



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

May 11, 2020

Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal #26

This transmittal removes references to felony drug-related convictions. These changes stem from Virginia General Assembly legislation as allowed by the Personal Responsibility and Work Opportunity Reconciliation Act. Such felony convictions will no longer prevent otherwise eligible persons from receiving Supplemental Nutrition Assistance Program (SNAP) assistance.

The provisions of this transmittal are effective July 1, 2020 for all SNAP applications filed or actions taken on cases on or after July 1, 2020 except that the statewide exemption for the work requirement was effective April 1, 2020.

The certification manual and this transmittal are available at <https://snapmanual.dss.virginia.gov/FoodStampManual/mainpage.jsp>.

Note changes for the following sections:

Chapter	Significant Changes
Part II Pages 15-16	The Categorical Eligibility for Certain PA Households section was changed to remove the reference to convictions for a drug-related felony.
Part VI Pages 7-10	The Non-household Members section was changed to remove the reference to convictions for drug-related felony offenses when determining the household's size and assigning a benefit level.

Chapter	Significant Changes
Part XII Pages 13-14	The Disqualified Individuals – Fully Countable Income/Deduction section was changed to remove the reference to a felony conviction involving a controlled substance.
Part XV Appendix 1 Page 1	The list of localities exempt from the work requirement was revised to reflect the statewide exemption that resulted from the impact of the coronavirus.
Part XXIV Pages i-ii	The Table of Contents was revised.
Pages 1-16, 19-26, 120-121	The Application for Benefits, Renewal Application and the application for new household members for the Temporary Assistance for Needy Families Program were revised to remove felony drug-related question.

Direct questions about this transmittal to practice program consultants or Claudia Jackson at claudia.jackson@dss.virginia.gov or at (804) 726-7346.

S. Duke Storen
Commissioner

Attachment

- i. If the SSA office sends the application to the wrong agency, the local agency must forward the application to the correct agency within one working day. The incorrect mailing will not affect processing time standards except as indicated in Item b above, when the household is entitled to expedited processing.
- j. Recertification - Any household that may apply at the SSA for initial certification has the right to recertify at the SSA office also, regardless of whether the application for initial certification was taken at the SSA office. SSA will interview the applicant, obtain any readily available verification, complete a transmittal form, and send this material to the local agency.

In order to be eligible for uninterrupted benefits, however, applicants must file the recertification application at the SSA office on or before the date on the *Notice of Expiration*.

The local agency may not re-verify information obtained and documented by SSA unless the information is questionable or insufficient.

3. Categorical Eligibility for PA Households (7 CFR 273.2 (j)(2))

- a. Any household in which all members receive or are authorized to receive a cash payment from the TANF, GR – Unattached Child, or SSI Program is eligible for SNAP benefits regarding income and resources. Any household in which at least one person receives or is authorized to receive services funded through the TANF block grant also will be categorically eligible regarding income and resources. See the PA Case in Definitions. Eligibility for SNAP benefits does not apply if the entire household:

- is residing in an institution;
- is disqualified for any reason from receiving SNAP benefits; or
- fails to meet nonfinancial criteria, as addressed in Part VII.

Residents of public institutions who jointly apply for SSI and SNAP benefits before release from the institution will not be categorically eligible when SSA determines potential SSI eligibility before the release. These individuals will be categorically eligible when SSA makes a final SSI determination and the individual leaves the institution.

Eligibility and SNAP benefits determinations will be based on information provided by households. Categorically eligible households are subject to the same verification requirements as other households. However, categorically eligible households meet the following eligibility factors without additional verification:

- Resource limits
- Gross and net income limits; , except note that categorically eligible households that receive lottery or gambling winnings of \$3,500 or more are ineligible for benefits as allowed in Part XII.E.3;
- Social Security number information;

- Sponsored alien information, provided information exists in the PA case; or
- Residency.

If any of the following factors are questionable, the EW must verify that the household that is categorically eligible:

- Contains only members that are TANF, GR – Unattached Child, or SSI recipients or that at least one member receives a TANF-funded service;
- Meets the household definition in Part VI.A;
- Includes all persons who purchase and prepare food together in one SNAP household, regardless of whether or not they are separate units for the public assistance program purposes; and,
- Includes no persons as provided in Part II.G.3.b below.

For purposes of determining categorical eligibility, any household in the TANF program that is suspended for TANF or that is entitled to zero benefits under the TANF program will be a TANF household.

Categorical eligibility will continue at recertification even if a TANF review is not completed.

- b. Households in which all members receive TANF, SSI, or GR – Unattached Child income or at least one member receives a TANF-funded service will not be categorically eligible if:
1. Any member who would normally participate with the household has been disqualified for an intentional program violation;
 2. The head of household failed to comply with work registration or employment and training requirements;
 3. The head of the household voluntarily quits or reduces work without good cause (Part VIII.B); or
 4. Any member of the household is ineligible if:
 - i. Any member is fleeing prosecution or imprisonment or is violating probation or parole terms (Part VI.C.2.e); or
 - ii. There is a conviction for and sentencing noncompliance for murder or sexual assault crimes (Part VI.C.2.h).

The agency must handle these households using all normal SNAP rules and procedures.

If boarder status is questionable, the worker may require statements from the boarder and the person who receives the payment, attesting to the arrangement and the amount charged or paid.

C. NONHOUSEHOLD MEMBERS (7 CFR 273.1(b))

1. The following individuals who reside with a SNAP household will not be considered household members in determining eligibility or the benefit allotment:

- a. Roomers: Individuals to whom a household furnishes lodging for compensation but no meals;
- b. Boarders: Individuals provided meals and lodging for compensation as outlined in Part VI.B;
- c. Live-in attendants: Individuals who reside with a household to provide medical, housekeeping, childcare, or other similar personal services. Residing with the household means that an individual takes a majority of meals in the home. Dependents of a live-in attendant will be considered as members of the live-in attendant's household. A person cannot be a live-in attendant in his or her own home.
- d. Ineligible students: Students who are 18 years of age or older and enrolled at least half-time in an institution of higher education who fail to meet the special eligibility criteria outlined in Part VII.E.
- e. Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

Example

The applicant household shares a house with another family to save on rent. The two groups do not purchase and prepare food together. The members of the other family are not members of the applicant's household.

- f. Individuals in foster care that the household opts to exclude from the SNAP unit.

Roomers, live-in attendants and individuals who share living quarters may participate as separate households, if otherwise eligible. Ineligible students, boarders, and individuals in foster care cannot participate as separate households.

Individuals, who are mandatory household members, as per Part VI.A.1, may not be considered nonhousehold members merely because of their roomer, boarder, or live-in attendant status.

2. The following individuals residing with the household will not count in determining the household's size for assigning a benefit level for the household or for comparing the household's monthly income with the income eligibility standards. Income and resources

of these excluded members however, is countable to the remaining household members in accordance with Part XII.E. These persons may not participate in SNAP as separate households.

- a. Ineligible Aliens: Individuals who do not meet the citizenship requirement or hold eligible alien status (Part VII.F).
- b. SSN Disqualified: Individuals disqualified for failure to provide a Social Security Number (Part VII.G).
- c. Fraud Disqualified: Individuals found guilty of committing an intentional program violation against the Supplemental Nutrition Assistance Program by a court of law or an Administrative Disqualification Hearing (ADH), or individuals who signed waivers to an ADH (Part XIX).
- d. Individuals disqualified for noncompliance with employment program requirements (Part VIII.A).
- e. Individuals who are fleeing prosecution of felony offenses or imprisonment for felony convictions, or individuals who are in violation of probation or parole conditions are ineligible. Individuals will be considered fleeing if:
 - 1) There is an outstanding felony warrant for the individual by a federal, state, or local law enforcement agency, and the underlying cause for the warrant is for committing or attempting to commit a crime that is a felony under the law of the place from which the individual is fleeing or a high misdemeanor under the law of New Jersey;
 - 2) The individual is aware of, or should reasonably have been able to expect that, the felony warrant has already or would have been issued;
 - 3) The individual has taken action to avoid being arrested or jailed; and
 - 4) The federal, state, or local law enforcement agency is actively seeking the individual by:
 - i. informing a state agency that it intends to enforce an outstanding felony warrant or to arrest an individual for a probation or parole violation within 20 days of submitting a request for information about the individual to the state agency;
 - ii. presenting a felony arrest warrant; or
 - iii. stating that it intends to enforce an outstanding felony warrant or to arrest an individual for a probation or parole violation within 30 days of the date of a request from a state agency about a specific outstanding felony warrant or probation or parole violation.
- f. Individuals who receive benefits for a three-month period and who subsequently fail to regain eligibility under the Work Requirement (Part XV).

- g.** Individuals convicted of murder or sexual assault on or after February 8, 2014 are ineligible for benefits. For this section, an individual must have a felony conviction as an adult for an offense listed below and is out of compliance with the sentencing.
- 1) Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense;
 - 2) Murder under Title 18 USC, Section 1111 or a similar state offense;
 - 3) An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense; or
 - 4) 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)).

D. HEAD OF HOUSEHOLD (7 CFR 273.1(d))

The head of the household is designated when applications are filed, whether at initial application, reapplication or recertification. The designation of the head will be made either by the household or by the local agency. Under certain circumstances, as described in Part VI.D.3, the head will be defined as the principal wage earner. Whether designated by the household or by the agency, the head must be identified in the case file at the time of certification or household change.

Other than sanctions for violations described in Part VI.D.3, no special requirements are to be imposed on the household or its head. The agency may not, for example, require that the head appear at the certification office to apply for benefits rather than another responsible household member.

1. Household Designation

Whenever an application is filed, the household may identify on the application a household member to be the head. Households with parent-child combinations may also designate the head whenever there is a change to the household's composition. The person selected as the head must be included on the *Notice of Action* at the time of certification or household composition change.

The household may select as head a household member who is an adult parent of children living in the household, an adult who has parental control of a minor child living in the household, or any other adult member. For an adult parent to be exclusions. Divide the income evenly among all household members, including the disqualified individual. Count all but the disqualified individual's portion

2. Agency Designation

If households fail to designate the head by the 30th day for new applications or reapplications or by the verification deadline for recertification applications, the local agency must determine the head. The agency must also designate the head if the household's adult members do not agree with the selection made by the applicant.

The designation by the agency will remain in effect through the certification period or until the head leaves the household.

3. Principal Wage Earner as Head

Unless the household has selected an adult parent or adult with parental control as head as specified in Part VI.D.1, the principal wage earner will be considered the head of household when evaluating noncompliance with work registration. The principal wage earner must also be considered in determining whether a household member voluntarily quit a job or reduced work hours to less than 30 hours per week.

The principal wage earner is the household member who had the most earned income in the two months prior to the month of the registration noncompliance, job quit, or work reduction. Excluded household members, as defined in Part VI.C.2, are evaluated in determining the principal wage earner. The income used in this evaluation must involve 20 hours or more per week or provide the equivalent of 20 hours multiplied by the federal minimum wage.

The principal wage earner identified will not be applicable if the person who caused the violation lives with a parent or person fulfilling the role of a parent. The principal wage earner designation also will not apply if a parent or person fulfilling that role is registered for work or is exempt from work registration because the parent or person fulfilling the role of a parent is:

- a. subject to and participating in any work requirement under Title IV of the Social Security Act such as the PA Employment Services Program (Part VIII.A.1.c);
- b. receiving unemployment compensation benefits or is registered for work to receive these benefits (Part VIII.A.1.f); or
- c. employed or self-employed and working a minimum of 30 hours weekly or is receiving weekly earnings at least equivalent to 30 hours multiplied by the federal minimum wage.

When TANF or GR-Unattached Child benefits are decreased because of the household's failure to comply with that program's requirements, the SNAP benefit amount must be based on both the actual amount of the TANF or GR-Unattached Child payment and the amount of the reduction or penalty. The penalty income must be counted as long as the reduced payment is received. If the PA case is closed, the penalty income must be counted in the SNAP calculation for a minimum of six months following the closure of the PA case or longer if the PA case remains under care.

Example

The agency reduced a household's TANF grant from \$291 to \$241 per month. The reduction occurred because of the household's failure to comply with the immunization requirements needed by TANF program rules. The TANF amount to be used for SNAP purposes is \$291.

The penalty amount will no longer count if the household reapplies and is approved again for TANF or GR-Unattached Child benefits within the six-month period.

2. Social Security (OASDI) benefits, unemployment compensation and veteran's benefits are not means-tested programs. If reduced payments occur for these programs because of a failure to comply, the SNAP benefit amount must be based only on the actual amount of the payment(s).
3. HUD payments and SSI are publicly funded and means-tested programs. If reduced payments occur for these programs because of a failure to comply however, the SNAP benefit amount must be based only on the actual amount of the check(s), to the extent the payment is counted as income for SNAP purposes.

E. DISQUALIFIED INDIVIDUALS OR HOUSEHOLDS (7 CFR 273.11(c))

Individual household members or entire households may be disqualified from receiving SNAP benefits. The reason for disqualification will affect procedures for calculating income and will affect the eligibility and benefit level of the remaining household members.

- 1 Disqualified Individuals – Prorated Income/Deductions
This section applies to disqualified individuals because:
 - Failure to obtain or refusal to provide a Social Security Number (Part VII.G);
 - An ineligible immigrant (Part VII.F);
 - Questionable citizenship (Part VII.F); or
 - Ineligible because of time-limited benefits because of the work requirement (Part XV).
- a. Resources – Resources of disqualified individuals count in full to the remaining household members.
- b. Income – Prorate the income of the disqualified individual. Subtract allowable

- c. Deductions – Assess who is responsible for an expense or who pays an expense. Divide the expenses of the disqualified individual evenly among all household members, including the disqualified individual. Count all but the disqualified individual's portion except allow the utility standard in full for households entitled to the utility standard regardless of who pays heating or cooling expenses.

Provisions allowed here for the disqualified individual do not alter or cancel provisions of Part X.A when an eligible household member is responsible for or pays an expense. If an eligible household member is responsible for an expense or pays the expense, allow the household the entire expense even if the disqualified individual is also responsible for the expense.

- d. Eligibility and Benefit Level – Do not include the disqualified individual to:
- Assess the resource eligibility limit;
 - Assess the income eligibility limit;
 - Allow the unlimited shelter deduction if there are no other elderly or disabled household members;
 - Assign the benefit level; or
 - Assign the standard deduction.

2. Disqualified Individuals – Fully Countable Income/Deductions

This section applies to disqualified individuals because of:

- An intentional program violation (Part XVII);
 - Voluntarily quit a job or reduced work without cause (Part VIII.B)
 - Fleeing prosecution/imprisonment or in violation of parole or probation (Part.VI.C.2.e) or
 - A felony conviction for sexual abuse, sexual assault, or murder (Part VI.C.2.h).
- a. Resources – Resources of disqualified individuals count in full to the remaining household members.
- b. Income – Income of disqualified individuals count in full to the remaining household members.
- c. Deductions– Count allowable deductions in their entirety to the remaining household members.
- d. Eligibility and Benefit Level – Do not include the disqualified individual to:
- Assess the resource eligibility limit;
 - Assess the income eligibility limit;
 - Assign the benefit level; or
 - Assign the standard deduction.

Localities Whose Residents Are Exempted from the Work Requirement*

May 2016- April 2017	May 2016- April 2017	May 2017- April 2018	May 2018 March 2020	May 2018- March 2020
Accomack	Prince Edward	Galax	Accomack	Pittsylvania
Alleghany/ Covington	Prince George	Grayson	Alleghany/ Covington	Portsmouth
Bland	Pulaski	Greensville/ Emporia	Bath	Prince Edward
Bristol	Rappahannock	Halifax	Bland	Prince George
Brunswick	Richmond County	Hampton	Bristol	Pulaski
Buchanan	Russell	Henry/ Martinsville	Brunswick	Richmond County
Buckingham	Scott	Hopewell	Buchanan	Russell
Carroll	Smyth	Lancaster	Buckingham	Scott
Charles City	Southampton	Lee	Carroll	Smyth
Charlotte	Surry	Lunenburg	Charles City	Surry
Craig	Sussex	Mecklenburg	Charlotte	Sussex
Cumberland	Tazewell	Northampton	Craig	Tazewell
Danville	Washington	Northumberland	Cumberland	Washington
Dickenson	Williamsburg	Norton	Danville	Westmoreland
Franklin City	Wise	Page	Dickenson	Williamsburg
Galax	Wythe	Patrick	Dinwiddie	Wise
Grayson		Petersburg	Franklin City	Wythe
Greensville/ Emporia	May 2017- April 2018	Pittsylvania	Galax	April 2020
Halifax		Portsmouth	Grayson	Statewide Exemption
Hampton	Accomack	Prince Edward	Greensville/ Emporia	
Henry/ Martinsville	Alleghany/ Covington	Prince George	Halifax	
Hopewell	Bath	Pulaski	Hampton	
Lancaster	Bland	Richmond County	Henry/ Martinsville	
Lee	Bristol	Russell	Highland	
Lunenburg	Brunswick	Scott	Hopewell	
Mecklenburg	Buchanan	Smyth	Lancaster	
Northampton	Buckingham	Surry	Lee	
Northumberland	Carroll	Sussex	Lunenburg	
Norton	Charles City	Tazewell	Mecklenburg	
Page	Charlotte	Washington	Northampton	
Patrick	Craig	Westmoreland	Northumberland	
Petersburg	Cumberland	Williamsburg	Norton	
Pittsylvania	Danville	Wise	Page	
Portsmouth	Dickenson	Wythe	Patrick	
	Franklin City		Petersburg	

*The agency must track the work requirement for all household members except those persons under 18 or over age 50.

PART XXIV		FORMS	
<u>FORM NUMBER</u>	<u>NAME</u>		<u>PAGES</u>
032-03-0824-35-eng	APPLICATION FOR BENEFITS		1-16
032-03-729A-18-eng	RENEWAL APPLICATION FOR AG, SNAP, AND TANF		17-26
032-03-0823-11-eng	EVALUATION OF ELIGIBILITY		27-31
032-03-823B-03-eng	PARTIAL REVIEWS AND CHANGES		32-34
032-03-0819-12-eng	SNAP - HOTLINE INFORMATION		35-37
032-03-0821-07-eng	KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP BENEFITS		38-39
032-03-0718-08-eng	EXPEDITED SERVICE CHECKLIST		40-41
032-03-0814-10-eng	CHECKLIST OF NEEDED VERIFICATIONS		42-43
032-03-0117-19-eng	NOTICE OF ACTION		44-47
032-03-0018-33-eng	ADVANCE NOTICE OF PROPOSED ACTION		48-51
032-12-0157-20-eng	NOTICE OF EXPIRATION		52-53a
032-03-0051-36-eng	CHANGE REPORT		54-56
032-03-0153-14-eng	ENTITLEMENT TO RESTORATION OF LOST BENEFITS		57-59
032-03-0148-02-eng	REQUEST FOR CONTACT		60-61
032-03-0649-11-eng	INTERIM REPORT FORM – REQUEST FOR ACTION		67-69
032-03-823A-04-eng	PERMANENT VERIFICATION LOG		70-72
032-03-0388-05-eng	FOOD REPLACEMENT REQUEST		73-74
032-03-0387-06-eng	INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION		75-77
032-02-0072-12-eng	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM		78-80

PART XXIV		FORMS (continued)	
<u>FORM NUMBER</u>	<u>NAME</u>		<u>PAGES</u>
032-03-0174-08-eng	SNAP SANCTION NOTICE FOR NON-COMPLIANCE WITH A WORK REQUIREMENT		81-83
032-03-0721-11-eng	NOTICE OF INTENTIONAL PROGRAM VIOLATION		84-86
032-03-0722-06-eng	WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING		87-89
032-03-0725-05-eng	REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING		90-91
032-03-0724-08-eng	ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING		92-94
032-03-0723-10-eng	ADMINISTRATIVE DISQUALIFICATION HEARING DECISION		95-96
032-03-0052-13-eng	NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION		97-98
032-03-0419-03-eng	MISSED INTERVIEW NOTICE		99-100
032-03-0460-04-eng	NOTICE OF ACTION AND EXPIRATION		101-103
032-03-0658-02-eng	NOTICE OF TRANSFER		111-113
032-03-0227-10-eng	CASE RECORD TRANSFER FORM		114-115
032-03-0440-00-eng	RIGHTS AND RESPONSIBILITIES		116-117
032-03-0572-00-eng	COMPROMISING CLAIMS WORKSHEET		118-119
032-03-729B-16-eng	TANF APPLICATION TO ADD NEW ASSISTANCE MEMBERS		120-122

Commonwealth of Virginia
Department of Social Services

APPLICATION FOR BENEFITS

GENERAL INFORMATION

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

- Auxiliary Grants (AG)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- General Relief – Unattached Child (GR)
- Refugee Cash Assistance (RCA)
- 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 in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.

FILING THE APPLICATION

You may turn in a partially completed application which contains at least your name, address, and signature (or the signature of your authorized representative), **but you must complete the rest of this application before your eligibility can be determined.** For some programs, 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.

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.

SPECIAL INFORMATION FOR SNAP APPLICANTS

You may apply for SNAP benefits by leaving a completed Application for Benefits at the agency or by leaving a partially completed application with at least your name, address, and signature, or by tearing off and leaving the half-sheet on the next page with your name, address, and signature. **You must complete the rest of this Application before your eligibility can be determined.**

You must also be interviewed in the office or by telephone. You may turn in your application before you are interviewed. This is important because if you are eligible for the month in which you apply, your SNAP amount will be based on the date you actually turn in your application.

NONDISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and, in some cases, religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or 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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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 (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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
SNAP

Section E, page 5
Section G, page 6

TANF Emergency Assistance
Auxiliary Grants

Section F, page 6
Section H, pages 7-8

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.

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: _____ Date of Birth: _____
Address: _____ Social Security Number: _____

Telephone Number: _____

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

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.

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 USE ONLY

CASE NAME

CASE NUMBER

LOCALITY

SCREENER

DATE

EXPEDITED SERVICE DETERMINATION

Income < \$150 + resources ≤ \$100 YES NO

Income + resources < shelter bills YES NO

For migrant or seasonal farm workers:

Resources ≤ \$100 and ≤ \$25 is expected in next 10 days from new income; YES NO

OR

Resources ≤ \$100 and \$0 income is expected from a terminated source for the rest of this month or next month. YES NO

EXPEDITE IF YES TO ANY OF THE ABOVE.

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)	

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 Vietnamese Laotian Somali French Other (specify): _____
 Spanish Farsi Chinese Kurdish German _____
 Cambodian Haitian-Creole Korean Arabic Japanese _____

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:
- Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? YES NO
 - Murder under Title 18 USC, Section 1111 or a similar state offense? YES NO
 - An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? YES NO
 - 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

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

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: _____
Are you a veteran or dependent? Yes No :
Program(s) Requested:
 None AG GR RCA SNAP
 TANF TANF EA TANF--No SNAP

Self

Relationship to You _____ **Birth Date** (mm-dd-yyyy) _____
City, State, Country of Birth: _____
Are you a U.S. citizen? Yes No
If No, immigration status: _____
US Residency Date: ___/___/___
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: _____

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

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 EA TANF--No SNAP

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: _____

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

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 EA TANF--No SNAP

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: _____

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

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 EA TANF--No SNAP

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: _____

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

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 EA TANF--No SNAP

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: _____

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

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 EA TANF--No SNAP

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: _____

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

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 | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> | <input type="checkbox"/> Earned Sick Pay | <input type="checkbox"/> | <input type="checkbox"/> Domestic Work |
| <input type="checkbox"/> | <input type="checkbox"/> Contract Income | <input type="checkbox"/> | <input type="checkbox"/> Babysitting/Adult or child care | <input type="checkbox"/> | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> | <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> | <input type="checkbox"/> Farming/Fishing | <input type="checkbox"/> | <input type="checkbox"/> Any other money from working |
| <input type="checkbox"/> | <input type="checkbox"/> Commissions, Bonuses, Tips | <input type="checkbox"/> | <input type="checkbox"/> Odd jobs | | |

a.

Name (last, first, middle initial)	Employer Name, Address and Telephone Number
Number of Hours Per Week	Rate of Pay
Date Job Started	Next Pay Date (mm-dd-yyyy)
	Pay Schedule
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	<input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month
	<input type="checkbox"/> Other

b.

Name (last, first, middle initial)	Employer Name, Address and Telephone Number
Number of Hours Per Week	Rate of Pay
Date Job Started	Next Pay Date (mm-dd-yyyy)
	Pay Schedule
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	<input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month
	<input type="checkbox"/> Other

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 | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Social Security | <input type="checkbox"/> | <input type="checkbox"/> Cash gifts or contributions | <input type="checkbox"/> | <input type="checkbox"/> Strike benefits |
| <input type="checkbox"/> | <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> | <input type="checkbox"/> Prize winnings |
| <input type="checkbox"/> | <input type="checkbox"/> VA benefits | <input type="checkbox"/> | <input type="checkbox"/> Room/board income | <input type="checkbox"/> | <input type="checkbox"/> All food, clothing, utilities, or rent |
| <input type="checkbox"/> | <input type="checkbox"/> Child support, alimony | <input type="checkbox"/> | <input type="checkbox"/> Black Lung benefits | <input type="checkbox"/> | <input type="checkbox"/> Other retirement |
| <input type="checkbox"/> | <input type="checkbox"/> Public Assistance (TANF, GR etc) | <input type="checkbox"/> | <input type="checkbox"/> Worker compensation | <input type="checkbox"/> | <input type="checkbox"/> Interest, dividends |
| <input type="checkbox"/> | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> | <input type="checkbox"/> Rental Income | <input type="checkbox"/> | <input type="checkbox"/> Insurance settlement |
| <input type="checkbox"/> | <input type="checkbox"/> Training allowances (WIA, etc.) | <input type="checkbox"/> | <input type="checkbox"/> Inheritance | <input type="checkbox"/> | <input type="checkbox"/> Refugee Matching Grant |
| <input type="checkbox"/> | <input type="checkbox"/> Loans | <input type="checkbox"/> | <input type="checkbox"/> Railroad retirement | <input type="checkbox"/> | <input type="checkbox"/> 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: _____

D. RESOURCES

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"/> ABLE 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 \$3,500 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)

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

F. TANF 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 transportations 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.

Date, description, and cause of emergency:

G. SNAP BENEFITS

- 1. List the name of the person who is the head of your household: _____.
- 2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. 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 SNAP benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use SNAP benefits
	<input type="checkbox"/> Apply for SNAP benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use SNAP benefits

- YES NO 3. 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 4. 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 5. 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 6. 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? _____

- 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? _____

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

YES NO 7. Do you own any household goods or personal effects worth more than \$500? If **YES**, list the items and their value here. _____

YES NO 8. Do you have any burial plots, burial arrangement or trust funds for burial?

Owner(s)	Number of Plots, Type of Arrangement:	Where	Value \$ Amount Owed \$	Date Acquired

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

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

YES NO 12. 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

H. AUXILIARY GRANTS (AG) continued

YES NO 13. 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 14. 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 15. 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

16. 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):	

**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.

Anyone convicted of a drug-related felony for actions that occurred after August 22, 1996, could be barred permanently.

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 \$3,500 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 \$2,250 or \$3,500 or more;
- You have lottery or gambling winnings of \$3,500 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 \$100 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.

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. Information 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.

Applicant's Signature or Mark

Date

Witness To Mark or Interpreter

Date

Signature of the Spouse or Authorized Representative

Date

Complete this 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

**RENEWAL APPLICATION FOR AUXILIARY GRANT (AG), SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

This is an application to renew your eligibility for benefits. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office. You may also apply online for renewal for SNAP or TANF at <https://commonhelp.virginia.gov/access/>.

A. HOUSEHOLD INFORMATION

1. 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?

E-mail Address

Primary Telephone Number

Alternate Telephone Number

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 _____

2. **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.

1

Name (last, first, middle initial)

Self

Relationship to You

Birth Date (mm-dd-yyyy)

Social Security Number:

City, State, Country of Birth:

Gender: Male Female

Are you a U.S. citizen? Yes No

Marital Status: Married Never Married

If No, immigration status: _____

Separated Divorced Widowed

US Residency Date: ___/___/___

Highest Grade Completed: _____

Alien Registration Number: _____

School Name if a Student: _____

Are you disabled or pregnant? Yes No

Are you a veteran or dependent? Yes No :

Are you temporarily living away from home? Yes No

Program(s) Requested:

Date Left ___/___/___ Expected Return Date ___/___/___

None AG SNAP TANF

Reason for being away: _____

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

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.

2

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 SNAP TANF

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: _____

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

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 SNAP TANF

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: _____

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

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 SNAP TANF

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: _____

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

Household Composition (continued)

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?
Program(s) Requested:
None AG SNAP TANF

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?
Is this person temporarily away from home?
Date Left Expected Return Date
Reason for being away:

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

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?
Program(s) Requested:
None AG SNAP TANF

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?
Is this person temporarily away from home?
Date Left Expected Return Date
Reason for being away:

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

- 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain:
2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain:
3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:
4. 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:
e. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense?
f. Murder under Title 18 USC, Section 1111 or a similar state offense?
g. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense?
h. 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)) ?
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?

B. RESOURCES

You do not have to complete this section if you are only renewing 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"/> ABLE Account |
| <input type="checkbox"/> | <input type="checkbox"/> Other _____ | | | | |

— If you have **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 \$3,500 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), in the last 3 years (for Auxiliary Grants)? If **YES**, explain: _____

Note: Additional Resource information may be needed section if you are applying for the Auxiliary Grant program.

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 | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> | <input type="checkbox"/> Earned Sick Pay | <input type="checkbox"/> | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> | <input type="checkbox"/> Contract Income | <input type="checkbox"/> | <input type="checkbox"/> Babysitting/Adult or child care | <input type="checkbox"/> | <input type="checkbox"/> Any other money from working |
| <input type="checkbox"/> | <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> | <input type="checkbox"/> Farming/Fishing | | |
| <input type="checkbox"/> | <input type="checkbox"/> Commissions, Bonuses, Tips | <input type="checkbox"/> | <input type="checkbox"/> Odd jobs | | |

_____ Name (last, first, middle initial)	_____ Employer Name, Address and Telephone Number	
_____ Number of Hours Per Week	_____ Rate of Pay	Pay Schedule <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other
_____ Date Job Started	_____ Next Pay Date (mm/dd/yyyy)	

_____ Name (last, first, middle initial)	_____ Employer Name, Address and Telephone Number	
_____ Number of Hours Per Week	_____ Rate of Pay	Pay Schedule <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other
_____ Date Job Started	_____ Next Pay Date (mm/dd/yyyy)	

INCOME (continued)

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 since you applied? 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 | | Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security | <input type="checkbox"/> | <input type="checkbox"/> | VA benefits | <input type="checkbox"/> | <input type="checkbox"/> | Strike benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Child support, alimony | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment benefits | <input type="checkbox"/> | <input type="checkbox"/> | Prize winnings |
| <input type="checkbox"/> | <input type="checkbox"/> | Cash gifts or contributions | <input type="checkbox"/> | <input type="checkbox"/> | Room/board income | <input type="checkbox"/> | <input type="checkbox"/> | All food, clothing, utilities, or rent |
| <input type="checkbox"/> | <input type="checkbox"/> | Loans | <input type="checkbox"/> | <input type="checkbox"/> | Black Lung benefits | <input type="checkbox"/> | <input type="checkbox"/> | Other retirement |
| <input type="checkbox"/> | <input type="checkbox"/> | SSI | <input type="checkbox"/> | <input type="checkbox"/> | Worker compensation | <input type="checkbox"/> | <input type="checkbox"/> | Interest, dividends |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Allotment | <input type="checkbox"/> | <input type="checkbox"/> | Rental Income | <input type="checkbox"/> | <input type="checkbox"/> | Insurance settlement |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Assistance (TANF, GR etc) | <input type="checkbox"/> | <input type="checkbox"/> | Inheritance | <input type="checkbox"/> | <input type="checkbox"/> | Any other type of money |
| <input type="checkbox"/> | <input type="checkbox"/> | Training allowances (WIA, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | Railroad retirement | | | |

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 not in the household? If **YES**, give name of person paying, person supported, and amount: _____

D. FINANCIAL ASSISTANCE FOR CHILDREN

YES NO 1. Has the absent parent(s) begun supporting the children or changed the amount of support? If **YES**, explain: _____

YES NO 2. Has the legal parent(s) become disabled such that he or she is unable to work? If **YES**, explain: _____

YES NO 3. Do you have any new information that would help us locate the absent parent(s)? If **YES**, explain: _____

E. SNAP BENEFITS

1. List the name of the person who is the head of your household: _____
2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. 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.

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

YES NO 3. 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 4. Is anyone living in your home a roomer or boarder? If **YES**, list names: _____

YES NO 5. 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 6. 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? _____

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? _____

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or 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.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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 (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

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)

Agency Staff Signature

Date

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)

SNAP CHANGE REPORTING,

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 need to be reported during the certification period for SNAP 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.

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.

BY MY SIGNATURE BELOW, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I understand:

- All of my responsibilities, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If my application is for SNAP, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: Yes No

If NO, it was read back to me when complete: Yes No

Your Signature or Authorized Representative's Signature or Mark

Date

Witness to Mark or Interpreter

Date

Complete this section if this application was completed for the applicant by someone else.

Name of person completing application

Date

Relationship to applicant

Primary Telephone Number _____

Alternate Telephone Number _____

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF) APPLICATION TO ADD NEW ASSISTANCE MEMBERS

This is an application to add new assistance unit members for the TANF Program. These new members joined the family unit since the last application was filed. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office.

A. Your Contact Information

Your Name (last, first, middle initial)
Your Street Address (include apartment number)
Your Mailing Address (if different from your street address)
In what city or county do you live?
Primary Telephone Number
City, State, ZIP
E-mail Address
Alternate Telephone Number

B. New Household Member Information

Give the following information for any new household members you are reporting for the first time or for new members you verbally reported since your original application or most recent eligibility review.

1. Name (last, first, middle initial)
Relationship to You
Date of Birth (mm-dd-yyyy)
Social Security Number:
Assistance Requested: SNAP Benefits TANF None
Gender: Male Female
Place of Birth: (City, State, Country)
Marital Status: Married Never Married
Is this Person a U.S. Citizen? Yes No
Is this Person a Student? Yes No
Alien Registration Number
Highest Grade Completed
Date started living in the U.S. (mm-dd-yyyy)

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. Name (last, first, middle initial)
Relationship to You
Date of Birth (mm-dd-yyyy)
Social Security Number:
Assistance Requested: SNAP Benefits TANF None
Gender: Male Female
Place of Birth: (City, State, Country)
Marital Status: Married Never Married
Is this Person a U.S. Citizen? Yes No
Is this Person a Student? Yes No
Alien Registration Number:
Highest Grade Completed
Date started living in the U.S. (mm-dd-yyyy)

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.

Name (last, first, middle initial) _____

Relationship to You _____

Date of Birth (mm-dd-yyyy) _____

Social Security Number: _____

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____
(City, State, Country)

Marital Status: Married Never Married
 Separated Divorced Widowed

Is this Person a U.S. Citizen? Yes No
— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No
If yes, name of school _____

Alien Registration Number: _____

Highest Grade Completed: _____

Date started living in the U.S. (mm-dd-yyyy) ____/____/____

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

- YES NO 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain:

- YES NO 2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain:

- YES NO 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:

- YES NO 4. 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 4002(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

By my signature below, I declare that the household member(s) for whom I am requesting TANF or SNAP benefits, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF or SNAP claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

Your Signature or Authorized Representative's Signature or Mark

Date

Witness to Mark or Interpreter

Date