

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					
Cat.	AU#	Status	WOMIS Screen	Case Reassign Needed	
				From:	Clearer:
				To:	Screeener:

General Information

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
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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?

Kind of Assistance	Person Receiving Assistance

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

_____ State Received _____ When Received _____ Kind of Assistance

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.

Yourself		Client ID#
_____ Full Name (last, first, middle initial)	Self _____ Relation to You	_____ Race <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth (mm/dd/yyyy)	_____ Social Security Number	_____ Marital Status
Applying <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Household Member		Client ID#
_____ Full Name (last, first, middle initial)	_____ Relation to You	_____ Race <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth (mm/dd/yyyy)	_____ Social Security Number	_____ Marital Status
Applying <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Household Member		Client ID#
_____ Full Name (last, first, middle initial)	_____ Relation to You	_____ Race <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Date of Birth (mm/dd/yyyy)	_____ Social Security Number	_____ Marital Status
Applying <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Household Member	Client ID#
<p>Full Name (last, first, middle initial) _____ Relation to You _____ Race _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth (mm/dd/yyyy) _____ Social Security Number _____ Marital Status _____</p> <p>Applying <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Additional Household Member	Client ID#
<p>Full Name (last, first, middle initial) _____ Relation to You _____ Race _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth (mm/dd/yyyy) _____ Social Security Number _____ Marital Status _____</p> <p>Applying <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Additional Household Member	Client ID#
<p>Full Name (last, first, middle initial) _____ Relation to You _____ Race _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth (mm/dd/yyyy) _____ Social Security Number _____ Marital Status _____</p> <p>Applying <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Additional Household Member	Client ID#
<p>Full Name (last, first, middle initial) _____ Relation to You _____ Race _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth (mm/dd/yyyy) _____ Social Security Number _____ Marital Status _____</p> <p>Applying <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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#

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.)

Name of Person with Income	Type of Income	Name and Address of Employer	Amount of Income	How Often Received
			\$	
			\$	
			\$	

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.

Type of Bank Account or Asset	Amount in Account or Value of Asset	Name of Person with Account/Asset
	\$	
	\$	
	\$	

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.

Expense	Amount	How Often?	Name of Person that Pays
Rent or Mortgage	\$		
Tax and Insurance	\$		
Co-op or Condo Fees or Ground Rent	\$		
Water, Sewer, Garbage	\$		
Gas, Electric	\$		
Telephone	\$		
Child or Adult Care Costs (babysitting)	\$		
Medical Costs for Elderly or Disabled	\$		
Legally Obligated Child Support	\$		

15. Is heat included in your rent? Yes No

If heat is not included in the rent, how do you heat your home?

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? _____

