

Date Received: _____

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES APPLICATION
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND
FOOD STAMPS

RETURN OR MAIL TO: _____

Date Given or Mailed: _____

Case #: _____

Name _____ SSN _____ Date of Birth _____ Phone No. _____
Residence: _____ Apt.# _____ Mailing Address: _____ Race _____ Sex _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Contact Person _____ Telephone No. _____ Relationship _____ What are you applying for? Food Stamps TANF

List Household Members:

FIRST	LAST	Social Security Number	Date of Birth

IF APPLYING FOR FOOD STAMPS

YOU MAY GET FOOD STAMPS WITHIN 7 DAYS if your household's gross monthly income is less than \$150 and your household's resources such as cash, checking or savings accounts are \$100 or less; or if your rent/mortgage and utilities are more than your household's combined gross monthly income and liquid resources; or, if you are a migrant or seasonal farm worker household; and you verify your identity.

- 1 Has anyone in your household received any income (money, checks, gifts, etc) this month? Yes No
If yes, how much \$ _____
- 2 Does anyone expect to receive income later this month?
 Yes No If yes, how much \$ _____
- 3 How much money does your household have in cash, checking account and savings? \$ _____
What kind? _____
- 4 Do you have a monthly rent or mortgage payment?
 Yes No
- 5 Are your monthly rent/mortgage and utilities more than your combined gross income, cash and available resources?
 Yes No
- A. Does your household have a heating or air conditioning expense separate from rent/mortgage payment? Yes No
Give the actual expense amounts:
Rent or Mortgage \$ _____
Electricity \$ _____
Gas \$ _____
Water \$ _____
Telephone \$ _____
Other (coal, wood, etc) \$ _____
- 6 Is your household's only income from migrant or seasonal farm work? Yes No
Has your only income recently stopped?
 Yes No If yes, when? _____

List anyone in your household who is not included in this application.

Name	Age	Rel.

Has any member of your household been convicted of a drug-related felony that was committed since August 22, 1996? Yes No

If yes, who _____, when _____ and where _____.

Is any member of your household a fleeing felon or in violation of probation or parole? Yes No

If yes, who _____

Signature of Applicant _____

Date _____

Signature of Witness if signed by mark _____

The U. S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, sex, age, disability, religion, national origin or political beliefs. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400

FOOD STAMP AUTHORIZED REPRESENTATIVE

The case head, spouse, or any other responsible member of the household may designate an authorized representative to act on behalf of your household in making application for food stamps.

Would you like to authorize someone **OTHER THAN A MEMBER OF YOUR HOUSEHOLD** to act on your behalf in making application for food stamps? Yes No

If yes, give: Name of Representative _____ Telephone No. _____

Address of Representative _____
Street City State Zip Code

I understand that I am responsible for any overpayment which results from incorrect information given by my authorized representative

Signed by _____ Date _____
(Case head, spouse, or responsible household member)

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

To begin your application, complete this page. We are required to take action on your application within 30 days from the day you give us this form. Before we can determine your eligibility for assistance, you must come to the office for an interview with your worker to complete your application.

FOOD STAMPS

You may file your application immediately as long as we have your name, address and the signature of a responsible household member or your authorized representative on the first page of this application. Benefits are provided from the date we receive this form in our office, if you are determined eligible. To determine whether or not you are eligible, you must be interviewed. We are required to verify information you provide and to take action within 30-days from the date your application is received, unless you are entitled to receive benefits within 7 days. Complete the questions in the middle box on the front side of this page to determine whether you are entitled to faster service.

SOCIAL SECURITY NUMBERS

A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested. SSNs will be verified and used for Federal and State data matches, including, but not limited to, Social Security, IRS, VA, MS Department of Employment Security, resource/income verifications, and Program disqualifications.

FOOD STAMP PENALTY WARNING - If your household receives food stamps, it must follow the rules listed below. Any member of your household who breaks any of these rules on purpose can be barred from the Food Stamp Program 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 food stamp benefits.
- DO NOT** trade or sell EBT cards.
- DO NOT** alter EBT cards to get food stamp benefits you are not entitled to receive.
- DO NOT** use food stamp benefits to buy ineligible items such as alcohol and tobacco or to pay food credit accounts.
- DO NOT** use someone else's food stamp 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 2nd offense involving the sale of illegal drugs for food stamp benefits.
- Permanently disqualified for the 1st offense involving the sale of firearms, ammunition, explosives for benefits; or trafficking in food stamps of \$500 or more.
- Individuals (Casehead, 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 simultaneously will be disqualified for 10 years.

Have you, or anyone in your household, ever applied for or received **FOOD STAMPS** or **TANF** before? Yes No. If yes, circle benefit type(s) above.
Where? _____ When? _____

"Mississippi Voter Registration Application"

If you are not registered to vote where you now live, would you like to apply to register to vote here today?
 Yes No

Signature _____ Date _____
If you do not check a box, you will be considered to have decided not to register to vote at this time.

FOR OFFICE USE ONLY

VOTER REGISTRATION

The applicant or recipient has been provided a copy of the Voter Registration Application if he or she applied to register to vote; or he or she has signed the declination if he/she declined.

Applied Declined

County _____

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Related Case No. and Name: _____

EXPEDITED SERVICE (FS): Yes No
If expedited, is EBT card needed? Yes No

Has food stamp applicant been provided with MDHS-EA-530? Yes No

Has TANF applicant been provided with MDHS-EA-300? Yes No