



State of Utah
Department of Workforce Services
APPLICATION FOR FOOD STAMPS, FINANCIAL ASSISTANCE, CHILD CARE, AND MEDICAL ASSISTANCE
Esta solicitud también se encuentra disponible en Español

Date Received

Case #: _____ Expedited: Yes No

Your Information:

1. Fill out the following information for the person requesting benefits.

Name: _____

First _____ Middle _____ Last _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Phone #: _____ Birth Date: _____ Social Security #: _____
(optional)

Signature _____

Check The Services You Are Applying For:

- Food Stamps Cash/Financial Assistance Child Care
- Medical Retroactive Medical (last 90 days)

If you want to apply for unemployment benefits, log on to jobs.utah.gov or call (888) 848-0688.

Your Rights:

- IF YOU NEED HELP FILLING OUT THIS APPLICATION, WE ARE HAPPY TO HELP.
- YOU HAVE THE RIGHT TO AN INTERPRETER FREE OF CHARGE.
- You can turn in an application with only your name, address, and signature, but you must complete the entire application before we can determine you eligible for benefits.
- We will issue your assistance based on the date we receive your application.
- For Child Care it is not mandatory for you to give your social security number or the social security numbers of the dependents in your household. If you choose not to give this information, your child care benefits will not be withheld or delayed if you meet all eligibility criteria.

Food Stamp and Medicaid Information for Immigrants:

- You can apply for and get food stamp and Medicaid benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits.
- You do not have to provide immigration status information, social security numbers, or documents for any family members who are not eligible for food stamp benefits because of immigrant status and who are not asking for food stamp benefits. Family members who are not eligible for food stamp or Medicaid benefits will still need to answer other questions about their name, relationship, income, assets, etc.
- Using food stamp benefits will not affect your immigration status or the immigration status of your family. Immigration information is private and confidential.
- Use of Medicaid benefits by you or your family members should not affect your ability to apply for permanent resident status unless you use Medicaid to pay for long-term care (nursing home or other institutionalized care). Use of Medicaid benefits will not affect your ability to apply for citizenship unless you committed fraud in getting those services.

2. Answer the following questions to help us decide if you can receive food stamps within seven (7) calendar days:

- Are you a migrant or seasonal farm worker?..... Yes No
- What is your household's monthly income before taxes (including unearned income such as child support Social Security, unemployment, etc.)?.....\$ _____
- How much money do you have in cash and in the bank and/or credit union?.....\$ _____
- How much are your monthly housing costs (mortgage, rent, other)?.....\$ _____
- Place a check mark by all of the utility costs you are responsible to pay. Heat Cooling (air conditioner, evaporative cooler) Electric (fan) Water/Sewer Garbage Telephone
- Have you applied for or received HEAT assistance in the last twelve months?..... Yes No

Households whose combined monthly gross income and liquid resources are less than the household's monthly utilities and rent or mortgage are entitled to expedited service. Let us know if you disagree with the decision made on your case about expedited food stamps and a meeting will be scheduled for you within two (2) working days.

3. Starting with yourself, please list everyone who is applying for benefits with you:

Name	Social Security #	Birth Date and Age	U.S. Citizen Yes/No	Relationship	Student Yes/No	Ethnicity *see below	Race **see below	Sex	Marital Status
				Self					

*Ethnicity
 H = Hispanic or Latino
 N = Not Hispanic or Latino

**Race
 AI = American Indian or Alaska Native
 AS = Asian
 BL = Black or African American

PI = Native Hawaiian or other Pacific Islander
 WH = White

- 4. Are you and everyone applying with you Utah residents?..... Yes No
- 5. Do you or anyone applying with you have an authorized representative or someone who has legal power of attorney for you?..... Yes No
- 6. Are you or anyone applying with you living in one of these institutions?..... Yes No
 Hospital Shelter Drug/Rehab Center
 Group Home Nursing Home Jail-If yes, on work release? Yes No
- 7. Are you or anyone applying with you a fleeing felon?..... Yes No
- 8. Have you or anyone applying with you ever applied for/received financial or medical assistance or Food Stamp benefits?..... Yes No

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_____ Head of Household

Name:	Type of Assistance:	Where?	When?

- 9. Are you or any member of your household currently disqualified from the Food Stamp Program for any program violation?..... Yes No

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

<u>Name:</u>	<u>Relationship to You:</u>
_____	_____
_____	_____
_____	_____

11. What is the primary language spoken in your home? _____

12. Are you or anyone applying with you pregnant?..... Yes No
If yes, please list their name: _____ and due date: _____

13. Are you or anyone applying with you unable to work?..... Yes No
If yes, who? _____

14. Answering this question is not required for Food Stamps.
Are you or anyone applying with you a veteran?..... Yes No

Personal Assets:

15. Do you or anyone applying with you have any of the following financial assets?

\$ _____	Checking Account	<input type="checkbox"/>	Time Certificates
\$ _____	Savings or Credit Union Account	<input type="checkbox"/>	401-K
<input type="checkbox"/>	IRA	<input type="checkbox"/>	Money Market Funds
<input type="checkbox"/>	Stocks	<input type="checkbox"/>	Trust Funds
<input type="checkbox"/>	Bonds	<input type="checkbox"/>	Other _____
		<input type="checkbox"/>	None

16. Please list all vehicles owned by you or anyone applying with you. Some examples of vehicles are cars, trucks, boats or water craft, motorcycles, snowmobiles, motor homes, ATV's, etc.:

Registered owner(s)	Type	Make	Year	Licensed Y/N	State	Amount owed
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

17. Do you or anyone applying with you have any of the following assets?

<input type="checkbox"/> Home	<input type="checkbox"/> Land
<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Mineral Rights
<input type="checkbox"/> Burial Plans/Funds	<input type="checkbox"/> Cemetery Plots
<input type="checkbox"/> Campers	<input type="checkbox"/> Trailers
<input type="checkbox"/> Time Shares	<input type="checkbox"/> Livestock
<input type="checkbox"/> Tools	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rental Property	<input type="checkbox"/> None

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_____ Alien #
 _____ Roomer
 _____ Boarder
 _____ Purchase & prepare
 _____ Strike

_____ Status
 _____ Duration

_____ TPL
 _____ Retro

Asset Details

_____ Sold, traded or given away any resources in last 30 days

18. Do you or anyone applying with you have any of the following unearned income?

- Social Security
- SSI
- Unemployment Benefits
- Child Support
- Lump Sum Payments
- Settlements
- School Financial Aid
- Retirement
- Workers' Compensation
- Veterans' Benefits
- Alimony
- Inheritances
- Other _____
- None

19. Do you or anyone applying with you have earned income? Yes No If yes, provide information below:

Name of person working	_____	Name of person working	_____
Employer	_____	Employer	_____
Hourly wage	\$ _____	Hourly wage	\$ _____
Hours worked per week	_____	Hours worked per week	_____
Self-employment	\$ _____ /month	Self-employment	\$ _____ /month

20. Do you or anyone applying with you have any of the following expenses? (Expenses must be reported and verified by your household to receive a deduction)

- Child Support
- Alimony
- Child Care
- Medical Expenses
- None

Total Expenses \$ _____ per month

21. Please list housing expenses for you or anyone applying with you:

Rent \$ _____	Mortgage \$ _____	2 nd Mortgage \$ _____	Lot Space \$ _____
Taxes (yearly amount) \$ _____	Insurance (yearly amount) \$ _____	Other \$ _____	
Subsidized Housing <input type="checkbox"/> Yes <input type="checkbox"/> No			

22. Do you have heating and/or cooling expenses that are separate from your rent and/or mortgage payment?.....Yes No

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Income Details

Income Details

____ Last worked/paid
____ Pay frequency
____ Work schedule

____ Leave job or reduce hours in last 30 days

____ Medicare Rx card

____ Subsidy amount

____ How meet expenses

____ Homeless

I (*print name*) _____, read or had read to me the statements on Pages six (6) and seven (7) of the application. I understand those statements. I certify that the information/answers I have given on this application are true and correct to the best of my knowledge. I also certify that the citizenship status information I provided is correct. I understand I can be penalized by law if I commit perjury by purposely giving false information on this application.

Your Social Security Number and all other information you give will be subject to verification by federal, state, and local agencies. By signing this application, you are authorizing a release of information to conduct computer matches, program reviews, and audits with INS and other federal and state agencies. Your Social Security Number may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

Signature or Mark of Customer

Date

Signature of Authorized Representative (food stamps only)

Birth Date of Authorized Representative

The following release is optional and failure to sign will not affect your Medicaid benefits. I authorize DWS to use any information gathered specifically for Medicaid eligibility, including medical information provided by a third party, to assist with my employment plan. This release is effective for the time period I am receiving employment counseling services from DWS.

_____ Signature _____ Date

- Voter Registration: If you are not registered to vote where you live now, would you like to apply to register to vote here today?.....Yes No
(If you do not check either of these boxes, you will be considered to have decided not the register to vote at this time.)
- If you would like help in 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. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided.
- 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, or your right to choose your own political party or other political preference, you may file a complaint with: Lt. Governor, State of Utah, 203 State Capitol Building, Salt Lake City, UT, 84114.

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_____ EBT Card

_____ Reporting Requirements

_____ Horizon Handbook

_____ DWS Services

_____ Medical Handouts

_____ Office Pathway

_____ Rights and Responsibilities

FOR OFFICE USE ONLY – CHILD CARE ONLY

_____ Minimum work requirements

_____ Two-parent household?

_____ Year round school?

_____ CCRR Needed?

_____ Parent in training or educational program?

_____ Non-Custodial parent paying some child care?

Type of program _____

Completion date _____

_____ Work/class schedules and children's school

_____ Customer Education

schedules to determine need

DWS Supportive Services Information

Please read the following information and ask questions on any part you do not understand.

- In accordance with federal law, U.S. Department of Agriculture (USDA) policy, and U.S. Department of Health and Human Services (DHHS) policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.
- We will give you a brochure containing all your rights and responsibilities.
- You may request a fair hearing verbally or in writing if you disagree with the decision made on this application.
- The Department of Workforce Services may contact you, or have someone contact you, about the effectiveness of services you received.
- Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240 or 1-866-621-5011. Persons with speech or hearing impairments may call the State Relay at 711, or Spanish Relay Utah at 1-888-346-3162.
- You are required to follow all program rules.
- Fraudulent participation in any program may result in criminal or civil action or administrative claims.
- Depending on the programs you applied for, you agree to cooperate with the state of Utah to establish and collect alimony and child support for your family.
- If you are approved for financial assistance, you will need to sign over to the Office of Recovery Services any child support, medical support, or alimony you would have received on behalf of your household during the time you are getting assistance. Child support and alimony will be used to offset the costs of providing financial assistance for your household.
- If you choose a license-exempt child care provider, the state of Utah does not regulate or monitor the child care. Additional information about how to choose a quality child care provider is available.
- You will not receive advance notice of a food stamp benefit decrease if approved for financial assistance.
- Title VI of the Civil Rights Acts of 1964 allows us to ask for racial/ethnic information. You do not have to give us racial/ethnic information. However, giving us this information will help us to follow the Federal Civil Rights Law. If you do not want to give us this information, it will have no effect on your case. If you do not give us the information, the worker will enter an answer.
- Adoption: If you want information about help with an adoption, please let your worker know.
- If you are in an institution and apply for Food Stamps and SSI at the same time, the filing date for Food Stamps would be the date of release from the institution.

- Your application for Food Stamps will be processed within 30 days if your household is not entitled to expedited service.
- The information you provide on your application may be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
- You must have an interview and show proof of some information you reported on your application.
- If the Utah Department of Health (UDOH) pays for your medical care, you assign to it your rights to payments from any third party and to benefits for medical services. You will give to the UDOH any money you collect from an insurance policy or from someone required to pay for your medical expenses. You authorize payment directly to the UDOH or the Office of Recovery Services and will hold harmless any party making payment to them.
- You authorize any person or organization to release medical records or information about your health or the health of my dependents to the UDOH, Division of Health Care Financing or designee. The UDOH and the Department of Workforce Services may give health care providers information about your eligibility for medical assistance.
- The State has the right to recover from your estate all money spent to pay your medical bills if you receive Medicaid at any time while you are 55 years of age or older.

Civil And Criminal Provisions And Penalties

- The first violation of fraud will result in a 12-month disqualification period. The second time, 24 months and the third time is a permanent disqualification from the Financial, Child Care and/or Food Stamp Program. There may also be a fine up to \$250,000 or a jail sentence up to 20 years.
- If Food Stamps are used to buy or sell controlled substances, (illegal drugs or certain drugs for which a doctor's prescription is required) the disqualification from the Food Stamp Program is 24 months for the first offense and permanently for the second offense.
- If Food Stamps are used to buy or sell firearms, ammunition, or explosives the disqualification from the Food Stamp Program is permanent. An individual will be permanently disqualified if convicted of trafficking Food Stamp benefits of \$500 or more. An individual will be disqualified for 10 years if the person makes fraudulent statements about identity and residence to get multiple benefits.