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1. If you are completing this application on behalf of someone else and you do not live in their household, please provide your name below and your contact information in Section 7. If you are completing this application on behalf of someone else and you do live in their household, please provide your information in Section 9:

First Name	MI	Last Name	Suffix

Check the Help This Person Needs: ☐ **SNAP (Food Assistance)** ☐ **Cash Assistance (TANF or Refugee)** ☐ **Not Applying**

First Name	MI	Last Name	Suffix

Date of Birth (mm-dd-yyyy) Social Security Number Gender: US Citizen?

- - - - ☐ M ☐ F ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: *(select all that apply)* ☐ White ☐ Black or African American ☐ Asian
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

Home Address:	Number and Street	Apartment/Lot Number

City State Zip Code

[illegible]

How many people live at this address including you?

OFFICIAL USE ONLY

⊥

- **INFORMATION THAT I GIVE IS SUBJECT TO VERIFICATION BY FEDERAL, STATE, OR LOCAL OFFICIALS TO DETERMINE IF THE INFORMATION IS FACTUAL. IF ANY INFORMATION IS INCORRECT, SNAP OR OTHER BENEFITS MAY BE DENIED AND THE APPLICANT MAY BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING INCORRECT INFORMATION (7 CFR 273.2(b)(1)(i)).**

- A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole resulting from a felony conviction is not eligible to receive SNAP and / or Temporary Assistance for Needy Families (*TANF*).
- A person convicted under federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive SNAP and / or TANF.
- If applying for Temporary Assistance for Needy Families (*TANF*), my signature assigns and transfers to the Division of Family Resources all child support rights (*accrued, pending, and continuing*) which I have against absent parent(s). This assignment is subject to 42 USC SECTION 602(a)(26) as amended.
- If applying for SNAP, I am registering all persons required to register for work and perform specific work including cooperation with employment and training activities.
- I have received a copy of the "Notice Regarding Rights and Responsibilities" and I understand all information included on this form.
- To be considered for Expedited SNAP service, your household must have less than \$150 in monthly gross income and have \$100 or less in cash; or be a seasonal/migrant farm worker with \$100 or less in available cash; or have a combined cash and monthly gross income amount less than the household monthly rent/mortgage and utility expenses.

Signature

Date (*mm-dd-yyyy*)

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Go to the next page



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9. Provide the following information for all other persons who live at the home address in Section 2:

- **Person listed in Section 2 does not need to be listed again.**
- **If Not Applying is checked, completion of the Social Security Number and US Citizen information is optional.**

Check the Help This Person Needs:		<input type="checkbox"/> SNAP (Food Assistance)	<input type="checkbox"/> Cash Assistance (TANF or Refugee)	<input type="checkbox"/> Not Applying
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First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (<i>mm-dd-yyyy</i>)	Social Security Number	Gender:	US Citizen?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: (*select all that apply*) ☐ White ☐ Black or African American ☐ Asian

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

Relationship to person needing assistance listed in Section 2:

INDIANA APPLICATION FOR SNAP AND CASH ASSISTANCE

State Form 53263 (R8 / 6-13) / DFR 2512



DFRAAHE04

Check the Help This Person Needs: ☐ **SNAP (Food Assistance)** ☐ **Cash Assistance (TANF or Refugee)** ☐ **Not Applying**

First Name	MI	Last Name	Suffix

Date of Birth (*mm-dd-yyyy*) Social Security Number Gender: US Citizen?

- - - ☐ M ☐ F ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: (select all that apply) ☐ White ☐ Black or African American ☐ Asian
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

[illegible]

Check the Help This Person Needs: ☐ **SNAP (Food Assistance)** ☐ **Cash Assistance (TANF or Refugee)** ☐ **Not Applying**

First Name	MI	Last Name	Suffix

Date of Birth (*mm-dd-yyyy*) Social Security Number Gender: US Citizen?

- - - ☐ M ☐ F ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: *(select all that apply)* ☐ White ☐ Black or African American ☐ Asian
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

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Go to the next page



**INDIANA APPLICATION FOR SNAP
AND CASH ASSISTANCE**

State Form 53263 (R8 / 6-13) / DFR 2512



DFRAAHE05

Check the Help This Person Needs: ☐ SNAP (Food Assistance) ☐ Cash Assistance (TANF or Refugee) ☐ Not Applying

First Name

MI

Last Name

Suffix

Date of Birth (mm-dd-yyyy)

Social Security Number

Gender:

US Citizen?

☐ M ☐ F

☐ Yes ☐ No

Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

Ethnicity:

Hispanic or Latino?

☐ Yes

☐ No

Race: (select all that apply)

☐ White

☐ Black or African American

☐ Asian

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Pacific Islander

Relationship to person needing assistance listed in Section 2:

If more than six (6) people live at your address, please provide the information starting on page 6.

10. What is your preference for your application interview appointment?

☐ By telephone

☐ At an office

Please indicate if you need the following interpreter services for your application interview appointment:

☐ Language interpreter

Language

☐ Sign Language interpreter

11. Do you want to receive automated calls from our agency?

☐ Yes

☐ No

(Examples of calls you may receive are appointment reminders or due dates for requested documents.)

12. Do you want to register to vote?

☐ Yes

☐ No

Your answer will not affect your eligibility for benefits.