

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

## Supplemental Nutrition Assistance Program (SNAP)



SNAP helps 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 a 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 SNAP**

You have the right to file for SNAP 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 SNAP 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 farmworker household.

If you qualify to get SNAP 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 SNAP**

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 resources?**  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 SNAP, verified the applicant’s identity, and determined that the household was  was not  potentially eligible for expedited issuance at this time.

<b>Signature of Screener</b>	<b>Date</b>
------------------------------	-------------

**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 SNAP 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)**

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

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

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

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

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

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

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

**9. Is anyone in your household pregnant?**

_____ <b>Full Name</b> (last, first, middle initial)	_____ <b>Expected Due Date</b>
---	-----------------------------------

**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, day's 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 SNAP 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	\$		

# Request for Assistance

15. Is heat included in your rent?  Yes  No  
If heat is not included in the rent, how do you heat your home?

\_\_\_\_\_

16. Do you pay for air conditioning?  Yes  No

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_ 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

**HOUSEHOLD'S DECLARATION INQUIRY – Complete if you are applying for Temporary Cash Assistance or Supplemental Nutritional Assistance Program**

1. 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? \_\_\_\_\_
2. Has anyone in your household been convicted after February 7, 2014, of aggravated sexual abuse, murder, sexual exploitation and other abuse of children, sexual assault as defined in the Violence Against Women Act of 1994, or a similar state law, **and** is also not in compliance with the terms of their sentence?  
 YES  NO If yes, who? \_\_\_\_\_
3. Is anyone in your household currently violating parole or probation or fleeing from the police or the courts?  
 YES  NO If yes, who? \_\_\_\_\_
4. 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 identity in order to receive SNAP benefits or cash assistance from more than one place in the same month?  
 YES  NO If yes, who? \_\_\_\_\_
5. Has a court convicted any member of your household for trading or trafficking SNAP benefits of \$500 or more?  
 YES  NO If yes, who? \_\_\_\_\_
6. 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? \_\_\_\_\_

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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_