



WELCOME TO THE KANSAS FOOD ASSISTANCE PROGRAM!

If you want to apply for food assistance only, please use this form. To get this assistance (also known as food stamp benefits), you will need to:

- (1) Fill out this entire form as completely as possible.
- (2) Provide proof of income and resources along with everyone's Social Security numbers.
- (3) Have the head of your household sign the form on page 4.

You must also have an interview as part of the application process. However, if you are elderly or disabled, you do not have to come to the office for this interview.

Your application will be processed within 30 days and if you are eligible, benefits will start from the date a signed application is received in our office.

If you can't complete this application right now, you can simply, give us your name and address, sign at the bottom of this page, and return the form to the local SRS office. You must, however, still complete the entire form to see if you are eligible to get benefits.

If you have a preferred language other than English, please check below:
 Spanish Vietnamese Other _____

<u>For Office Use Only</u>	
Date received in agency:	_____
Case No(s):	_____
Worker:	_____
Date Registered:	_____
Interview Date:	_____
Expedited	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT!! You may be able to receive benefits within 7 days if your household has little or no income, your rent and utility bills are more than your income and resources, or you are a migrant or seasonal farm worker. Please answer the following questions:

Will your household's gross income for this month be less than \$150?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does your household have less than \$100 in cash, checking, and savings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is anyone in your household a migrant or seasonal farmworker?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Shelter Expenses

Current Rent/Mortgage	\$	_____
Current Monthly Utilities	+\$	_____
Total =		\$ _____

Income & Resources

Gross income expected this month	\$	_____
Total money in cash, checking & savings	+\$	_____
Total =		\$ _____

Are your household's shelter expenses more than your household's expected gross income and resources? No Yes

1. List the person who is the head of the household and sign below: Please use your legal **name**.

First:	Middle:	Last:	
Street Address:			
City:	State:	County:	Zip Code:
Mailing Address (if different from above):			
City:	State:	County:	Zip Code:
Home Phone:	Work Phone:	Message Phone:	

SIGNATURE:

2. List yourself first and then all other persons in your home even if you are not applying for them. List anyone who is temporarily away from the home. Listing race or ethnic heritage is voluntary. Please use one or more the following codes:

W = White B = Black or African American S = Asian H = Hispanic or Latino
A = American Indian or Alaska Native P = Native Hawaiian or Pacific Islander

Legal Name			Relationship to Head of Household	Want Benefits?		Sex M/F	Race - List all that apply (Optional)	Date of Birth	U.S. Citizen?		Social Security Number
First	Middle	Last		Yes	No				Yes	No	
1.			SELF								
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Has anyone received food stamp benefits this month or any time in the past? No Yes If yes,

When?

What state?

3. Are you currently: Single, never married Married, living together
 Married, separated Divorced Widowed

4. Is anyone a student in high school, college or vocational- technical school? No Yes, please list name and what type of school.

Name:	Name:	Name:
School:	School:	School:

5. You can have someone apply for food stamp benefits for you. If you want to do this, list him/her below.

Name:	Address:
-------	----------

6. You can also choose someone to receive your food stamp benefits for you. This person will be able to get and use your food stamp benefits. Please complete the following if you want to have someone get your food stamp benefits for you.

Name:	Address:
-------	----------

7. List anyone in your household who is disabled (including children)

Name:
Have they ever applied for disability benefits? If yes, what date:

The following questions are required by federal law. If you answer yes to Questions 8, 9, or 10, ONLY THAT PERSON may not get food stamp benefits. Others in the household, including children, would get food stamps, if eligible.

8. Has anyone in your household been convicted of a drug-related felony occurring after August 22,

No Yes, list name: _____

9. Is anyone in your household fleeing from felony prosecution or jail?

No Yes, list name: _____

10. Is anyone in your household in violation of probation or parole?

No Yes, list name: _____

11. Are there any resources such as cash, bank/savings/credit union accounts, certificates of deposits (CD's), **stocks, bonds, or real estate which anyone in your household owns or has their name on?**

No Yes, please list below.

Name	Type of Resource	Amount or Value

Has anyone sold, traded, or given away money, land, or other property within the past 90 days? No Yes, please list property transferred: _____ Equity Value: _____

12. Is anyone in the household working, including self-employment? No Yes, please complete the information.

Name	Employer Name and Address	Hourly Rate	Hours Per Week	How Often Paid

Has anyone been employed in the last 60 days? No Yes, Name: _____
 Employer: _____ Date left: _____ Reason: _____

13. Is anyone in the household getting other income or money (such as Social Security, SSI, VA, Worker's **Compensation, unemployment benefits, other pension/retirement, child support, etc.**)?

No Yes, please complete.

Name	Type of Income	Amount	How Often Received?

14. List how much your household owes each month for the following:	Amount	Who Pays:
Rent/Mortgage		
Property Taxes (not included in mortgage)		
Homeowners Insurance (not included in mortgage)		
Electricity (Name of Company): _____		
Gas/Propane (Name of Company): _____		
Water/Sewer		
Trash		
Telephone		
Child Support/Alimony (Who is the child support/alimony for?): _____		
Child Care		
Medical Expenses (only for persons age 60 and older or who receive disability benefits. Include health insurance and Medicare premiums).		

Does anyone help you pay the above expenses? No Yes, list what expenses, who is paying, and how much is paid: _____

15. If you pay for heating or cooling, do you wish to use the Standard Utility Allowance? No Yes

16. Have you received Low Income Energy Assistance (LIEAP)? No Yes

17. Do you (or will you) purchase and prepare meals separately from anyone else in the household?
 No Yes, list person(s)_____

IMPORTANT INFORMATION AND WARNINGS

YOU HAVE THE RIGHT TO:

- Equal treatment regardless of race, sex, color, age, disability, religion, political belief, or national origin. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.
- Have an interpreter provided at no cost if English is not your primary language.

SRS HAS THE RIGHT TO:

- Use your Social Security Number for computer matches with other organizations, such as banks, the IRS, and the Social Security Administration to verify your eligibility.
- Conduct a full investigation of your eligibility including contacting employers, banks, or visiting your home.
- Deny your application or prosecute for fraud if you give false information to obtain assistance.

IMPORTANT!! Any member of your household who intentionally breaks the following rules may not get food stamp benefits for 1 year for the first offense, 2 years for the second offense, and permanently for the third offense; may be fined up to \$250,000 or jailed up to 20 years, or both; may be barred from the Food Stamp Program for an additional 18 months if court ordered, may lose deductions; and may be prosecuted under other laws.

- Don't lie or hide information to get benefits the household should not get.
- Don't use food stamp benefits to buy non-food items, such as alcohol or cigarettes, or to pay on credit accounts.
- Don't use or have in your possession improperly obtained food stamps or Vision cards.
- Don't trade or sell Vision cards or use someone else's card.
- If you buy, sell or trade more than \$500 in Food Stamp benefits you may be barred permanently from the Food Stamp Program. If a court of law finds you guilty of trading food stamp benefits for firearms, ammunition, explosives or controlled substances, you will be subject to the following penalties:
 - Loss of benefits for two years for the first offense and permanently for the second offense involving the sale of a controlled substance, and
 - Permanent loss of benefits for the first offense involving the trading of firearms, ammunition, or explosives.
- If you are found to have made false or misleading statements about who you are or where you live to get duplicate food stamp benefits, you may be barred from the Food Stamp Program for ten years.

PLEASE READ & SIGN

- I understand the questions on this application and I understand the penalties for hiding or giving false information and the rights and responsibilities stated in this application and as explained by SRS staff.
- I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.
- I certify that all members of my household for whom I am applying for assistance are U.S. citizens or are non-citizens in lawful immigration status.
- I understand that information needed to determine eligibility may be verified by contacting federal, state, or local officials, employers, or other business or financial organizations.
- I understand that failure to report or verify any household expenses means that I will not be eligible for a deduction for those expenses.
- I agree to notify the local SRS office of changes in income, resources, household composition, and/or address.

AUTHORIZATION TO RELEASE INFORMATION

My signature on this application authorizes employers, child care providers, financial institutions, insurance providers, benefit providers and other persons or agencies with knowledge of my circumstances to release to the Kansas Department of Social and Rehabilitation Services any information, including confidential information, necessary to establish my eligibility for food stamp benefits. All information provided on this application is protected by state and federal confidentiality laws. This release is valid from the date set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

1.

Signature of Applicant

Date

2.

Signature of Applicant's Spouse or Other Adult(s) in Household

Date

3.

Signature of First Witness if "X" is Used

Date

4.

Signature of Second Witness if "X" is Used

Date

5.

Signature of Court-Appointed Guardian

Date

