



Redetermination Application

2(Permanent)

Date of Notice: _____

Case I.D.: _____

Phone: _____

Caseload: _____

Write your name and address in the space below if not on form.

Your SNAP benefits will end _____. To keep getting benefits on your regular availability date, complete, sign and:

- return this form in the enclosed envelope by: _____ (Due Date); or
- bring the form with you to your scheduled appointment.

To be considered a valid application, this form must be signed.
If you receive TANF Cash, this form must be completed for your cash benefits to continue.

1. LIST ALL PERSONS LIVING WITH YOU, INCLUDING YOURSELF.

FULL NAME	BIRTH DATE	RELATIONSHIP	EATS WITH YOU	
			YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

For additional persons, please attach a separate sheet.

- 2. If you receive an HFS Medical Card, has your health insurance changed? Yes No
- 3. Does anyone get paid for working? Yes No **If YES, enter their name below. Attach copies of the last 4 pay stubs if paid weekly, last 2 pay stubs if paid every other week or twice a month, and the last pay stub if paid monthly.**

If self-employed, attach your income and expense statement. If someone got tips that are not on their pay stubs, tell us:
Who? _____ and total amount of tips received in the last 30 days. Total Tips \$ _____

List the Name of Everybody Who is Working	Employer If a person works more than one job list all the employers.	Rate of Pay	Hours Worked Weekly	How often is the person paid? Weekly, every 2 weeks, twice a month, monthly, other?

- 4. Did anyone start a **new job**? Yes No **If YES, complete the information above.**
- 5. Did anyone stop working, or did their job end? Yes No **If YES, enter name, reason, and final pay date.**

6. During the last 30 days did anyone receive any other income such as Child Support, Social Security, SSI, Unemployment, VA, Worker's Compensation, contributions, or any other money? Yes No

If YES, complete the box below.

Name	Type of Income	Amount	How Often

7. Do you expect any changes in anyone's income or employment? Yes No If YES, what is the change?

When do you expect this change to happen? _____

8. Have you moved or changed your address? Yes No If YES, give us your new address.

9. How much is your: Rent? \$ _____ Lot Rent? \$ _____ Mortgage? \$ _____
 Enter any taxes and homeowner's insurance paid separately \$ _____ Are any of these paid by someone else?
 Yes No If YES, tell us who and how much: _____

10. Did you receive an energy assistance payment of \$21 or more this month or in any of the last 12 months from the Low Income Home Energy Assistance Program (LIHEAP) (in Chicago paid through CEDA)? Yes No
 Answering yes will not reduce your benefits. If no, are you billed separately from your rent or mortgage for heat or air conditioning, or excess cost for heat or air conditioning? Yes No

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

If NO, do you pay any other utilities? Yes No If YES, what utilities?

Does anyone help pay your utilities? Yes No If YES, who and what utilities?

11. Does anyone pay child support? Yes No If YES, **who makes the payments**, how much, and how often?

12. Do you pay for someone to care for a child or disabled adult so you can work, look for a job, or receive training?
 Yes No If YES, who is the care for, who provides the care, how much do you pay for the care, and how often?

13. Does anyone who is age 18 or over attend a school, other than a high school, half-time or more? Yes No

If YES, who? _____

14. Does someone in your unit who is 60 or older or disabled have monthly medical expenses of \$36 or more? Yes No

15. Has any person who is receiving Cash assistance from DHS been convicted of a felony involving drugs? Yes No

See enclosed page for important information about your application.

SIGNATURE

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

Signature: _____ Daytime or Cell Phone Number: _____ Date: _____