

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

HOW TO COMPLETE THE FOOD STAMP BENEFITS APPLICATION***Applying For Food Stamp Benefits Only?***

If you are only applying for Food Stamp benefits you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application. *This application can only be used to apply for Food Stamp benefits.*

When You Are Applying For Food Stamps Benefits

- You can file an application the same day you receive it; if eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- We must accept your application if, at a minimum, it contains your name, address (if you have one), and a signature. This information will establish your application filing date. However, the application must be completed and we must interview you for us to determine your eligibility.

Need Food Stamp Benefits Right Away? You May Be Eligible For Expedited Food Stamp Benefits Service

If your household has little or no income or liquid resources, **or** if your rent and utility expenses are more than your income and liquid resources, **or** you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to receive Food Stamp benefits within a few days. Your worker will always review your circumstances to see if you are eligible for expedited processing of your Food Stamp benefits application. A process is in place to ensure that benefits will be issued to all FS eligible households who meet the standards for expedited service.

Having Problems Coming To Our Office For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances, we can interview you by telephone. Please contact us at _____ if you need to set up a telephone interview.

Questions?

For any questions you have about completing an application or eligibility for Food Stamp benefits, you may contact us at _____.

In addition to the Food Stamp Benefits Application, make sure you have been given copies of:

- **LDSS-4148A:** “What You Should Know About Your Rights and Responsibilities”
- **LDSS-4148B:** “What You Should Know About Social Services Programs”
- **LDSS-4148C:** “What You Should Know If You Have an Emergency”

Please **PRINT** clearly in blue or black ink.

Do **NOT** print in the shaded areas.

Be sure to complete each section.

If you are applying as someone's representative, please print information about that person, not yourself.

SECTION 1: APPLICANT INFORMATION

NAME: PRINT your legal name including your first name, middle initial and last name.

TELEPHONE NUMBER: PRINT your home phone number.

RESIDENCE ADDRESS: PRINT the street, avenue, road, etc., where you now live. PRINT the city you live in. PRINT your zip code.

MAILING ADDRESS: PRINT your mailing address if it is different from your residence.

ANOTHER PHONE: enter another phone number that you can be reached at.

Check (✓) if you wish to receive notices in Spanish **and** English or just English.

SECTION 2: HOUSEHOLD MEMBERS INFORMATION

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

PRINT your full name first. Then **PRINT** the names of the other people who live with you:

PRINT the date of birth, Social Security Number and sex for each person applying. Certain non-applicants not eating with the household may choose not to list their Social Security Numbers.

Check (✓) Yes or No to tell us who is applying.

For **each** person in the household, **PRINT** how they are related to you (for example: wife, son, friend, etc.)

Check (✓) Yes if that person buys and/or prepares food with you.

Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino or not*

Enter Y (Yes) or N (No) for each race. Race/Ethnic codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White*

*These answers are optional but, if not completed, the interviewer may have to record them by observation. This information will not affect your eligibility.

SECTION 3

Answer all questions in section 3.

SECTION 4

Sign your name and date only if you want to submit your application without completing the next page at this time.

SECTION 5: INCOME

List the income of everyone living with you. **PRINT** the name of the person receiving the income, the source of income and how often it is received. Income can include: Regular job (wages), income before strike, on-the-job-training, military reserves, national guard, work study, alimony, child support, educational assistance (grants, scholarships, etc.), friends or relatives (other than loans), public assistance, pensions or retirement, Supplemental Security Income (SSI), Social Security benefits, veterans benefits, unemployment benefits, worker's compensation, babysitting, taxi driving, cleaning homes or other buildings, farming/ranching, income from a roomer, income from a boarder or arts and crafts.

NOTE: Foster Care Payments and Food Stamp Benefits – If you get foster care payments for the care of a foster child or adult, you have two choices. You can choose to include the foster care child or adult and the foster care payments in your Food Stamp benefits household, or you can choose not to include the foster care child or adult and the payments. Ask your worker which way would give you more Food Stamp Benefits.

Be sure to answer all other questions in section 5.

SECTION 6: RESOURCES *If everyone in your household is receiving SSI, you do not need to fill out this section.*

Answer all the questions in Section 6 for yourself and everyone who is applying for Food Stamp benefits. List the dollar (\$) amount or value and the name of the person who has the resource. **Be sure to list any joint holdings.** Resources may include any of the following: cash on hand, cash held by others, checking or savings account, savings bonds, individual retirement account, pension plan, individual development account, stocks/bonds, mutual funds, trust fund, money market certificates, buildings, land, rental property, vacation or recreational property or house other than home.

SECTION 7: LIVING ARRANGEMENTS AND EXPENSES

PRINT the amount you pay for rent, mortgage, room and board or other housing. List the dollar (\$) amount that you pay for your property taxes, telephone cost, and homeowner's insurance (including fire insurance). If you pay for your heat separately from your rent/mortgage, PRINT the dollar (\$) amount paid for heat each month. Check (✓) what type of heat you have. If you pay for other utilities separately from your rent/mortgage, PRINT the dollar (\$) amount paid for each utility each month.

List if anyone applying has any medical bills such as in-home nursing service, dentures, hearing aid, eyeglasses, seeing eye dog or service animal, health insurance and medical payments, hospital or nursing care, medical or dental services, prescription drugs or medical transportation.

Be sure to answer all other questions in section 7.

SECTION 8: LEGAL STATEMENTS

Read this section carefully or have someone read it to you. Fill in names of individuals who are not U.S. citizens, national or persons with satisfactory immigration status.

Note: NY State Law provides for fine or jail, or both, for a person found guilty of obtaining Food Stamp benefits by hiding the facts or not telling the truth.

SECTION 9: FOOD STAMP BENEFITS AUTHORIZED REPRESENTATIVE

If you want someone from outside your household to get the Food Stamp benefits or to buy the food for you, PRINT their name, address and phone number.

SECTION 10: SIGNATURES

Sign your name. If you have filled out the application for someone else, sign your own name. Date the application.

SECTION 11: ADDITIONAL INFORMATION

Use this section to let us know additional information that you think we might need to know.

SECTION 12: CONSENT TO WITHDRAW

If you decide you no longer wish to apply for Food Stamp benefits, sign your name and enter date. You may reapply at any time.

Note: **The last page of this application is an application to register to vote. If you would like help filling out the voter registration application form, ask your worker. Applying or declining to register to vote will not affect the amount of assistance that you will be given by this agency.**

Information from your application and interview will be entered and stored in the Welfare Management System (WMS), a statewide computer system. This system is used to improve the management of Social Services Programs and to deter fraud.

