

This is a combined benefits application. If you are applying only for SNAP, be sure to review section headings closely to only answer questions about SNAP.

Commonwealth of Virginia
Department of Social Services
APPLICATION FOR BENEFITS

Return your completed application to:
_____ County/City DSS

GENERAL INFORMATION

With this application, you may apply for one or more of the following assistance programs:

- Auxiliary Grants (AG)
- Refugee Cash Assistance (RCA)
- Temporary Assistance for Needy Families (TANF)
- General Relief – Unattached Child (GR)
- Supplemental Nutrition Assistance Program (SNAP)
- TANF Diversionary Assistance (TANF DA)
- TANF Emergency Assistance (TANF EA)

Note that an application for TANF will be treated as an application for SNAP. Be sure to mark **TANF-No SNAP** in the **Household Composition** section if you only want to apply for TANF.

COMPLETING THE APPLICATION

If you need help completing this application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If there are more than 6 people living in your home and you need more space to list everyone, tell the agency you need extra pages. If you have a disability or have difficulty with English, you may receive extra help to make sure you get the assistance or services you are eligible to receive.

COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you do not give needed information, we may not be able to determine your eligibility for assistance. If you knowingly give false, incorrect, or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information to help someone else receive benefits, you could be arrested and prosecuted for fraud.

FILING THE APPLICATION

You may apply for benefits by leaving a completed application at the agency or by leaving a partially completed application with at least your name, address, and signature, or, for SNAP only, by tearing off and leaving the half-sheet on Page iii with your name, address, and signature. You must complete the rest of this application before your eligibility can be determined. For some programs, including SNAP, you must also be interviewed, but you may turn in your application before your interview. You may turn in your application any time during office hours the same day as you contact your local agency. You have the right to turn in your application even if it looks like you may not be eligible for benefits. This is important because, if you are eligible for the month in which you apply, your benefit amount will be based on the date you turn in your application.

VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)
- Income and Eligibility Verification System (IEVS)

Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. Information may be used to:

- determine the correctness, accuracy, and truthfulness of the application;
- verify your identity and citizenship; verify wages and salary, unemployment benefits, and unearned income, such as Social Security and Supplemental Security Income (SSI) benefits; verify quarters of coverage under Social Security for an alien, or to verify the status of aliens;
- prevent receipt of benefits from more than one social service agency at the same time;
- make required program changes;
- allow disclosure for official examination and to law enforcement officials to assist in apprehending persons fleeing to avoid the law; or
- assist in SNAP claims collection actions.

Your information may also be used or disclosed to study public benefit programs, such as SNAP or TANF.

Information regarding your race and ethnicity is not required and will not affect your eligibility or benefit amount. This information is requested to be sure that program benefits are provided without regard to race, color, or national origin.

032-03-1100-39-eng (12/22)

Anyone you trust can help you apply for benefits. DSS and true benefit assisters will NEVER ask you to pay for help with an application. If someone offers to prepare an application for you for a fee, they likely are not a trustworthy resource for help.

Signing an application for benefits also gives your consent for DSS to search records at these agencies, and to share information that it collects with these agencies.

You do not need to complete the entire application. DSS is required to help you complete the rest of the application so long as you turn in an application with your full name, address, and signature.

Information that DSS gathers from other agencies must reasonably match information that you provide in this application. If there is a difference between the two sources, you will be asked to provide evidence that explains the difference. If you do not provide evidence to explain the difference in information, there is a risk that DSS will initiate a fraud investigation. Fraud investigations that conclude that an applicant has intentionally shared false or misleading information could result in disqualification from the program (being told you are not allowed to apply for benefits anymore) or even criminal prosecution.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR_P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding 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](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCReMail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCReMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Do not write in shaded areas. These areas are for agency use only.
2. Complete **SECTION A: APPLICANT INFORMATION**. Complete the grid in **SECTION B: Household Composition** for **everyone who lives in your home**, even if you are not applying for that person. You may leave questions about citizenship, immigration and Social Security Number blank for anyone for whom you are NOT requesting assistance.
3. Answer the questions in **SECTION C: INCOME** for **everyone for whom you are applying**. In addition, if you are applying for **TANF**, also provide income information for children age 18 or under, even if you **are not** applying for that child, and for the stepparent of the children for whom you are applying.
4. Answer the questions in **SECTION D: RESOURCES** for **everyone for whom you are applying** unless you are applying only for TANF.
5. After completing Sections A through D, answer the questions in the sections indicated below, depending on the type of assistance you are requesting.

TANF	Section E, page 5	TANF Diversionary/Emergency Assistance	Section F, page 6
SNAP	Section G, page 6	Auxiliary Grants	Section H, pages 7-8
6. Complete **SECTION I** for all programs if you want to have an Authorized Representative act on your behalf.
7. Read **CHANGE REPORTING AND PENALTIES** on pages 9-10.
8. Read and complete the last page of this application. Be sure to sign and date the application.

You must include everyone who lives in your house on this application. If there are any people who are not applying for benefits for themselves (they do not want them or they know that they are not eligible), you must include their names and other basic details, but you are NOT required to provide any information about their citizenship, immigration status, or social security number.

EXPEDITED SERVICE FOR SNAP BENEFITS

Your household may qualify for Expedited Service and receive SNAP benefits within 7 days if you are eligible. To qualify for Expedited Service: 1) your gross monthly income must be less than \$150 and liquid resources \$100 or less; 2) your monthly shelter bills must be higher than your household's gross monthly income plus your liquid resources; or 3) someone in your household must be a migrant or seasonal farm worker with little or no income and resources. **GIVE THE INFORMATION BELOW SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Name: Household Sample Date of Birth: 01/01/1901
Address: 1000 Sample Road Social Security Number: 555-55-5555 (Child A.)
Apt. 100 Richmond, VA 23219 Telephone Number: _____

Signature: _____ Date _____

Total income received/expected this month before deductions \$ _____
Total cash, money in checking/savings accounts, CDs, etc. \$ _____
Total rent or mortgage for this month \$ _____
Utility expenses for this month \$ _____
Which utilities do you pay? (check all that apply)
☐ Heat ☐ Lights ☐ Telephone ☐ Electricity for Air Conditioning
☐ Water ☐ Sewer ☐ Garbage ☐ Other
Is anyone in your household a migrant or seasonal farm worker? ☐ YES ☐ NO

This section is not required, but is helpful if you need benefits as soon as possible. This section is used to help DSS determine who is eligible for expedited processing.

If the head of household does not have a social security number, then you can either (1) skip this line, or (2) list the social security number for the eldest household member that you do seek benefits for and list that person's name -- see the example.

Include here all income, BEFORE taxes

Total all monthly expenses for each of the listed utilities

COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)

- ☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
☐ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
☐ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, Telephone (804) 864-8901.

Applicant Name

Signature

Date

for agency use only

Voter Registration form completed: ☐ Yes ☐ No

Voter Registration form given to applicant for later mailing (at applicant's request) ☐ Yes ☐ No

Agency Staff Signature

Date:

DSS is required to help you register to vote, if you want it, but you are not required to register.

If you are not a U.S. citizen, select "No, I do not want to register to vote." Attempting to register to vote if you are not a U.S. Citizen could result in criminal prosecution.

Do not answer questions in any of the gray shaded boxes

Do not answer this box -- this is for DSS processing

AGENCY USE ONLY		
CASE NAME		
CASE NUMBER		
LOCALITY	SCREENER	DATE
<p style="text-align: center;">EXPEDITED SERVICE DETERMINATION</p> <p>Income < \$150 + resources ≤ \$100 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Income + resources < shelter bills <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>For migrant or seasonal farm workers:</p> <p>Resources ≤ \$100 and ≤ \$25 is expected in next 10 days from new income; <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">OR</p> <p>Resources ≤ \$100 and \$0 income is expected from a terminated source for the rest of this month or next month. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">EXPEDITE IF <u>YES</u> TO ANY OF THE ABOVE.</p>		

Commonwealth of Virginia
Department of Social Services

APPLICATION FOR BENEFITS

Return your completed application to:
_____ County/City DSS

A. APPLICANT INFORMATION

Your Contact Information

Your Name (last, first, middle initial) _____

Your Street Address (include apartment number) _____

City, State, ZIP _____

Your Mailing Address (if different from your street address) _____

City, State, ZIP _____

In what city or county do you live? _____

Email Address _____

Primary Telephone Number _____

Alternate Telephone Number _____

What is the primary language spoken in your household?

☐ English
☐ Spanish
☐ Cambodian

☐ Vietnamese
☐ Farsi
☐ Haitian-Creole

☐ Laotian
☐ Chinese
☐ Korean

☐ Somali
☐ Kurdish
☐ Arabic

☐ French
☐ German
☐ Japanese

☐ Other (specify): _____

Primary Method of Correspondence

If you would like to receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail. If you are completing this application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

☐ Text ☐ Email Cell Phone Number _____ Email Address _____

☐ YES ☐ NO 1. Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving any benefits from a social services agency, including SNAP (Food Stamps), TANF, Medicaid, General Relief, Auxiliary Grant, Foster Care, Adoption Assistance, or Refugee Cash Assistance? If YES, enter the information below.

Name: _____ Type of Benefit Received: _____
When: _____ From What County, City, or State: _____

☐ YES ☐ NO 2. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive TANF, SNAP, or Medicaid in two or more states at the same time? If YES, give date and place of conviction. _____

☐ YES ☐ NO 3. Have you or anyone for whom you are applying ever been disqualified from participating in TANF, SNAP, or Medicaid? If YES, give date and place of all disqualifications. _____

☐ YES ☐ NO 4. Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain _____

☐ YES ☐ NO 5. Have you or anyone for whom you are applying ever been convicted of a felony as an adult on or after February 8, 2014 for the following:
a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? ☐ YES ☐ NO
b. Murder under Title 18 USC, Section 1111 or a similar state offense? ☐ YES ☐ NO
c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? ☐ YES ☐ NO
d. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ? ☐ YES ☐ NO
If YES to any of the above, who? _____
If YES to any of the above, are you in compliance with the terms of the sentence? ☐ YES ☐ NO

In this section, you should include information for the person that you want to be "head of household." The head of household will be who DSS contacts for more information about the case, and will be responsible for responding to any DSS requests.

Registering for electronic correspondence does not lead to emailed notices. You merely get a notification that a notice is available. To access the notice itself, you must have a CommonHelp account that is linked with this application. If you don't want emails -- merely skip this section.

If you have an existing case for another benefit program, include the Case ID number here

If the answer to this question is "no" still indicate "no" beside every subsection listed. If the answer to one of the subsections is "yes," you should also indicate "yes" next to #5.

You are not required to provide an email address.

All communications are in English unless you indicate that you speak or read another language.

This question only asks about people seeking benefits for themselves.

"disqualification" is not the same as being told that you are not eligible. If you have been told that you cannot apply for benefits for a certain period of time, you may be disqualified.

If you have convictions on your record but you aren't sure whether they fit into these categories, refer to your court documents, which should list the legal sections for the charges.

The first part of this section should list the person you want to be the "Head of Household." This information should be about the same person that you listed in Section A.

You are not required to provide education information to be eligible for SNAP.

You are not required to provide a Social Security Number UNLESS you seek benefits for that person.

If you are not seeking benefits for this person, select "None." If you do want benefits for this person, select "SNAP." Do not check any other box unless you are seeking those benefits.

B. HOUSEHOLD COMPOSITION: This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person. List yourself first.

1 SAMPLE, HEAD, H.

Name (last, first, middle initial) 01/01/1901
Relationship to You Self
Birth Date (mm-dd-yyyy)
City, State, Country of Birth: -----

Social Security Number: -----

Gender: ☒ Male ☐ Female
Marital Status: ☐ Married ☒ Never Married
☐ Separated ☐ Divorced ☐ Widowed

Are you a U.S. citizen? ☐ Yes ☐ No
If No, immigration status: _____
US Residency Date: / /

Highest Grade Completed: _____
School Name if a Student: _____

Are you a veteran or dependent? ☐ Yes ☒ No :
Alien Registration Number: _____
Are you disabled or pregnant? ☐ Yes ☒ No
Are you temporarily living away from home? ☐ Yes ☒ No
Date Left / / Expected Return Date / /
Reason for being away: _____

Program(s) Requested:
☒ None ☐ AG ☐ GR ☐ RCA ☐ SNAP
☐ TANF ☐ TANF DA or EA ☐ TANF--No SNAP

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White
☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

2 SAMPLE, CHILD A.

Name (last, first, middle initial) daughter
Relationship to Applicant 02/02/2011
Birth Date (mm-dd-yyyy)
City, State, Country of Birth: RICHMOND, VA USA

Social Security Number: 555-55-5555

Gender: ☐ Male ☒ Female
Marital Status: ☐ Married ☒ Never Married
☐ Separated ☐ Divorced ☐ Widowed

Is this person a U.S. citizen? ☒ Yes ☐ No
If No, immigration status: _____
US Residency Date: / /

Highest Grade Completed: _____
School Name if a Student: _____

Is this person a veteran or dependent? ☒ Yes ☐ No :
Alien Registration Number: _____
Is this person disabled or pregnant? ☐ Yes ☒ No
Is this person temporarily away from home? ☐ Yes ☒ No
Date Left / / Expected Return Date / /
Reason for being away: _____

Program(s) Requested:
☐ None ☐ AG ☐ GR ☐ RCA ☒ SNAP
☐ TANF ☐ TANF DA or EA ☐ TANF--No SNAP

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White
☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

3 SAMPLE, CHILD B.

Name (last, first, middle initial) son
Relationship to Applicant 03/03/2013
Birth Date (mm-dd-yyyy)
City, State, Country of Birth: LIMA, PERU

Social Security Number: 777-77-7777

Gender: ☒ Male ☐ Female
Marital Status: ☐ Married ☒ Never Married
☐ Separated ☐ Divorced ☐ Widowed

Is this person a U.S. citizen? ☐ Yes ☒ No
If No, immigration status: Lawful Permanent Resident
US Residency Date: 05/05/2015

Highest Grade Completed: _____
School Name if a Student: _____

Is this person a veteran or dependent? ☒ Yes ☐ No :
Alien Registration Number: A2222222
Is this person disabled or pregnant? ☒ Yes ☐ No
Is this person temporarily away from home? ☐ Yes ☒ No
Date Left / / Expected Return Date / /
Reason for being away: _____

Program(s) Requested:
☐ None ☐ AG ☐ GR ☐ RCA ☒ SNAP
☐ TANF ☐ TANF DA or EA ☐ TANF--No SNAP

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino
Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White
☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

You must provide a date of birth for the head of household, even if you aren't seeking benefits for that person.

You are not required to provide any information about where someone was born, their citizenship, or other status information if you are not seeking benefits for that person. You MUST provide that information if you are seeking benefits for this individual.

If this person is a veteran or dependent, mark "yes" and circle the category that applies to this person. If the person is disabled or pregnant, mark "yes" and circle the category that applies. If none of those categories apply, mark "no" to each question.

You are not required to answer questions on ethnicity to be eligible for SNAP benefits.

Check "yes" for disability if the person receives disability benefits from the Social Security Administration, Railroad Retirement Administration, Veterans Administration, or otherwise has been certified as disabled from a government agency.

If applying for someone with a qualifying noncitizen status, list the date that the status was approved.

Remember: You must include everyone who lives in the home and shares meals on the application. You do not have to seek benefits for those people, but they must be included in the household.

If you are not applying for six people, draw an X through the remaining blank sections so they can't easily be modified by someone else.

If you need more than 6 spaces, include all required information on a separate sheet and attach it to the application.

HOUSEHOLD COMPOSITION (continued)

If you need more space to list your household members, please ask for another form or write the information on a separate sheet.

4 Name (last, first, middle initial) _____

Social Security Number: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Never Married

☐ Separated ☐ Divorced ☐ Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? ☐ Yes ☐ No :

Program(s) Requested:

☐ None ☐ AG ☐ GR ☐ RCA ☐ SNAP

☐ TANF ☐ TANF DA or EA ☐ TANF--No SNAP

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White

☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White

☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

Relationship to Applicant _____ Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Is this person a U.S. citizen? ☐ Yes ☐ No

If No, immigration status: _____

US Residency Date: ____/____/____

Alien Registration Number: _____

Is this person disabled or pregnant? ☐ Yes ☐ No

Is this person temporarily away from home? ☐ Yes ☐ No

Date Left ____/____/____ Expected Return Date ____/____/____

Reason for being away: _____

5 Name (last, first, middle initial) _____

Social Security Number: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Never Married

☐ Separated ☐ Divorced ☐ Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? ☐ Yes ☐ No :

Program(s) Requested:

☐ None ☐ AG ☐ GR ☐ RCA ☐ SNAP

☐ TANF ☐ TANF DA or EA ☐ TANF--No SNAP

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White

☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White

☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

Relationship to Applicant _____ Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Is this person a U.S. citizen? ☐ Yes ☐ No

If No, immigration status: _____

US Residency Date: ____/____/____

Alien Registration Number: _____

Is this person disabled or pregnant? ☐ Yes ☐ No

Is this person temporarily away from home? ☐ Yes ☐ No

Date Left ____/____/____ Expected Return Date ____/____/____

Reason for being away: _____

6 Name (last, first, middle initial) _____

Social Security Number: _____

Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Never Married

☐ Separated ☐ Divorced ☐ Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? ☐ Yes ☐ No :

Program(s) Requested:

☐ None ☐ AG ☐ GR ☐ RCA ☐ SNAP

☐ TANF ☐ TANF DA or EA ☐ TANF--No SNAP

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Racial Heritage: ☐ White ☐ Black/African American ☐ Asian ☐ Asian & Black/African American ☐ Asian & White

☐ American Indian/Alaskan Native ☐ Black/African American & White ☐ American Indian/Alaskan Native & White

☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & Black ☐ Other/Unknown

Relationship to Applicant _____ Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Is this person a U.S. citizen? ☐ Yes ☐ No

If No, immigration status: _____

US Residency Date: ____/____/____

Alien Registration Number: _____

Is this person disabled or pregnant? ☐ Yes ☐ No

Is this person temporarily away from home? ☐ Yes ☐ No

Date Left ____/____/____ Expected Return Date ____/____/____

Reason for being away: _____

Fill out this section for everyone in the household who is paid for work. Don't include here government benefits, retirement, unemployment, etc. That will be in the next section.

If you have no income because you are unemployed, be prepared to submit a sworn self-statement confirming how long you have been out of work.

If you are unemployed and aged between 18 - 64, be prepared to explain how you meet or are exempt from the work requirement (see below).

Work Requirements for SNAP

Anyone aged 18-64 must show that they participate in work, volunteering, or a qualifying educational program for 80 hours per month (approximately 20 hours per week). This is most commonly proven through pay stubs or other work supporting documents.

If you are unemployed, you may be exempt from the work requirement if:

- You have a disability certification from SSA, the VA, or Railroad Retirement Board
- Your doctor confirms that you are disabled and unable to work (they must state how long they expect you to be out of work, up to 12 months at a time)
- You are pregnant
- you have children aged 14 or younger
- you are participating in a work program for another benefit program (for example, TANF VIEW)

C. INCOME

1. Do you or anyone who lives with you receive or expect to receive any of the following types of money from working? Include money from all jobs that you have now or expect to begin, full time, part time, seasonal, temporary, self-employment. Answer Yes or No below and provide the requested information:

Yes

No

☐ Wages/Salary

☐ Contract Income

☐ Vacation Pay

☐ Commissions, Bonuses, Tips

Yes

No

☐ Earned Sick Pay

☐ Babysitting/Adult or child care

☐ Farming/Fishing

☐ Odd jobs

Yes

No

☐ Domestic Work

☐ Self-employment

☐ Any other money from working

a.

Name (last, first, middle initial)

Employer Name, Address and Telephone Number

Number of Hours Per Week

Rate of Pay

Pay Schedule

☐ Weekly

☐ Monthly

☐ Biweekly

☐ Twice a Month

☐ Other

Date Job Started

Next Pay Date (mm-dd-yyyy)

b.

Name (last, first, middle initial)

Employer Name, Address and Telephone Number

Number of Hours Per Week

Rate of Pay

Pay Schedule

☐ Weekly

☐ Monthly

☐ Biweekly

☐ Twice a Month

☐ Other

Date Job Started

Next Pay Date (mm-dd-yyyy)

☐ YES

☐ NO

2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked in the last 60 days? If YES, give name and explain:

3. Do you or anyone who lives with you (including children) receive or expect to receive any of the following? Answer yes or no below and provide the requested information.

Yes

No

☐ Social Security

☐ SSI

☐ VA benefits

☐ Child support, alimony

☐ Public Assistance (TANF, GR etc)

☐ Military Allotment

☐ Training allowances (WIA, etc.)

☐ Loans

Yes

No

☐ Cash gifts or contributions

☐ Unemployment benefits

☐ Room/board income

☐ Black Lung benefits

☐ Worker compensation

☐ Rental Income

☐ Inheritance

☐ Railroad retirement

Yes

No

☐ Strike benefits

☐ Prize winnings

☐ All food, clothing, utilities, or rent

☐ Other retirement

☐ Interest, dividends

☐ Insurance settlement

☐ Refugee Matching Grant

☐ Any other type of money

a.

Name of Person

Amount

Type of Money or Help

How Often Received?

b.

Name of Person

Amount

Type of Money or Help

How Often Received?

c.

Name of Person

Amount

Type of Money or Help

How Often Received?

☐ YES

☐ NO

4. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If YES, give name, amount, and explain:

☐ YES

☐ NO

5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain:

☐ YES

☐ NO

6. Does anyone pay legally obligated child support to someone who is not in the household? If YES, give name of person paying, person supported, and amount:

Be as detailed as possible. If paid by the hour or receiving salary, be sure to include that information with "rate of pay" (For example: \$16 per hour, or \$250 per week)

If possible, include gross income (income before taxes). Be prepared to provide supporting documents of some kind. Possible supporting documents include:
-pay stubs (at least one month, two months if your income varies)
-a letter from a supervisor explaining how much you work & earn
-a sworn self-statement explaining how much you work & earn

This section is for income sources other than paid work. If you receive any of the listed income, you must indicate "yes" and list how much you get each month.

Include here any support that totally covers shelter/food/utility expenses, your relationship with the person providing the support, and whether you live with them
If you have a day care expense to allow you to work, include here who pays the expense, how frequently, the amount paid, and who is in the care.

This applies to court ordered or Division of Child Support Enforcement (DCSE) child support obligations. If there is an informal arrangement between parents, it does not need to be listed here.

4

D. RESOURCES

Provide as much information here as you can because it helps determine the speed of processing your application.

You do not have to complete this section if you are only applying for TANF. Otherwise, answer for everyone for whom you are applying. Include any resources anyone owns, or that are jointly owned with someone else, even if that person does not live with you. List the names of all joint owners.

1. Do you or anyone who lives with you have any of the following resources or assets?

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Cash \$	<input type="checkbox"/>	<input type="checkbox"/> Checking, Savings	<input type="checkbox"/>	<input type="checkbox"/> Credit Union
<input type="checkbox"/>	<input type="checkbox"/> 401K, 403B, etc	<input type="checkbox"/>	<input type="checkbox"/> Promissory notes	<input type="checkbox"/>	<input type="checkbox"/> Money Market Funds
<input type="checkbox"/>	<input type="checkbox"/> Individual Retirement Account (IRA)	<input type="checkbox"/>	<input type="checkbox"/> Christmas Club	<input type="checkbox"/>	<input type="checkbox"/> Deeds of Trust
<input type="checkbox"/>	<input type="checkbox"/> Deferred Compensation Plan	<input type="checkbox"/>	<input type="checkbox"/> Uniform Gift to Minor Account	<input type="checkbox"/>	<input type="checkbox"/> Retirement accounts
<input type="checkbox"/>	<input type="checkbox"/> Keogh Plan	<input type="checkbox"/>	<input type="checkbox"/> Certificate of Deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/> Trust funds
<input type="checkbox"/>	<input type="checkbox"/> Stocks or bonds	<input type="checkbox"/>	<input type="checkbox"/> Pension plans	<input type="checkbox"/>	<input type="checkbox"/> ABL Account
<input type="checkbox"/>	<input type="checkbox"/> Other				

— If **Yes** to any of the above, please provide the following information:

a.

Owner Name (last, first, middle initial)		Co-Owner Name (last, first, middle initial)	
Name of Bank or Institution	Account Type	Account Number	\$ Balance
Address of Bank or Institution			

b.

Owner Name (last, first, middle initial)		Co-Owner Name (last, first, middle initial)	
Name of Bank or Institution	Account Type	Account Number	\$ Balance
Address of Bank or Institution			

☐ YES ☐ NO 2. Has anyone received or expect to receive winnings of \$4,250 or more from lottery or gambling? If **YES**, explain:

☐ YES ☐ NO 3. Has anyone sold, transferred or given away any resources in the last 3 months (for SNAP) or in the last 3 years (for Auxiliary Grants)? If **YES**, explain:

E. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) (ASK FOR AN EXTRA PAGE IF YOU NEED MORE SPACE)

1. CHILD/PARENT INFORMATION List each child for whom you are applying. Then, list the names of both parents. You must identify both parents in order to receive TANF. If you intentionally misidentify a parent, you shall be prosecuted	2. IMMUNIZATION (Answer <u>only</u> if applying for TANF.) Has the child received ALL of the immunizations required according to the child's age? Check (✓) Yes Or No Or Unknown
Child's Name	Yes () No () Unknown ()
Mother	
Father	
Child's Name	Yes () No () Unknown ()
Mother	
Father	
Child's Name	Yes () No () Unknown ()
Mother	
Father	
Child's Name	Yes () No () Unknown ()
Mother	
Father	

Note: You are required to provide full and truthful answers to these questions. If information listed here does not match answers that you provided for a Medicaid program with a resource test, you will be asked to provide additional information for both programs.

You are not required to provide bank account numbers or addresses. If you can provide the owner of the account, balance, and account type -- that is enough information.

Do not complete this section if applying only for SNAP benefits.

F. TANF DIVERSIONARY ASSISTANCE/EMERGENCY ASSISTANCE

- ☐ YES ☐ NO 1. Does your household have an emergency need related to basic needs (food, shelter, shelter items, potential eviction, medical expenses, childcare expenses or the costs associated with getting or keeping employment including transportation costs)? If **YES**, give date and explain below.
- ☐ YES ☐ NO 2. Does anyone have emergency needs that result from a natural disaster or fire such as replacement of clothing, or the repair or replacement of household equipment and supplies which were destroyed? If **YES**, explain below.
- ☐ YES ☐ NO 3. Has your household experienced an involuntary loss or reduction of income (except TANF/Refugee Cash Assistance) in the six months prior to the date of application?
- ☐ YES ☐ NO 4. Does your household have a delay in starting to receive income resulting in the current emergency? (The income must start within 60 days following the application date.) If **YES**, who?

Date, description, and cause of emergency:

G. SNAP BENEFITS

1. List the name of the person who is the head of your household: _____
- ☐ YES ☐ NO 2. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) ☐ YES ☐ NO
- ☐ YES ☐ NO 3. Is anyone living in your home renting a room from you (a roomer) or being provided a room and food (a boarder)? If **YES**, list names: _____
- ☐ YES ☐ NO 4. Is anyone age 60 or older or approved to receive Medicaid because of a disability or receiving any type of disability payment? If **YES**, list all current medical expenses for these people.

Household Member with Medical Expense	Type of Expense	Amount	Name of Doctor, Hospital, Pharmacy

- ☐ YES ☐ NO 5. Do you have any of the following shelter expenses? If **YES**, list your current expenses. Check (✓) here ☐ if these expenses are for a house you do not live in.

Expense	Amount Billed	How Often Billed?	Who is Responsible for the Bill?
Rent/Mortgage			
Taxes/ Insurance			
Electricity			
Gas/Oil/Kerosene/Coal/Wood			
Water/Sewage/Garbage			
Telephone			
Installation			

- 6a How do you heat your home? _____ **Don't skip this question!**
- ☐ YES ☐ NO 6b Do you have air conditioning in your home?
- ☐ YES ☐ NO 6c Did you receive energy/fuel assistance during this past year while living in your current home?
- ☐ YES ☐ NO 6d Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If **YES**, how much does it cost to stay there during the month?

If you are staying temporarily in someone else's home, when did you move there? _____

Do not complete this section if applying only for SNAP benefits.

The person listed here should be the same as who is listed in Section A.
If you share your home with anyone that you don't prepare meals with, write in the margin what your relationship is to that person and confirm that you will not share meals with them.

This section is asking for medical expenses that are not covered by insurance (e.g., bills for specialized care, copays, hospital bills, medication costs, home health, medical transportation).

Fill out this entire section -- the more information you provide, the more exact the benefits will be. Be prepared to provide copies of your bills or a receipt for payment with this application to prove your expenses.

DSS will use these answers to determine how much of your income to include when determining your eligibility and ultimately your monthly benefits.

If there is anyone in your home that you prepare and share meals with (even if not related or they have their own income) they must be included as part of your household and in Section B of the application.

These questions also determine your benefit level -- answer them all

H. AUXILIARY GRANTS (AG)

☐ YES ☐ NO 1 Do you live in an Assisted Living Facility, an Adult Foster Care Home, a Nursing Facility, or other institution?
If YES, Date Applicant Entered _____
City/County and State where you lived before entering the institution _____
If outside Virginia, was placement made by a government agency? ☐ YES ☐ NO

☐ YES ☐ NO 2 Have you applied for or are you applying for supportive housing?

☐ YES ☐ NO 3 Do you have a spouse who does not live in the home? If YES, enter the Spouse's Name and address _____

☐ YES ☐ NO 4 Have you lived in Virginia for the past 90 days?

☐ YES ☐ NO 5 Do you owe or did you pay any bills you had in the month of entry into an assisted living facility or adult foster care?

☐ YES ☐ NO 6 Do you have any unpaid medical bills for the three months before the application month?

Description of Bills	Dates of Bills	Dates Bills Paid
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☐ YES ☐ NO 7 Do you own any household goods or personal effects worth more than \$500, such as silver, fine china, furs, artwork, jewelry, or other items held for their value or as an investment?

Description and Value of Items

☐ YES ☐ NO 8 Do you have any burial plots, burial arrangements or trust funds for burial?

Owner(s)	Number of Plots	Where	Value \$	Date Acquired
Type of Arrangement:		Trustee/Authority/Funeral Home:	Amount Owed \$	Amount Paid \$
Owner(s)	Burial contract/agreement type: <input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable		Funds Required \$	
Other information:				

☐ YES ☐ NO 9 Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

Owner(s)	Type	Is this property used in your business or trade, including farming? YES () NO ()	Value	Amount Owed	Date Acquired
----------	------	---	-------	-------------	---------------

☐ YES ☐ NO 10 Does anyone own any real property, including life estates, inherited property, land, buildings, or mobile homes?
If YES, do you live there? Check (✓): ☐ YES ☐ NO

Owner(s)	Type	YES () NO () Currently rented? YES () NO () Income-producing? YES () NO () Currently for sale?	Value \$	Amount Owed \$	Date Acquired
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☐ YES ☐ NO 11 Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds?

Owner(s)	Type, Make, Model, Year	Currently Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle ID# License #	Value Amount Owed	How Used	Date Acquired
			#	\$		
			#	\$		

Do not complete this section if you are applying only for SNAP benefits.

H. AUXILIARY GRANTS (AG) (continued)

☐ YES ☐ NO 12. Does anyone have any life insurance? If YES, provide information about each policy. List each policy separately. Attach a separate sheet if necessary.

Owner	Person Insured	Type of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Term	Face Value \$	Cash Value \$
Company Name	Policy Number			
Owner	Person Insured	Type of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Term	Face Value \$	Cash Value \$
Company Name	Policy Number			
Owner	Person Insured	Type of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Term	Face Value \$	Cash Value \$
Company Name	Policy Number			

An application for AG is also an application for Medicaid. The following questions will help determine Medicaid eligibility through the Department of Social Services or possible eligibility for Advanced Premium Tax Credits (APTC) for private health insurance through the Federal Marketplace (Healthcare.gov).

☐ YES ☐ NO 13. Does anyone have health insurance? If YES, complete the following:

Policy Holder:	Person(s) Insured:
Company Name, Address, Phone:	
Coverage Type:	Begin Date: / / End Date: / /
ID Number:	Premium Amount: \$

☐ YES ☐ NO 14. Does anyone have Medicare?

Person Insured	Claim Number	Coverage
		<input type="checkbox"/> Part A <input type="checkbox"/> Part B
		<input type="checkbox"/> Part A <input type="checkbox"/> Part B

15. List the names of everyone expected to be included on the same tax return as you for this year, whether or not they live in the same home as you. For anyone in the home that does not file taxes and does not expect to be on anyone else's tax return, list those names under "Non-filer(s)".

Tax Filer:	
Joint Taxpayer:	
Tax Dependent(s):	
Non-filer(s):	

I. Authorized Representative

An authorized representative may apply for benefits on your behalf or receive copies of your program notices. Your representative may also receive and use your SNAP benefits on your behalf. If you want to name an authorized representative, please give the information below about the representative and what you want the representative to do on your behalf. Note that you may have only one representative who can access your benefits.

Name, Address and Telephone Number of the Authorized Representative	Check (✓) each duty authorized for that person
	<input type="checkbox"/> Apply for benefits
	<input type="checkbox"/> Receive correspondence
	<input type="checkbox"/> Access or use SNAP benefits
	<input type="checkbox"/> Apply for benefits
	<input type="checkbox"/> Receive correspondence
	<input type="checkbox"/> Access or use SNAP benefits

Do not complete this section if you are applying only for SNAP benefits.

Here, you can list people who you want to be able to talk to DSS about your SNAP benefits. Only list here people that you trust and be sure to specifically state the scope of their access (e.g., they're allowed to receive notices, but not use the benefits)

CHANGE REPORTING, RESPONSIBILITIES, AND PENALTIES
(READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)

REPORTING CHANGES

You must report changes that occur. What you need to report and when you need to report it varies by each program as listed below or on the next page for SNAP.

TANF/Refugee Cash Assistance: Report within 10 days, but no later than the 10th day of the month after a change occurs. Report these changes:

- Your household income goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit www.dss.virginia.gov.
- Your address changes.
- An eligible individual leaves or enters the home.
- Changes that may affect your participation in VIEW such as, changes in income, employment, education, training, transportation, and child care.

General Relief-Unattached Child: Report the day the change occurs or the first day that the agency is open after the change occurs. Report these changes:

- Your address changes.
- The amount of your monthly income changes.
- There are other changes that may affect eligibility.

Auxiliary Grants: Report changes within 10 days. Report these changes:

- Your address changes.
- The amount of your monthly income changes.
- There are changes in your resources, including transferring assets/property or in any motor vehicles owned.

PENALTIES FOR TANF AND REFUGEE CASH ASSISTANCE (RCA) VIOLATIONS

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF or RCA, or to receive supportive or transitional services such as child care or assistance with transportation.

If you are found guilty of intentionally breaking these rules, you will be ineligible to receive TANF or RCA for yourself for 6 months (1st violation), 12 months (2nd violation), or permanently (3rd violation). In addition, you may be prosecuted under Federal or State law.

Anyone convicted of misrepresenting his or her residence to get TANF, Medicaid, SNAP benefits or SSI in two or more states is ineligible for TANF for 10 years.

DOMESTIC VIOLENCE INFORMATION

Domestic violence information and services are available to anyone experiencing violence or abuse from their partner. If you are in immediate danger, call 911. If you would like to speak with, text or chat with someone who understands these issues or to learn about services and safety options, contact the Virginia Statewide Hotline.

- Call and speak with an advocate toll-free at 1-800-838-8238. (Note: Interpreters are available for more than 200 languages via the Language Line.)
- Text with an advocate at 804-793-9999.
- Chat with an advocate at <https://www.vadata.org/chat/>. (Chat feature works best on a computer or tablet.)
- Call and speak with an advocate - LGBTQ Helpline: 1-866-356-6998

**SNAP CHANGE REPORTING, RESPONSIBILITIES, AND PENALTIES
(READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)**

You must report changes that occur for SNAP but, what you must report is tied to how long you are determined eligible for benefits, the certification period. You must report changes that occur during the certification period within 10 days, but no later than the 10th day of the month after the change occurs.

Changes that you need to report during the certification period for SNAP will depend on the length of the certification period. "Simplified Reporting" applies to households that are eligible for SNAP benefits for five (5) months or longer. "Change Reporting" applies to households that are eligible for one (1) month to four (4) months. Changes that need to be reported for each category are listed below.

INTERIM REPORT FILING

In addition to reporting changes when they occur during the SNAP certification period, Simplified Reporting households may be required to submit an Interim Report in the sixth or twelfth month. The Interim Report is used to determine the amount of SNAP benefits households will receive for the second half of the certification period. The Interim Report provides a snapshot of household circumstances that were presented at the time of application. We will ask for proof of income changes and changes in legal obligations to pay child support. If households fail to return the completed Interim Report by the fifth of the month, SNAP benefits for the seventh or thirteenth month may be delayed or closed. Assistance for filing the Interim Report is available by calling the telephone number printed on the form.

REPORTING REQUIREMENTS – SIMPLIFIED REPORTING HOUSEHOLDS

Certified five months or longer, households must report:

- The number of work hours goes under 20 per week for anyone between the ages of 18-49 if there are no children in your SNAP household;
- You have lottery or gambling winnings of \$4,250 or more; or
- All the income for your household, before taxes, goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit www.dss.virginia.gov.

REPORTING REQUIREMENTS – CHANGE REPORTING HOUSEHOLDS

Certified four months or less, households must report:

- There is a change in the number of people in your household;
- Your address changes, including shelter expenses that change resulting from the move;
- The obligation to pay child support changes or the amount paid to someone outside the household changes;
- Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,750 or \$4,250 or more;
- You have lottery or gambling winnings of \$4,250 or more;
- The number of work hours goes under 20 per week for anyone between the ages of 18-50 if there are no children in the home; or
- There are changes in income:
 - There are income changes of more than \$125 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job; or
 - Your job switches from full-time to part-time or part-time to full-time.

SNAP RESPONSIBILITIES AND PENALTIES FOR VIOLATIONS

You must not:

- give false information or hide information to get SNAP benefits;
- trade or sell EBT cards or attempt to trade or sell EBT cards;
- use SNAP benefits to buy non-food items, such as alcohol, tobacco or paper products;
- use someone else's EBT card for your household;
- buy an item and discard the contents in order to get the return deposit for the container;
- resell a purchased product for cash or exchange a purchased product for consideration other than eligible food; or
- purchase food on credit.

If you intentionally break any of these rules, you could be barred from getting SNAP benefits for 12 months (1st violation), 24 months (2nd violation), or permanently (3rd violation); fined up to \$250,000, imprisoned up to 20 years, or both; and suspended for an additional 18 months and further prosecuted under other Federal and State laws.

If you intentionally give false information or hide information about identity or residence to get SNAP benefits in more than one locality at the same time, you could be barred for 10 years.

If you are convicted in court of trading or selling SNAP benefits of \$500.00 or more, you could be barred permanently.

If you are convicted in court of trading SNAP benefits for a controlled substance, you could be barred for 24 months for the 1st violation, permanently for the 2nd violation.

If you are convicted in court of trading SNAP benefits for firearms, ammunition, or explosives, you could be barred permanently for the first violation.

When you sign the application, you are giving consent to all of this data sharing and you are agreeing to follow all of these rules.

Checking "I allow" will allow DSS to share information about your case with other agencies. If you do not want sharing outside of the minimum required information, check "I do not allow."

BY MY SIGNATURE BELOW, I DECLARE:

- I read the information at the beginning of this application and the Change Reporting and Penalties section of this application.
- I understand that if I refuse to cooperate with any review of my eligibility, including a review by Quality Assurance, my benefits may be denied until I cooperate.
- I understand that if my application is for SNAP benefits, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for these expenses.
- I have given true and correct information on this application to the best of my knowledge and belief. I understand that if I give false information, withhold information, or fail to report a change promptly or on purpose, I may be breaking the law and could be prosecuted for perjury, larceny, and/or welfare fraud. I understand that if I help someone complete this form in order to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- As a condition of receiving TANF, I agree to assign all of my rights to financial support paid to me and to anyone for whom I am receive TANF. After my application for TANF is approved, I agree to give any support payments I receive to the Division of Child Support Enforcement.
- I authorize the Department of Social Services and refugee service contractors to obtain any verification necessary to both determine and review financial assistance eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply as long as my medical assistance case is open or to investigations regarding possible fraud.
- As an applicant for Auxiliary Grants, I understand that my application will be evaluated for Medicaid. I agree to assign my rights to medical support and other third-party payments to the Department of Medical Assistance Services (DMAS). I also agree to assign the rights of anyone for whom I am applying for Auxiliary Grants to medical support and other third-party payments to DMAS. If I do not agree to assign these rights, I will be ineligible for Medicaid.
- I understand that, to the extent allowed by federal law, information about this application may be shared with agencies under the Secretary of Health and Human Resources for Virginia. Informatin about applicants for and recipients of services may be shared to: 1) streamline administrative processes and reduce administrative burdens on the agencies; 2) reduce paperwork and administrative burdens on applicants and recipients; and 3) improve access to and the quality of services provided by the agencies.
- I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits.
☐ **I allow** ☐ **I do not allow** the Department of Social Services to disclose certain information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Health, and the Department for Aging and Rehabilitative Services. I can withdraw this authorization at any time by notifying my eligibility worker.

I filled in this application myself ☐ **YES** ☐ **NO**. If **NO**, it was read back to me when completed. ☐ **YES** ☐ **NO**.

Anyone can assist you with this application.

_____ Applicant's Signature or Mark	_____ Date	_____ Witness To Mark or Interpreter	_____ Date
_____ Signature of the Spouse or Authorized Representative		_____ Date	
Complete the section below if this application was completed for the applicant by someone else.			
_____ Name of Person Completing Application	_____ Date	_____ Address	
_____ Primary Telephone	_____ Alternate Telephone	_____ Relationship to Applicant	

You do not need a witness if you are able to sign the application. If you used an interpreter, or someone else is signing on your behalf, include a witness signature to confirm that the information here is true and accurate and the application was prepared according to your instructions.

This is where you list the information for the person assisting you with the application. Skip this question if you completed the application yourself

AGENCY USE ONLY	
Case Name	Case Number
Locality	Date Received
Date of Interview:	<input type="checkbox"/> In office <input type="checkbox"/> Telephone
Interviewer	Program (s)

