Washington State Department of Social & Health Services
Transforming lives

Application for Cash or Food Assistance

If you need help reading or completing this form, please ask us for help.
Keep this page for your records.

How do I apply for cash or food assistance?

You can **start** the process now by submitting this application in-person at a community services office. The application must have your name, address, and signature or the signature of your authorized representative. You can file your application immediately even if it only contains these three items.

- You may get more benefits or get them sooner if you start, complete, and give us your application and any other information we ask for as soon as you can.
- You can take your application to a local office. See www.dshs.wa.gov for locations.
- Fax your application to 1-888-338-7410
- Mail your application to the following: DSHS
  CSD-Customer Service Center
  PO Box 11699
  Tacoma, WA 98411-6699
- You can also apply online at www.washingtonconnection.org
- **For health care coverage you must apply either online at www.wahealthplanfinder.org, by calling 1-855-923-4633, or by using the HCA Application for Health Care Coverage (HCA 18-001).**

How soon can I receive help with food and cash assistance?

If you need food assistance right away, fill in Questions 1 through 14 and take this form to your local office.

We decide if you are eligible for food assistance *within 7 days* if you show proof of your identity *and* meet one of the following:

- Your household will have less than $150 gross income and less than $100 liquid resources this month.
- Your household's income and resources are less than your monthly rent and utilities.
- Your household includes a destitute migrant or seasonal farm worker.

Benefits are issued by the day after we decide you are eligible. We must decide if you are eligible for Food Assistance within 30 days of the date you submit your application. Food assistance usually starts the day we receive your application. If you are submitting your application from an institution, the start date is the date of your release or discharge. Cash assistance usually starts the day we have all the information to decide you are eligible.

Civil Rights

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family / parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, 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 Ave, SW
   Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov

USDA is an equal opportunity provider, employer, and lender.

Immigration Status and Social Security Numbers

You may be able to get assistance for some people you live with even if others you live with can't get help because of immigration status. You must tell us the immigration status of anyone who applies. Alien status of applicant household members may be subject to verification by USCIS (formerly known as INS) through the submission of information from the application to USCIS. Information received from USCIS, based on this submission, may affect eligibility and benefit amounts.

Under Federal Law (45 CFR §205.52, 7 CFR §273.6), you must give us the Social Security Number (SSN) for anyone you live with who applies for TANF, or food assistance. We may also need SSNs of parents and spouses who live with you but don't apply.

If you're applying for Food Assistance and other programs

We must follow the SNAP rules for processing your application. This includes processing the application within time limits, issuing proper notices, and advising you of your administrative rights. We cannot deny your Food Assistance just because your application for other assistance programs was denied.

Privacy and Your Cash and Food Assistance

The Food and Nutrition Act of 2008, as amended, permits the department to collect the information we ask for on the application, including the SSN of each household member. We use SSNs to check identity, verify eligibility, prevent fraud, and collect claims. We exchange information with other agencies to manage our programs and follow the law. Providing the requested information is voluntary. However, failure to provide a SSN or proof of application for a SSN without a good reason will result in the denial of Basic Food assistance to each individual failing to provide a SSN We verify some information with computer matching programs, including the federal Income and Eligibility Verification System (IEVS).

Information reported to the Department of Social and Health Services may affect eligibility for health care coverage administered by the Health Care Authority and the Health Benefit Exchange.

We use this information to:	We may give this information to:
• Decide who is eligible for our programs. • Collect overpayments. • Manage our programs. • Make sure we follow the law.	• Federal and state agencies for official use. • Law Enforcement agencies pursuing people who are fleeing to avoid the law. • Private collection agencies to collect food assistance overpayments.

Food Assistance Penalty Warning

We check with other agencies that your information is correct. If any information is incorrect, the persons who apply may not get Food Assistance.

Any member who breaks any of the rules on purpose can be:

- Subject to prosecution under other applicable Federal and State laws.
- Barred from the SNAP for one year to permanently.
- Fined up to $250,000.
- Imprisoned up to 20 years.
- Barred from SNAP for an additional 18 months if court ordered.

If a court finds you guilty of:

Receiving benefits in a transaction involving:	You may be:
• The sale of a controlled substance	Disqualified from two years to permanently.
• The sale of firearms, ammunition, or explosives	Permanently disqualified.
• Trafficking benefits of more than $500 combined	Permanently disqualified.
• Residency or identity fraud	Disqualified for 10 years.

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Application for Food and Cash Assistance

Ask us if you need help filling out this form.

1. FIRST NAME MIDDLE INITIAL LAST NAME	SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE (REQUIRED)	2. CLIENT IDENTIFICATION NUMBER (IF KNOWN)
3. STREET ADDRESS WHERE YOU LIVE CITY STATE ZIP CODE		4. PRIMARY PHONE NUMBER ☐ CELL ☐ HOME ☐ MESSAGE
5. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE		6. SECONDARY PHONE NUMBER(S) ☐ CELL ☐ HOME ☐ MESSAGE
8. I am applying for (check all that apply): ☐ Cash ☐ Food ☐ Child care		7. EMAIL ADDRESS

9. I or someone in my household (check all that apply):
☐ Are in a domestic violence situation ☐ Have a disability
☐ Can't work because of health problems ☐ Are pregnant; name: _____ due date: _____

10. How much money do you expect your household to get this month? $_____

11. How much money does your household have in cash and bank accounts? $_____

12. How much does your household pay for rent or mortgage? $_____

13. What utilities does your household pay for? ☐ Heating/cooling ☐ Telephone ☐ Other: _____

14. Is anyone in your household a seasonal or migrant farm worker? ☐ Yes ☐ No

15. If applying for food assistance, how many people in your household do you buy and prepare food for? _____

16. If applying for child care, what activity do you need care for (check all that apply)?
☐ Work ☐ School ☐ WorkFirst ☐ Basic Food Employment and Training (BFET)

FOR OFFICE USE ONLY – Household eligible for expedited service: ☐ Yes ☐ No Screener's Initials: _____ Date: _____

17. ☐ I need an interpreter. I speak: _____ or ☐ sign; translate my letters into: _____

18. List everyone in your household even if you are not applying for them (attach additional sheets, if necessary).

NAME (FIRST, MIDDLE, LAST)	GENDER	HOW IS THIS PERSON RELATED TO YOU?	DATE OF BIRTH	CHECK IF YOU WANT BENEFITS FOR THIS PERSON	OPTIONAL FOR NON-APPLICANTS			
					SOCIAL SECURITY NUMBER	CHECK IF U.S. CITIZEN	RACE (SEE SAMPLES BELOW)	TRIBE NAME (For American Indians, Alaska Natives)
		Myself		☐		☐		
				☐		☐		
				☐		☐		
				☐		☐		
				☐		☐		
				☐		☐		
				☐		☐		

19. My ethnic background is Hispanic or Latino: ☐ Yes ☐ No

Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance the USDA requires us to answer for you if no information is provided. **Race examples:** White, Black or African American, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, or any combination of races.

Barcode label

14001

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER

I. General Information

1. In the past 30 days, I received cash or food from another state, tribe, or other source. ☐ Yes ☐ No
2. Someone I'm applying for lives outside Washington State: ☐ Yes ☐ No Who: _____
3. I or someone in my household is a sponsored alien: ☐ Yes ☐ No Who: _____
4. I or someone in my household age 16 or older is in (check all that apply): ☐ High School ☐ a High School Equivalency Program ☐ College ☐ Trade School Who: _____
5. Someone is temporarily out of my home: ☐ Yes ☐ No Who: _____
6. I or someone in my home has served in the U.S. Armed Forces, National Guard, or Reserves or been a dependent or spouse of someone who has served: ☐ Yes ☐ No If yes, who: _____
7. I am or someone I'm applying for is fleeing from the law to avoid going to court or jail for a felony crime: ☐ Yes ☐ No
8. I am living in: ☐ My own house or apartment ☐ Group Home ☐ Other: _____ ☐ Facility (list type): _____ Date entered: _____
9. I am: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ In a Registered Domestic Partnership
10. I or someone in my home was convicted of trading Food Assistance for drugs after September 22, 1996: ☐ Yes ☐ No
11. I or someone in my home was convicted of buying or selling Food Assistance over $500 after September 22, 1996: ☐ Yes ☐ No
12. I or someone in my home was convicted of trading Food Assistance for guns, ammunitions, or explosives after September 22, 1996: ☐ Yes ☐ No
13. I or someone in my home was convicted of getting Food Assistance in more than one State after September 22, 1996: ☐ Yes ☐ No
14. I or someone in my home is: a. On strike: ☐ Yes ☐ No b. A boarder: ☐ Yes ☐ No

II. Resources (Attach Proof; For Cash Assistance Only)

A resource is anything you own or are buying that can be sold, traded, or converted into cash or money held by others. A resource does not include personal property such as furniture, or clothing. Examples of resources are:

- Cash
- Checking accounts
- Savings accounts
- College funds
- Trusts
- IRA / 401k
- Homes, Land or Buildings
- CDs
- Money market account
- Bonds
- Retirement fund
- Burial funds, prepaid plans
- Business equipment
- Livestock
- Life insurance

Please list the resources you, your spouse, or anyone you are applying for owns or is buying:

RESOURCE	WHO OWNS	LOCATION	VALUE
			$
			$
			$
			$

2. I, my spouse, or someone I'm applying for have cars, trucks, vans, boats, RVs, trailers, or other motor vehicles:

YEAR (E.G., 1980)	MAKE (E.G., FORD)	MODEL (E.G., ESCORT)	CHECK IF LEASED	CHECK IF VEHICLE IS USED FOR MEDICAL PURPOSES	AMOUNT OWED
			☐	☐	$
			☐	☐	$
			☐	☐	$

3. I, my spouse, or someone I'm applying for has sold, traded, given away, or transferred a resource in the last two years (including trusts, vehicles or life estates): ☐ Yes ☐ No If yes, what: _____ when: _____

III. Annuities (Investments made by any household member to receive regular payments now or in the future.)

WHO OWNS THE ANNUITY?	COMPANY OR INSTITUTION?	AMOUNT OR VALUE	MONTHLY INCOME	DATE PURCHASED
		$	$	
		$	$	
		$	$	

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER

IV. Earned Income (Attach Proof)

1. I, my spouse, or someone I'm applying for had a job that ended in the past 30 days: ☐ Yes ☐ No
2. I, my spouse, or someone I'm applying for has income from work: ☐ Yes ☐ No
   If yes, please complete this section:

WHO EARNS THIS INCOME EMPLOYER'S NAME AND PHONE NUMBER START DATE Is this job self-employment? ☐ Yes ☐ No Monthly self-employment expense amount: $_____	GROSS AMOUNT RECEIVED (DOLLAR AMOUNT BEFORE DEDUCTIONS) $_____every: ☐ Hour ☐ Week ☐ Two weeks ☐ Twice a month ☐ Month Hours per week: _____ Pay dates (e.g., 1st and 15th, or every Friday):
WHO EARNS THIS INCOME EMPLOYER'S NAME AND PHONE NUMBER START DATE Is this job self-employment? ☐ Yes ☐ No Monthly self-employment expense amount: $_____	GROSS AMOUNT RECEIVED (DOLLAR AMOUNT BEFORE DEDUCTIONS) $_____every: ☐ Hour ☐ Week ☐ Two weeks ☐ Twice a month ☐ Month Hours per week: _____ Pay dates (e.g., 1st and 15th, or every Friday):

V. Other Income (Attach Proof; Report for All Household Members)

- Unemployment benefits
- Social Security income
- Tribal income
- Gaming income
- Educational benefits (student loans, grants, work - study)
- Supplemental Security income (SSI)
- Child Support or spousal maintenance
- Railroad benefits
- Rental income
- Retirement or pension
- Veteran Administration (VA) or military benefits
- Labor and Industries (L&I)
- Trusts
- Interests / Dividends

UNEARNED INCOME TYPE	WHO GETS THE INCOME?	GROSS MONTHLY AMOUNT
		$
		$
		$
		$
		$

VI. Monthly Expenses

RENT	MORTGAGE	SPACE RENT	HOMEOWNER'S INSURANCE	PROPERTY TAXES	OTHER FEES
$	$	$	$	$	$

What utilities does your household pay for <u>separately</u> from rent or mortgage?
☐ Heat (Electric/Gas) ☐ Electric (Not Heat) ☐ Water ☐ Home/Cell Phone ☐ Sewer ☐ Garbage

Another person or agency, such as subsidized housing, helps me pay either all or part of these expenses: ☐ Yes ☐ No If yes, who: _____ What expense: _____ Amount they pay: $ _____

☐ I received a Low Income Home Energy Assistance Act (LIHEAA) payment in the past 12 months.

I, my spouse, or someone in my household pay or are supposed to pay (check all that apply):

☐ Child or Adult Dependent Care (including transportation costs)	Monthly amount: $	Who pays:
☐ Medical bills for persons with disabilities or age 60 + (including transportation costs and health insurance premiums)	Monthly amount: $	Who pays:
☐ Child support (attach proof)	Monthly amount: $	Who pays:

If you do not report any of the above listed expenses, we will consider this as a statement by your household that you do not want to receive a deduction for this expense.

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER

VII. Authorized Representative

An Authorized Representative is someone you allow DSHS to talk with about your benefits. You can name someone, but you do not have to. Do you have an Authorized Representative? ☐ Yes ☐ No

Is this person your legal guardian? ☐ Yes ☐ No

You may need to complete the Authorized Representative form (DSHS 14-532).

NAME	RELATIONSHIP	TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE

Voter Registration

The Department offers voter registration services, including automatic voter registration. **Applying to register or declining to register to vote will not affect the services or amount of benefits that you may receive from this agency.** If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. 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: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? ☐ Yes ☐ No

If you do not check either box, we will consider you to have decided not to register to vote at this time, unless you are eligible for, and do not decline, automatic voter registration**.**

Unless you checked "No" above, you may be eligible for automatic voter registration. You are eligible for automatic voter registration if you will be at least 18 years old by the next election, you are a citizen of the United States of America, and DSHS has your name, residential and mailing address, date of birth, verification of citizenship information, and your signature attesting to the truth of the information provided on this application.

Do you want to be automatically registered to vote? ☐ Yes ☐ No

If you checked the box marked "Yes," or do not check either box and you meet automatic voter registration eligibility requirements, DSHS will send your information to the Office of the Secretary of State and you will be automatically registered to vote.

Declaration and Signatures

If applying for cash assistance, all adults (or authorized representatives) in the household must sign.
If applying for food assistance, the applicant (or authorized representative) must sign.

I understand I must:

- Give correct information and follow reporting requirements.
- Provide proof I am eligible.
- Assign certain rights to child support, to the State of Washington when I receive Temporary Assistance for Needy Families (TANF). However, I can ask DSHS not to pursue child support if it would endanger me or my children.
- Cooperate with food assistance work requirements.

If I don't do these things, I may be denied benefits or have to pay them back.

I understand I can be criminally prosecuted if I willfully make a false statement or fail to report something I should report.

I authorize DSHS to contact other persons or agencies when necessary to help me get proof that I am eligible.

I have read or had explained to me my rights and responsibilities and received a copy of the Client Rights and Responsibilities, DSHS 14-113. **I certify or declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application, including the information concerning citizenship and alien status of the members applying for benefits, is true and correct.**

APPLICANT'S SIGNATURE	DATE	PRINTED NAME OF APPLICANT	CITY AND STATE SIGNED
OTHER ADULT APPLICANT'S SIGNATURE	DATE	PRINTED NAME OF OTHER ADULT	CITY AND STATE SIGNED
HELPER OR REPRESENTATIVE'S SIGNATURE	DATE	PRINTED NAME OF REPRESENTATIVE	CITY AND STATE SIGNED
WITNESS' SIGNATURE IF SIGNED WITH AN "X"	DATE	PRINTED NAME OF WITNESS	