Request for Assistance
Maryland Department of Human Services

This form is used for the first three programs listed below. Your caseworker can tell you how to apply.

Food Stamps

Food stamps help low-income households buy the food they need for good health.

Medical Assistance

Medical Assistance (MA) is a comprehensive health care insurance program for families and individuals providing access to health care services for many of the State’s low-income residents. Individuals may be eligible for services depending upon income and other factors.

Maryland Children’s Health Program (MCHP) gives full health benefits for children up to age 19, and pregnant women of any age who meet the income guidelines. Your caseworker can discuss the income guidelines with you.

Cash Assistance

Temporary Cash Assistance (TCA) provides cash assistance to needy families with children when the family’s income and resources do not meet their needs. People applying for and receiving TCA participate in work activities.

Emergency Assistance to Families with Children (EAFC) provides cash assistance to families facing crisis situation, such as eviction or other emergencies.

Temporary Disability Assistance Program (TDAP) provides cash assistance for disabled adults who cannot work.

Child Care Services

The Purchase of Child Care (POC) program helps eligible families pay for child care through vouchers. Vouchers can be used to purchase care from any licensed child care center or home. Vouchers can also be used to pay approved family members who provide child care. Your case manager will tell you how to apply for this assistance.

Energy Assistance

The Office of Home Energy Programs (OHEP) helps families pay their utility bills, minimize heating crises, and make energy costs more affordable through the Maryland Energy Assistance program and the Electric Universal Service Program. Your case manager will tell you how to apply for this assistance.

This section is for office use only

<table>
<thead>
<tr>
<th>Cat.</th>
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<th>Status</th>
<th>WOMIS Screen</th>
<th>Case Reassign Needed</th>
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Office Use Only
Date:

DHS/FIA CARES 9711 Revised 9-2017 other versions obsolete
Equal Rights
Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policies state we cannot discriminate against you because of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, we also cannot discriminate against you because of religion or political beliefs.

If you think we have discriminated against you, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call 202-720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 202-619-0403 (voice) or 202-619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

You may also write to DHS, Equal Opportunity Office, 311 W. Saratoga Street, Baltimore, MD 21201 or call 1-800-332-6347, if you think we have discriminated against you.

About Food Stamps
You have the right to file for food stamps immediately by filling out your name, address, and signing the front of this Request for Assistance Form.

If you are eligible, we will provide benefits from the date we receive the signed form.

You may get food stamps right away if you give us proof of your identity and one of the following applies to you:
• Your household’s monthly rent or mortgage and utilities are more than your household’s income and resources.
• Your household’s gross monthly income is less than $150 and your resources, such as checking or savings accounts, are $100 or less.
• Your household is a migrant or seasonal farm worker household.

If you qualify to get food stamps right away, we will take action on your application within 7 days from the date you sign this form.

Do not complete the following questions. This is for office use only.

Expedited Food Stamps
Applicants meeting the expedited standards below are eligible to receive food stamp benefits within 7 days. Households must complete and sign the Request for Assistance and provide proof of identity before you approve benefits.

1. Is the total household income this month, before deductions, less than $150 and household cash/savings $100 or less? □ Yes □ No
   a. Household’s monthly rent or mortgage amount $__________
   b. Appropriate utility standard $__________ Total $__________
   c. Approximate monthly income $__________
   d. Household cash/savings for all members $__________ Total $__________

2. Do total shelter costs exceed monthly income and resource? □ Yes □ No

3. Are the household members destitute migrant or seasonal workers whose cash and savings are over $100 or less? □ Yes □ No

4. If the answer to any questions 1-3 is yes then expedite. Expedited Eligible? □ Yes □ No

I certify that I screened this applicant for expedited Food Stamps, verified the applicant’s identity and determined that the household □ was □ was not potentially eligible for expedited issuance at this time.

Signature of Screener Date
Step 1: Tell Us About You

To request assistance, complete this section and sign your name. We can help you more quickly if you fill out the whole form.

Full Name (last, first, middle initial)  
Email Address

Home Address (number and street)  
City  
State  
Zip Code

Mailing Address (number and street or P.O. Box)  
City  
State  
Zip Code

Home Phone  
Work Phone  
Cell Phone

Your Signature  
Today’s Date

Authorized Representative:
You may choose a person to represent you. If you choose someone to help you, give us the following information about the person and check what you want this person to do.

Name (Last, First, Middle)  Relationship  Telephone Number

Number, Street  
City  
State  
Zip Code

Check what you want the representative to do:
- [ ] Complete interview for you
- [ ] Use your Independence Card (cash)
- [ ] Receive your notices
- [ ] Sign your application
- [ ] Use your Food Stamp benefits
- [ ] Receive your Medical Assistance card

Step 2: Tell Us How We Can Help You

1. What kind of assistance do you need now? (check all that apply)
   - [ ] Food Stamps
   - [ ] Cash Assistance
   - [ ] Medical Assistance
   - [ ] Referral to Child Care Services
   - [ ] Referral to Energy Assistance

2. Do you have any unpaid medical bills from the last 3 months?  
   - [ ] Yes  
   - [ ] No

3. Do you have any of these problems?
   - [ ] Utility shut off
   - [ ] Eviction or Foreclosure
   - [ ] No Food
   - [ ] No Heat
   - [ ] No Place to Stay
   - [ ] Can’t Afford Child Care
   - [ ] Other ________________________________

4. What kind of assistance do you or anyone who lives with you get now?

<table>
<thead>
<tr>
<th>Kind of Assistance</th>
<th>Person Receiving Assistance</th>
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<tbody>
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</table>
5. Have you or anyone who lives with you received assistance from a state other than Maryland? (if yes, please fill in the blanks below)  □ Yes □ No

<table>
<thead>
<tr>
<th>State Received</th>
<th>When Received</th>
<th>Kind of Assistance</th>
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<tbody>
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6. Does anyone applying for Maryland Children’s Health Program have employee-based health insurance (insurance you get on the job)?  □ Yes □ No

7. Has anyone applying for Maryland Children’s Health Program dropped employee-based insurance in the past 6 months?  □ Yes □ No

### Step 3: Tell Us About the People In Your Household

8. Tell us about the people who live with you.
   Fill in the blanks for everyone that lives with you. List your own name first. Social Security number and Citizenship are optional for members not applying for benefits.

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<tr>
<th>Yourself</th>
<th>Client ID#</th>
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<tr>
<td>Full Name (last, first, middle initial)</td>
<td>Self</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Applying □ Yes □ No</td>
<td>Disabled? □ Yes □ No</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Additional Household Member</th>
<th>Client ID#</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Name (last, first, middle initial)</td>
<td>Relation to You</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Applying □ Yes □ No</td>
<td>Disabled? □ Yes □ No</td>
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</tbody>
</table>

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<th>Additional Household Member</th>
<th>Client ID#</th>
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</tr>
<tr>
<td>Full Name (last, first, middle initial)</td>
<td>Relation to You</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Applying □ Yes □ No</td>
<td>Disabled? □ Yes □ No</td>
</tr>
</tbody>
</table>
9. Is anyone in your household pregnant?

   Full Name (last, first, middle initial)                          Expected Due Date

10. List any absent parents of children in your household.
    A child’s parent who does not live with you is an absent parent. Also list your spouse if he or she does not live with you. Enter what you know about the person.

   Name (last, first, initial) | Date of Birth | Address | Social Security # | Client ID#
Request for Assistance

Step 4: Tell Us About Your Income

11. In this section tell us about all the money that members of your household get each month, both earned and unearned.

We need this information so we can give you the correct benefit. List all income before deductions. Give the type and amount of income. (Types of income include: full or part-time earnings, self-employment, babysitting, odd jobs, days work, roomer/boarder payments, social security benefits, pensions, alimony, child support, Temporary Cash Assistance and any other earned or unearned income.)

<table>
<thead>
<tr>
<th>Name of Person with Income</th>
<th>Type of Income</th>
<th>Name and Address of Employer</th>
<th>Amount of Income</th>
<th>How Often Received</th>
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12. If you are not working now, when did your job end?

Name and Address of Employer

Date Job Ended             Reason Job Ended             Date Last Paycheck Received

Step 5: Tell Us About Your Assets

13. Please tell us about your assets, including the money you have and things you own.

Examples of assets include: bank accounts, certificates of deposit, investments, stocks, bonds, property you do not live in.

<table>
<thead>
<tr>
<th>Type of Bank Account or Asset</th>
<th>Amount in Account or Value of Asset</th>
<th>Name of Person with Account/Asset</th>
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<tbody>
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</table>

Step 6: Tell Us About Your Expenses

Only answer these questions below if you are applying for Food Stamp Benefits.

14. In this section tell us about your costs for where you live and other expenses.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
<th>How Often?</th>
<th>Name of Person that Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage</td>
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<tr>
<td>Tax and Insurance</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Co-op or Condo Fees or Ground Rent</td>
<td>$</td>
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<tr>
<td>Water, Sewer, Garbage</td>
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<tr>
<td>Gas, Electric</td>
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<tr>
<td>Telephone</td>
<td>$</td>
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<tr>
<td>Child or Adult Care Costs (babysitting)</td>
<td>$</td>
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<tr>
<td>Medical Costs for Elderly or Disabled</td>
<td>$</td>
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<tr>
<td>Legally Obligated Child Support</td>
<td>$</td>
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</tbody>
</table>
15. Is heat included in your rent?  
If heat is not included in the rent, how do you heat your home?  
☐ Yes  ☐ No

How do you heat your home?

16. Do you pay for air conditioning?  
☐ Yes  ☐ No

Name of your utility company or person you pay

17. Does someone help you with your shelter costs?  
☐ Yes  ☐ No

Full Name of Person That Helps (last, first, middle initial)

18. Are you sharing any of your shelter costs listed above?  
☐ Yes  ☐ No

Full Name of Person Sharing Shelter Costs (last, first, initial)  Your Share

19. Do you live in public housing, Section 8 housing or Farmers Home Administration (FMHA) Section 515 housing?  
☐ Yes  ☐ No

20. Did you get Energy Assistance (State help with heating or electric bills) at your current address within the past 12 months?  
☐ Yes  ☐ No

21. Has anyone in your household been convicted of:  
a. A drug kingpin felony on or after August 22, 1996?  
(Drug kingpin-An organizer, supervisor, financier, or manager who acts as a co-conspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State a controlled dangerous substance).
  ☐ YES  ☐ NO  If yes, who?

b. A volume dealer drug felony on or after August 22, 1996?  
(Volume dealer - An individual, who manufactures, distributes, dispenses or possesses certain quantities of a controlled dangerous substance).
  ☐ YES  ☐ NO  If yes, who?

22. Is anyone in your household currently violating parole or probation or fleeing from the police or the courts?  
☐ Yes  ☐ No

If yes, who?

23. Has anyone in your household been convicted since August 22, 1996 in a Federal or State Court for not telling the truth about where they lived or their identify in order to receive food stamps benefits or cash assistance from more than one place in the same month?  
☐ Yes  ☐ No

If yes, who?

24. Has a court convicted any member of your household for trafficking food stamp benefits of $500 or more?  
☐ Yes  ☐ No

If yes, who?

25. Is anyone in your household receiving benefits under another identity or as a member of another household or in another State?  
☐ Yes  ☐ No

If yes, who?
Request for Assistance

I certify, under penalty of perjury, that all the information I gave in this form is true, correct, and complete to the best of my ability, belief and knowledge, including the information on the citizenship and alien status of those applying for benefits. I authorize any person, partnership, corporation, association, or governmental agency that knows the facts about my eligibility to give that information to the Department. I also authorize the Department to contact any person, partnership, corporation, association, or governmental agency that has given proof of my eligibility for benefits.

Your Signature _____________________________ Today’s Date _____________________________

Signature of Authorized Representative (if any) _____________________________ Today’s Date _____________________________

Additional Information

If you need space to write information that does not fit on another page, add it here:

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