



# Application for Food and Nutrition Services

## What Are Food and Nutrition Services?

Food and Nutrition Services help households buy eligible food in authorized retail food stores. This will increase low-income household's food buying power so they can have more nutritious meals.

## Do You Need An Interpreter To Help You Apply For Food and Nutrition Services?

An interpreter can be provided, free of charge, if you need assistance in applying for Food and Nutrition Services.

**Would you like an interpreter to assist you?**  Yes  No

Si usted necesita ayuda al solicitar los beneficios de Cupones de Alimentos, se le puede otorgar los servicios gratuitos de un intérprete, ¿ **Quisiera que un intérprete lo ayude?**  Sí  No

## How Do I Apply for Food and Nutrition Services?

### Step 1. Fill out this application.



If you can't fill out the whole application today, please fill in the bottom of this page with your name, address, and signature. If you need help filling out this application, see page 2 or ask for help at your local Department of Social Services (DSS).

### Step 2. Turn in the application to your local DSS as soon as possible.



You can mail, fax, or bring the application to your local DSS office. The date we get your application with your name, address, and signature on it, is also the start date of your Food and Nutrition Services application. If you are eligible for Food and Nutrition Services in the month you apply, the amount of Food and Nutrition Services you will get for that month depends on the date you turn in your application. The sooner you give us this application, the quicker you will know if you are able to get Food and Nutrition Services.

### Step 3. Talk with us.



A caseworker must interview you or someone you choose to represent you. This is to see if you can get Food and Nutrition Services. **If you are unable to stay for your interview today, please tell the receptionist or a caseworker so that we can schedule an interview for you.**

At your interview, you will need to show us:

- Proof of who you are, such as a driver's license, social security cards or alien papers;
- Proof of your address, such as your mortgage statement or rental agreement; proof of child care costs, proof of what you pay for child support; and proof of money you got in the past 30 days, such as check stubs or a letter from the social security office. **If you can't bring everything, come to the interview any way. We will help you.**

## Tell Us About Yourself

Name (First, Middle Initial & Last):		Marital Status:	Social Security Number (If you have one):	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Language You Speak:	
Race: (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Ethnic Group: (Check One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Home Phone Number:		
		Cell Phone Number:		
		Work Phone Number:	Can Be Reached Number:	
Street Address:		City	State	Zip Code
Mailing Address (If Different):		City	State	Zip Code
Signature:		Date:	Witness Signature: (If Signature is an "X")	

**Do you Need Someone To Apply for or Use your Food and Nutrition Services?**



QUESTION

If you want someone other than yourself to apply for, use, or obtain information about your benefits, please check yes below. If you check **Yes**, we will give or mail you a form. You and the person you want to help can complete the form and return it to our office. If you choose, this person will receive an EBT card and will have access to your Food and Nutrition Services. An Electronic Benefit Transfer Card (EBT) is a plastic card you use at the store to buy food.

**Do you need someone (Authorized Representative) to help you get and/or use your Food and Nutrition Services?**  Yes  No

**When Will I Get My Food and Nutrition Services?**

If you are able to get Food and Nutrition Services, you will get them within **30 calendar days** from the date you turn in the application with your name, address, and signature. You may be able to get Food and Nutrition Services within **7 calendar days** if you qualify for Expedited Food and Nutrition Services. Your household may be in an emergency situation if:

- Your household's gross monthly income is less than \$150 **and** your household's cash or money in the bank is \$100 or less, or
- Your household's rent, mortgage and utilities are more than your household's gross monthly income and cash or money in the bank, or
- You or a member of your household is a migrant/seasonal farm worker.

**Do You Need Assistance in Completing This Form?**

If you need special assistance in completing this application and the interview in order to apply for Food and Nutrition Services, please let us know so that we can assist you. Do you need special assistance in completing this application or the interview process?  Yes  No

**Tell Us About the People in Your Household**

1. Your household is you and everyone who lives with you, even if they are not relatives. Fill in the chart below for all the people in your household. Attach a piece of paper if you need more space to complete this section. We will determine who must be included in your Food and Nutrition Services case.

Name (First, Middle Initial, & Last)	Relation to You	Birth Date	Age	Social Security Number (If person has one)	Sex/ Race	Primary Language Spoken	Ethnic Group	U.S. Citizen? (Yes/No)
	Self							

2. Does everyone in your home buy food and cook meals together?  Yes  No If no, who buys separately?

Name of Separate Person(s) \_\_\_\_\_

3. Tell us about any person who was not born in the U.S.A.

Name: \_\_\_\_\_ Documentation: \_\_\_\_\_ Naturalized Citizen:  Yes  No

Name: \_\_\_\_\_ Documentation: \_\_\_\_\_ Naturalized Citizen:  Yes  No

4. Does anyone in your household have an EBT card?  Yes  No Who? \_\_\_\_\_

If yes, when was it last used? \_\_\_\_\_ What State? \_\_\_\_\_

5. Does anyone get Food and Nutrition Services, Food Stamps, or SNAP in this or another county or state?  Yes  No If yes, who? \_\_\_\_\_ What County or State? \_\_\_\_\_

6. Does anyone participate in a Food Distribution Program on an Indian Reservation?  Yes  No

7. We need information about the people in your household. Does anyone in your household fit a situation listed below? Please check any that apply.

Someone in my household is:

A foster child Who? \_\_\_\_\_

Do you want to include this child on the case?  Yes  No

Pregnant Due Date \_\_\_\_\_ Who? \_\_\_\_\_

In a drug/alcohol treatment program Who? \_\_\_\_\_

A live-in person (attendant) who takes care of someone in your household Who? \_\_\_\_\_

Renting a room from you Who? \_\_\_\_\_

Paying for food and a place to stay Who? \_\_\_\_\_

Disqualified from Food and Nutrition Services in North Carolina or another state Who? \_\_\_\_\_

Trying to avoid a felony prosecution or fleeing from law enforcement Who? \_\_\_\_\_

Trying to avoid jail after conviction of a felony Who? \_\_\_\_\_

Violating conditions of probation or parole Who? \_\_\_\_\_

A person convicted of a drug related felony committed after August 22, 1996 Who? \_\_\_\_\_

A person who filed for bankruptcy When \_\_\_\_\_ Who? \_\_\_\_\_

In college or trade/vocational/technical school at least half-time Who? \_\_\_\_\_

None of the above applies to my household.

**Do Not Write in the Gray Shaded Area – Agency Use Only**

**Identity**

Did you verify the applicant's identity?  Yes  No

Verification Source: \_\_\_\_\_

**Residence**

Did you verify residence for the household?  Yes  No

Verification Source: \_\_\_\_\_

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**Enumeration**

Did you verify enumeration for all FNS unit members?  Yes  No

Enumerated at Birth

DSS-8174 Date completed: \_\_\_\_\_

Refused to apply for or provide SSN? Who? \_\_\_\_\_

**Citizenship/Immigration Status**

Did you verify citizenship/immigration status for all FNS unit members?  Yes  No

Web-based SAVE verification completed  Copies of USCIS documents attached

Alien Workbook Supplement completed for all non-citizens  G-845 to USCIS (Copy attached)

**Household Composition**

Does applicant's statement verify household composition for all FNS unit members?  Yes  No

If questionable, verified by \_\_\_\_\_ Reason questionable: \_\_\_\_\_

**Authorized Representative**

Did the applicant request an Authorized Representative?  Yes  No

DSS-1688, Designation of Authorized Representative Completed/Attached/Verified

Date keyed in SLAR: \_\_\_\_\_

**Disqualified Due to an Intentional Program Violation (IPV) / EPICS checked \_\_\_\_\_ (date)**

Is anyone currently disqualified from FNS in N.C.?  Yes  No

Is anyone currently disqualified from FNS in another state?  Yes  No

State \_\_\_\_\_ Verified by: \_\_\_\_\_ on \_\_\_\_\_ (date)

Disqualified Person(s) Name(s): \_\_\_\_\_

Disqualification Period/Number of Disqualifications: \_\_\_\_\_

**Disqualified Due to Fleeing Felon Status**

Is anyone trying to avoid a felony prosecution?  Yes  No If yes, who? \_\_\_\_\_

Is anyone violating conditions of probation or parole?  Yes  No If yes, who? \_\_\_\_\_

Verification Source: \_\_\_\_\_ Date: \_\_\_\_\_

**Disqualified Due to a Felony Drug Conviction**

Has anyone been convicted of a drug related felony committed after August 22, 1996?  Yes  No

Name of Individual(s): \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Was the felony committed in N.C.?  Yes  No If yes, class of felony? \_\_\_\_\_

**If Class H or I:** If no, name of other state? \_\_\_\_\_

Date of release from jail. \_\_\_\_\_ If never committed, date of conviction. \_\_\_\_\_

Has the individual complied with substance abuse treatment program requirements?  Yes  No

Is there a six-month disqualification period?  Yes  No If yes, from \_\_\_\_\_ to \_\_\_\_\_

Verification Source: \_\_\_\_\_ Date: \_\_\_\_\_

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**Students**

Is anyone in college or trade/vocational/technical school at least half-time?  Yes  No

Student Name(s): \_\_\_\_\_ Name of School: \_\_\_\_\_

**EXEMPTIONS: A student must meet one of the exemptions below to be included.**

- |  |   |
|--|---|
| <input type="checkbox"/> Age 17 or younger or age 50 or older;   | <input type="checkbox"/> Physically or mentally disabled;                 |
| <input type="checkbox"/> Receives Work First Family Assistance;  | <input type="checkbox"/> Working at least 20 hours weekly;                |
| <input type="checkbox"/> Participates in federal or state work study program;  | <input type="checkbox"/> Participating in an on-the-job training program; |
| <input type="checkbox"/> Responsible for care of a dependent child under age 6;  |   |
| <input type="checkbox"/> Responsible for care of a dependent child over 5 and under 12 when adequate child care is unavailable;  |   |
| <input type="checkbox"/> Assigned through WIA, a state or local Employment and Training Program, a program under Section 236 of the Trade Act of 1974 or a training program under the North American Free Trade Agreement Act (NAFTA); |   |
| <input type="checkbox"/> Full time student who is an only parent of a dependent under age 12; or   |   |

**Is the student eligible to be included in the Food and Nutrition Services unit?**  Yes  No

**Ineligible Able-Bodied Adults Without Dependents (ABAWDS)**

Is anyone an ineligible ABAWD?  Yes  No *\*\*Complete the ABAWD Tracking Form for each ABAWD*

Ineligible ABAWDs Name(s): \_\_\_\_\_

Is your county an ABAWD Waiver/Exemption county?  Yes  No

If yes, when does the waiver/Exemption expire? \_\_\_\_\_

**Is anyone disqualified for failure to comply with E&T, Work Registration, or Workfare?**  Yes  No

Name \_\_\_\_\_ / DQ Period \_\_\_\_\_  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

**Work Space:**

**What Assets Do People in Your Household Have?**

Assets are valuable items that you own such as cash or bank accounts.

**8. We need to know the value of your household's assets. Please check all the assets you or someone else in your household owns.**

- |  |   |
|--|---|
| <input type="checkbox"/> Cash                                    | <input type="checkbox"/> Certificates of Deposit (CD's)                     |
| <input type="checkbox"/> Bank Accounts (Checking and/or Savings) | <input type="checkbox"/> Credit Union Accounts (Checking and/or Savings)    |
| <input type="checkbox"/> Retirement Accounts                     | <input type="checkbox"/> Stocks or Bonds                                    |
| <input type="checkbox"/> Mutual Funds or Trust Funds             | <input type="checkbox"/> Other Assets Not Listed                            |
| <input type="checkbox"/> Prepaid Burial Contracts                | <input type="checkbox"/> My household does not own any of the assets listed |

**For all items checked above, fill in the boxes below:**

Type of Asset	Value or Worth	Who Does This Belong To?	Business Name and Account Number
1			
2			
3			
4			

**9. Has anyone in your household transferred assets in the last 3 months in order to receive Food and Nutrition Services?**  Yes  No

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Has anyone transferred assets in the last 3 months in order to receive FNS?  Yes  No  
 Name \_\_\_\_\_ Resource \_\_\_\_\_ Value \$ \_\_\_\_\_

Is the FNS unit Categorically Eligible?  Yes  No. If Yes, exclude all resources.

If No, are there Categorically Eligible household members?  Yes  No. Exclude only the resources of the Categorically Eligible members; count the resources of all other Non-Categorically Eligible FNS unit members.

Resource Limit for Non-Categorically eligible FNS unit or individuals :  \$2,000  \$3,000

Has anyone in the FNS unit filed for bankruptcy?  Yes  No

Name of Individual(s): \_\_\_\_\_  Court Order Attached

### Resources

Resource	Countable Yes/No	Countable Value	Verification Source	Date Verified
1				
2				
3				
4				
<b>Total</b>				

Total Resources: \_\_\_\_\_

Work Space:

### What Money Do People in Your Household Get from Work?

Include Full-Time, Part-Time, Day Work, Temporary Work, Work Study for College, and Working for Tips.

10. Does anyone in your household work?  Yes  No

Name	Employer	Start Date	Gross Pay (Pay Before Taxes)	How Often Paid?	Payday
1				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	
2				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	
3				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	
4				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	

11. Is anyone in your household self-employed?  Yes  No If yes, who? \_\_\_\_\_

Examples are babysitting, selling Avon or other products, farming, doing hair, renting houses, doing yard work for other people, or odd jobs.

Start Date \_\_\_\_\_ Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Monthly Expenses \$ \_\_\_\_\_

12. Is anyone getting ready to start a new job?  Yes  No If yes, who? \_\_\_\_\_

Where? \_\_\_\_\_ Start Date \_\_\_\_\_

Employer phone number \_\_\_\_\_ How often will you get paid? \_\_\_\_\_

How many hours will you work in each pay check? \_\_\_\_\_ How much for each hour? \_\_\_\_\_

When will you get your first pay check? \_\_\_\_\_

13. Has anyone stopped working in the past 60 days?  Yes  No If yes, who? \_\_\_\_\_

Last date worked? \_\_\_\_\_ Date last paycheck received? \_\_\_\_\_

Place worked & phone number? \_\_\_\_\_

Reason stopped working? \_\_\_\_\_

14. Is anyone a migrant or seasonal farm worker?  Yes  No If yes, who? \_\_\_\_\_

Date started working? \_\_\_\_\_

Place working & phone number? \_\_\_\_\_

15. Is anyone on strike?  Yes  No If yes, who? \_\_\_\_\_

Last date worked? \_\_\_\_\_ Place worked & phone number? \_\_\_\_\_

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Has all earned income been verified?  Yes  No

Name	Verified Gross Income	How Often Paid?	Payday	Verified by	Income and Code
1		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
2		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
3		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
4		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	

Work Space: You must show your calculations.

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Is anyone self-employed?  Yes  No If yes, who? \_\_\_\_\_

Type of Business \_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ Monthly Expenses \$ \_\_\_\_\_

Has anyone stopped working in the past 60 days?  Yes  No If yes, who? \_\_\_\_\_

Has anyone reduced their hours to less than 30 per week?  Yes  No

Is the person who quit or had hours/wages reduced exempt from VQ provisions?  Yes  No

Can good cause be established?  Yes  No Is anyone currently disqualified for VQ?  Yes  No

Date last pay received: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Is anyone a migrant or seasonal farm worker?  Yes  No If yes, who? \_\_\_\_\_

Date started working? \_\_\_\_\_ Place working & phone number? \_\_\_\_\_

Is anyone on strike?  Yes  No If yes, who? \_\_\_\_\_

Last date worked? \_\_\_\_\_ Place worked & phone number? \_\_\_\_\_

**Work Space:**

### What Money Do People in Your Household Get from Other Places?

**16. We need to know the money or checks you get other than from work. Please check off all of the following ways you get money.**

- |   |  |
|---|--|
| <input type="checkbox"/> Adoption, Foster Care, or Guardianship Payments<br><input type="checkbox"/> Annuities, Pensions, or Retirement<br><input type="checkbox"/> Alimony<br><input type="checkbox"/> Child Support from parent. How Many? _____<br><input type="checkbox"/> Child Support from the Court<br><input type="checkbox"/> Educational Scholarships<br><input type="checkbox"/> Military Allotment<br><input type="checkbox"/> Money from friends or relatives that is not a loan and you don't have to pay back<br><input type="checkbox"/> Payments for the sale of an asset (such as a car, boat, mobile home or house) | <input type="checkbox"/> Private Disability<br><input type="checkbox"/> Social Security<br><input type="checkbox"/> Special Assistance (SA)<br><input type="checkbox"/> Supplemental Security Income (SSI)<br><input type="checkbox"/> Unemployment Benefits<br><input type="checkbox"/> Veterans Benefits<br><input type="checkbox"/> Work First/TANF<br><input type="checkbox"/> Interest and Dividends<br><input type="checkbox"/> Workers Compensation<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> My Household does not get any other money |
|---|--|

**For all items checked above, fill in the boxes below:**

Type of Money	Who Gets the Money?	Who Gives the Money?	Phone Number and Address <i>(If received from another person)</i>	How Much?	How Often?
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					

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Type of Money	Amount/Frequency	Verification Source
1		
2		
3		
4		
5		

Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Verification: \_\_\_\_\_

Date Received: \_\_\_\_\_ Computation: \_\_\_\_\_

Countable Pro Rated or Deemed Income \$ \_\_\_\_\_

***Please Tell Us About Your Household Bills***

17. Please complete this section for all expenses your household is responsible for paying.

Expense Type	Name, Address, Phone number to whom you pay the bill	Amount Billed	How often paid?	Who pays the bill?
Rent				
Lot Rent				
Mortgage				
Property Taxes (If not included in mortgage)				
Homeowners Insurance (If not included in mortgage)				
Homeowners Dues				

**Check the boxes next to the utility cost your household is responsible for paying.**

- |   |  |
|---|--|
| <input type="checkbox"/> Heating or cooling   | <input type="checkbox"/> LP/Natural Gas                  |
| <input type="checkbox"/> Electricity          | <input type="checkbox"/> Water/Sewage                    |
| <input type="checkbox"/> Telephone/Cell Phone | <input type="checkbox"/> Utility Excess (Public Housing) |
| Name of phone company? _____                  | <input type="checkbox"/> Garbage/Trash                   |

How do you heat your home? (Check One)

- |                                      |                                      |                                   |                                      |
|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Kerosene | <input type="checkbox"/> Wood        |
| <input type="checkbox"/> LP Gas      | <input type="checkbox"/> Coal        | <input type="checkbox"/> Oil      | <input type="checkbox"/> Other _____ |

Were you a member of a household that received a Low Income Energy Assistance Program (LIEAP) check at your current address within the past 12 months?  Yes  No

Do you receive Section 8 or HUD Assistance?  Yes  No

**Help Paying Bills**

**18. Does any agency, organization, or person (Including Section 8) outside your household help pay any of your rent or utilities?**  Yes  No If yes, do they give the money to you?  Yes  No

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

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**Shelter Expenses:**

- |   |                   |                         |
|---|-------------------|-------------------------|
| <input type="checkbox"/> Rent:                  | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Lot Rent:              | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Mortgage:              | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Property Taxes:        | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Homeowner's Insurance: | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Homeowner's Dues       | \$_____ per month | Verification/Date _____ |

**Computation:**

**Utility Expenses:**

- Was DSS-8168I, Lifeline/Link-up, form completed?  Yes  No
- Which applies to this household?:**
- SUA: Household has a heating or cooling expense or received LIEAP check at current residence within the past 12 months
- BUA: Household has at least two non-heating/non-cooling expenses
- TUA: Household has a telephone/cell phone expense
- None: Household has no utility expenses

**Heating Source for LIEAP Vulnerability**

- Is the FNS unit subject to the rising cost of heat and has a heat source?  Yes  No
- Is the residence a Private Living Arrangement with a heat source (even if utilities are included in rent)?  Yes  No
- Is the residence Public Housing, but the household has paid an excess for heat in the past 12 months at the current address?  Yes  No

**If the answer to one of the three questions above is 'yes', the household is vulnerable.**

**Heating Source:**

- |                                      |                               |                                      |                                   |
|--------------------------------------|-------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Coal | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Fuel Oil    | <input type="checkbox"/> Wood | <input type="checkbox"/> LP Gas      |                                   |

Does the FNS unit receive help to pay shelter/utility expenses?  Yes  No

If yes, source/date/amount: \_\_\_\_\_

**Please Tell Us About Your Other Bills**

**19. Costs for Child or Disabled Adult Care**

Do you or anyone in your household pay for child or disabled adult care?  Yes  No

Who gets care? \_\_\_\_\_ Who Pays? \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Who gets care? \_\_\_\_\_ Who Pays? \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Who gets care? \_\_\_\_\_ Who Pays? \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Name and Phone # of care provider/babysitter: \_\_\_\_\_

Child/disabled adult care transportation expenses \$ \_\_\_\_\_

**20. Help Paying Bills**

Does any agency, organization or person (Including Social Services) outside your household help pay any of your childcare?  Yes  No

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

**21. Court Ordered Child Support**

Does your household pay court ordered child support for children outside your home? (Include court ordered health insurance payments)  Yes  No

Who Pays Child Support? \_\_\_\_\_ Child's Name? \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Who Pays Child Support? \_\_\_\_\_ Child's Name? \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Who Pays Child Support? \_\_\_\_\_ Child's Name? \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**22. Medical Bills for Disabled or Age 60 or Over**

Is anyone age 60 or over or disabled?  Yes  No A disabled person usually gets disability payments from a government agency such as Social Security, SSI, Veterans Benefits for 100% Disability, or Medicaid for disabled persons. If yes, we need to know the medical bills you have or are responsible for paying. Medical bills include, but are not limited to:

Health and hospital insurance premiums or co-payments

Prescription and over-the-counter medications and medical supplies such as aspirin, diabetic supplies and eye glasses

Food and/or veterinary care for a trained service animal

Rental and purchase of medical equipment and supplies

Transportation and lodging to get medical treatment

Prescribed eye glasses and contact lenses

Medicare Premiums

Dentures, hearing aids, and prostheses

Doctor Bills

Payments for aides, attendants, and nurses

Medical and dental care

Hospital bills

Type of Bill	Business or Person Paid To?	Amount Paid	Date Paid	How Often Do You Pay the Bill?
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months

**23. Help Paying Bills**

Does any agency, organization or person (Including Social Services) outside your household help pay any of your medical bills?  Yes  No

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

Who Pays the Bill? \_\_\_\_\_ Which Bill Is Paid? \_\_\_\_\_ Amount per month? \_\_\_\_\_

**Do Not Write in the Gray Shaded Area – Agency Use Only**

Does the FNS unit pay for childcare or disabled adult care?  Yes  No

Does the FNS unit have Child/disabled adult care transportation expenses?  Yes  No

Does the FNS unit receive child care assistance/subsidy?  Yes  No

Amount paid monthly: \_\_\_\_\_ Verification source:  Receipt  Telephone Call

Does the FNS unit pay court-ordered child support to a non-household member?  Yes  No

Amount paid monthly: \_\_\_\_\_ Verification source:  ACTS  Receipt  Other

**Additional Documentation:**

***Medical Deductions are allowed for Specified Persons only.***

Is a Specified Person eligible for a medical expense deduction?  Yes  No

If yes, Who? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does that person(s) have any medical expenses?  Yes  No

**\*\*Attach a completed DSS-8208, FNS Medical Expense Worksheet, with the allowable medical deduction.\*\***

Allowable Medical Deduction: \$ \_\_\_\_\_

Additional Space for Documentation and Notes

**Case Information**

**Did you remember to give and explain the following information to the applicant/recipient?**

Food and Nutrition Services Rights and Responsibilities

Change Report Form DSS-8550

**Immigrant Access Notice Form DSS-8227**

Notice of Information Needed to Complete Your FNS Application (DSS-8650)

Life Line/Link Up Forms Phone Company: \_\_\_\_\_  **Accept**  **Decline/Ineligible**

DSS-1688, Designation of Authorized Representative

Remove the Authorized Representative that is no longer valid

Complete a **Food and Nutrition Services Referral Form DSS-2624** on appropriate household members?

Complete a Work **Requirement** Responsibilities DSS-8640?

Voter Registration Form      Accept      Decline

**Does the household have a valid NC EBT Card?**  Yes  No

If NO, was an EBT Card issued?  Yes  No

**Additional Documentation:**

**Do Not Write in the Gray Shaded Area – Agency Use Only**

Applicants meeting Expedited Service standards are eligible to receive Food and Nutrition Services within 7 days. Households must complete and sign the DSS-8207, complete an interview, present themselves as eligible, and provide proof of identity before you approve benefits. Complete screening for all applications, reapplications and late recertifications. **If ineligible for FNS the first month, screen for the second month.**

Household's monthly countable gross income \$ \_\_\_\_\_  
Subtract legally obligated child support -\$ \_\_\_\_\_  
(paid by a household member to a non-household member) =\$ \_\_\_\_\_ Total Countable Income  
Household cash/savings for all members: \$ \_\_\_\_\_ Total Liquid Resources

**Is total countable income less than \$150, and liquid resources less than or equal to \$100?  Yes  No**  
**If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.**

Household's monthly rent or mortgage amount: \$ \_\_\_\_\_  
Appropriate utility Standard(SUA/BUA/TUA): + \$ \_\_\_\_\_  
Total Monthly Shelter Expenses: = \$ \_\_\_\_\_ Total Shelter Expenses  
Total of Countable Income and Liquid Resources: \$ \_\_\_\_\_

**Do total monthly shelter costs exceed total monthly income and liquid resources?  Yes  No**  
**If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.**

Is anyone in the household a migrant or seasonal farm worker?  Yes  No

**If Yes, answer A. If No, do not continue.**

A. Does the household have liquid resources less than or equal to \$100?  Yes  No

**If Yes, answer B and C. If No, household is ineligible for expedited benefits.**

B. Did the household's income stop prior to application?  Yes  No

C. Will anyone in the household receive \$25 or less in income from a new source within the next ten days?  Yes  No

**If the answer to question A is Yes and B or C is YES, the household appears eligible, and identity is verified. Issue benefits immediately. If NO, the household is not eligible for expedited benefits.**

**7<sup>th</sup> Day:** \_\_\_\_\_

I certify that I screened this applicant for Expedited Service and determined that the household  is  is not eligible for expedited benefits at this time. **Provide explanation if ineligible:** \_\_\_\_\_

Signature of Screener: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved on** \_\_\_\_\_ **FNS Certification Period:** \_\_\_\_\_

**Denied**  
**Reason:** \_\_\_\_\_

**Pending**  
**Reason:** \_\_\_\_\_

**Did you screen for expedited services and explain the screening process?**  Yes  No

Is the FNS Unit eligible for expedited services in the first month?  Yes  No

Is the FNS Unit eligible for expedited services in the second month?  Yes  No

**Approved for Expedited Services**  Yes  No **Date benefits issued** \_\_\_\_\_

**Caseworker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Your Signature and Statement of Understanding



By signing this application I am saying that:

1. I have told the truth on this form.
2. I received a change report form and I understand the changes I must report and when to report them.
3. I know Food and Nutrition Services rules and what I must do to get Food and Nutrition Services.
4. I agree to give information about what I have said so that my application can be processed.
5. I give permission to social services to get proof of what I have said from any person, agency, or business. Other persons, agencies, or businesses include, but are not limited to: employers, banks, savings and loans, landlords, etc.
6. I understand my expenses may be used to figure my Food and Nutrition Services amount. If I do not tell you about some of my expenses and/or verify them, they may not be used in the budget to calculate the amount of my benefits.
7. I have read, understand, and received pages 15 and 16 of this form, or this information has been explained to me.
8. I have been provided information regarding the TANF Funded Services regarding Teen Pregnancy Prevention and Healthy Marriages

<b>Signature</b>	<b>Date</b>
<b>Witness Signature (if signature above is an "X")</b>	<b>Date</b>
<b>Caseworker's Signature &amp; District Number</b>	<b>Date</b>

### For Agency Use Only:

County Number:	Date Mailed:
Worker Number:	Date Received in Agency:
Case Number:	FSIS #
30 <sup>th</sup> Day	60 <sup>th</sup> Day
Comments	



## Please Read This Information

### ***Changes You Must Report and How to Report Them***

1. Your caseworker will give you a Change Report Form for your household's situation and explain it to you.
2. This form will tell you all the changes you must report to us and when to report them.
3. When you have a change, fill out the form and mail it to us. You may also call your caseworker or come in to our office to report changes.
4. Your caseworker will contact you about the change.

### ***Information About Social Security Numbers***

1. You can choose to give us the Social Security Number (SSN) used by each person in your household. If you need help getting a SSN, ask your caseworker for help. **We will only give Food and Nutrition Services to the eligible people who give us their SSN.**
2. We will use the SSN's you give us to do computer matches and check what you told us with State and Federal Agencies.

### ***Information About U.S. Citizenship and Immigration Status***

1. You must be a United States (U.S.) citizen **or** an eligible alien to get Food and Nutrition Services. You must also meet other Food and Nutrition Services rules.
2. You can choose to give us the US Citizenship and Immigration Service (USCIS) documents used by each person in your household. **We will only give Food and Nutrition Services to the eligible people who give us their legal USCIS documents.**
3. We will only contact USCIS to check the immigration status of the people who give us their immigrant documents.

### ***Food and Nutrition Services Rules***

The following rules apply for getting and using Food and Nutrition Services:

1. **Don't** hide or give wrong information on purpose to get Food and Nutrition Services benefits.
2. **Don't** use Food and Nutrition Services to buy non-food items like alcohol or tobacco.
3. **Don't** trade or sell your Food and Nutrition Services.
4. **Don't** use someone else's Food and Nutrition Services for yourself.
5. **Don't** use your Food and Nutrition Services for someone else.
6. **Don't** use your Food and Nutrition Services to pay on any kind of credit account even if it is for eligible Food and Nutrition Services items.
7. **DO** cooperate with state and federal personnel in a Quality Control review.

### ***Penalties for Breaking the Rules of the Food and Nutrition Services Program***

If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services from one year to permanently, and may be fined up to \$250,000 and/or jailed up to twenty years.

Giving wrong information may also mean we will reduce your benefits, or you may be required to repay benefits.

If a court finds you guilty of buying, selling, or trading more than \$500 in Food and Nutrition Services, you may lose Food and Nutrition Services forever.

If a court finds you guilty of trading Food and Nutrition Services for firearms, ammunition, or explosives you will lose Food and Nutrition Services forever.

If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years the first time and forever the second time.

You will not get Food and Nutrition Services for 10 years if you are found guilty of getting or trying to get Food and Nutrition Services in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

## **Information About Hearings**

1. If you do not agree with our decision about your Food and Nutrition Services, you or the person helping you may ask for a hearing.
2. You may call or write us to ask for the hearing. You have up to 90 days from the date of the decision to ask for the hearing.
3. A friend, relative, or lawyer may speak for you at your hearing.

## **Information About Work and Training Rules**

Some people have to work or attend training to get Food and Nutrition Services. If this is true for you or for other people in your household, we will tell you. You will have to follow the rules about work and training to get Food and Nutrition Services.

## **We Check What You Tell Us**

The information you give us may be checked by federal, state, and local officials to make sure it is true. If any information you give us is not correct, we may deny Food and Nutrition Services.

If law enforcement officials contact us for information to help catch persons fleeing to avoid the law, we will give them your information.

If you have a Food and Nutrition Services overpayment we will give your answers to federal and state agencies, as well as private claims collection agencies, to collect the overpayment.

## **We Must Obtain Data**

We are required to obtain racial and ethnic data on participating households. The information is voluntary; neither your eligibility nor Food and Nutrition Services amount will be affected if you choose not to provide it.

## **You Will Not Be Discriminated Against**



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## **Getting Help With Your Telephone Bill**



There are two programs that can help you with your telephone bill.

The Lifeline Assistance Program allows Food and Nutrition Services recipients to receive a credit on their monthly telephone bill.

The Link-Up Program gives Food and Nutrition Services recipients a discount toward the cost of hooking up local telephone service. We will assist you with these services unless you tell us that you do not want help.

## **Are You Registered to Vote in North Carolina?**



Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form.