## Application for Food Stamp Benefits

**Name (Last, First, Middle)**

Please list your legal name.

**Home Address (Street, City, State, Zip Code)**

**Mailing Address (If Different From Above)**

You have the right to immediately file a Food Stamp application as long as it contains your name, address, and signature. Complete the rest of the application by taking it home and bringing, mailing, or faxing it back to the office. You can complete all of the form and give it to us now. You will not receive expedited Food Stamp benefits, if eligible, until a completed application form is received. Your Food Stamp benefit is based on the date of your application. You establish your date of application when this completed section is received at the office. Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for Food Stamp benefits.

**Signature of Applicant**

**Household Members**

List all the people who live in your household. You must include any children under the age of 22, spouses, and anyone who eats with you by checking "yes" in the last column. List yourself on the first line. Providing the race/sex (including Hispanic/Latino) of each individual is optional and voluntary and does not affect your eligibility or the amount of Food Stamps you receive. Race/sex data is for statistical use only. Providing the SSN (Social Security Number) and immigration status of each household member is voluntary. However, you will not receive Food Stamp benefits for individuals who do not provide an SSN and/or immigration status. Alien status of applicant household members may be subject to verification by USCIS (U.S. Citizenship and Immigration Services formerly known as INS) through the submission of information from the application to USCIS and may affect your eligibility and benefit level. Any SSNs and immigration status information is used and disclosed in the same manner as SSNs and immigration status of household members who receive Food Stamps.

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<tr>
<th>Full Legal Name</th>
<th>Sex M/F</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Hispanic or Latino</th>
<th>Race* (Enter ALL that apply)</th>
<th>Citizen</th>
<th>Buy/Cook Together</th>
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Select ALL that apply: 1 - White  2 - Black/African American  3 - American Indian/Alaska Native  4 - Asian  5 - Native Hawaiian/Pacific Islander

**Does any adult in your household speak English well?**

Yes  No  If no, what is the language spoken most often in your home?

**Is anyone in your household a foster child or foster adult?**

Yes  No  If yes, who?  

**Household Disqualification Inquiry**

Answer yes or no to each of the questions in this section. For each question answered yes, explain in the space provided. A "yes" response to any of the questions A-H in this section may result in a disqualification for that individual.

A. Have you or any member of your household been convicted of buying or selling Food Stamp benefits of $500 or more after 9-22-96?  

Yes  No  

B. Are you or any member of your household fleeing to avoid prosecution, custody, or jail for a crime (or attempted crime) that is a felony?  

Yes  No  

C. Are you or any member of your household violating a condition of probation or parole?  

Yes  No  

D. Have you or anyone in your household made false statements about your identity or address to receive Food Stamp benefits in 2 or more households at the same time?  

Yes  No  

E. Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession, use, or distribution of a controlled substance?  

Yes  No  

F. Have you or any member of your household ever been convicted of fraudulently receiving duplicate Food Stamp benefits in any State after 9-22-96?  

Yes  No  

G. Have you or any member of your household been convicted of trading Food Stamp benefits for guns, ammunitions, or explosives after 9-22-96?  

Yes  No  

H. Have you or any member of your household ever been convicted of trading Food Stamp benefits for drugs after 9-22-96?  

Yes  No  

If yes, who?

MO 886- 0460 (09/14)
EXPEDITED SERVICE

Emergency or expedited Food Stamp benefits are issued within 7 days of receiving your completed application. You will not receive expedited Food Stamp benefits if eligible, until a completed application and identification is submitted. You may qualify if your household answers Yes to any of the questions below.

Does your household have $100 or less available in cash or in a bank account? ☐ Yes ☐ No If yes, amount: $  
Does your household expect to receive less than $150 in income this month? ☐ Yes ☐ No If yes, amount: $  
What is the monthly amount of your rent/mortgage payment? $  Do you pay to heat or cool your home? ☐ Yes ☐ No  
Does your household have rent/mortgage and/or utility costs that are more than your total income, available cash and bank accounts for this month? ☐ Yes ☐ No  

OUT OF STATE BENEFITS

Have you or any of your household members received Food Stamp benefits in another state in the last 30 days? ☐ Yes ☐ No If yes, please complete the following:

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<tr>
<th>NAME</th>
<th>STATE</th>
<th>COUNTY</th>
<th>LAST MONTH RECEIVED IN ANOTHER STATE</th>
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DISABILITY

Being disabled includes but is not limited to receiving SSI, benefits for the blind, retirement benefits based upon disability, and disabled veterans' benefits.

Do you or any member of your household have a disability? ☐ Yes ☐ No If yes, please complete the following:

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<th>NAME</th>
<th>TYPE OF DISABILITY</th>
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HIGHER EDUCATION

Higher education is enrollment in a business, technical or vocational school, or college.

Is anyone in your household age 18-49 enrolled in higher education? ☐ Yes ☐ No If yes, please answer “yes” or “no” to all that apply to the student.

<table>
<thead>
<tr>
<th>NAME OF STUDENT</th>
<th>WORKS 20 HOURS PER WEEK</th>
<th>IS DISABLED</th>
<th>PARTICIPATES IN WORK</th>
<th>PARTICIPATES IN ON-THE-JOB TRAINING</th>
<th>SINGLE PARENT WITH A CHILD UNDER 12</th>
<th>IN A WIA TRAINING PROGRAM</th>
<th>RECEIVES TEMPORARY ASSISTANCE</th>
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BANK ACCOUNTS, CASH, ETC.

Please list any cash, money in bank accounts, stocks, bonds, retirement accounts, settlements from accidents, insurance claims, and lottery winnings.

Do you or anyone in your household have any of the things listed above, or jointly own any of the things listed above with another household member or jointly own with someone outside of the household? ☐ Yes ☐ No If yes, please complete the following:

<table>
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<tr>
<th>NAME OFOWNER (S)</th>
<th>TYPE (bank account, stocks, bonds, retirement account, etc.)</th>
<th>VALUE</th>
<th>NAME OF BANK OR COMPANY</th>
<th>HOW IS THIS MONEY USED?</th>
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OTHER RESOURCES

Other resources are things such as cars, trucks, land, homes, burial plots, boats, trailers, etc. that you own or are buying.

Do you or any member of your household own or are buying a prepaid burial or funeral plan? ☐ Yes ☐ No  
Do you or any member of your household own or are buying a vehicle such as a car, truck, motorcycle, etc.? ☐ Yes ☐ No  
Do you or any member of your household own or are buying real property such as a home, land, buildings, etc.? ☐ Yes ☐ No  
Do you or any member of your household own or are buying personal property such as boats, campers, burial plots, etc.? ☐ Yes ☐ No

EARNED INCOME

Earned income is income you receive from work.

Do you or any member of your household work? ☐ Yes ☐ No If yes, please complete the following:

<table>
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<tr>
<th>NAME OF PERSON WORKING</th>
<th>EMPLOYERS’ NAME</th>
<th>START DATE</th>
<th>HOW OFTEN IS HE/SHE PAID?</th>
<th>AMOUNT EARNED PER MONTH</th>
<th>DOES HE/SHE RECEIVE ANY OF THESE TYPES OF INCOME? LIST MONTHLY AMOUNT BELOW.</th>
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EMPLOYMENT CHANGES

Please list any changes to your work such as being laid off, going on strike, quitting or being fired from a job.

Are you or any member of your household currently on strike? ☐ Yes ☐ No If yes, who?  
Have you or anyone in your household ages 16-60 quit a job or been laid off from a job in the last 60 days? ☐ Yes ☐ No If yes, who?  
Name of employer: Date of last paycheck: Amount of last pay check: $  
Have you or anyone in your household ages 16-60 reduced hours worked at a job in the last 60 days? ☐ Yes ☐ No If yes, who?
SELF EMPLOYMENT

Self employment is a business you own or operate such as child/adult care, construction, over-the-road driver, etc.

Are you or anyone in your household self-employed?  
- Yes  
- No  
If yes, please complete the following income from self-employment:

<table>
<thead>
<tr>
<th>NAME</th>
<th>BUSINESS TYPE (child care, farmer, construction, etc.)</th>
<th>WHEN WAS THE BUSINESS STARTED?</th>
<th>HOW OFTEN IS HE/SHE PAID?</th>
<th>HOW MUCH MONEY IS EARNED?</th>
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EXPENSES OF SELF EMPLOYMENT
Examples of expenses: advertisement, rent, transportation costs, seeds, feed, meals, etc.

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<tr>
<th>TYPE OF EXPENSE</th>
<th>HOW OFTEN IS THIS PAID?</th>
<th>AMOUNT PAID</th>
<th>TYPE OF EXPENSE</th>
<th>HOW OFTEN IS THIS PAID?</th>
<th>AMOUNT PAID</th>
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OTHER INCOME
Examples of other income: Social Security, VA Benefits, Child Support, SSI, Unemployment, Pensions, Retirement Benefits, Money given to you or your household, etc.

Do you or any member of your household have income from another source?  
- Yes  
- No  
If yes, please complete the following:

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<tr>
<th>NAME OF PERSON WITH OTHER INCOME</th>
<th>WHAT IS THE SOURCE OF THE INCOME?</th>
<th>WHEN DID THIS INCOME START?</th>
<th>HOW OFTEN DOES HE/SHE RECEIVE THIS INCOME?</th>
<th>HOW MUCH DOES HE/SHE RECEIVE BEFORE TAXES AND DEDUCTIONS ARE REMOVED?</th>
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MEDICAL EXPENSES
Examples of medical expenses: insurance, co-pays, dentures, office visits, glasses/contacts, hospital bills, alert systems, medicine, Medicare premiums, hearing aids, in-home care, mileage/lodging, transportation for medical care, etc.

Do you or any member of your household have medical expenses?  
- Yes  
- No  
If yes, please complete the following:

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<tr>
<th>WHO PAYS THIS EXPENSE?</th>
<th>TYPE OF MEDICAL EXPENSE</th>
<th>AMOUNT PAID</th>
<th>HOW OFTEN IS THIS PAID?</th>
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How many miles do you drive per month from your home to receive medical care or pick up prescriptions?

SHELTER EXPENSES
Does the household have any expenses for shelter?  
- Yes  
- No  
If yes, please complete the following:

<table>
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<tr>
<th>WHO PAYS THIS EXPENSE?</th>
<th>TYPE OF EXPENSE BEING PAID (rent, mortgage, trash, electric, gas, water, sewer, telephone, etc.)</th>
<th>AMOUNT PAID</th>
<th>HOW OFTEN IS THIS PAID?</th>
<th>IS THIS A PRIMARY HEATING OR COOLING EXPENSE?</th>
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DEPENDENT CARE EXPENSES
Dependent care expenses may be expenses paid for a child or an adult’s care while you are at work or school.

Do you or a household member pay someone outside the home for dependent care expenses?  
- Yes  
- No  
If yes, please complete the following:

<table>
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<tr>
<th>WHO PAYS THIS EXPENSE?</th>
<th>WHO IS THE CARE FOR?</th>
<th>AMOUNT PAID</th>
<th>HOW OFTEN IS THIS PAID?</th>
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How many miles do you drive per month from your home to the dependent care provider?

COURT ORDERED EXPENSES
Court Ordered Expenses are alimony, child support, arrearages, or any expense a court has ordered you or a household member to pay.

Are you or any member of your household paying court-ordered expenses?  
- Yes  
- No  
If yes, please complete the following:

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<tr>
<th>WHO PAYS THIS EXPENSE?</th>
<th>TYPE OF EXPENSE BEING PAID</th>
<th>WHO IS THIS EXPENSE PAID FOR?</th>
<th>AMOUNT OF OBLIGATION</th>
<th>AMOUNT PAID</th>
<th>HOW OFTEN IS THIS PAID?</th>
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NON-DISCRIMINATION AND FAIR HEARING RIGHTS: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 employment activities.)

If you wish to file a Civil rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, 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 the 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 call the State Information/Hotline Numbers found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm. USDA is an equal opportunity provider and employer.

The collection of information on this application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. This information is used to determine eligibility or continued eligibility for the Food Stamp Program. Information is verified through computer matching programs. This information is used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement to apprehend persons fleeing to avoid the law. In the event of an overpayment of benefits, this information may be referred to Federal and State agencies, as well as private claim collection agencies for claims collection action.

DO NOT SELL YOUR FOOD STAMP BENEFITS FOR CASH.
DO NOT LIE OR HIDE INFORMATION TO GET BENEFITS THAT YOUR HOUSEHOLD SHOULD NOT GET.
DO NOT USE FOOD ASSISTANCE BENEFITS TO BUY NONFOOD ITEMS, SUCH AS ALCOHOL OR CIGARETTES, OR TO PAY ON CREDIT ACCOUNTS.
DO NOT USE OR HAVE IN YOUR POSSESSION EBT CARDS THAT ARE NOT YOURS AND DO NOT LET SOMEONE ELSE USE YOUR CARD.

NOTIFICATION AND ACKNOWLEDGMENT OF FRAUD PROVISIONS

It is against the law to lie to receive Food Stamps or to sell or trade your Food Stamp benefits. Excessive Electronic Benefit Transfer (EBT) card replacement requests may result in a referral for fraud investigation.

7 USC 2015 (b)(1) Any person who has been found by any State or Federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed, or withheld facts or committed any act that constitutes a violation of this Act, the regulations issued there under, or any State statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing Food Stamp benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the Program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion, and permanently upon the third occasion.

7 USC 2024 (b), (c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses Food Stamp benefits or access devices in any manner contrary to the Food and Nutrition Act is subject to fine and imprisonment. Upon conviction, punishments include a fine of $250,000 and/or imprisonment for 20 years if the value of the benefits or access devices is $5,000 or more. If the value is less than $5,000 but greater than $100, punishments include a fine of $10,000 and/or imprisonment for 5 years. If the value is less than $100, punishments include a fine of $1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption benefits or access devices which have been illegally received, transferred, or used is subject to a fine of $20,000 and/or imprisonment for 5 years if the value of the benefits is $100 or more. If the value is less than $100, punishments include a fine of $1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States. In addition to such penalties, any person may be subject to prosecution under other applicable Federal and State laws and may be suspended by the court from participation in the Food Stamp Program for an additional 18 months.

7 USC 2015 (b)(i)(ii)(IV) and 2015 (j). Anyone convicted of trafficking in Food Stamp benefits of $500 or more shall be permanently disqualified from the Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple Food Stamp Program for the first offense. Anyone found by a State agency to have made or convicted in a Federal or State court of having made fraudulent statements about identity or residence in order to receive multiple Food Stamp Program for the first offense.

7 USC 2015 (b)(1). Anyone convicted in a Federal, State, or local court of trading benefits for controlled substances, illegal drugs, or certain drugs for which a doctor’s prescription is required shall be barred from the Food Stamp Program for 2 years for the first offense and permanently for the second offense. Anyone convicted of trading benefits for firearms, ammunition, or explosives is barred permanently from the Food Stamp Program for the first offense.

7 USC 2015(k). Any individual who is a fleeing felon or a probation/parole violator is ineligible to participate in the Food Stamp Program. Pursuant to Section 570.030, RSMo the stealing of public assistance benefits is a Class C felony if the value of the benefits is $750.00 or more. Punishment includes imprisonment for up to seven years and a fine not to exceed $5,000.00. If the value of the benefits is less than $750.00, the crime is a Class A misdemeanor.

Read this page carefully before signing. When you sign, you are certifying you understand the statements on this page. You are certifying you understand that information provided on this form and during the interview must be true and accurate, or you will be subject to the penalties outlined above.

We authorize the Director of Family Support Division or his/her appointee to investigate my circumstances and statements. I understand that it is against the law to obtain or attempt to obtain Food Stamp benefits to which I am not entitled, or obtain, or attempt to obtain Food Stamp benefits in the amount greater than those to which I am entitled. I understand that any false claim, statement, or concealment of any material fact whatever, in whole or part, on this form or during the interview, may subject me to criminal and/or civil prosecution.

Signature: This is to certify that I understand the questions on this form and the penalties for giving false statements or withholding information. Under the penalty of perjury, I certify that I have given true, accurate, and complete statements to the best of my knowledge, for each household member for whom I am applying. I understand that any expenses I do not report and verify, when requested, will not be used to compute my Food Stamp benefits.

Signature: 

Witness Signature 

Date 

Date 

The Family Support Division uses the data in the Missouri Child Support system to verify child support paid to you or child support you pay to another household.