Georgia Department of Human Services

Application for Benefits

If you need help filling out this application or need help communicating with us, ask us or call 1-877-423-4746. If you are deaf or hard of hearing, please call GA Relay at 1-800-255-0135. Our services are free.

What Services Do We Offer at the Division of Family and Children Services (DFCS)?

DFCS offers the following services:

Food Assistance

Food Stamps are benefits that you can use to buy food at any store that has the EBT/*Quest* sign. We will subtract the price of your food purchase from your Food Stamp account.

Cash Assistance/Employment Support Services

Temporary Assistance for Needy Families (TANF) provides cash assistance to families with dependent children for a limited time. Parents or caretakers who are included in the grant are required to participate in a work program.
Cash Assistance program also provides financial assistance to refugee households who are not eligible for the TANF program.

Medical Assistance

Medicaid, for those who are eligible, may help pay medical bills, doctor's visits, and Medicare premiums.

Community Outreach Services

For more information about other DHS services, please visit our website at www.dfcs.dhr.georgia.gov or call 1-877-423-4746.

How Do I Apply for Benefits?

Step 1. Fill out the application.

Read the questions carefully and give accurate information. Sign and date the application.

Step 2. Turn in the application. You will need to tear off pages 1 -3 and keep it for yourself.

Mail, fax, or bring in pages 4-13 of this application to your local Division of Family & Children Services (DFCS) office. If you or the person for whom you are applying is eligible for benefits, Food Stamp or TANF benefits will be provided from the date that we receive the application with your name, address, and signature on it.

If you are applying for Food Stamps, and/or Medicaid, you can file an application for benefits with only your name, address and signature. However, it may help us to process your application quicker if you complete the entire form. You may use this form to file a joint application for more than one program or for the Food Stamp Program (FS) only. Your FS application will not be denied solely on the basis that your application for another program has been denied. We will make a separate eligibility determination for your FS application.

Step 3. Talk with us.

You may need to complete an interview with a worker. If so, we will give you an appointment. This interview can be completed by phone.

Frequently Asked Questions

How long does it take to get benefits?

Food Stamps:	up to 30 days
TANF:	up to 45 days
Medicaid:	10 to 60 days

You may be able to get Food Stamps within 7 days if you qualify. See page 6.

How much will I get?
Your income, resources, and family size determine benefit amounts. We will be able to give you specific information once we determine your eligibility.

How will I get my benefits?
For Food Stamps, you will get an Electronic Benefit Transfer (EBT) card to access your benefits. For TANF, you will get an EPPIC Debit Master card to access your benefits. For Medicaid, you will receive a Medicaid card for each eligible member.

What information will I need to provide?
It is a good idea to provide the following:

- Proof of identity for the applicant if applying for Food Stamps and/or TANF. Proof of identity for everyone requesting Medicaid if applying for Medicaid. Ex: An identification card (ID) or driver's license (DL)
- Proof of US citizenship/qualified immigrant status for everyone requesting benefits
- Social Security numbers of everyone requesting assistance
- Proof of income *for example*, pay stubs, child support payments, and income award letters
- Proof of expenses like child care receipts, medical bills, medical transportation costs, and child support payments

You will be given time to return any information to our office. If you need help getting this information, please tell us.

How do we use the applicant's personal information?
You only have to provide Social Security Numbers (SSN) and citizenship or immigration status for persons who want to apply for benefits. This information will be used to check the income and eligibility verification system (IEVS). We will also match your information against other Federal, state and local agencies to verify your income and eligibility. If a household member does not want to give us information about their SSN, citizenship, or immigration status, other household members may still receive benefits.

Can someone else apply for me?
For Food Stamps and Medicaid, you may ask someone to apply for you.
For TANF, anyone can apply but the parent or caretaker must be interviewed.

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"In accordance with Federal law and **the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) policy**, this institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs. The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the basis 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 activities.

To file a Civil Rights program discrimination complaint with USDA, complete the *USDA Program Discrimination Complaint Form* at http://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 on 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 at 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 click on the link for a listing of State Information/Hotline Numbers at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a discrimination complaint regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C., 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

Under the Department of Community Health (DCH) policy, Medicaid cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or political or religious beliefs. To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local 404-463-7590) (toll free) 800-533-0686.

What Do the Words Used in this Application Mean?

This chart explains the words we have used in this application.

Caretaker	A parent, relative or legal guardian who applies for and receives TANF with children in his or her care.
Grantee Relative	A parent, relative or legal guardian who applies for and receives TANF in his or her name on behalf of the children.
Disqualified	The action taken to remove an individual from a Food Stamp or TANF case because they did not tell the truth and received benefits that they should not have received.
Electronic Benefit Transfer (EBT)	The system used in Georgia to pay benefits to individuals who are eligible for Food Stamps. Individuals receiving assistance are issued an EBT debit card, which is used to access their food stamp accounts.
EPPICard debit MasterCard	New debit card issued by Xerox for individuals receiving cash assistance in Georgia. The EPPICard debit MasterCard will be accepted for purchases and cash withdrawals anywhere the MasterCard is accepted.
Household Members	Individuals who live in your home. For Food Stamps, individuals who live together and purchase and prepare their meals together.
Income	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received.
Gross Income	A person's total income before taking taxes or other deductions into account.
Migrant Farm Workers	Individuals who are seasonal farm workers and who move from one home base to another to work or look for farm work.
Resources	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance.

What Do the Words Used in this Application Mean?

Seasonal Farm Workers	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis.
Trafficking in the SNAP/Food Stamp Program	*Trafficking* SNAP benefits means: (1) Buying, selling, stealing, or otherwise exchanging SNAP benefits issued and accessed via EBT cards, card numbers and PIN numbers or by manual voucher and signature, for CASH or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone; (2) The exchange of firearms, ammunition, explosives, or controlled substances; (3) Purchasing a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount; (4) Purchasing a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food; (5) Intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food; (6) Attempting to buy, sell, steal, or otherwise affect an exchange of SNAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINs), or by manual voucher and signatures, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone.
Qualified Alien/Immigrant	A *qualified alien/immigrant* is a person who is legally residing in the U.S. who falls within one of the following categories: a person lawfully admitted for permanent residence (LPR) under the Immigration and Nationality Act (INA); *Amerasian* immigrant under section 584 of the Foreign Operations, Export Financing and Related Program Appropriations Act of 1988; a person who is granted asylum under section 208 of the INA; *Refugees*, admitted under section 207 of the INA; A person *paroled* into the US under section 212(d)(5) of the INA for at least one year; A person whose *deportation* is being withheld under section 243(h) of the INA as in effect prior to April 1, 1997 , or section 241(b)(3) of the INA, as amended; a person who is granted *conditional entry* under section 203(a)(7) of the INA as in effect prior to April 1, 1980; *Cuban or Haitian* immigrants as defined in section 501(e) of the Refugee Education Assistance Act of 1980; *victims of human trafficking* under section 107(b)(1) of the Trafficking Victims Protection Act of 2000; *battered immigrants* who meet the conditions set forth in section 431 (c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended; *Afghan or Iraqi* immigrants granted special immigrant status under section 101(a)(27) of the INA (subject to specified conditions); *American Indians* born in Canada living in the U.S. under section 289 of the INA or non-citizens of federally-recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act and *Hmong or Highland Laotian tribal members* that rendered assistance to U.S. personnel by taking part in military or rescue operation during Vietnam Era (8/05/1964 – 5/07/1975).
Middle Class Tax Relief Act of 2012	This Act prohibits the use of cash assistance funds or TANF Debit Cards to withdraw cash or perform transactions at casinos, liquor stores, adult-oriented entertainment facilities, poker rooms, bail bonds, night clubs/salons/taverns, bingo halls, race tracks, gaming establishments, gun/ammunition stores, cruise ships, psychic readers, smoking shops, tattoo/piercing shops, and spa/massage salons. The use of cash assistance funds or the TANF Debit Card at these businesses will constitute an intentional program violation (fraud) on the part of the recipient.
Applicant	An individual who chooses to apply for or to receive public assistance/benefits
Non-applicant	An Individual who does NOT apply for or to receive public assistance/benefits; non-applicants are not required to provide an SSN, citizenship or immigration status.
Assistance Unit	An assistance unit includes *eligible* individuals who live together and receive public assistance/benefits together.

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What Am I Applying For? Check all that apply:

- ❑ **Food Stamps**
  The Food Stamp program provides monthly benefits to low-income households to help pay for the cost of food. The program also provides nutrition education and helps eligible households to meet their food and nutritional needs.

- ❑ **Temporary Assistance for Needy Families (TANF)**
  Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

- ❑ **Refugee Cash Assistance**
  The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.

- ❑ **Medicaid**
  Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About The Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so, check all that apply.

( ) TTY ( ) Braille ( ) Large Print ( ) E-mail ( ) Video Relay) ( ) Sign Language Interpreter _____

( ) Foreign Language Interpreter (specify language) _____ ( ) Other _____

Please fill out the chart below about the applicant.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live		Apt	
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Main Telephone Number	Other Contact Number	E-Mail address (optional)	

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I declare under penalty of perjury to the best of my knowledge and belief that the person(s) for whom I am applying for benefits is/are U.S. citizen(s) or are lawfully present in the United States. I further certify that all of the information provided on this application is true and correct to the best of my knowledge. I understand and agree that DHS and authorized Federal Agencies may verify the information I give on this application. Information may be obtained from past or present employers. I will report any change in my situation according to Food Stamp/Medicaid and/or TANF program requirements. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from DHS programs for knowingly providing incorrect information. I understand that I can be prosecuted if I provide false information or hide information. I understand that if I fail to tell DHS about some of my expenses at my application or renewal interview that DHS will not budget that expense in calculating the amount of my food stamp benefits.

_____ **Signature** _____ **Date**

_____ **Witness Signature if signed by "X"** _____ **Date**

Can I Choose Someone to Apply for Food Stamps or Medicaid for me?

Complete this section only if you want someone to fill out your application, complete your interview, and/or use your EBT card to buy food when you cannot go to the store. If you are applying for Medicaid, you can choose more than one person to apply for medical assistance on your behalf.

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

For Medicaid, do you want this individual to have a copy of your Medicaid card? ❑ Yes ❑ No

For Office Use Only Date Received: _____

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Do I Qualify to Get Food Stamps Faster?

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

1. Are you or any household member a migrant or seasonal farm worker? ❑ Yes ❑ No

   If yes, who _____

2. Total **Gross earned income** that will be received for this month: $ _____
   Employer Name _____
   Employment Begin Date _____ Employment End Date_____
   Rate of Pay _____ Hours Worked Weekly _____ wk/bi-wk/semi-mo/mo (circle one)

3. Total **Gross unearned income** that will be received for this month: $ _____
   Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)
   Type of Unearned Income _____ Amount _____ wk/bi-wk/semi-mo/mo (circle one)

4. Total earned and unearned income for this month: $ _____

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

6. What is the monthly amount of your rent, mortgage, property taxes, and/or homeowners insurance? $ _____

7. What is the total amount of your electric, water, gas, and/or other utilities this month? $ _____
   (Exclude past due and late fee amounts in the total)

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Tell Us about the Applicant and All Household Members

Please fill out the chart below about the applicant and all household members. The following federal laws and regulations: The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request your and your household members social security number(s). Anyone who is living in your household and is not applying for benefits may be treated as a **non-applicant**. Non-applicants do not have to give us information about their social security number, citizenship, or immigration status and are not eligible for benefits. Other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their social security number (SSN). You will still need to tell us about **their** income and resources to determine the eligibility and benefit level of the household. We will not report any non-applicant household members to the United States Citizenship and Immigration Services (USCIS) Systematic Alien Verification for Entitlements (SAVE) system if they do not give us their citizenship or immigration status. However if immigration status information has been submitted on your application, this information may be subject to verification through the SAVE system and may affect the household's eligibility and benefit level. We will match your information with other Federal, state, and local agencies to verify your income and eligibility. This information may also be given to law enforcement officials to use to catch people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSN, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not deny benefits to applicant household members because other household members fail to provide their SSN, citizenship, or immigration status.

NAME First Middle Initial Last	Relation-ship to You	Is this person applying for benefits? (Y/N)	Birth Date Format (- -/ - -/ - -)	Social Security Number **(Applicants Only)**	Sex (M/F)	Hispanic/ Latino? **(Optional)** (Y/N)	Race Code **(Optional)** (See codes Below)	Are you a U.S citizen, qualified alien/immigrant or Hmong/Highland Laotian Immigrant? **(Applicants only)** (Y/N)
	SELF							

Race Codes (Choose all that apply):

AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White

By providing Race/Ethnicity 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.

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Tell Us More about the Applicant and All Household Members

We need more information about the applicant and all household members in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.

1. Has anyone received any benefits in another county or state? ❑ Yes ❑ No

   If yes:

   Who: _____

   Where: _____

   When: _____

2. Has anyone been convicted of giving false information about where they live and who they are to get multiple FS benefits in more than one area after 8/22/96? (For Food Stamps only) ❑ Yes ❑ No

   If yes:

   Who: _____

   Where: _____

   When: _____

3. Did anyone in your household voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week within 30 days of the date of application? (For Food Stamps and TANF only) ❑ Yes ❑ No

   If yes, who quit? _____

   Why did he/she quit? _____

4. Is anyone pregnant? *Please provide proof of pregnancy if available. ❑ Yes ❑ No

   Who: _____

   Due Date: _____

   (This question does not apply to Food Stamp only applicants)

5. For Medicaid, does anyone have any unpaid medical bills for the last 3 months? ❑ Yes ❑ No

   (This question does not apply to Food Stamp or TANF only applicants)

6. Is anyone disqualified from the Food Stamp or TANF Program? ❑ Yes ❑ No

   If yes:

   a. Who: _____

   b. Where: _____

7. Is anyone trying to avoid prosecution or jail for a felony? (Food Stamps and TANF Only) ❑ Yes ❑ No

   If yes, who: _____

8. Is anyone violating conditions of probation or parole? (For Food Stamps and TANF only) ❑ Yes ❑ No

   If yes, who: _____

9. Does anyone have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 8/22/96 (For Food Stamps and TANF only) or a violent felony (TANF only)? ❑ Yes ❑ No

   If yes:

   Who: _____

   When: _____

10. Have you or any household member been convicted of trading Food Stamp benefits for drugs after 8/22/96? (For Food Stamps only) ❑Yes ❑ No

    If yes:

    Who: _____

    When: _____

11. Have you or any household member been convicted of buying or selling Food Stamp benefits over $500 after 8/22/96? (For Food Stamps Only) ❑ Yes ❑ No

    If yes:

    Who: _____

    When: _____

12. Have you or any household member been convicted of trading Food Stamp benefits for guns, ammunition or explosives after 8/22/96? (For Food Stamps Only) ❑ Yes ❑ No

    If yes:

    Who: _____

    When: _____

13. Has anyone used TANF funds or the EPPIC Card at the following establishments, liquor stores, casinos, poker rooms, adult entertainment business, bail bonds, night clubs, salons/taverns, bingo halls, race tracks, gun/ammunition stores, cruise ships, psychic readers, smoking shops, tattoo/piercing shops, and spa/massage salons.? (For TANF only) ❑Yes ❑ No

    If yes:

    Who: _____

    When: _____

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Tell Us about the Applicant and All Household Members Income

Do you or anyone you are applying for receive any type of income such as: wages, tips, bonuses, self-employment, Social Security/Railroad Retirement, other disability, VA income, pensions, unemployment, child support, Alimony, money from other people, workers compensation, or any other income?

Household Member Name with Income	Type of Income	Employer Name /Source of Income	Monthly Amount (Before Deductions)	How Often received (monthly, biweekly, weekly)	Pay Per Hour	Hours per Week	DATE (S) PAID

Tell Us about the Applicant and All Household Members Expenses

Do you pay for the care of a dependent child or a disabled adult household member? Yes ☐ No ☐ If yes, complete the chart below.

Person who requires care	Person who pays for care	Reason for care	Provider's Name/Number	Amount paid to Provider	How often paid

Does anyone 60 years of age or older or disabled have medical expenses? Yes ☐ No ☐ If yes, complete the chart below.

Household Member Who Has Expense	Type of Expense (doctor visits, hospital visit, prescriptions, Medicare or health Insurance premiums, glasses)	Amount Owed	Still Owed? Yes/No	Date Paid	Will Insurance Pay? Yes/No

Does anyone 60 years of age or older or disabled have medical expenses for transportation? Yes ☐ No ☐
If yes, complete chart below.

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:

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Tell Us More about the Applicant and All Household Members Expenses

Does anyone in the household pay child support to someone living outside of the home? Yes ☐ No ☐ If yes, complete the chart below.

Household Member Obligated to Pay	Name of Child for Whom Support is paid	Obligated Amount to Pay	Actual Amount Paid	To Whom is Child Support Paid?

Please complete the chart below if you or any household member has any shelter expenses? Yes ☐ No ☐

If yes, complete the chart below.

Expense	Amount	How Often?	Who paid?
Rent/Mortgage			
Property Taxes			
Property Insurance			
Electricity			
Gas			
Garbage			
Telephone			
Other			

Do you share monthly household expenses with anyone in the home? Yes ☐ No ☐
If yes, who? _____
Comments/Documentation_____
Paid to whom_____ Amount paid $_____ per _____
Landlord's Name _____
Landlord's address: _____
_____

Have you received energy assistance in the last 12 months? Yes ☐ No ☐ If yes, amount received $_____

Does someone else pay any of these household bills for you? Yes ☐ No ☐ **If yes, complete the chart below:**

Who pays the bill?	What bills are paid?
What amount is paid?	To whom does this person pay the bills?

Food Stamp Program Penalties

You may lose your benefits or be subject to criminal prosecution for knowingly providing false information.

- Do not give false information or hide information to get benefits that your household should not get.
- Do not use Food Stamps or EBT cards that are not yours and do not let someone else use yours.
- Do not use Food benefits to buy nonfood items such as alcohol or cigarettes or to pay on credit cards.
- Do not trade or sell Food Stamps or EBT cards for illegal items; such as firearms, ammunition or controlled substance (illegal drugs).

Any household member who breaks any of the food stamp rules on purpose can be barred from the Food Stamp Program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. She/he may also be subject to prosecution under other applicable Federal and State laws. She/he may also be barred from the Food Stamp Program for an additional 18 months if court ordered.

Any household member who intentionally breaks the rules may not get Food Stamps for one year for the first offense, two years for the second offense, and permanently for the third offense.

If a court of law finds you or any household member guilty of using or receiving food stamp benefits in a transaction involving the sale of a controlled substance, you or that household member will not be eligible for benefits for two years for the first offense, and permanently for the second offense.

If a court of law finds you or any household member guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you or that household member will be permanently ineligible to participate in the Food Stamp Program upon the first offense of this violation.

If a court of law finds you or any household member guilty of having trafficked benefits for an aggregate amount of $500 or more, you or that household member will be permanently ineligible to participate in the Food Stamp Program upon the first offense of this violation.

If you or any household member is found to have given a fraudulent statement or representation with respect to identity (who they are) or place of residence (where they live) in order to receive multiple Food Stamp benefits, you or that household member will be ineligible to participate in the Food Stamp Program for a period of 10 years.

TANF Program Penalties

In the TANF Program, an intentional action by providing false or misleading information to establish or maintain an AU's eligibility, increase benefits, prevent a decrease in benefits, withholding information to avoid a negative action or using the cash assistance at prohibited places is considered to be an Intentional Program Violation.

- Any household member hiding information, who does not report changes on time or does not tell the truth using the cash assistance funds or TANF DEBIT card to withdraw cash or perform transactions at casinos, liquor stores, adult-oriented entertainment facilities "strip clubs", poker rooms, bail bonds, night clubs/salons/taverns, bingo halls, race tracks, gaming establishments, gun/ammunition stores, cruise ships, psychic readers, smoking shops, tattoo/piercing shops, and spa/massage salons is strictly prohibited, who hides information, and does not report changes will lose TANF benefits for six months for the first violation, twelve months for the second violation, and permanently for the third violation.
- If a court of law finds you or any household member hiding information or you do not report changes on time or do not tell the truth and are convicted, you may not get TANF for 12 months for the first violation and permanently for the second violation.
- If a court of law finds you or any household member guilty of giving false information about where you live so you can receive benefits in more than one state you will be barred for 10 years.
- If a court convicted you of a drug-related charge controlled substance or a serious violent felony, on or after 1/1/97 you or that household member will not be eligible and/or permanently disqualified.

For All Food Stamp, TANF, and Medicaid Applicants:

I declare under penalty of perjury to the best of my knowledge and belief that the person(s) for whom I am applying for benefits is/are U.S. citizen(s) or are lawfully present in the United States. I further certify that all of the information provided on this application is true and correct to the best of my knowledge. I understand and agree that DHS and authorized Federal Agencies may verify the information I give on this application. Information may be obtained from past or present employers. I will report any change in my situation according to Food Stamp/Medicaid and/or TANF program requirements. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from DHS programs for knowingly providing incorrect information. I understand that I can be prosecuted if I provide false information or hide information. I understand that if I fail to tell DHS about some of my expenses at my application or renewal interview that DHS will not budget that expense in calculating the amount of my food stamp benefits.

Applicant's Signature	Date
Authorized Representative's Signature	Date
Case Manager's Name and Signature	Date