecution, custody or confinement for a felony 	<ul style="list-style-type: none"> • until you are no longer fleeing.
<ul style="list-style-type: none"> • violate a condition of your probation or parole 	<ul style="list-style-type: none"> • until you are no longer a probation or parole violator.



Georgia Department of Human Services Rights and Responsibilities



What Other Rights Do I Have in the TANF Program?

In the TANF Program, you have a right to:

- be excused from certain rules if you are a victim of domestic violence. Your case manager will talk to you about the rules that you will not have to follow.

What Other Responsibilities Do I Have in the TANF Program?

In the TANF Program, you are responsible for:

- cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate, your case may be denied or closed.
- repaying benefits you should not have received.
- participating in a work activity if you are a parent or adult included in the TANF benefit, unless you are exempt. We will work with you to find the best work activities to help you become self-sufficient. We may have to reduce or stop your TANF benefits if you do not cooperate with us, and there is not a good reason.
- reporting that you or someone included in your TANF benefit has received or is expecting to receive a lump sum of money. Your TANF benefits may stop for one or more months and your family may have to live on the lump sum for several months.
- cooperating with the Division of Child Support Services if you receive TANF benefits. You must help the Division of Child Support Services determine who is the father(s) of your child/children and help them get a court order for child support. If you do not cooperate with them and there is not a good reason, your TANF benefits may stop.
- notifying your case manager if you want to receive child support money instead of your TANF benefits. When you get TANF benefits, you may not receive all of your child support payment. You may receive only a portion of it called a "gap" payment. The state keeps the rest of the child support payment to pay back the TANF benefits that you receive.
- reporting certain changes in your household situation about you and other eligible household members within 10 days of knowing about them. Please let us know if you or any member of your household:
 - starts or stops receiving any unearned income
 - changes jobs, gets a new job, quits a job or gets laid off
 - moves in or out of your home
 - has a baby or there is any other change, for example,
 - a child drops out of school
 - the whole family moves to another county or state, or,
 - someone dies.



Georgia Department of Human Services
Rights and Responsibilities



What Are the Penalties in the TANF Program?

In the TANF Program, there are penalties:

If you ...	You will lose TANF benefits ...
<ul style="list-style-type: none"> hide information, do not report changes on time or do not tell the truth. 	<ul style="list-style-type: none"> for 6 months for the first violation; for 12 months for the second violation; permanently for the third violation.
<ul style="list-style-type: none"> hide information, do not report changes on time or do not tell the truth and are convicted in a court of law. 	<ul style="list-style-type: none"> for 12 months for the first violation; permanently for the second violation.
<ul style="list-style-type: none"> give false information about where you live so you can receive benefits in more than one state. 	<ul style="list-style-type: none"> for 10 years.
<ul style="list-style-type: none"> are convicted of a drug-related charge or a serious violent felony, on or after 1/1/97. 	<ul style="list-style-type: none"> permanently.



Georgia Department of Human Services Rights and Responsibilities



What Other Rights Do I Have in the Medicaid Program?

In the Medicaid Program, you have a right to:

- receive Medicaid even if you have other health insurance.
- choose your Medicaid doctor or provider. Always ask your doctors if they accept Medicaid as payment for their services.
- have your Medicaid application approved or denied within 10, 45 or 60 days from the date you apply, depending on the type of Medicaid.
- be excused from providing information about your children's absent parent or from pursuing medical support from the absent parent if you have a good reason such as domestic violence. Talk to your case manager if you think you have a good reason.

What Other Responsibilities Do I Have in the Medicaid Program?

In the Medicaid Program, you are also responsible for:

- telling your worker if you or your children have other health insurance. If the health insurance changes or ends, you must tell your worker within 10 days. The health insurance information is sent to the Department of Community Health. In most cases, your other health insurance must pay your medical expenses first. You must tell your doctor or other health care providers that you have other insurance so that they can bill the other health insurance providers before they bill Medicaid.
- cooperating with the Medicaid Estate Recovery Program if you are:
 - a resident in a nursing home
 - a resident in an intermediate care facility for mental retardation
 - a resident in another mental institution where medical care is paid by Medicaid
- cooperating with the Medicaid Estate Recovery Program if you are age 55 years or older and:
 - receive home and community-based services.
 - are enrolled in and receive services through a waiver program.
- I agree to assign to the State all rights to medical support and to payment for medical care from any third party (hospital and medical benefits). I agree to cooperate with the State in identifying and providing information to assist the State in pursuing any third party who may be liable to pay for care and services. I understand that I must report any payments received for medical care within ten days. (If you are completing this form on behalf of another individual and do not have the power to execute an assignment for that individual, the individual will need to execute an assignment of the rights described above as a condition of his/her eligibility for Medicaid).
- reporting changes about you and the other people in your Medicaid case. Please report:
 - if you or other household members move
 - if you or other household members change jobs, get a new job, quit a job or get laid off.
 - if you or other household members have a change in income or resources
 - if a family member moves in or out of your home
 - if you or another household member inherits or receives money or property from any source
 - if someone in your home dies or gets married
 - any other changes
- telling your case manager when your pregnancy ends. Pregnancy ends with the birth of the baby, a miscarriage or an abortion. You must report the end of the pregnancy within 10 days.



Georgia Department of Human Services Rights and Responsibilities



- I agree to give the State the right to require an absent parent to provide medical insurance, if available. I understand I must get medical support from the absent parent if it is available and must cooperate with the Division of Child Support Services in obtaining this support. If I do **not** cooperate, I understand I may lose my Medicaid benefits and only my children will receive benefits unless good cause is established.
- cooperating with Medicaid Eligibility Quality Control when they call or come to your home to interview you about the information you have given your case manager.

Committing fraud or abuse is against the law. You may be referred to the Medicaid and PeachCare for Kids[®] Fraud Control Unit. Violators may be limited to using one provider, terminated from the program or asked to reimburse the Department of Community Health for medical services provided.

Fraud is a dishonest act done on purpose. Abuse is an act that does not follow good practices.

Examples of participant fraud and abuse are:

- Letting someone else use your Medicaid, PeachCare for Kids[®] or CMO health insurance card.
- Getting prescriptions with the intent of abusing or selling drugs
- Using forged documents to get services
- Misusing or abusing equipment that is provided by Medicaid or PeachCare for Kids[®]
- Providing incorrect information or allowing others to do so in order to obtain Medicaid or PeachCare for Kids[®] eligibility
- Failure to report changes which occur in income, living arrangements, or resources.

You should report instances of fraud and abuse to:

Medicaid/ PeachCare for Kids[®] Fraud & Abuse Hotline (404) 463-7590 or toll free at (800) 533-0686 or by US Mail at:

Department of Community Health
OIG PI Section
2 Peachtree Street, NW
5th Floor
Atlanta, GA 30303



Georgia Department of Human Services Rights and Responsibilities



Signature Page

Initial Application

TCOS

Review

I have been informed my household is eligible for Community Outreach Services and have received the brochure.

I have received a copy of Form 297A, Rights and Responsibilities, for Benefits.

I certify, under penalty of perjury, all the information provided and everything I have told is the complete truth, as far as I know

Margaret Simmons
Signature

10/5/06
Date

Authorized Representative / Witness / Responsible Person

Date

I have reviewed and explained TCOS eligibility and Form 297A, Rights and Responsibilities, for benefits with the person who signed this form.

Case Manager Signature

Date



DHS Division of Family & Children Services

VOTER REGISTRATION DECLARATION STATEMENT

Name: Simmons Margaret Date: 10/5/06
(Last) (First)

Important Notice: Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes

No

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

If you believe that someone has interfered with your right to register or decline to register to vote or your right in privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Secretary of State at: 2 Martin Luther King Jr. Dr. Suite 802 West Tower, Atlanta, GA 30334 or by calling 404-656-2871.

FOR OFFICE USE ONLY

Check here if client took blank application home to complete.

Please include any other explanatory information below:

**GEORGIA DEPARTMENT OF HUMAN SERVICES
EXPEDITED FOOD STAMP SCREENING TOOL**

Case Name/Client ID: _____ / _____ Screener's name/date: _____

Verification of identification provided?	YES _____ NO _____
Have you made a copy of all verification provided?	YES _____ NO _____
Type of Interview (Phone _____ Office _____)	DATE _____
Is anyone in the HH attending college or tech school?	YES _____ NO _____
Has anyone been convicted of a drug felony after 8-22-96?	YES _____ NO _____
If an adult AU member is under age 22, who is he/she living with?	Relationship _____

1. Has AU received FS this month in Georgia or another state? No- Continue
 Yes- Register as un-expedited
2. Is any AU member currently active in a FS case or any case in another county? No- Continue
 Yes-see EW/Sup prior to registering case to delete person – continue with exp screening
3. Total Gross earned income that will be rec'd for application month _____
Employer Name _____
Employment Begin Date _____ Employment End Date _____
Rate of Pay _____ Hours Worked Weekly _____
- 4 Total Gross unearned income that will be rec'd for application month _____:
Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
5. Total Gross Income (Add Lines 3 & 4) _____
6. Total liquid resources (cash, checking, savings, etc) _____
7. AU's Gross Income (Line 5) is less than \$150 No- Continue
AND Liquid Resources (line 6) are \$100 or less Yes – Expedited
8. **Total Gross Income and Liquid Resources (Add Lines 5 & 6)** _____
9. Monthly shelter (Do not include past due amounts or deposits)
A. Mortgage _____
B. taxes _____
C. Insurance _____
D. Rent _____
10. Total Monthly Shelter (Add amounts A through C or use amount D) _____
11. Monthly Utilities
A. What is your household's primary heating or cooling source? Mark all that apply
Electric _____ Gas _____ Window or central air conditioner _____ Kerosene oil _____
B. Has your household received low-income energy assistance in the last 12 months at the current address? Yes
 No
C. HC SUA (\$ 343) – (For A or B) _____
D. Limited SUA (\$285) _____
(AU has no heating or cooling cost and has at least 2 utility bills)
E. Telephone only– phone standard (\$38.00) _____
12. Total Monthly Utilities (Enter amount for C, D, or E) _____
13. **Total Monthly Shelter (Add Lines 10 & 12)** _____
14. AU's total shelter and utility costs (line 13) exceeds Gross Income and Resources (line 8) No- Continue
 Yes– Expedited
15. Is anyone in your HH a migrant farm worker with resources less than \$100 & terminated income in the month of application? No- Continue
 Yes – Expedited

 **Georgia** DRIVER'S LICENSE  *Sammy R. Davis* GOVERNOR

NUMBER **09843256** EXPIRES **12-31-2015**

SIMMONS, MARGARET
2640 LINCOLN BLVD
ATLANTA, GEORGIA 30303



SEX BIRTHDATE ISSUE DATE COUNTY



Georgia Department of Human Services Application for Benefits



What Am I Applying For? Check all that apply:

- Food Stamps**
The Food Stamp program helps meet the food and nutritional needs of eligible households.
- Temporary Assistance for Needy Families (TANF)**
Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.
- Refugee Cash Assistance**
The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.
- Medicaid**
Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About The Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so check all that apply.

- () TTY () Braille () Large Print () E-mail () Video Relay () Sign Language Interpreter _____
 () Foreign Language Interpreter (specify language) _____ () Other _____

Please fill out the chart below about the applicant.

First Name <i>Amy</i>	Middle Initial	Last Name <i>Brandon</i>	Suffix
Street Address Where You Live <i>233 Boynton Street</i>		Apt	
City <i>Atlanta</i>	State <i>GA</i>	Zip Code <i>30303</i>	
Mailing Address (if different) <i>PO Box 5680</i>			
City <i>Atlanta</i>	State <i>GA</i>	Zip Code <i>30303</i>	
Home Telephone Number <i>404-555-5545</i>	Other Contact Number	E-Mail address	
Signature <i>Amy Brandon</i>	Date <i>9/30/06</i>		
Witness Signature if signed by 'X'	Date		
For Office Use Only		Date Received By The County <i>9/30/06</i>	



Georgia Department of Human Services Application for Benefits



Do I Qualify to Get Food Stamps Faster?

Answer these questions about the applicant and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? Yes No

2. Total **Gross earned income** that will be received for this month: \$ _____
 Employer Name _____
 Employment Begin Date _____ Employment End Date _____
 Rate of Pay _____ Hours Worked Weekly _____ wk/bi-wk/semi-mo/mo (circle one)

3. Total **Gross unearned income** that will be received for this month: \$ 900
 Type of Unearned Income Social Security Amount 900 wk/bi-wk/semi-mo/mo (circle one)
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)

4. Total earned and unearned income for this month: \$ 900

5. How much money do you and all household members have in cash or in the bank? \$ 590

6. How much do you and all household members pay for rent or mortgage? \$ 689

7. How much do you and all household members pay for electric, water, gas, etc.? \$ 120

Can I Choose Someone to Apply for Food Stamps or Medicaid for me?

Complete this section only if you want someone to fill out your application, and/or complete your interview, and/or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____	Phone: _____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____
Name: _____	Phone: _____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____

For Medicaid, do you want this individual to have a copy of your Medicaid card? Yes No



Georgia Department of Human Services Application for Benefits



Tell Us about the Applicant and All Household Members

Please fill out the chart below about the **applicant and all household members**. The following federal laws and regulations: The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request your and your household members social security number(s). If anyone in your household does not want to give us information about his or her citizenship, immigration status, or social security numbers, then that person can be designated as a non-applicant. This means that the person will not be considered an applicant and will not be eligible for benefits. However, other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their SSN. You will still need to tell us about your income and resources to determine the eligibility and benefit level of the household. Individuals will not be reported to the United States Citizenship and Immigration Services if they do not give us their citizenship or immigration status.

NAME			Relation-ship to You	Is this person applying for benefits ? (Y/N)	Birth Date Format (- / - / - -)	Social Security Number (Applicants Only)	Sex (M/F)	Hispanic/Latino? (Optional) (Y/N)	Race Code (Optional) (See codes Below)	Are you a U.S citizen, qualified alien/immigrant or Hmong/Highland Laotian Immigrant? (Applicants only) (Y/N)
First	Middle Initial	Last								
Amy	Brandon		SELF	Y	4/9/42	888-02-XXXX	F	N	WHL	Y

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White

By providing Race/Ethnicity information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

Tell Us More about the Applicant and All Household Members

We need more information about the applicant and all household members in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.



Georgia Department of Human Services Application for Benefits



1. Has anyone received any benefits in another county or state? Yes No
Who: _____
What: _____
Where: _____
When: _____

2. Did anyone in your house hold voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week since the last application or review? Yes No

If yes, who quit? _____
Why did he/she quit? _____

3. Is anyone pregnant? *Please provide proof of pregnancy if available. Yes No
(This question does not apply to Food Stamp only applicants)
Who: _____
Due Date: _____

4. For Medicaid, does anyone have any unpaid medical bills for the last 3 months? Yes No
(This question does not apply to Food Stamp or TANF only applicants)

5. Is anyone disqualified from the Food Stamp or TANF Program? Yes No
a. Who: _____
b. Where: _____

6. Is anyone trying to avoid prosecution or jail for a felony? Yes No
Who: _____

7. Is anyone violating conditions of probation or parole? Yes No
Who: _____

8. Has anyone been convicted of a drug felony (For TANF and FS only) or violent felony (For TANF only)? Yes No
Who: _____
When: _____



Georgia Department of Human Services
Application for Benefits



I have read and completed everything on this form that applies to the applicant and the applicant's household. I certify, under penalty of perjury, all the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Amy Brandon

9/30/06

Applicant's Signature

Date

Authorized Representative's Signature

Date

Case Manager's Name and Signature

Date

Signature Page

Initial Application

TCOS

Review

I have been informed my household is eligible for Community Outreach Services and have received the brochure.

I have received a copy of Form 297A, Rights and Responsibilities, for Benefits.

I certify, under penalty of perjury, all the information provided and everything I have told is the complete truth, as far as I know

Amy Brandon
Signature

September 30, 2006
Date

Authorized Representative / Witness / Responsible Person

Date

I have reviewed and explained TCOS eligibility and Form 297A, Rights and Responsibilities, for benefits with the person who signed this form.

Ellie Specialist
Case Manager Signature

September 30, 2006
Date



Georgia Department of Human Services Application for Benefits



What Am I Applying For? Check all that apply:

- Food Stamps**
The Food Stamp program helps meet the food and nutritional needs of eligible households.
- Temporary Assistance for Needy Families (TANF)**
Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.
- Refugee Cash Assistance**
The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.
- Medicaid**
Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About The Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so check all that apply.

- () TTY () Braille () Large Print () E-mail () Video Relay () Sign Language Interpreter _____
 () Foreign Language Interpreter (specify language) _____ () Other _____

Please fill out the chart below about the applicant.

First Name <i>Selena</i>	Middle Initial	Last Name <i>Harrod</i>	Suffix
Street Address Where You Live <i>766 Old Atlanta Road</i>		Apt	
City <i>Fairburn</i>	State <i>GA</i>	Zip Code <i>30265</i>	
Mailing Address (if different)			
City		Zip Code	
Home Telephone Number <i>404-555-5565</i>		Other Contact Number	E-Mail address
Signature <i>Selena Harrod</i>		Date <i>8/15/06</i>	
Witness Signature if signed by 'X'		Date	
For Office Use Only		Date Received By The County <i>8/15/06</i>	



Georgia Department of Human Services Application for Benefits



Do I Qualify to Get Food Stamps Faster?

Answer these questions about the applicant and all household members to see if you can get Food Stamps within 7 days.

- Are you or any household member a migrant or seasonal farm worker? Yes No
- Total **Gross earned income** that will be received for this month: \$ 1400
 Employer Name Petsmart
 Employment Begin Date 2/15/xx Employment End Date _____
 Rate of Pay 8.50 Hours Worked Weekly 40 wk/bi-wk/semi-mo/mo (circle one)
- Total **Gross unearned income** that will be received for this month: \$ _____
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
- Total earned and unearned income for this month: \$ 1400
- How much money do you and all household members have in cash or in the bank? \$ 0
- How much do you and all household members pay for rent or mortgage? \$ 400
- How much do you and all household members pay for electric, water, gas, etc.? \$ 125

Can I Choose Someone to Apply for Food Stamps or Medicaid for me?

Complete this section only if you want someone to fill out your application, and/or complete your interview, and/or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____	Phone: _____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____
Name: _____	Phone: _____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____

For Medicaid, do you want this individual to have a copy of your Medicaid card? Yes No



Georgia Department of Human Services Application for Benefits



Tell Us about the Applicant and All Household Members

Please fill out the chart below about the **applicant and all household members**. The following federal laws and regulations: The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request your and your household members social security number(s). If anyone in your household does not want to give us information about his or her citizenship, immigration status, or social security numbers, then that person can be designated as a non-applicant. This means that the person will not be considered an applicant and will not be eligible for benefits. However, other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their SSN. You will still need to tell us about your income and resources to determine the eligibility and benefit level of the household. Individuals will not be reported to the United States Citizenship and Immigration Services if they do not give us their citizenship or immigration status.

NAME			Relation-ship to You	Is this person applying for benefits ? (Y/N)	Birth Date Format (- / - / - -)	Social Security Number (Applicants Only)	Sex (M/F)	Hispanic/Latino? (Optional) (Y/N)	Race Code (Optional) (See codes Below)	Are you a U.S citizen, qualified alien/immigrant or Hmong/Highland Laotian Immigrant? (Applicants only) (Y/N)
First	Middle Initial	Last								
<i>Selena</i>	<i>Harrod</i>		SELF	Y	4/9/42	111-02-XXXX	F	N	WH	Y
<i>Mazie</i>	<i>Harrod</i>		Dtr	Y	5/17/03	222-02-XXXX	F	Y	WH	Y
<i>Jessie</i>	<i>Harrod</i>		Dtr	Y	8/31/06	333-02-XXXX	F	Y	WH	Y
<i>Nancy</i>	<i>Daughtry</i>		Mom	N	5/25/55	444-02-XXXX	F	Y	WH	Y
<i>Craig</i>	<i>Daughtry</i>		brother	N	1/18/89	444-03-XXXX	M	Y	WH	Y

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native AS – Asian BL – Black/African American
HP – Native Hawaiian/Pacific Islander WH – White

By providing Race/Ethnicity information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

Tell Us More about the Applicant and All Household Members

We need more information about the applicant and all household members in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.



Georgia Department of Human Services
Application for Benefits



1. Has anyone received any benefits in another county or state? Yes No
Who: _____
What: _____
Where: _____
When: _____

2. Did anyone in your house hold voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week since the last application or review? Yes No

If yes, who quit? _____ Why
did he/she quit? _____

3. Is anyone pregnant? *Please provide proof of pregnancy if available. Yes No
(This question does not apply to Food Stamp only applicants) Who:

Due Date: _____

4. For Medicaid, does anyone have any unpaid medical bills for the last 3 months? Yes No
(This question does not apply to Food Stamp or TANF only applicants)

5. Is anyone disqualified from the Food Stamp or TANF Program? Yes No
Who: _____
Where: _____

6. Is anyone trying to avoid prosecution or jail for a felony? Yes No
Who: _____

7. Is anyone violating conditions of probation or parole? Yes No
Who: _____

8. Has anyone been convicted of a drug felony (For TANF and FS only) or violent felony (For TANF only)? Yes No
Who: _____
When: _____



Georgia Department of Human Services
Application for Benefits



I have read and completed everything on this form that applies to the applicant and the applicant's household. I certify, under penalty of perjury, all the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Selena Harrod

Applicant's Signature

8/15/xx

Date

Authorized Representative's Signature

Date

Case Manager's Name and Signature

Date

Signature Page

Initial Application

TCOS

Review

I have been informed my household is eligible for Community Outreach Services and have received the brochure.

I have received a copy of Form 297A, Rights and Responsibilities, for Benefits.

I certify, under penalty of perjury, all the information provided and everything I have told is the complete truth, as far as I know

Selena Harrod
Signature

8/15/06
Date

Authorized Representative / Witness / Responsible Person

Date

I have reviewed and explained TCOS eligibility and Form 297A, Rights and Responsibilities, for benefits with the person who signed this form.

Ellie Specialist
Case Manager Signature

8/16/06
Date



Georgia Department of Human Services Application for Benefits



What Am I Applying For? Check all that apply:

- Food Stamps**
The Food Stamp program helps meet the food and nutritional needs of eligible households.
- Temporary Assistance for Needy Families (TANF)**
Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.
- Refugee Cash Assistance**
The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.
- Medicaid**
Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About The Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so check all that apply.

- () TTY () Braille () Large Print () E-mail () Video Relay () Sign Language Interpreter _____
 () Foreign Language Interpreter (specify language) _____ () Other _____

Please fill out the chart below about the applicant.

First Name <i>Jennifer</i>	Middle Initial	Last Name <i>Gonzales</i>	Suffix
Street Address Where You Live <i>9954 E. Rockhouse Road</i>		Apt	
City <i>Senoia</i>	State <i>GA</i>	Zip Code <i>30276</i>	
Mailing Address (if different)			
City		Zip Code	
Home Telephone Number <i>404-555-5566</i>		Other Contact Number	E-Mail address
Signature <i>Jennifer Gonzales</i>		Date <i>8/15/06</i>	
Witness Signature if signed by 'X'		Date	
For Office Use Only		Date Received By The County <i>8/15/06</i>	



Georgia Department of Human Services Application for Benefits



Do I Qualify to Get Food Stamps Faster?

Answer these questions about the applicant and all household members to see if you can get Food Stamps within 7 days.

- Are you or any household member a migrant or seasonal farm worker? Yes No
- Total **Gross earned income** that will be received for this month: \$ 300
 Employer Name Self
 Employment Begin Date _____ Employment End Date _____
 Rate of Pay _____ Hours Worked Weekly _____ wk/bi-wk/semi-mo/mo (circle one)
- Total **Gross unearned income** that will be received for this month: \$ _____
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
 Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
- Total earned and unearned income for this month: \$ 300
- How much money do you and all household members have in cash or in the bank? \$ 50
- How much do you and all household members pay for rent or mortgage? \$ 200
- How much do you and all household members pay for electric, water, gas, etc.? \$ 50

Can I Choose Someone to Apply for Food Stamps or Medicaid for me?

Complete this section only if you want someone to fill out your application, and/or complete your interview, and/or use your EBT card to buy food when you cannot go to the store. You can choose more than one person.

Name: _____	Phone: _____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____
Name: _____	Phone: _____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____

For Medicaid, do you want this individual to have a copy of your Medicaid card? Yes No



Georgia Department of Human Services Application for Benefits



Tell Us about the Applicant and All Household Members

Please fill out the chart below about the **applicant and all household members**. The following federal laws and regulations: The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request your and your household members social security number(s). If anyone in your household does not want to give us information about his or her citizenship, immigration status, or social security numbers, then that person can be designated as a non-applicant. This means that the person will not be considered an applicant and will not be eligible for benefits. However, other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their SSN. You will still need to tell us about your income and resources to determine the eligibility and benefit level of the household. Individuals will not be reported to the United States Citizenship and Immigration Services if they do not give us their citizenship or immigration status.

NAME			Relation-ship to You	Is this person applying for benefits ? (Y/N)	Birth Date Format (- / - / - -)	Social Security Number (Applicants Only)	Sex (M/F)	Hispanic/Latino? (Optional) (Y/N)	Race Code (Optional) (See codes Below)	Are you a U.S citizen, qualified alien/immigrant or Hmong/Highland Laotian Immigrant? (Applicants only) (Y/N)
First	Middle Initial	Last								
Jennifer	Gonzales		SELF	Y	4/2/90		F	Y	WH	N
Max	Gonzales		son	Y	1/17/10	678-02-XXXX	M	Y	WH	Y

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native AS – Asian BL – Black/African American
HP – Native Hawaiian/Pacific Islander WH – White

By providing Race/Ethnicity information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

Tell Us More about the Applicant and All Household Members

We need more information about the applicant and all household members in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.



Georgia Department of Human Services Application for Benefits



1. Has anyone received any benefits in another county or state? Yes No
Who: _____
What: _____
Where: _____
When: _____

2. Did anyone in your house hold voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week since the last application or review? Yes No

If yes, who quit? _____ Why
did he/she quit? _____

3. Is anyone pregnant? *Please provide proof of pregnancy if available. Yes No
(This question does not apply to Food Stamp only applicants) Who:

Due Date: _____

4. For Medicaid, does anyone have any unpaid medical bills for the last 3 months? Yes No
(This question does not apply to Food Stamp or TANF only applicants)

5. Is anyone disqualified from the Food Stamp or TANF Program? Yes No
Who: _____
Where: _____

6. Is anyone trying to avoid prosecution or jail for a felony? Yes No
Who: _____

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When: _____



Georgia Department of Human Services
Application for Benefits



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Jennifer

Gonzales

8/15/xx

Applicant's Signature

Date

Authorized Representative's Signature

Date

Case Manager's Name and Signature

Date

Signature Page

Initial Application

TCOS

Review

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Jennifer Gonzales
Signature

8/15/06
Date

Authorized Representative / Witness / Responsible Person

Date

I have reviewed and explained TCOS eligibility and Form 297A, Rights and Responsibilities, for benefits with the person who signed this form.

Ellie Specialist
Case Manager Signature

8/16/06
Date