



Georgia Department of Human Services Georgia Senior Supplemental Nutrition Assistance Program (SNAP) Application



This application is used for individuals applying for the Supplemental Nutrition Assistance Program (SNAP) (*formerly the Food Stamp Program*). The Georgia Senior SNAP program is an elderly simplified application project designed to make it easier for seniors to receive food stamp benefits.

To be eligible for the Senior SNAP program, everyone in the household must be:

- 60 years of age or older;
- must purchase and prepare their meals together;
AND
- have no earnings from work.

You may file this application by completing your name and address, and by signing the form. If you need help filling out this application or assistance communicating with us, call us at 404-370-6236 or mail your application to Georgia Senior SNAP: P.O. Box 537, Avondale Estates, GA 30002. If you have a hearing impairment, call GA Relay at 1-800-255-0135. Our services are free.

Can I Choose Someone to Apply for SNAP for me?

Complete this section only if you want someone to fill out your application for you as your authorized representative.

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____

Tell us who you are and where you live. We must be able to reach you by telephone.

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Suffix</i>
<i>Street Address Where You Live</i>			<i>Apt</i>
<i>City</i>	<i>State</i>		<i>Zip Code</i>
<i>Mailing Address (if different)</i>			
<i>City</i>	<i>State</i>		<i>Zip Code</i>
<i>Home Telephone Number</i>	<i>Other Contact Number</i>	<i>E-Mail address</i>	
For Office Use Only		Date Received By The County	

Do I Qualify to Get SNAP Benefits Faster?

Answer these questions about the applicant and all household members to see if you can get SNAP benefits within 7 days.

Did anyone in your household get money this month? Yes No If yes, how much? _____
 When? _____

How much money do you and all household members have in cash or in the bank? \$ _____

How much do you and all household members pay for rent or mortgage and all utilities (electric, gas, water, etc)?

\$ _____

Tell us about the applicant and all household members. List yourself (or the person above shown on the first line).

NAME			Relation-ship to You	Social Security Number (SSN) (See statement below)	Date of Birth	Sex (M/F)	Age	*** Optional		Are you a U.S citizen, qualified alien or in a satisfactory immigration status? (Y/N)
First	Middle Initial	Last						Hispanic Yes /No	Race (See below)	
			SELF							

***** Penalty Warning:** Individuals who are applying for Food Stamps must provide or apply for an SSN as required by the Food and Nutrition Act of 2008. We will verify and use your SSN for Federal and State data matches, including but not limited to, Social Security, VA, GA Department of Labor, program disqualifications, and for collection of fraud debts. We will also match your information with other Federal, state, and local agencies to verify your income and eligibility. Collateral contacts will be used to verify information when discrepancies are found. If immigration status information has been submitted on your application, this information may be subject to verification through the United States Citizenship and Immigration Service (USCIS) and will require submission of certain information from this application to USCIS.
***** Optional:** We collect data on race color, and national origin to ensure we are in compliance with Federal civil rights laws. By providing this information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level. **Choose one or more race codes:** **AL**-American Indian/Alaska Native; **AS**-Asian; **BL**-Black; or African American; **HP**-Hawaiian or other Pacific Islander; **WH**-White.

Has anyone been convicted of a drug-related felony that was committed after 8/22/96? Yes No;

if yes, name of person: _____

Is anyone in your household currently serving a Food stamp disqualification due to fraud? Yes No;

if yes, name of person: _____

Tell us about the income your household receives

Does anyone in your household receive money from social security, SSI, VA, retirement, or any other income? Yes No

If yes, complete the chart below

Name	Source	Gross Monthly Amount (before taxes, deductions and Medicare premium)

Tell us about your shelter and utility expenses

	YES	NO	If YES, list monthly/yearly amount
Does your household pay mortgage?			
Does your household pay rent?			
Does your household pay property taxes on the home?			

Tell us about your shelter and utility expenses (cont.)

	YES	NO	If YES, list monthly/yearly amount
Does your household pay homeowner's insurance?			
Does your household pay for heating or cooling costs?			
If your household does not pay heating or cooling costs, do you pay other utilities?			If YES, list the utility costs you pay and the amount you pay below.

Tell us about your medical expenses

Does your household pay out-of-pocket medical expenses over \$35 per month? Yes No

Do you pay a Medicare Premium? Yes No

If yes, complete the chart below. We will need proof of your medical expenses. You may be potentially eligible to receive more benefits.

Person Who Has The Bill	Type of Expense (Doctor, Hospital, Prescriptions, Medicare Premium, transportation)	Amount Owed

Do you or someone in your household pay legally obligated child support to someone living outside of your home? Yes No If yes, who and how much per month? _____

For more information about TANF Community Outreach Services, please call 1-877-423-4746 or visit our website at: <http://www.dfcs.dhr.georgia.gov>.

Only US citizens and qualified aliens are eligible for SNAP benefits. Any non-citizens or non-qualified aliens may be left off your application for assistance. Such persons will not be reported to the Immigration and Customs Enforcement Agency. Non-citizens included in your application will have eligibility determined under the SNAP rules. The income and resources of all individuals in your household will be considered in determining eligibility for persons included in the SNAP application.

I certify that each applicant included in my household is a U.S. citizen or alien in lawful immigration status and that the information provided is true to the best of my knowledge. I give permission for the Georgia Department of Human Services to make a full review of my case and any necessary contacts to verify my statements. I know that I could be penalized if I knowingly give false information. I certify that I received the Rights and Responsibilities handout from this agency.

Signature of Applicant

Date

Signature of witness if signed by mark

Signature of Authorized Representative

Date

Signature of witness if signed by mark

SNAP PENALTY WARNINGS

If your household receives SNAP benefits, it must follow the rules listed below. Any member of your household who breaks any of these rules on purpose can be barred from SNAP for 1 year for first offense, 2 years for second offense, and permanently for third offense; fined up to \$250,000, imprisoned up to 20 years or both; and subject to prosecution under other federal laws.

- **DO NOT** give false information, or hide information to get or continue to get SNAP benefits.
- **DO NOT** trade or sell EBT cards.
- **DO NOT** alter EBT cards to get SNAP benefits you are not entitled to receive.
- **DO NOT** use SNAP benefits to buy ineligible items such as alcohol and tobacco or to pay food credit accounts.
- **DO NOT** use someone else's SNAP benefits or EBT card for your household.

Individuals determined by a court to have committed the following program violations will be subject to the following penalties:

- Disqualified for 2 years for the 1st offense and permanently for the 2nd offense involving the sale of illegal drugs for SNAP benefits;
- Permanently disqualified for the 1st offense involving the sale of firearms, ammunition, and explosives for benefits; or trafficking in the SNAP program of \$500 or more.
- Individuals (head of household, spouse, or responsible household member), determined by a court or the State agency to have made a fraudulent statement or representation with respect to identity and/or residence in order to receive multiple benefits in more than one area at the same time will be disqualified for 10 years.

In accordance with Federal law and US Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food & Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA. 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.