Minnesota Department of **Human Services**

Combined Application Form

Apply online at www.applymn.dhs.mn.gov

This application can be used to apply for any of the following programs:

Supplemental Nutrition Assistance Program (SNAP)

SNAP helps low income Minnesotans get the food they need for good nutrition and well-balanced meals. If you are age 60 and older and are applying for SNAP only, please use the "Supplemental Nutrition Assistance Program (SNAP) Application for Seniors" (DHS-5223F).

Cash assistance programs

Cash assistance programs are provided to help families and individuals meet their basic needs until they can support themselves. Cash assistance programs include:

- Diversionary Work Program (DWP)
- Emergency Assistance (EA)*
- General Assistance (GA)
- Group Residential Housing (GRH)
- Minnesota Family Investment Program (MFIP)
- Minnesota Supplemental Aid (MSA)
- Refugee Cash Assistance (RCA).

If you need help paying for child care, ask your worker how to apply for the **Child Care Assistance Program**.

Need to apply for Health Care coverage?
Apply for free or low-cost coverage at MNsure, Minnesota's online health insurance marketplace. Go to www.mnsure.org or call 855-366-7873.

How to fill out this application

Read all of the information in this application. Tell someone if you need help filling out this application. Complete and turn in pages 1–10 as soon as possible to your agency. We can set your application date if we have your name, address and signature (page 1), but we must have the complete application to decide if you can get help.

For your application to be complete, you must answer all questions and have certain information verified. SNAP and cash programs require an interview with a worker. For SNAP, this can be a phone interview.

If you miss your interview appointment, you must reschedule. If you do not reschedule, we may stop or not approve your benefits.

You may need to provide proof of the information you report on this application. Your worker may ask for additional proofs. You may not get help until we get proof of this information. Bring the required information with you to the interview or send the information to your worker as soon as you can.

Recertifications

Report all changes in the past 12 months on this application. You may need to provide proof of the reported information.

Required Information	Cash Programs	SNAP
Identity of applicant or authorized representative (driver's license, state ID, passport, etc.)	✓	✓
Social Security numbers of all people applying for help	✓	✓
Residency in Minnesota (state ID, lease agreement, etc.)	✓	✓
Income** (paystubs, pension, etc.) or any other money coming into your household (unemployment, sponsor income, etc.). The agency will verify Social Security income.	✓	✓
Housing costs*** (rent/house payment receipt, mortgage, lease, etc.)	✓	✓
Medical costs*** (prescription and medical bills, etc.)		✓
Relationship to other household members (birth certificates, marriage licenses, court documents, etc.)	✓	
Checking and savings accounts (bank statement, etc.)	✓	
Value of vehicles (cars, trucks, motorcycles, boats, etc.)	✓	
Current value of stocks/bonds, certificates of deposit, life insurance, trusts (statement, etc.)	✓	
Utility costs (utility statement, phone bill, etc.)	✓	
Proof of illness or disability (doctor's statement, etc.)	✓	

* Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

** Wage stubs from the last 30 days if you are employed or federal income tax records if you are self-employed.

*** Your SNAP benefits may increase if you also provide proof of these expenses: child support paid for children not living with you; housing costs; medical expenses (including prescriptions) for people with disabilities or who are age 60 or older. Your DWP benefits may increase if you provide proof of your housing and utility costs.

Important Information

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

Denial or changes

The state may deny or change your cash or SNAP assistance because of information you give on the application. The state may make changes without giving you 10 days advance notice for cash assistance and SNAP. The state will send you written notice no later than the effective date of the change for cash assistance and no later than the date you receive or would receive your SNAP benefits.

For SNAP only

Household members may choose not to apply. The amount of SNAP benefits will depend on the number of people who apply. The Social Security number and citizenship or immigration questions do not need to be completed for those who do not apply. Household members who do apply must provide this information. Household members who are not applying must give information on their income and, in some cases, assets because this information is needed to see if the persons who are applying can get help.

Interim Assistance Programs

GA and GRH are "interim assistance programs." That means they will help you while you apply for other benefits. To get GA or GRH you have to apply for other benefits you may be eligible for, like Social Security or Worker's Compensation. If you get other benefits for the same period of time that you got GA or GRH, you will have to pay GA and GRH back.

Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations
- To coordinate with other programs or state agencies to provide more effective and meaningful services to you.

If you are not a U.S. citizen and are applying for Refugee Cash Assistance you do not have to provide an SSN.

* (Food Stamp Act of 1977 as amended by PL 97-98 and the Social Security Act of 1935 [section 1137] as amended by PL 98-369 and 42 CFR 435.910 [2006]; [Minn. Stat. §256D.03, subd. 3(h); Minn. Stat. §256L.04, subd. 1a])

Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is not a U.S. citizen and who is applying for help. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

For non-citizen members of your household who apply and are eligible for help, your worker may do a computer match with the U.S. Citizenship and Immigration Services (USCIS) to confirm the immigration status documents you give us are valid.

We will not share information about you with the USCIS without your permission. If you get cash it may affect changes to your immigration status. If you would like more information or would like to know what the agency might tell or ask the USCIS, talk to your worker.

Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself.

Family cap information

If you or someone else in your family has a child while getting cash assistance, your family might not get more cash for that child. If you have questions, talk to your worker.

Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 800-799-7233; 800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 800-289-6177.

Vulnerable adults

Call the Senior LinkAge Line at 1-800-333-2433 to report concerns and to help a vulnerable adult get needed protection and assistance.

Your Responsibilities

- You must report changes which may affect your benefits to the agency within 10 days after the change has occurred. **Applicants –** Report these changes to your worker when the change happens. This includes the following for everyone in your household:
  - Employment – Start or stop a job or business; change in hours, earnings or expenses
  - Income – Receipt or change in child support, Social Security, Veteran benefits, Unemployment Insurance, inheritance, insurance benefits and other payments
  - Property – Purchase, sale or transfer of a house, car or other items of value, or as an inheritance or a settlement
  - Household – When a person dies or becomes disabled, moves in or out of your home or temporarily leaves; pregnancy; birth of a child
  - Address
  - Housing costs/rent subsidy
  - Utility costs
  - Filing a lawsuit
  - Absent parent custody or visits
  - Drug felony conviction
  - Marriage, separation or divorce
  - School attendance.

If you have any questions or are unsure about any reporting rules, contact your worker. If your worker is not available, leave a message so the worker can get back to you.

- The agency, state or federal agency may check any of the information you give. To get some information we must have your signed consent. If you don't allow the agency to confirm your information, you might not get assistance.
- If you give us information you know is untrue or we get information you did not report, we will investigate you for fraud.
- The state or Federal Quality Control agency may randomly choose your case for review. They will review statements you made on forms. They will check to see if we figured your eligibility correctly. The state agency may seek information from other sources. The state or Federal Quality Control agency will tell you about any contact they intend to make. If you do not cooperate, your benefits may stop.

Cooperation requirements

If the agency approves you for SNAP, MFIP or DWP, you must cooperate with employment services, unless you are exempt. You must develop and sign an employment plan or your DWP application will be denied.

- To receive family cash benefits you must cooperate with child support enforcement for all children in your household. You have the right to claim "good cause" for not cooperating with child support enforcement. You must assign your child support to the State of Minnesota for all eligible children. If you do not cooperate or assign your child support, benefits will be denied or terminated.
- After the agency approves your MFIP or DWP, if you get child support directly from the noncustodial parent, you must report it to your worker. You must cooperate with the child support agency in any legal action brought against a third party for payment of medical expenses, unless you claim and are granted good cause.
- Cash on an Electronic Benefit Transfer (EBT) card is provided to help people meet their basic needs. These basic needs include food, shelter, clothing, utilities and transportation. These funds are given until people can support themselves.
- It is illegal for an EBT user to buy or attempt to buy tobacco products or alcohol with the EBT card. If they do, it is fraud and they will be removed from the program. Do not use an EBT card at a gambling establishment.
- EBT card cash benefits for MFIP/DWP/WB cannot be used or accessed in any liquor store, casino, gambling casino, gaming establishment, or retail establishment, which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.
- Each time you use your EBT card for a cash purchase or sign your check, you state that you have informed the agency about any changes in your situation which may affect your benefits.
- Each time your EBT card is used we assume you have received your cash or SNAP benefits, unless you report your card lost or stolen to the agency.

Your Rights

- Your right to privacy. Your private information is protected by state and federal laws. Your worker will give you a "Notice of Privacy Practices" (DHS-3979) information sheet explaining these rights.
- You have the right to reapply at any time if your benefits stop.
- You have the right to know why, if we have not processed your application promptly.
  - 30 days for cash and SNAP
  - 60 days for cash related to disability.
- You have the right to know the rules of the program you are applying for and for us to tell you how we figured your benefits.
- You have the right to choose where and with whom you live.
- Access to free legal services. Contact your worker for information on free legal services.

Appeal rights

An "appeal" is a legal process where a human services judge reviews a decision made by the agency. You may appeal a decision if you feel the agency did not act on your request for assistance, or you do not agree with the action taken. You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you. **For emergency help**, when your case is about an emergency and you need a decision on your appeal, you can ask for an emergency hearing by calling the agency or the State Appeals Office. **For cash programs**, you may appeal within 30 days from the date you received this notice by sending a letter saying you do not agree with the decision. You can send this letter to the agency, or directly to the State Appeals Office. If you show "good cause" for not appealing your cash assistance within 30 days, the agency can accept your appeal for up to 90 days from the date you received this notice. "Good cause" is when you have a good reason for not appealing on time. The human services judge will decide if your reason is a good cause reason. You can ask to meet informally with agency staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal. **For SNAP**, you may appeal within 90 days by writing or calling the agency or the State Appeals Office.

Write:
Minnesota Department of Human Services
Appeals Office
P.O. Box 64941
St. Paul, MN 55164-0941

Call:
Metro: 651-431-3600 (Voice)
Outstate: 800-657-3510
TTY: 800-627-3529
Fax: 651-431-7523

If you want to keep getting your benefits until the hearing, you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place. For most programs, if you file your appeal on time, you will get your benefits until a human services judge decides your appeal. If you lose your appeal, you will have to pay back the benefits you got while your appeal was pending. You can ask the agency to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received. Ask your agency worker to explain how the timing of your appeal could affect your present or future assistance.

Discrimination is against the law.

You have the right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint:

The **Minnesota Department of Human Services**, Equal Opportunity and Access Division, prohibits discrimination in all of its programs because of race, color, national origin, creed, sex, sexual orientation, public assistance status, age or disability. Contact the Minnesota Department of Human Services, Equal Opportunity and Access Division directly at P.O. Box 64997, St. Paul, MN 55164-0997. Telephone 651-431-3040 or use your preferred relay service.

The **Minnesota Department of Human Rights** prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly at Minnesota Department of Human Rights, Freeman Building, 625 North Robert Street, St. Paul, MN 55155. Telephone 651-539-1100 and Toll Free 800-657-3704. TTY 651-296-1283.

The **U.S. Department of Health and Human Services**' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, disability, age, and in some cases sex and religion. Contact the federal agency directly at U.S. Department of Health and Human Services' Office for Civil Rights, Region V, 233 North Michigan Avenue, Suite 240, Chicago, IL 60601. Telephone 312-886-2359 and Toll Free 800-368-1019. TTY 800-537-7697.

The **U.S. Department of Agriculture** prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or email program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the State Information/Hotline Numbers found online at www.fns.usda.gov/snap/contact_info/hotlines.htm.

USDA is an equal opportunity provider and employer.

Notice about the Income and Eligibility Verification System and Work Reporting System

What is the Income and Eligibility Verification System (IEVS)?

The government has a way to check income. It is the "Income and Eligibility Verification System" (IEVS). The law has us check your income with other agencies. We have to check income for all who ask for or get cash assistance benefits. This includes your children. We need Social Security numbers (SSN) for anyone wanting help. If you have no SSN, you must apply for one. Apply with your human services agency. You must report all SSN's to your worker.

What is the Work Reporting System?

Minnesota employers must tell us when they hire someone. This information is used by the Child Support Program. We also use this information to see if a new employee is getting help from any of the programs listed on the first page of this application.

What facts will we get and how will we use them?

We check with other agencies about your income, assets and health insurance. If you did not tell us about all of your income or assets, we will refigure your aid. Your aid might go lower or stop. If you get aid you should not be getting, we may use these facts in civil or criminal lawsuits.

How do we use it?

If the employee is getting help from any of these programs, the worker gets a notice. If the client did not report the new job, the worker will contact the client. The worker may ask the client to show proof about the job. The client may need to give the agency permission to check the facts with the employer. If a client does not help us check the information, they will lose benefits.

Agencies we get information from

We must trade facts with these agencies:

- United States Social Security Administration (SSA) – We get records of self-employment earnings, retirement income, survivor's benefits, disability payments, Social Security (RSDI), Supplemental Security Income (SSI).
- United States Internal Revenue Service (IRS) – We get records of unearned income (like interest and dividends).
- Minnesota Department of Employment and Economic Development (DEED) – We get records of wages and pay and facts on Unemployment Insurance.
- Minnesota Office of Child Support Enforcement
- Agencies in other states that manage:
  - Unemployment Insurance
  - Cash assistance
  - SNAP
  - Child support enforcement
  - SSI state supplements.

These agencies have the right to get certain facts from us about you. They have to use those facts for programs like RSDI, child support enforcement, cash assistance, SNAP, Unemployment Insurance, and SSI.

We will tell you if facts from other agencies are not the same as the facts you gave us. We will tell you what facts we got, the kind of income or assets, and the amount. We give you 10 days to respond in writing to prove if our facts are wrong.

We will ask you to show proof of income, assets, or health insurance you did not report or that we could not verify. You may need to give us permission to check the facts with the source of data. We will tell you what happens if you do not sign for permission or do not help us.

The law limits who gets facts about you

The law limits the facts about you that we get from other agencies and the facts we give them. Contracts with the Minnesota Department of Human Services and those agencies also protect you. Only those agencies, the state, and the county agency where you apply for and get program benefits can use the facts about you. No one else can get the facts about you without your written permission.

Your duty to report

You must report all of your income and assets:

- If you receive cash assistance, report any changes within 10 days of the change, or, if you report on a Household Report Form (DHS-2120), complete the form and return it by the 8th of the month.
- If you receive SNAP, report required changes by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

You must still report all of your income, assets and other information on redetermination forms we send you.

You must help the agency check your income and assets. IEVS is one way of proving your income and asset amounts.

What if you do not help

You must help us check your income and assets to get cash assistance and SNAP. If you don't, you and your family will not get help.

Legal Authority

IEVS - 7 CFR, parts 271, 272, 273, 275; 42 CFR, parts 431, 435; 45 CFR, parts 205, 206, 233 Work Reporting - Minnesota Statute, section 256.998, subd.10.

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

Clear Form

Minnesota Department of **Human Services**

DHS-5223-ENG 7-14

Combined Application Form

Apply online at: www.applymn.dhs.mn.gov

Do not use this application to apply for health care coverage. The application date or the day your SNAP (food) or cash benefits can start is the date the agency gets your application. We can set your application date if we have your name, address and signature on page 1. For your application to be complete, answer all questions on the application.

Tell someone if you need help filling out this application. Be sure to sign and date the application on pages 1 and 9.

CASE NUMBER

PERSON 1 APPLICANT'S LEGAL NAME (last/first/middle)	OTHER NAMES YOU USE (maiden name, nickname, etc.)	BIRTH DATE (mm/dd/yy)	GENDER ◯ M ◯ F
ADDRESS WHERE YOU LIVE (If you do not have an address, write "**homeless**.")			APT. NUMBER
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (If different from address where you live)			
PHONE NUMBER WHERE YOU CAN BE REACHED (include area code) Home: Other:	DO YOU LIVE ON A RESERVATION? ◯ Yes ◯ No If yes, which one?		
DO YOU NEED AN INTERPRETER? ◯ Yes ◯ No	WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?	WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?	
MARITAL STATUS*	SOCIAL SECURITY NUMBER	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date: _____ From: _____	
U.S. CITIZEN OR U.S. NATIONAL? ◯ Yes ◯ No	ETHNICITY (optional) Hispanic? ◯ Yes ◯ No	RACE (optional)*	LAST SCHOOL GRADE COMPLETED
WHAT PROGRAM(S) ARE YOU APPLYING FOR? ☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance** ☐ None			

* **See MARITAL and RACE codes on the top of page 2.**

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Do you need help right away? Questions 1-4 below will help us decide if you can get help with food right away.

1. How much income (cash or checks) did or will your household get **this month**? $ _____
2. How much does your household (including children) have in **cash, checking or savings**? $ _____
3. How much does your household pay for **rent/mortgage per month**? $ _____
   What **utilities** do you pay? ☐ Heat ☐ Air conditioning ☐ Electricity ☐ Phone ☐ None
4. ◯ Yes ◯ No Is anyone in your household a **migrant or seasonal farm worker**?
5. ◯ Yes ◯ No Has anyone in your household ever received cash assistance, commodities or SNAP benefits before?
   If yes, When? _____ Where? _____ What? _____
6. ◯ Yes ◯ No Is anyone in your household **pregnant**? If yes, Who? _____

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Eligible for expedited SNAP? ◯ Yes ◯ No
Same-day interview offered? ◯ Yes ◯ No Declined? ◯ Yes ◯ No
Next-day interview offered? ◯ Yes ◯ No Declined? ◯ Yes ◯ No
_____ children _____ adults

Intends to reside in MN? ◯ Yes ◯ No
Has sponsor? ◯ Yes ◯ No
Immigration status _____
Verification: ☐ *requested* ☐ *attached*

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	AGENCY SIGNATURE	DATE RECEIVED

List all of the people living in your home even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. You have to give a Social Security number **only** for people who are applying for help. If anyone in the household uses another name (maiden name, nickname, etc.) list the other name(s) in the OTHER NAMES boxes below. **List in this order:** Your spouse, other adult(s), children, all other people, anyone temporarily away from home. The ETHNICITY and RACE questions are optional and will not affect your eligibility or level of benefits. The reason we ask for this information is to assure that program benefits are distributed without regard to race, color, or national origin.

***Marital status:** (choose one)
N = Never married **M** = Married living with spouse **S** = Separated (married, living apart) **L** = Legally separated **D** = Divorced **W** = Widowed

***Race:** (choose all that apply)
N = American Indian/ Alaska Native **A** = Asian **B** = Black or African American **P** = Pacific Islander/ Native Hawaiian **W** = White

PERSON 2 LEGAL NAME (last/first/middle)		OTHER NAMES	GENDER ◯ M ◯ F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)	MARITAL STATUS*		SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED
U.S. CITIZEN OR U.S. NATIONAL? ◯ Yes ◯ No	ETHNICITY (optional) Hispanic? ◯ Yes ◯ No	RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date: _____ From: _____	
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? ☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance** ☐ None				

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON
Intends to reside in MN? ◯ Yes ◯ No
Has sponsor? ◯ Yes ◯ No
Immigration status _____
Verification: ☐ *requested* ☐ *attached*

PERSON 3 LEGAL NAME (last/first/middle)		OTHER NAMES	GENDER ◯ M ◯ F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)	MARITAL STATUS*		SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED
U.S. CITIZEN OR U.S. NATIONAL? ◯ Yes ◯ No	ETHNICITY (optional) Hispanic? ◯ Yes ◯ No	RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date: _____ From: _____	
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? ☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance** ☐ None				

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON
Intends to reside in MN? ◯ Yes ◯ No
Has sponsor? ◯ Yes ◯ No
Immigration status _____
Verification: ☐ *requested* ☐ *attached*

PERSON 4 LEGAL NAME (last/first/middle)		OTHER NAMES	GENDER ◯ M ◯ F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)	MARITAL STATUS*		SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED
U.S. CITIZEN OR U.S. NATIONAL? ◯ Yes ◯ No	ETHNICITY (optional) Hispanic? ◯ Yes ◯ No	RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date: _____ From: _____	
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? ☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance** ☐ None				

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON
Intends to reside in MN? ◯ Yes ◯ No
Has sponsor? ◯ Yes ◯ No
Immigration status _____
Verification: ☐ *requested* ☐ *attached*

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CASE NUMBER

PERSON 5 LEGAL NAME (last/first/middle)	OTHER NAMES	GENDER ◯ M ◯ F	RELATIONSHIP TO YOU
BIRTH DATE (mm/dd/yy)	MARITAL STATUS*	SOCIAL SECURITY NUMBER	LAST SCHOOL GRADE COMPLETED
U.S. CITIZEN OR U.S. NATIONAL? ◯ Yes ◯ No	ETHNICITY (optional) Hispanic? ◯ Yes ◯ No	RACE (optional)*	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yy) Date: _____ From: _____
WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? ☐ SNAP (food) ☐ Cash programs ☐ Emergency Assistance** ☐ None			

** Before applying for Emergency Assistance, check with your agency regarding funding and specific eligibility criteria.

Agency use: MEMB, MEMI, TYPE, PROG, IMIG, SPON

Intends to reside in MN? ◯ Yes ◯ No
Has sponsor? ◯ Yes ◯ No
Immigration status _____
Verification: ☐ *requested* ☐ *attached*

If more than 5 people, complete DHS-5223S or use back page of application.

Tell us about your household. (Answer all questions below.)

◯ Yes ◯ No **1.** Does **everyone** in your household buy, fix **or** eat food with you?

Agency use: EATS
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **2.** Is **anyone** in the household, who is age 60 or over or disabled, unable to buy or fix food due to a disability?

Agency use: EATS
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **3.** Is **anyone** in the household attending school?

Agency use: SCHL
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **4.** Is **anyone** in your household temporarily not living in your home? (for example: vacation, foster care, treatment, hospital, job search)

Agency use: REMO
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **5.** Is **anyone** blind, or does anyone have a physical or mental health condition that limits the ability to work or perform daily activities?

Agency use: DISA, EMPS, PBEN, UNEA, WREG
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **6.** Is **anyone** unable to work for reasons other than illness or disability?

Agency use: EMPS, WREG
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **7.** In the last 60 days did **anyone** in the household:
• Stop working or quit a job? • Refuse a job offer? • Ask to work fewer hours? • Go on strike?

Agency use: STWK, STRK
☐ *Confirmed response*
Eligible for good cause? ◯ Yes ◯ No
Verification: ☐ *requested* ☐ *attached*

What kinds of income do you have? (Answer all questions below.)

◯ Yes ◯ No **8.** Has **anyone** in the household had a job or been self-employed in the past 12 months?

Agency use: JOBS
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **9.** Does **anyone** in the household have a job or expect to get income from a job this month or next month?

Bring or send proof.

If yes, employer/business name: _____ Gross monthly earnings: $_____

Note: Include income from Work Study and paid internships. Include free benefits or reduced expenses received for work (shelter, food, clothing, etc.).

Agency use: JOBS, STIN
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*
How often paid? ☐ *Daily* ☐ *Weekly* ☐ *Biweekly* ☐ *Semi-monthly* ☐ *Other*

◯ Yes ◯ No **10.** Is **anyone** in the household self-employed or does anyone expect to get income from self-employment this month or next month? If yes, gross monthly earnings are: $_____

Bring or send proof.

Examples:
• Product sales • Conservation Reserve Program (CRP) • Personal services • Farming
• Paper route • In-home day care • Roomers/boarders • Property rental • Taxi driver • Other

Agency use: BUSI, RBIC
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **11.** Do you expect any changes in income, expenses or work hours?

Agency use: BUSI, JOBS, WKEX
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

Principal Wage Earner (PWE). SNAP (food) households with children must designate the person they want as the PWE. Any adult in your SNAP household can be the PWE. Talk to your worker before designating the SNAP PWE.

DESIGNATED PWE	SIGNATURE OF APPLICANT

12. Has **anyone** in the household applied for or does anyone get any of the following types of income each month? Check yes or no for each item. **Bring or send proof.**

- ◯ Yes ◯ No Social Security (RSDI)*** $_____
- ◯ Yes ◯ No Supplemental Security Income (SSI)*** $_____
- ◯ Yes ◯ No Veteran benefits (VA) $_____
- ◯ Yes ◯ No Unemployment Insurance $_____
- ◯ Yes ◯ No Workers' Compensation $_____
- ◯ Yes ◯ No Retirement benefits $_____
- ◯ Yes ◯ No Tribal payments $_____
- ◯ Yes ◯ No Child support or spousal support $_____
- ◯ Yes ◯ No Other unearned income (trusts, gifts, gambling, etc.) $_____

****The agency will verify this income for you.*

Agency use: PBEN, UNEA
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **13.** Does **anyone** in the household have or expect to get any loans, scholarships or grants for attending school?

Agency use: STIN
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

What kinds of expenses do you have? (Answer all questions below.)

14. Does your household have the following housing expenses? Check yes or no for each item. **Bring or send proof.**

- ◯ Yes ◯ No Rent (include mobile home lot rental)
- ◯ Yes ◯ No Association fees
- ◯ Yes ◯ No Mortgage/contract for deed payment
- ◯ Yes ◯ No Room and/or board
- ◯ Yes ◯ No Homeowner's insurance (if not included in mortgage)
- ◯ Yes ◯ No Real estate taxes (if not included in mortgage)

Agency use: SHEL, EATS
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

15. Does **your household** have the following utility expenses **any time** during the year? Check yes or no for each item. **Bring or send proof.**

- ◯ Yes ◯ No Heating/air conditioning
- ◯ Yes ◯ No Electricity
- ◯ Yes ◯ No Cooking fuel
- ◯ Yes ◯ No Water and sewer
- ◯ Yes ◯ No Garbage removal
- ◯ Yes ◯ No Phone/cell phone
- ◯ Yes ◯ No Did you or anyone in your household receive LIHEAP (energy assistance) of more than $20 in the past 12 months?

Agency use: ACUT, HEST
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **16.** Do **you or anyone living with you** have costs for care of a **child(ren)** because you or they are working, looking for work or going to school? The Child Care Assistance Program may help pay child care costs. Ask your worker how to apply for the Child Care Assistance Program.

Agency use: DCEX
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **17.** Do **you or anyone living with you** have costs for care of an **ill or disabled adult** because you or they are working, looking for work or going to school?

Agency use: DCEX
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **18.** Does **anyone in** the household **pay** court-ordered child support, spousal support, child care support, medical support or contribute to a tax dependent who does not live in your home?

Agency use: COEX
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **19. For SNAP only:** Does **anyone** in the household have medical expenses?
To get a medical deduction you must provide proof of all medical bills incurred by anyone in your household **who is disabled or 60 years or older**. **Do not** bring medical bills that are being paid for by any health care program, insurance or someone not living with you.

Agency use: FMED
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **20. For GA only:** Does **anyone** in the household have expenses related to work, training or job search, such as transportation, meals or uniforms? Ask your worker if these expenses apply to the programs you are requesting.

Agency use: WKEX
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

What do you own? (Answer all questions below.)

21. Does **anyone** in the household own, or is **anyone** buying, any of the following? Check yes or no for each item. **Bring or send proof.**

◯ Yes ◯ No Cash
◯ Yes ◯ No Bank accounts (savings, checking, etc.)
◯ Yes ◯ No Vehicles (cars, trucks, motorcycles, etc.)
◯ Yes ◯ No Other assets (tools, boats, livestock, etc.)
◯ Yes ◯ No Life or burial insurance
◯ Yes ◯ No Stocks, bonds, annuities, etc.
◯ Yes ◯ No Real estate property (house, land, etc.)

Agency use: CASH, CARS, ACCT, REST, SECU, SPON, OTHER
☐ *Confirmed response*
EFT offered? ◯ Yes ◯ No
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **22.** Has **anyone** in the household given away, sold or traded anything of value **in the past 12 months**? (For example: real estate property, bank accounts, annuities, vehicles, etc.)

Agency use: TRAN
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

Other information: (Answer questions below.)

◯ Yes ◯ No **23. For recertifications only:** Did **anyone** move in or out of your home in the past 12 months?

Agency use: ADME, REMO
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **24.** Are **both** parents of **each** child under age 19 living in the home?

Agency use: INFC/CSIA, ABPS
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

◯ Yes ◯ No **25. For MSA recipients only:** Is **anyone** in the household on a diet prescribed by a doctor?

Agency use: DIET
☐ *Confirmed response*
Verification: ☐ *requested* ☐ *attached*

You may authorize another person(s) to act on your behalf to help you:

- **Fill out forms and apply for help from the agency** (for example, go to an interview for you, talk to or work with Employment services provider(s))
- **Get notices and information related to your case**
- **Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account.**

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, conservator acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

I want the person named to:

☐ Fill out forms
☐ Get notices
☐ Get and use my SNAP benefits

NAME	RELATIONSHIP	PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

☐ Fill out forms
☐ Get notices
☐ Get and use my SNAP benefits

NAME	RELATIONSHIP	PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

☐ Fill out forms
☐ Get notices
☐ Get and use my SNAP benefits

NAME	RELATIONSHIP	PHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

Legal guardian:

◯ Yes ◯ No Do you have a legal guardian or conservator, or is there a power of attorney?

If yes, what is this person's full name? (attach copies of legal documents)

NAME	DO YOU PAY A FEE? ◯ Yes ◯ No If yes, amount? $_____	HOW OFTEN?

Other help:

◯ Yes ◯ No Are you currently getting help from a social worker or social services agency?

◯ Yes ◯ No Do you need help with referrals for other areas (for example, food shelves, housing, transportation)?

◯ Yes ◯ No Do you want to register to vote or update your registration?

COMMENTS

Penalty warnings and qualification questions

If you get cash or SNAP benefits, you must follow the rules listed below.

- **Do not give false information** or hide information to get or continue to get benefits. If you get cash or SNAP benefits and give false information or hide information about your **identity** and **residency** to get multiple benefits for the same period of time, you may be barred for 10 years.
- **Do not trade or sell** SNAP benefits or Electronic Benefit Transfer (EBT) access cards. **The trade or sale of benefits valued at over $500 may result in permanent ineligibility.**
- **Do not use cash or SNAP benefits to buy ineligible items**, such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get cash or SNAP benefits for your household.

The state may bar household members who break any of these rules. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The months you are barred from MFIP for breaking the rules may count toward your 60-month lifetime limit.

You can also be prosecuted for fraud if you break the rules and additional fines and penalties may apply. The maximum penalty is a fine of $250,000 or a jail term of 20 years, or both.

Special SNAP penalty warning: If a federal, state or local court finds you or any household member guilty of giving or receiving SNAP benefits in exchange for:

- **Controlled substances**, that household member will be barred from getting SNAP for 24 months for the first offense and permanently for the second offense.
- **Firearms, ammunition or explosives**, that household member will be barred from getting SNAP permanently.

If you admit committing a drug felony in the past 10 years, the agency may ask you to take random drug tests. The first time you fail a drug test, the agency will reduce your household's MFIP or SNAP benefits by 30 percent. If you fail the test a second time, you will be permanently disqualified.

◯ Yes ◯ No	1.	Has a court or any other civil or administrative process in Minnesota or any other state found anyone in the household guilty or has anyone been disqualified from receiving public assistance for breaking any of the rules above?
◯ Yes ◯ No	2.	Has anyone in the household been convicted of making fraudulent statements about their place of residence to get cash or SNAP benefits from more than one state?
◯ Yes ◯ No	3.	Is anyone in your household hiding or running from the law to avoid prosecution, being taken into custody, or to avoid going to jail for a felony?
◯ Yes ◯ No	4.	Has anyone in your household been convicted of a drug felony in the past 10 years?
◯ Yes ◯ No	5.	Is anyone in your household currently violating a condition of parole, probation or supervised release?

If you checked yes to any of the above questions, list the household member(s) and question number below:

QUESTION NO.	HOUSEHOLD MEMBER	QUESTION NO.	HOUSEHOLD MEMBER

Employment services registration

I understand that signing this application registers me for employment services. I also understand that doing so automatically registers everyone in my home whom the agency approves to receive assistance with me for employment services. I understand that I or others in my home might have to take part in employment services to receive cash assistance or SNAP benefits.

Assignments

I understand that when I get MFIP I must assign my rights to child support and maintenance to the state of Minnesota.

Perjury and general declarations

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than $10,000, or both.
[Minnesota Statutes, section 256.984, subd. 1]

Authorization to share information for fraud investigation and audits

I agree that third parties may share information about me with persons investigating fraud and conducting Federal or state audits. This may include, but is not limited to:

- Employers and schools,
- Landlords and utility companies,
- Financial and insurance agencies, and
- Other government offices.

I understand this consent is good for six months after my benefits stop.

By signing:

- I understand cash assistance is provided to help eligible families meet their basic needs.
- I understand if I give incorrect information or misuse an electronic benefit transfer (EBT) card, I may be prosecuted for fraud. [Minnesota Statute, sections 256.98 and 609.821]
- I acknowledge that since my last application or recertification, I have received my cash and/or SNAP benefits directly or used my EBT card to get my cash and/or SNAP benefits.
- I acknowledge that I have read and understand the "Penalty warnings and qualification questions" section on page 8.
- I acknowledge that my worker gave me a copy of the "Notice of Privacy Practices" (DHS-3979) and explained the "Your responsibilities" and "Your rights" sections on page iii.
- I agree to assign my child support as stated above.
- I agree to the sharing of information as stated on the fraud release information section above.
- I agree to the sharing of information as stated in the Social Security numbers section on page ii.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

Agency Use:

Provided applicant with the following documents:

- ☐ Program information brochure (DHS-2920)
- ☐ Domestic Violence Information brochure (DHS-3477)
- ☐ Notice of Privacy Practices (DHS-3979)
- ☐ Responsibilities and Rights (pages iii - iv)
- ☐ Do you have a disability? (DHS-4133)
- ☐ Reviewed all pages of application with client

AGENCY SIGNATURE	INTERVIEW DATE	CASE NUMBER

Use this space if you need additional room.