



Application for Food and Nutrition Services

What Are Food and Nutrition Services?

Food and Nutrition Services help households buy eligible food in authorized retail food stores. This will increase low-income household's food buying power so they can have more nutritious meals.

Do You Need An Interpreter To Help You Apply For Food and Nutrition Services?

An interpreter can be provided, free of charge, if you need assistance in applying for Food and Nutrition Services.

Would you like an interpreter to assist you? Yes No

Si usted necesita ayuda al solicitar los beneficios de Cupones de Alimentos, se le puede otorgar los servicios gratuitos de un intérprete, ¿ **Quisiera que un intérprete lo ayude?** Sí No

How Do I Apply for Food and Nutrition Services?

Step 1. Fill out this application.



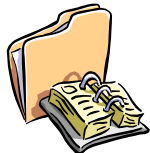
If you can't fill out the whole application today, please fill in the bottom of this page with your name, address, and signature. If you need help filling out this application, see page 2 or ask for help at your local Department of Social Services (DSS).

Step 2. Turn in the application to your local DSS as soon as possible.



You can mail, fax, or bring the application to your local DSS office. The date we get your application with your name, address, and signature on it, is also the start date of your Food and Nutrition Services application. If you are eligible for Food and Nutrition Services in the month you apply, the amount of Food and Nutrition Services you will get for that month depends on the date you turn in your application. The sooner you give us this application, the quicker you will know if you are able to get Food and Nutrition Services.

Step 3. Talk with us.



A caseworker must interview you or someone you choose to represent you. This is to see if you can get Food and Nutrition Services. **If you are unable to stay for your interview today, please tell the receptionist or a caseworker so that we can schedule an interview for you.**

At your interview, you will need to show us:

- Proof of who you are, such as a driver's license, social security cards or alien papers;
- Proof of your address, such as your mortgage statement or rental agreement; proof of child care costs, proof of what you pay for child support; and proof of money you got in the past 30 days, such as check stubs or a letter from the social security office. **If you can't bring everything, come to the interview any way. We will help you.**

Tell Us About Yourself

Name (First, Middle Initial & Last):		Marital Status:		Social Security Number (If you have one):	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Language You Speak:	
Race: (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Ethnic Group: (Check One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Home Phone Number:			
		Cell Phone Number:			
		Work Phone Number:		Can Be Reached Number:	
Street Address:		City	State	Zip Code	
Mailing Address (If Different):		City	State	Zip Code	
Signature:		Date:	Witness Signature: (If Signature is an "X")		

Do you Need Someone To Apply for or Use your Food and Nutrition Services?



QUESTION

If you want someone other than yourself to apply for, use, or obtain information about your benefits, please check yes below. If you check **Yes**, we will give or mail you a form. You and the person you want to help can complete the form and return it to our office. If you choose, this person will receive an EBT card and will have access to your Food and Nutrition Services. An Electronic Benefit Transfer Card (EBT) is a plastic card you use at the store to buy food.

Do you need someone (Authorized Representative) to help you get and/or use your Food and Nutrition Services? Yes No

When Will I Get My Food and Nutrition Services?

If you are able to get Food and Nutrition Services, you will get them within **30 calendar days** from the date you turn in the application with your name, address, and signature. You may be able to get Food and Nutrition Services within **7 calendar days** if you qualify for Expedited Food and Nutrition Services. Your household may be in an emergency situation if:

- Your household's gross monthly income is less than \$150 **and** your household's cash or money in the bank is \$100 or less, or
- Your household's rent, mortgage and utilities are more than your household's gross monthly income and cash or money in the bank, or
- You or a member of your household is a migrant/seasonal farm worker.

Do You Need Assistance in Completing This Form?

If you need special assistance in completing this application and the interview in order to apply for Food and Nutrition Services, please let us know so that we can assist you. Do you need special assistance in completing this application or the interview process? Yes No

Tell Us About the People in Your Household

1. Your household is you and everyone who lives with you, even if they are not relatives. Fill in the chart below for all the people in your household. Attach a piece of paper if you need more space to complete this section. We will determine who must be included in your Food and Nutrition Services case.

Name (First, Middle Initial, & Last)	Relation to You	Birth Date	Age	Social Security Number (If person has one)	Sex/ Race	Primary Language Spoken	Ethnic Group	U.S. Citizen? (Yes/No)
	Self							

2. Does everyone in your home buy food and cook meals together? Yes No If no, who buys separately?

Name of Separate Person(s) _____

3. Tell us about any person who was not born in the U.S.A.

Name: _____ Documentation: _____ Naturalized Citizen: Yes No

Name: _____ Documentation: _____ Naturalized Citizen: Yes No

4. Does anyone in your household have an EBT card? Yes No Who? _____

If yes, when was it last used? _____ What State? _____

5. Does anyone get Food and Nutrition Services, Food Stamps, or SNAP in this or another county or state? Yes No If yes, who? _____ What County or State? _____

6. Does anyone participate in a Food Distribution Program on an Indian Reservation? Yes No

7. We need information about the people in your household. Does anyone in your household fit a situation listed below? Please check any that apply.

Someone in my household is:

A foster child Who? _____

Do you want to include this child on the case? Yes No

Pregnant Due Date _____ Who? _____

In a drug/alcohol treatment program Who? _____

A live-in person (attendant) who takes care of someone in your household Who? _____

Renting a room from you Who? _____

Paying for food and a place to stay Who? _____

Disqualified from Food and Nutrition Services in North Carolina or another state. Who? _____

Trying to avoid a felony prosecution or fleeing from law enforcement Who? _____

Trying to avoid jail after conviction of a felony Who? _____

Violating conditions of probation or parole Who? _____

A person convicted of a drug related felony committed after August 22, 1996 Who? _____

A person who filed for bankruptcy When _____ Who? _____

In college or trade/vocational/technical school at least half-time Who? _____

None of the above applies to my household.

Do Not Write in the Gray Shaded Area – Agency Use Only

Identity

Did you verify the applicant's identity? Yes No

Verification Source: _____

Residence

Did you verify residence for the household? Yes No

Verification Source: _____

Do Not Write in the Gray Shaded Area – Agency Use Only

Enumeration

Did you verify enumeration for all FNS unit members? Yes No
 Enumerated at Birth
 DSS-8174 Date completed: _____
 Refused to apply for or provide SSN? Who? _____

Citizenship/Immigration Status

Did you verify citizenship/immigration status for all FNS unit members? Yes No
 Web-based SAVE verification completed Copies of USCIS documents attached
 Alien Workbook Supplement completed for all non-citizens G-845 to USCIS (Copy attached)

Household Composition

Does applicant's statement verify household composition for all FNS unit members? Yes No
If questionable, verified by _____ Reason questionable: _____

Authorized Representative

Did the applicant request an Authorized Representative? Yes No
 DSS-1688, Designation of Authorized Representative Completed/Attached/Verified
 Date keyed in SLAR: _____

Disqualified Due to an Intentional Program Violation (IPV) / EPICS checked _____ (date)

Is anyone currently disqualified from FNS in N.C.? Yes No
Is anyone currently disqualified from FNS in another state? Yes No
State _____ Verified by: _____ on _____ (date)
Disqualified Person(s) Name(s): _____
Disqualification Period/Number of Disqualifications: _____

Disqualified Due to Fleeting Felon Status

Is anyone trying to avoid a felony prosecution? Yes No If yes, who? _____
Is anyone violating conditions of probation or parole? Yes No If yes, who? _____
Verification Source: _____ Date: _____

Disqualified Due to a Felony Drug Conviction

Has anyone been convicted of a drug related felony committed after August 22, 1996? Yes No
Name of Individual(s): _____ Date of conviction: _____
Was the felony committed in N.C.? Yes No If yes, class of felony? _____
If Class H or I: If no, name of other state? _____
Date of release from jail. _____ If never committed, date of conviction. _____
Has the individual complied with substance abuse treatment program requirements? Yes No
Is there a six-month disqualification period? Yes No If yes, from _____ to _____
Verification Source: _____ Date: _____

Students

Is anyone in college or trade/vocational/technical school at least half-time? Yes No
Student Name(s): _____ Name of School: _____

EXEMPTIONS: A student must meet one of the exemptions below to be included.

- Age 17 or younger or age 50 or older;
- Physically or mentally disabled;
- Receives Work First Family Assistance;
- Working at least 20 hours weekly;
- Participates in federal or state work study program;
- Responsible for care of a dependent child under age 6;
- Responsible for care of a dependent child over 5 and under 12 when adequate child care is unavailable;
- Assigned through WIA, a state or local Employment and Training Program, a program under Section 236 of the Trade Act of 1974 or a training program under the North American Free Trade Agreement Act (NAFTA);
- Full time student who is an only parent of a dependent under age 12; or
- Participating in an on-the-job training program.

Is the student eligible to be included in the Food and Nutrition Services unit? Yes No

Do Not Write in the Gray Shaded Area – Agency Use Only

Ineligible Able-Bodied Adults Without Dependents (ABAWDS)

Is anyone an ineligible ABAWD? Yes No ****Complete the ABAWD Tracking Form for each ABAWD**

Ineligible ABAWDs Name(s): _____

Is your county an ABAWD Waiver/Exemption county? Yes No

If yes, when does the waiver/exemption expire? _____

Is anyone disqualified for failure to comply with E&T, Work Registration, or Workfare? Yes No

Name _____ / DQ Period _____ 1st 2nd 3rd

Work Space:

What Assets Do People in Your Household Have?

Assets are valuable items that you own or are buying such as boats, cash, or bank accounts.

8. Do you or anyone in your household own a boat? Yes No

If yes, please fill in the boxes below. Is a boat your main source of transportation? Yes No

Make/Model	Year	Amount Owed	Finance Company	Owner
1				
2				

9. We need to know the value of your household's assets. Please check all the assets you or someone else in your household owns.

- | | |
|--|--|
| <input type="checkbox"/> Cash
<input type="checkbox"/> Bank Accounts (Checking and/or Savings)
<input type="checkbox"/> Retirement Accounts
<input type="checkbox"/> Mutual Funds or Trust Funds
<input type="checkbox"/> Prepaid Burial Plans | <input type="checkbox"/> Certificates of Deposit (CD's)
<input type="checkbox"/> Credit Union Accounts (Checking and/or Savings)
<input type="checkbox"/> Stocks or Bonds
<input type="checkbox"/> Other Assets Not Listed
<input type="checkbox"/> My household does not own any of the assets listed |
|--|--|

For all items checked above, fill in the boxes below:

Type of Asset	Value or Worth	Who Does This Belong To?	Business Name and Account Number
3			
4			
5			
6			

10. Has anyone in your household transferred assets in the last 3 months in order to receive Food and Nutrition Services? Yes No

Do Not Write in the Gray Shaded Area – Agency Use Only

Has anyone transferred assets in the last 3 months in order to receive FNS? Yes No
 Name _____ Resource _____ Value \$ _____

Is the FNS unit or an individual Categorically Eligible? Yes No

Do not complete Resource Section if entire FNS unit is Categorically Eligible.

Exclude resources of a categorically eligible individual.

Resource Limit for FNS unit: \$2,000 \$3,000

Has anyone in the FNS unit filed for bankruptcy? Yes No

Name of Individual(s): _____ Court Order Attached

Boats

Boat	Exempt Reason	Fair Market Value	Minus (-)	Amount Owed	Equals (=)	Equity Value	Countable Value
1							
2							
TOTAL							

Resources Other Than Boats

Resource	Countable Yes/No	Countable Value	Verification Source	Date Verified
3				
4				
5				
6				
Total				

Total Resources: _____ (Add together countable vehicles and other resources)

Work Space:

What Money Do People in Your Household Get from Work?

Include Full-Time, Part-Time, Day Work, Temporary Work, Work Study for College, and Working for Tips.

11. Does anyone in your household work? Yes No

Name	Employer	Start Date	Gross Pay (Pay Before Taxes)	How Often Paid?	Payday
1				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	
2				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	
3				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	
4				<input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> other <input type="checkbox"/> monthly <input type="checkbox"/> 2 times per month	

12. Is anyone in your household self-employed? Yes No If yes, who? _____

Examples are babysitting, selling Avon or other products, farming, doing hair, renting houses, doing yard work for other people, or odd jobs.

Start Date _____ Business Name _____ Type of Business _____

Gross Monthly Income \$ _____ Monthly Expenses \$ _____

13. Is anyone getting ready to start a new job? Yes No If yes, who? _____

Where? _____ Start Date _____

Employer phone number _____ How often will you get paid? _____

How many hours will you work in each pay check? _____ How much for each hour? _____

When will you get your first pay check? _____

14. Has anyone stopped working in the past 60 days? Yes No If yes, who? _____

Last date worked? _____ Date last paycheck received? _____

Place worked & phone number? _____

Reason stopped working? _____

15. Is anyone a migrant or seasonal farm worker? Yes No If yes, who? _____

Date started working? _____

Place working & phone number? _____

16. Is anyone on strike? Yes No If yes, who? _____

Last date worked? _____ Place worked & phone number? _____

Do Not Write in the Gray Shaded Area – Agency Use Only

Has all earned income been verified? Yes No

Name	Verified Gross Income	How Often Paid?	Payday	Verified by	Income and Code
1		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
2		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
3		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	
4		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Sporadic <input type="checkbox"/> Other _____	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Other _____	<input type="checkbox"/> DSS-8113 <input type="checkbox"/> Wage Stubs <input type="checkbox"/> T/C to Employer <input type="checkbox"/> Other _____	

Work Space: You must show your calculations.

Do Not Write in the Gray Shaded Area – Agency Use Only

Is anyone self-employed? Yes No If yes, who? _____

Type of Business _____

Gross Monthly Income \$ _____ Monthly Expenses \$ _____

Has anyone stopped working in the past 60 days? Yes No If yes, who? _____

Has anyone reduced their hours to less than 30 per week? Yes No

Is the person who quit or had hours/wages reduced exempt from VQ provisions? Yes No

Can good cause be established? Yes No Is anyone currently disqualified for VQ? Yes No

Date last pay received: _____ Last day worked: _____

Is anyone a migrant or seasonal farm worker? Yes No If yes, who? _____

Date started working? _____ Place working & phone number? _____

Is anyone on strike? Yes No If yes, who? _____

Last date worked? _____ Place worked & phone number? _____

Work Space:

What Money Do People in Your Household Get from Other Places?

17. We need to know the money or checks you get other than from work. Please check off all of the following ways you get money.

- | | |
|---|--|
| <input type="checkbox"/> Adoption, Foster Care, or Guardianship Payments
<input type="checkbox"/> Annuities, Pensions, or Retirement
<input type="checkbox"/> Alimony
<input type="checkbox"/> Child Support from parent. How Many? _____
<input type="checkbox"/> Child Support from the Court
<input type="checkbox"/> Educational Scholarships
<input type="checkbox"/> Military Allotment
<input type="checkbox"/> Money from friends or relatives that is not a loan and you don't have to pay back
<input type="checkbox"/> Payments for the sale of an asset (such as a car, boat, mobile home or house) | <input type="checkbox"/> Private Disability
<input type="checkbox"/> Social Security
<input type="checkbox"/> Special Assistance (SA)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Veterans Benefits
<input type="checkbox"/> Work First/TANF
<input type="checkbox"/> Interest and Dividends
<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Other _____
<input type="checkbox"/> My Household does not get any other money |
|---|--|

For all items checked above, fill in the boxes below:

Type of Money	Who Gets the Money?	Who Gives the Money?	Phone Number and Address <i>(If received from another person)</i>	How Much?	How Often?
1					
2					
3					
4					
5					

Do Not Write in the Gray Shaded Area – Agency Use Only

Type of Money	Amount/Frequency	Verification Source
1		
2		
3		
4		
5		

Name: _____ Source of Income: _____ Verification: _____

Date Received: _____ Computation: _____

Countable Pro Rated or Deemed Income \$ _____

Please Tell Us About Your Household Bills

18. Please complete this section for all expenses your household is responsible for paying.

Expense Type	Name, Address, Phone number to whom you pay the bill	Amount Billed	How often paid?	Who pays the bill?
Rent				
Lot Rent				
Mortgage				
Property Taxes (If not included in mortgage)				
Homeowners Insurance (If not included in mortgage)				
Homeowners Dues				

Check the boxes next to the utility cost your household is responsible for paying.

- | | |
|---|--|
| <input type="checkbox"/> Heating or cooling | <input type="checkbox"/> LP/Natural Gas |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Water/Sewage |
| <input type="checkbox"/> Telephone/Cell Phone | <input type="checkbox"/> Utility Excess (Public Housing) |
| Name of phone company? _____ | <input type="checkbox"/> Garbage/Trash |

How do you heat your home? (Check One)

- | | | | |
|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Kerosene | <input type="checkbox"/> Wood |
| <input type="checkbox"/> LP Gas | <input type="checkbox"/> Coal | <input type="checkbox"/> Oil | <input type="checkbox"/> Other _____ |

Did you get a Low Income Energy Assistance Program (LIEAP) check at your current address within the past 12 months? Yes No

Do you receive Section 8 or HUD Assistance? Yes No

Help Paying Bills

19. Does any agency, organization, or person (Including Section 8) outside your household help pay any of your rent or utilities? Yes No If yes, do they give the money to you? Yes No

Who Pays the Bill? _____ Which Bill Is Paid? _____ Amount per month? _____

Who Pays the Bill? _____ Which Bill Is Paid? _____ Amount per month? _____

Do Not Write in the Gray Shaded Area – Agency Use Only

Shelter Expenses:

- | | | |
|---|-------------------|-------------------------|
| <input type="checkbox"/> Rent: | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Lot Rent: | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Mortgage: | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Property Taxes: | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Homeowner's Insurance: | \$_____ per month | Verification/Date _____ |
| <input type="checkbox"/> Homeowner's Dues | \$_____ per month | Verification/Date _____ |

Computation:

Utility Expenses:

Was DSS-81681, Lifeline/Link-up, form completed? Yes No

Which applies to this household?:

- SUA: Household has a heating or cooling expense or received LIEAP check at current residence within the past 12 months
- BUA: Household has at least two non-heating/non-cooling expenses
- TUA: Household has a telephone/cell phone expense
- None: Household has no utility expenses

Heating Source for LIEAP Vulnerability

Is the FNS unit subject to the rising cost of heat and has a heat source? Yes No

Is the residence a Private Living Arrangement with a heat source (even if utilities are included in rent)? Yes No

Is the residence Public Housing, but the household has paid an excess for heat in the past 12 months at the current address? Yes No

If the answer to one of the three questions above is 'yes', the household is vulnerable.

Heating Source:

- | | | | |
|--------------------------------------|-------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Coal | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Fuel Oil | <input type="checkbox"/> Wood | <input type="checkbox"/> LP Gas | |

Does the FNS unit receive help to pay shelter/utility expenses? Yes No

If yes, source/date/amount: _____

Please Tell Us About Your Other Bills

20. Costs for Child or Disabled Adult Care

Do you or anyone in your household pay for child or disabled adult care? Yes No

Who gets care? _____ Who Pays? _____ \$ _____ per _____

Who gets care? _____ Who Pays? _____ \$ _____ per _____

Who gets care? _____ Who Pays? _____ \$ _____ per _____

Name and Phone # of care provider/babysitter: _____

21. Help Paying Bills

Does any agency, organization or person (Including Social Services) outside your household help pay any of your childcare? Yes No

Who Pays the Bill? _____ Which Bill Is Paid? _____ Amount per month? _____

Who Pays the Bill? _____ Which Bill Is Paid? _____ Amount per month? _____

22. Court Ordered Child Support

Does your household pay court ordered child support for children outside your home? Yes No

Who Pays Child Support? _____ Child's Name? _____ \$ _____ per _____

Who Pays Child Support? _____ Child's Name? _____ \$ _____ per _____

Who Pays Child Support? _____ Child's Name? _____ \$ _____ per _____

23. Medical Bills for Disabled or Age 60 or Over

Is anyone age 60 or over or disabled? Yes No A disabled person usually gets disability payments from a government agency such as Social Security, SSI, Veterans Benefits for 100% Disability, or Medicaid for disabled persons. If yes, we need to know the medical bills you have or are responsible for paying. Medical bills include, but are not limited to:

Health and hospital insurance premiums or co-payments

Food and/or veterinary care for a trained service animal

Transportation and lodging to get medical treatment

Medicare Premiums

Doctor Bills

Medical and dental care

Prescription and over-the-counter medications and medical supplies such as aspirin, diabetic supplies and eye glasses

Rental and purchase of medical equipment and supplies

Prescribed eye glasses and contact lenses

Dentures, hearing aids, and prostheses

Payments for aides, attendants, and nurses

Hospital bills

Type of Bill	Business or Person Paid To?	Amount Paid	Date Paid	How Often Do You Pay the Bill?
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months
				<input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> other <input type="checkbox"/> One time <input type="checkbox"/> Every three months

24. Help Paying Bills

Does any agency, organization or person (Including Social Services) outside your household help pay any of your medical bills? Yes No

Who Pays the Bill? _____ Which Bill Is Paid? _____ Amount per month? _____

Who Pays the Bill? _____ Which Bill Is Paid? _____ Amount per month? _____

Do Not Write in the Gray Shaded Area – Agency Use Only

Does the FNS unit pay for childcare or disabled adult care? Yes No

Does the FNS unit receive child care assistance/subsidy? Yes No

Amount paid monthly: _____ Verification source: Receipt Telephone Call

Does the FNS unit pay court-ordered child support to a non-household member? Yes No

Amount paid monthly: _____ Verification source: ACTS Receipt Other

Medical Deductions are allowed for Specified Persons only.

Is a Specified Person eligible for a medical expense deduction? Yes No

If yes, Who? _____, _____, _____

Does that person(s) have any medical expenses? Yes No

****Attach a completed DSS-8208, FNS Medical Expense Worksheet, with the allowable medical deduction.****

Allowable Medical Deduction: \$ _____

Additional Space for Documentation and Notes

Case Information

Did you remember to give and explain the following information to the applicant/recipient?

- Food and Nutrition Services Rights and Responsibilities
- Change Report Form DSS-8550
- Change Report Form DSS-8550SR
- Notice of Information Needed to Complete Your FNS Application (DSS-8650)
- Life Line/Link Up Forms Phone Company: _____
- DSS-1688, Designation of Authorized Representative
- Remove the Authorized Representative that is no longer valid
- Complete a Registration/Deregistration Form DSS-2624 on appropriate household members?
- Complete a Work Registration Responsibilities DSS-8640?

Does the household have a valid NC EBT Card? Yes No

If NO, was an EBT Card issued? Yes No

Were PIN instructions explained? Yes No

Additional Documentation:

Do Not Write in the Gray Shaded Area – Agency Use Only

Applicants meeting Expedited Service standards are eligible to receive Food and Nutrition Services within 7 days. Households must complete and sign the DSS-8207, complete an interview, present themselves as eligible, and provide proof of identity before you approve benefits. Complete screening for all applications, reapplications and late recertifications. **If ineligible for FNS the first month, screen for the second month.**

Household's monthly countable gross income \$ _____
Subtract legally obligated child support -\$ _____
(paid by a household member to a non-household member) =\$ _____ Total Countable Income
Household cash/savings for all members: \$ _____ Total Liquid Resources

Is total countable income less than \$150, and liquid resources less than or equal to \$100? Yes No
If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.

Household's monthly rent or mortgage amount: \$ _____
Appropriate utility Standard(SUA/BUA/TUA): + \$ _____
Total Monthly Shelter Expenses: = \$ _____ Total Shelter Expenses
Total of Countable Income and Liquid Resources: \$ _____

Do total monthly shelter costs exceed total monthly income and liquid resources? Yes No
If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.

Is anyone in the household a migrant or seasonal farm worker? Yes No

If Yes, answer A,B, and C.

A. Does the household have liquid resources less than or equal to \$100? Yes No

B. Did the household's income stop prior to application? Yes No

C. Will anyone in the household receive \$25 or less in income from a new source within the next ten days? Yes No

If the answer to question A, B, or C is YES, the household appears eligible, and identity is verified. Issue benefits immediately. If NO, the household is not eligible for expedited benefits. 7th Day: _____

I certify that I screened this applicant for Expedited Service and determined that the household is is not eligible for expedited benefits at this time. **Provide explanation if ineligible:** _____

Signature of Screener: _____ Date: _____

Approved on _____ **FNS Certification Period:** _____

Category: SR Standard Simplified

Denied
Reason: _____

Pending
Reason: _____

Did you screen for expedited services and explain the screening process? Yes No

Is the FNS Unit eligible for expedited services in the first month? Yes No

Is the FNS Unit eligible for expedited services in the second month? Yes No

Approved for Expedited Services Yes No Date benefits issued _____

Caseworker's Signature: _____ **Date:** _____

Your Signature and Statement of Understanding



By signing this application I am saying that:

1. I have told the truth on this form.
2. I received a change report form and I understand the changes I must report and when to report them.
3. I know Food and Nutrition Services rules and what I must do to get Food and Nutrition Services.
4. I agree to give information about what I have said so that my application can be processed.
5. I give permission to social services to get proof of what I have said from any person, agency, or business. Other persons, agencies, or businesses include, but are not limited to: employers, banks, savings and loans, landlords, etc.
6. I understand my expenses may be used to figure my Food and Nutrition Services amount. If I do not tell you about some of my expenses and/or verify them, they may not be used in the budget to calculate the amount of my benefits.
7. I have read, understand, and received pages 15 and 16 of this form, or this information has been explained to me.

<hr/> Signature	<hr/> Date
<hr/> Witness Signature (if signature above is an "X")	<hr/> Date
<hr/> Caseworker's Signature & District Number	<hr/> Date

For Agency Use Only:

County Number:	Date Mailed:
Worker Number:	Date Received in Agency:
Case Number:	FSIS #
30 th Day	60 th Day
Comments	



Please Read This Information

Changes You Must Report and How to Report Them

1. Your caseworker will give you a Change Report Form for your household's situation and explain it to you.
2. This form will tell you all the changes you must report to us and when to report them.
3. When you have a change, fill out the form and mail it to us. You may also call your caseworker or come in to our office to report changes.
4. Your caseworker will contact you about the change.

Information About Social Security Numbers

1. You can choose to give us the Social Security Number (SSN) used by each person in your household. If you need help getting a SSN, ask your caseworker for help. **We will only give Food and Nutrition Services to the eligible people who give us their SSN.**
2. We will use the SSN's you give us to do computer matches and check what you told us with State and Federal Agencies.

Information About U.S. Citizenship and Immigration Status

1. You must be a United States (U.S.) citizen **or** an eligible alien to get Food and Nutrition Services. You must also meet other Food and Nutrition Services rules.
2. You can choose to give us the US Citizenship and Immigration Service (USCIS) documents used by each person in your household. **We will only give Food and Nutrition Services to the eligible people who give us their legal USCIS documents.**
3. We will only contact USCIS to check the immigration status of the people who give us their immigrant documents.

Food and Nutrition Services Rules

The following rules apply for getting and using Food and Nutrition Services:

1. **Don't** hide or give wrong information on purpose to get Food and Nutrition Services benefits.
2. **Don't** use Food and Nutrition Services to buy non-food items like alcohol or tobacco.
3. **Don't** trade or sell your Food and Nutrition Services.
4. **Don't** use someone else's Food and Nutrition Services for yourself.
5. **Don't** use your Food and Nutrition Services for someone else.
6. **Don't** use your Food and Nutrition Services to pay on any kind of credit account even if it is for eligible Food and Nutrition Services items.
7. **DO** cooperate with state and federal personnel in a Quality Control review.

Penalties for Breaking the Rules of the Food and Nutrition Services Program

If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services from one year to permanently, and may be fined up to \$250,000 and/or jailed up to twenty years.

Giving wrong information may also mean we will reduce your benefits, or you may be required to repay benefits.

If a court finds you guilty of buying, selling, or trading more than \$500 in Food and Nutrition Services, you may lose Food and Nutrition Services forever.

If a court finds you guilty of trading Food and Nutrition Services for firearms, ammunition, or explosives you will lose Food and Nutrition Services forever.

If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years the first time and forever the second time.

You will not get Food and Nutrition Services for 10 years if you are found guilty of getting or trying to get Food and Nutrition Services in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

Information About Hearings

1. If you do not agree with our decision about your Food and Nutrition Services, you or the person helping you may ask for a hearing.
2. You may call or write us to ask for the hearing. You have up to 90 days from the date of the decision to ask for the hearing.
3. A friend, relative, or lawyer may speak for you at your hearing.

Information About Work and Training Rules

Some people have to work or attend training to get Food and Nutrition Services. If this is true for you or for other people in your household, we will tell you. You will have to follow the rules about work and training to get Food and Nutrition Services.

We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. If any information you give us is not correct, we may deny Food and Nutrition Services.

If law enforcement officials contact us for information to help catch persons fleeing to avoid the law, we will give them your information.

If you have a Food and Nutrition Services overpayment we will give your answers to federal and state agencies, as well as private claims collection agencies, to collect the overpayment.

We Must Obtain Data

We are required to obtain racial and ethnic data on participating households. The information is voluntary; neither your eligibility nor Food and Nutrition Services amount will be affected if you choose not to provide it.

You Will Not Be Discriminated Against



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Getting Help With Your Telephone Bill



There are two programs that can help you with your telephone bill. The Lifeline Assistance Program allows Food and Nutrition Services recipients to receive a credit on their monthly telephone bill.

The Link-Up Program gives Food and Nutrition Services recipients a discount toward the cost of hooking up local telephone service. We will assist you with these services unless you tell us that you do not want help.

Are You Registered to Vote in North Carolina?



Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form.