



(For office use only)

CASE NUMBER: _____
CASE NAME: _____
APPLICATION DATE: _____

Application for Food Stamps

Please print clearly and answer all questions fully. You, and anyone living with you, may need to provide proof of all income and assets, and certain expenses such as rent or mortgage. We are required to act on your application within thirty days of receipt. You may complete this form at home and mail or bring it to the food stamp office, or a household member or an adult who knows you may complete the application and return it to us for you. If an approved representative completes and signs this form for you, they will answer the questions as they relate to the applicant and not to the approved representative.

Name: _____
(Head of Household)

Address: _____
(Number) (Street) (Apt #) (City) (State) (Zip Code)

Mailing Address, if different: _____

Telephones: (Home) _____ (Work) _____ (Emergency) _____

Signature: _____ Date: _____

Citizenship/Immigration Status

If you or any other member of your FS unit are not applying for food stamp benefits because you do not wish to provide information about your immigration status, you do not have to give us that information. The failure to provide immigration information will not affect processing the application for the remaining members of the FS unit. However, any member of your FS unit who is applying for food stamp benefits for himself or herself has to provide information on their immigration status.

Are all members of the FS unit U.S. citizens? Yes ___ No ___

Complete the following information for any non-citizens who are applying for food stamp benefits. If you need more room, attach another sheet of paper.

Name	Age	Date Came to U.S.	Registration #
1.			
2.			
3.			
4.			
5.			

If there are any FS unit members who are not applying for benefits because they do not wish to provide proof of their immigration status, please list them below. **We will only ask questions about their income and assets.**

Name (Last)	(First)	(MI)	Name (Last)	(First)	(MI)
1.			4.		
2.			5.		
3.			6.		

Check where you live:

- Rented apartment/house/trailer Federally subsidized housing Hospital
 Own home/trailer Hotel Another person's home
 Long term care facility Supportive living facility
 Other (Please explain) _____

Your Ethnic Group This information is collected to be sure that every one is served fairly. Please check the one which best describes your ethnic group.

- | | | | |
|---|-----|---|-----|
| <input type="checkbox"/> White (not Hispanic) | (1) | <input type="checkbox"/> American Indian or Alaskan Native | (3) |
| <input type="checkbox"/> Black (not Hispanic) | (2) | <input type="checkbox"/> Asian or Pacific Islander (Includes Indochinese) | (7) |
| <input type="checkbox"/> Hispanic (Includes Mexican, Puerto Rican, Cuban, Dominican, or other Central or South American culture, regardless of race). | | | (6) |

Does the adult member of your household who will usually discuss your case with DHS and/or HFS speak English fluently?

Yes No

Does the adult member of your household who will usually receive mail or written information from DHS and/or HFS read English fluently? Yes No

If you checked either one of the above questions "No", what language do you speak? _____

FS Unit Members

Including yourself, how many people live with you? _____

Are you or anyone who lives with you age 60 or older? Yes No

Are you or anyone who lives with you blind? Yes No Disabled? Yes No

If yes, who: _____

Is this a refugee FS household? Yes No

Starting with yourself, please list everyone who is applying for benefits with you and show in the last box if the person(s) you have listed buys and prepares food with you.

Name (Last)	(First)	(MI)	M/F	Birth Date	SSN #	Relationship	Circle your answer
1.						SELF	Buy and prepare with you
2.							Yes No
3.							Yes No
4.							Yes No
5.							Yes No
6.							Yes No
7.							Yes No
8.							Yes No

For additional persons, please attach a separate sheet of paper

Has anyone listed above:

- received food stamps in the last sixty days?Yes No
- applied for or received food stamps using a different name?Yes No
- been convicted of committing food stamp fraud?Yes No

If you answered yes to any of the above questions, please explain: _____

Is there anyone else living with you who is not applying for benefits? If yes, please list below:

Name:

Relationship to You:

Residence

Do you live in Illinois?.....Yes __ No __

Are you staying in a shelter, halfway house, or similar building which provides shelter?.....Yes __ No __

Are you staying at someone else's place on a temporary basis?.....Yes __ No __

(a) If yes, is this because you have no place to live and would otherwise be forced to live in a place such as a shelter or on the street?.....Yes __ No __

(b) If "yes", are you related as a parent, child, or spouse, to anyone living in that home?.....Yes __ No __

Are you staying in a place not normally used as a regular sleeping place, such as: a hallway, bus station, library, park, car, or on the street?.....Yes __ No __

Are you a resident of: a group living facility?.....Yes __ No __

a shelter for battered women and children?.....Yes __ No __

a drug/alcohol treatment facility?.....Yes __ No __

Do you pay someone else: (a) for a room? Yes __ No __ (b) for your meals? Yes __ No __

Work Provisions

Is each person age 18 through age 59 able to work?Yes __ No __

Does anyone in the FS unit age 18 through age 49 go to school?.....Yes __ No __
If yes, who: _____

Is anyone in the home needed to care for a person who is ill?Yes __ No __
If yes, who _____

Is anyone participating in a drug addiction/alcohol treatment program?.....Yes __ No __
If yes, who: _____

Is anyone responsible for the care of a dependent child under age 6?.....Yes __ No __
If yes, who: _____

List all persons age 18 through 59 who are unable to work because of a medical condition: _____

Student Status

Does anyone in your FS unit who is age 18 through 49 attend a school other than high school?.....Yes __ No __

Name: _____ School _____

Name: _____ School _____

Is the student(s) enrolled half time or more?.....Yes __ No __

Resources

Do any FS unit members have a car, truck, boat, camper, motorcycle, or any other type of motor vehicle?

Yes No If yes, how many vehicles? _____

Describe: Make _____ Model _____ Year _____
 Make _____ Model _____ Year _____

(Use additional sheet of paper, if necessary)

How much money do any FS unit members have in : Cash \$ _____ Checking \$ _____
 Savings/Credit Union \$ _____ Stocks, Bonds, Other \$ _____

Do any FS unit members have any real estate (other than the home you live in?) Yes No

If yes, describe the property: _____

Did any member buy, sell, or give away anything of substantial value during the last three months?

Yes No If yes, please explain: _____

Income from Work

Has anyone stopped working in the last three months?Yes No

Is anyone in your FS unit on strike?Yes No

Has a member quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days? Yes No

If yes, who? _____ Why? _____

Is anyone self-employed?Yes No

Fill in all blanks for each member with a job. If a member has more than one job, list each job separately. Include self-employment.

Household Member	Employer/Source	Address	Gross Pay	Hours/Wk	How Often Pd
1.			\$		
2.			\$		
3.			\$		
4.			\$		

(Attach another sheet of paper, if necessary)

Other Income

Does anyone receive income from any of the following sources? If so, check each one that applies and give complete information below:

- TANF (Temporary Aid to Needy Families) GA (General Assistance) Roomers and/or boarders
- Supplemental Security Income (SSI) Social Security Unemployment Benefits
- DCFS (for care of children) Employment Aid from another State
- Scholarships, student loans, grants Child Support Money from friends/relatives (gifts/loans)
- Pensions or Retirement income SSP (State Supplemental Payment to the Aged, Blind, or Disabled)

Any other source of income (explain below)

Source of Income	Gross Amount	When Received	How Often	Person with Income

(Explain): _____
 IL444-0683 (R-11-05) Please continue...

Roomers and Boarders

Does anyone pay a member of the FS unit for meals, a room, or both?.....Yes No

If yes, complete the following:

Name of roomer/boarder: _____ Amount: \$ _____ How often? _____

Dependent Care

Does anyone in the FS unit pay for someone to care for a child or a disabled adult so you (or they) can work or look for a job, or attend training to prepare for a job?.....Yes No

If yes, who provides this care? Name: _____

Address: _____ Telephone number: _____

Dependent's Name	Gross Amount	How Often Paid	Does anyone pay this expense for you?
	\$		
	\$		
	\$		
	\$		

Child Support

Does anyone pay child support ordered by a court or an administrative order?..... Yes No

If yes, complete the following information:

Amount Due	How Often Due	Amount Paid	How Often Paid	Payment is For
\$		\$		
\$		\$		
\$		\$		

Housing Costs

Complete the following for each housing expense that applies to your household.

Expense	Amount	How Often Due	Cost Shared	Amount You Pay	Paid By Others
Rent:	\$			\$	\$
Mortgage:	\$			\$	\$
Taxes:	\$			\$	\$
Insurance	\$			\$	\$
Lot rent:	\$			\$	\$

If you rent, complete the following information:

Landlord's name: _____

Address: _____ Phone No: _____

Utility Expenses

1. Are you receiving, applying, or anticipating applying for

Low Income Home Energy Assistance Program (LIHEAP), (in Chicago paid through CEDA)?.....Yes No

2. If No, are you billed separately from your rent or mortgage for:

Heat or air conditioning?.....Yes No

Excess cost for heat or air conditioning?.....Yes No

NOTE: Air conditioning is a window air or central air conditioning unit.

Please complete the following information if you answered (No) to question 1 and are not billed for heat or air conditioning separately from rent or mortgage.

Expense	Amount	Cost Shared?	Amount You Pay	Paid By Others
Electricity	\$		\$	\$
Water and/or Sewerage	\$		\$	\$
Garbage	\$		\$	\$
Cooking Fuel	\$		\$	\$
Basic Phone Service (including cell phone)	\$		\$	\$
Septic Tank Installation and Maintenance	\$		\$	\$
Well Installation and Maintenance				
A Fee for Starting Utility Service (Specify what utilities you pay)	\$		\$	\$
A Flat Amount for Utilities (Specify what utilities you pay)	\$		\$	\$

Medical Expenses

List medical expenses for any FS unit member who is disabled, or age 60 or older, that will not be paid by anyone else. List your cost after insurance or Medicare payment. (You must provide verification of the expense.)

Type of Expense	Person's Cost	How Often Due	Person w/Expense
Medical <input type="checkbox"/> Dental <input type="checkbox"/>	\$		
Hospital or nursing care	\$		
Medicare or health insurance	\$		
Prescribed drugs	\$		
Dentures/hearing aid/glasses	\$		
Transportation for medical care	\$		
Attendant/nursing services	\$		
Other (specify):	\$		

(Attach another sheet of paper, if necessary)

Do you, or anyone listed, take all or some of your meals in a restaurant or participate in a home-delivered meal program?.....Yes No

Approved Representative

If you want someone other than the head of the FS unit to be able to complete the application process and/or use your benefits to buy food for the household, write that person's name and address below:

Name of Approved Representative: _____ Telephone: _____

Address: _____
(Number) (Street) (Apt#) (City) (State) (Zip Code)

Signature

Please read pages eight and nine of this application for important information about required verifications, your rights, responsibility for reporting changes, and the penalty warning:

By signing below, I swear or affirm, under penalty of perjury, the answers on this application are true and correct to the best of my knowledge.

I have read, or have had read to me, the information about verifications, my rights, responsibility to report changes, and the penalty warning contained on pages eight and nine of this application. I understand the questions on this application and the penalty for hiding or giving false information or breaking of the rules listed in the penalty warning.

I understand that if approved for food stamp benefits and I receive more benefits than I am entitled to, whether it be an error on my part or an agency error, the amount of overpaid benefits is subject to recoupment/recovery.

Your Signature: _____ Date : _____

Witness:(If signed with an "X"): _____ Date: _____

- You are (check one) Head of FS unit or a FS unit member
- The FS unit's approved representative (Note: Written authorization from the FS unit is required)

**** **Please keep pages eight and nine for reference. They contain important information.** ****

Important Information

Social Security Numbers

Federal law requires a social security number (SSN) for every member of your household who is applying for food stamp benefits. We do not require a social security number for any member of your household who is not eligible for the food stamp program or who does not wish to apply. If you or any member of your household wants to apply for food stamp benefits, but does not have an SSN, we can help you to apply for one. The SSN will be used in the administration of the Food Stamp program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. The SSN will also be used in computer matching and program reviews or audits and to make sure the household is eligible for food stamp benefits, other federal assistance programs, and federally assisted state programs, such as school lunch, TANF, and Medicaid. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the food stamp program.

Verifications

Documents may have to be provided to prove what you have said on your application. You must agree to do this. If documents are not available, you must agree to give the name of a person or organization the food stamp office can contact to obtain the needed proof.

At this Application you must report:

Child care expenses

Utility expenses

You must report **and** verify:

Rent or mortgage payment, property taxes and insurance

Medical expenses

Child support paid to a non-FS unit member

Child support payments are subject to verification by computer matching with the records of the Division of Child Support Enforcement.

Failure to report or verify the above expenses will be seen as a statement by your FS unit that you do not want to receive a deduction for the unreported changes.

Rights and Responsibility to Report Changes

Changes in your FS unit circumstances that occur while your application is pending and once it is approved, must be reported within 10 days of the date the change occurs, unless otherwise notified. If you have any doubt about whether to report a change, ask your Human Services caseworker.

A fair hearing may be requested either orally or in writing if there is disagreement with any action taken on this case. The FS unit's case may be presented at the hearing by any person chosen by the FS unit.

Important Information

In accordance with Federal Law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political belief.

To file a complaint of discrimination, contact the Department of Human Services (DHS), USDA, or HHS. Write DHS at, Department of Human Services, Civil Affairs, 401 South Clinton St, 7th Floor, Chicago, Illinois, 60607. 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 TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W. Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). DHS, USDA and HHS are equal opportunity providers and employers.

Penalty Warning

The Department secures and uses information about all clients through the Income and Eligibility Verification System. This includes such information as receipt of Social Security Benefits, Unemployment Insurance, unearned income (such as interest and dividends), and wages from employment. Any information obtained will be used in determining eligibility for assistance and the amount of assistance provided for all programs. When discrepancies are found, verification of this information may be obtained through contacts with a third party, such as employers, claims representatives or financial institutions. This information may affect your eligibility for assistance and the amount of assistance provided.

The information on this form is subject to verification by federal, state, and local officials. If any information is found to be inaccurate, you may be denied food stamp benefits and/or be subject to criminal prosecution for knowingly providing false information.

Persons found guilty in a court of law of trading food stamp benefits for firearms, ammunition, explosives, or controlled substances will be barred from the food stamp program: 1) 24 months for the first offense and permanently for the second offense involving the sale of a controlled substance for food stamp benefits, and 2) permanently for the first offense involving the sale of firearms, ammunition, or explosives for food stamp benefits.

A person found guilty of trafficking food stamp benefits will be permanently barred from the food stamp program.

A person who is found to have made a fraudulent statement or representation about identity and residence to get multiple benefits at the same time will be barred for 10 years.

Persons who are fleeing felons or parole violators are ineligible for food stamp benefits.

Any member of your FS unit who intentionally breaks any of the following rules can be barred from the food stamp program for 12 months after the first violation, 24 months for the second violation, and permanently for the third violation. The individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. The individual may also be subject to further prosecution under other applicable federal laws.

Do not give false information or hide information to get or continue to get food stamp benefits.

Food stamp benefits may not be traded or sold.

Food stamp benefits may be used for food products only and may not be used to buy ineligible items, such as alcoholic drinks and tobacco.

Do not use someone else's food stamp benefits for your FS unit.