DEPARTMENT OF HUMAN SERVICES

60+

Supplemental Nutrition Assistance Program (SNAP) Application for Seniors (Intended only for individuals and couples age 60 and older)

The Supplemental Nutrition Assistance Program (SNAP) helps low income Minnesotans get the food they need for sound nutrition and well-balanced meals. SNAP benefits are issued on an Electronic Benefit Transfer (EBT) card.

How to fill out this application

This application is for individuals and couples age 60 and older. If there are others under the age of 60 applying, please use the "Combined Application Form" (DHS-5223). You can also apply online at MNbenefits.mn.gov

Complete and turn in this application form as soon as possible. For your application to be complete, answer all questions on the application. An interview is required for SNAP. Your county agency or Tribal Nation will contact you to set up an interview. Mail, fax or hand in the completed form to your county human services office.

You may need to provide proof of the information you report on this application.

Required Information
Identity of applicant or authorized representative (driver's license, state ID, passport, etc.)
Social Security numbers of all people applying for help
Income** (paystubs, pension, etc.) or any other money coming into your household (unemployment, sponsor income, etc.). The agency will verify Social Security income.
Housing costs*** (rent/house payment receipt, mortgage, lease, subsidized housing, etc.)
Medical costs*** (prescription and medical bills, etc.)

** Proof of income from the last 30 days or federal income tax records if you are self-employed.

*** Your SNAP benefits may increase if you also provide proof of these expenses: child support paid for children not living with you; housing costs; medical expenses (including prescriptions) for people with disabilities or who are age 60 or older.

Be sure to sign and date the application.

SNAP penalty warnings

If you get SNAP benefits, you must follow these rules:

- **Do not give false information** or hide information to get or continue to get SNAP benefits. If you get SNAP benefits and give false information or hide information about your identity and/or residence to get multiple benefits for the same period of time, you may be barred for 10 years.
- **Do not trade or sell SNAP benefits** or EBT access cards. **The trade or sale of benefits valued at over $500 may result in permanent ineligibility.**
- **Do not use SNAP benefits to buy ineligible items**, such as alcohol and tobacco.
- **Do not use someone else's EBT access card(s)** to get SNAP benefits for your household.

The state may bar household members who break any of these rules from SNAP. For SNAP, the bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud.

You can also be prosecuted for fraud if you break the rules, and additional fines and penalties may apply. For the SNAP program, the maximum penalty is a fine of $250,000 or a jail term of 20 years, or both.

Special SNAP penalty warning: If a federal, state or local court finds you or any household member guilty of giving or receiving SNAP benefits in exchange for:

- **Controlled substance**s, that household member will be barred from getting SNAP for 24 months for the first offense and permanently for the second offense
- **Firearms, ammunition or explosives**, that household member will be barred from getting SNAP permanently.

If you admit committing a drug felony in the past 10 years, the county agency may ask you to take random drug tests. The first time you fail a drug test, the county agency will reduce your household's SNAP benefits by 30 percent. If you fail the test a second time, you will be permanently disqualified.

NOTE: If you sign this application as an authorized representative of a person who is requesting or receiving assistance, you are agreeing to assume all of the responsibilities listed above on behalf of that person.

Important Information

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

Denial or changes

The state may deny or change your SNAP assistance because of information you give on the application. The state may make changes without giving you 10 days advance notice for SNAP. The state will send you written notice no later than the date you receive or would receive your SNAP benefits.

Household members may choose not to apply. The amount of SNAP benefits will depend on the number of people who apply. The Social Security number and citizenship or immigration questions do not need to be completed for those who do not apply. Household members who do apply must provide this information. Household members who are not applying must give information on their income and, in some cases, assets because this information is needed to see if the persons who are applying can get help.

Social Security numbers (SSN)

For most programs, you must provide a Social Security number (SSN) for each household member applying for benefits.* If you need a SSN we can help you apply for one. The state uses your SSN:

- To check identity, prevent duplicate participation and to make mass changes
- To determine eligibility for programs such as SNAP, family cash assistance, and the school lunch program
- For program reviews and audits to determine household eligibility, including fraud investigations

- To coordinate with other programs or state agencies to provide more effective and meaningful services to you

Immigration

All immigration information you give to us is private. We use it to see if you can get help. We only share it when the law allows it or requires it. In most cases, applying will not affect your immigration status.

You do not have to give us your immigration information if you are:

- Only helping someone else apply
- Applying for your children or other household members, but not yourself

Non-citizen applicants

To get help from most public assistance programs, you must be in the United States (U.S.) legally. Members of your household who are not citizens and are applying for help must show proof of their immigration status. Give a copy of both sides of immigration cards or other documents that show immigration status for every household member who is not a U.S. citizen and who is applying for help. You can apply and get help for other household members, even if you are not applying or if you are not eligible because of immigration status.

For non-citizen members of your household who apply and are eligible for help, your worker may do a computer match with the U.S. Citizenship and Immigration Services (USCIS) to confirm the immigration status documents you give us are valid.

We will not share information about you with the USCIS without your permission. If you would like more information or would like to know what the agency might tell or ask the USCIS, talk to your worker.

Domestic violence and vulnerable adults

Violence or abuse is what someone says or does to make you feel afraid or to control you. People who are elderly, frail, have a disability, or who depend on others for assistance may not be able to protect themselves from domestic violence or abuse. Minnesota has a law to protect and assist adults who are vulnerable to abuse or who are not able to care for themselves. The law can help vulnerable adults get the protection and safety that they need.

Domestic violence

For more information on domestic violence, read the "Domestic Violence Information brochure" (DHS-3477). If domestic violence makes it hard for you to follow program rules, talk to your worker. If you are in danger from domestic violence and need help, call the National Domestic Violence hotline at 800-799-7233; 800-787-3224 (TTY) or Minnesota Coalition for Battered Women at 866-223-1111.

Vulnerable adults

To report suspected maltreatment of a vulnerable adult call the Minnesota Adult Abuse Reporting Center at 844-880-1574.

* The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information 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. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

Keep this page for your records.

For help filling out this application, contact your county human services office or call the number below.

Get help with the food you need. Call the Minnesota Food HelpLine today!

1-888-711-1151

Get help applying for SNAP or finding a food shelf near you.

Call today for more information or go online to MNFoodHelper.org.

Keep this page for your records.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ: ይህንን ዶኩመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ: የጉዳዮን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណាត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកការន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟ်သးဘဉ်တကွ်. ဖဲနမ့်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါးဆံၤန္ဉာ်,သံကွါဘဉ်ပှၤဂ့ၢ်ဝိုးအပှၤမၤစၢၤတ်လၢနဂီၢ်မ့တမ့်ကိးဘဉ် 1-844-217-3549 တကွ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)

ADA Advisory

For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

DEPARTMENT OF HUMAN SERVICES

DHS-5223F-ENG 4-23

Supplemental Nutrition Assistance Program (SNAP) Application for Seniors (Intended only for individuals and couples age 60 and older)

How to fill out this application

CASE NUMBER

The RACE and ETHNICITY questions are optional and will not affect your eligibility or level of benefits. The reason we ask for this information is to assure that program benefits are distributed without regard to race, color, or national origin. **This application is for individuals and couples age 60 and older.** If there are others under the age of 60 who are applying, please use the "Combined Application Form" (DHS-5223). You can also apply online at MNbenefits.mn.gov.

PERSON 1

APPLICANT'S LEGAL NAME – LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES YOU USE (family name, nickname, etc.)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	MARITAL STATUS*
		◯ Male ◯ Female	◯ N ◯ M ◯ S ◯ L ◯ D ◯ W

ADDRESS WHERE YOU LIVE (if you do not have an address, write "homeless")	APT. NUMBER	CITY	STATE	ZIP CODE

MAILING ADDRESS (If different from address where you live)	APT. NUMBER	CITY	STATE	ZIP CODE

PRIMARY PHONE NUMBER	OTHER PHONE NUMBER	Do you live on a reservation?
		◯ No ◯ Yes – which one? _____

Do you need an interpreter?	What is your preferred spoken language?	What is your preferred written language?
◯ Yes ◯ No		

LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA (mm/dd/yyyy)
	Date: _____ From: _____

CITIZENSHIP	IMMIGRATION STATUS
◯ U.S. Citizen or U.S. National ◯ Naturalized U.S. Citizen or Derived U.S. Citizen ◯ Not a U.S. Citizen	

ETHNICITY *(optional)*	RACE** *(optional)*
Hispanic? ◯ Yes ◯ No	☐ A ☐ B ☐ N ☐ P ☐ W

Has anyone in your household ever received cash assistance, commodities or SNAP benefits before? ◯ Yes ◯ No
If yes, When? _____ Where? _____ What? _____

Do you need help right away? Questions 1-4 below will help us decide if you can get help with food right away.

1. How much income did or will your household get **this month**? $ _____
   1a. Are you self-employed? ◯ Yes ◯ No
2. How much does your household (including children) have in **cash, checking or savings**? $ _____
3. How much does your household pay for **rent/mortgage per month**? $ _____
   3a. What **utilities** do you pay? ☐ Heat ☐ Air conditioning ☐ Electricity ☐ Phone ☐ None
   3b. Do you receive energy assistance? ◯ Yes ◯ No
4. Is anyone in your household a **migrant or seasonal farm worker**? ◯ Yes ◯ No

I have looked over my answers and believe they are all true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	AGENCY/TRIBAL SIGNATURE	DATE RECEIVED

*__Marital status__ *(choose one)*
N = Never married **M** = Married living with spouse **S** = Separated (married, living apart) **L** = Legally separated **D** = Divorced **W** = Widowed

**__Race__ *(list all that apply)*
A = Asian **B** = Black or African American **N** = American Indian or Alaska Native **P** = Pacific Islander or Native Hawaiian **W** = White

What is your living situation? *(optional)*

- ☐ Own housing; lease, mortgage or roommate
- ☐ Emergency shelter
- ☐ Hospital, treatment facility, detox center or nursing home
- ☐ Place not meant for housing (anywhere outside, a vehicle, an abandoned building, or bus/train/airport)
- ☐ Family/friends due to economic hardship
- ☐ Service provider - foster care, group home
- ☐ Jail, prison or juvenile detention facility
- ☐ Hotel or motel
- ☐ Other: _____

Information regarding texts and emails

The Department of Human Services invites you to get electronic communications about your benefits and resources available to you. By selecting yes, you consent to get electronic communications and agree to DHS terms and conditions and privacy policy. Message and data rates may apply. Message frequency varies. Terms and conditions at https://mn.gov/dhs/text-economic-assistance. Privacy policy at https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG.

Is it OK to communicate with you via text? ◯ No ◯ Yes – which number should receive texts? _____

Is it OK to communicate with you via email? ◯ No ◯ Yes – email address: _____

AGENCY USE: **MEMB, MEMI, TYPE, PROG, IMIG, SPON**

Eligible for expedited SNAP? ◯ Yes ◯ No
Same-day interview offered? ◯ Yes ◯ No Declined? ◯ Yes ◯ No
Next-day interview offered? ◯ Yes ◯ No Declined? ◯ Yes ◯ No
_____ children _____ adults

Intends to reside in MN? ◯ Yes ◯ No
Does person have sponsor? ◯ Yes ◯ No
Verification: ◯ *requested* ◯ *attached*

Additional people

List all of the people living in your home even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. You have to give a Social Security number **only** for people who are applying for help. If anyone in the household uses another name (maiden name, nickname, etc.) list the other name(s) in the OTHER NAMES boxes below. **List in this order:** Your spouse, other adult(s), children, all other people, anyone temporarily away from home. The ETHNICITY and RACE questions are optional and will not affect your eligibility or level of benefits. The reason we ask for this information is to assure that program benefits are distributed without regard to race, color, or national origin.

PERSON 2

LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	RELATIONSHIP TO YOU
		◯ Male ◯ Female	

MARITAL STATUS*	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA
◯ N ◯ M ◯ S ◯ L ◯ D ◯ W		Date (mm/dd/yyyy): _____ From: _____

CITIZENSHIP	IMMIGRATION STATUS
◯ U.S. Citizen or U.S. National ◯ Naturalized U.S. Citizen or Derived U.S. Citizen ◯ Not a U.S. Citizen	

WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR?	ETHNICITY *(optional)*	RACE** *(optional)*
☐ SNAP (food) ☐ None	Hispanic? ◯ Yes ◯ No	☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: **MEMB, MEMI, TYPE, PROG, IMIG, SPON**	
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*IMMIGRATION VERIFICATION* ◯ *requested* ◯ *attached*

PERSON 3

LEGAL NAME - LAST	FIRST NAME	MIDDLE NAME	OTHER NAMES

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	RELATIONSHIP TO YOU
		◯ Male ◯ Female	

MARITAL STATUS*	LAST SCHOOL GRADE COMPLETED	MOST RECENTLY MOVED TO MINNESOTA
◯ N ◯ M ◯ S ◯ L ◯ D ◯ W		Date (mm/dd/yyyy): _____ From: _____

CITIZENSHIP	IMMIGRATION STATUS
◯ U.S. Citizen or U.S. National ◯ Naturalized U.S. Citizen or Derived U.S. Citizen ◯ Not a U.S. Citizen	

WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR?	ETHNICITY *(optional)*	RACE** *(optional)*
☐ SNAP (food) ☐ None	Hispanic? ◯ Yes ◯ No	☐ A ☐ B ☐ N ☐ P ☐ W

AGENCY USE: **MEMB, MEMI, TYPE, PROG, IMIG, SPON**	
Intends to reside in MN? ◯ Yes ◯ No Does person have sponsor? ◯ Yes ◯ No	*IMMIGRATION VERIFICATION* ◯ *requested* ◯ *attached*

If more than 3 people, complete DHS-5223S or attach a separate sheet.

1. Does **anyone** in the household have a job or expect to get income from a job this month or next month? **Bring or send proof**

◯ Yes ◯ No

AGENCY USE: **JOBS, STIN, SPON**
☐ *Confirmed response*
VERIFICATION: ◯ *requested* ◯ *attached*
HOW OFTEN PAID: ☐ *Daily* ☐ *Weekly* ☐ *Biweekly* ☐ *Semi-monthly* ☐ *Other*

If yes:

EMPLOYEE NAME	
HOURLY WAGE	HOW MANY HOURS DO YOU WORK PER WEEK
EMPLOYER/BUSINESS NAME	

EMPLOYEE NAME	
HOURLY WAGE	HOW MANY HOURS DO YOU WORK PER WEEK
EMPLOYER/BUSINESS NAME	

Note: Include income from Work Study and paid internships. Include free benefits or reduced expenses received for work (shelter, food, clothing, etc.).

2. Is **anyone** in the household self-employed or does anyone expect to get income from self-employment this month or next month? **Bring or send proof**

◯ Yes ◯ No

AGENCY USE: **BUSI, RBIC, SPON**
☐ *Confirmed response*
◯ *50%* ◯ *taxable*
VERIFICATION: ◯ *requested* ◯ *attached*

If yes:

GROSS MONTHLY EARNINGS

Examples:
- Product sales
- Paper route
- Driver
- Conservation Reserve Program (CRP)
- In-home day care
- Delivery services
- Personal services
- Roomers/boarders
- Other
- Farming
- Property rental

3. Has **anyone** in the household applied for or does anyone get any of the following types of income? **Bring or send proof. **The agency will verify this income for you.**

AGENCY USE: **PBEN, UNEA, SPON**	
☐ *Confirmed response*	*VERIFICATION:* ◯ *requested* ◯ *attached*

Social Security (RSDI)**	◯ Yes ◯ No	$	How often?
Supplemental Security Income (SSI)**	◯ Yes ◯ No	$	How often?
Veteran Benefits (VA)	◯ Yes ◯ No	$	How often?
Unemployment Insurance	◯ Yes ◯ No	$	How often?
Workers' Compensation	◯ Yes ◯ No	$	How often?
Retirement benefits	◯ Yes ◯ No	$	How often?
Tribal payments	◯ Yes ◯ No	$	How often?
Child support or spousal support	◯ Yes ◯ No	$	How often?
Other unearned income (trusts, gifts, gambling, etc.)	◯ Yes ◯ No	$	How often?

4. Does **your household** have the following housing expenses? Check yes or no for each item. **Bring or send proof.**

Rent (include mobile home lot rental)	◯ Yes ◯ No
Mortgage/contract for deed payment	◯ Yes ◯ No
Association fees	◯ Yes ◯ No
Homeowner's insurance (if not included in mortgage)	◯ Yes ◯ No
Room and/or board	◯ Yes ◯ No
Real estate taxes (if not included in mortgage)	◯ Yes ◯ No

4a. Do you receive a rental subsidy (ex: Section 8)? ◯ Yes ◯ No

AGENCY USE: **SHEL, EATS**
☐ *Confirmed response*
VERIFICATION: ◯ *requested* ◯ *attached*

5. Does **your household** have the following utility expenses **any time** during the year, **including seasonal charges**? Check yes or no for each item. **Bring or send proof.**

Heating	◯ Yes ◯ No	Air conditioning	◯ Yes ◯ No
Water and sewer	◯ Yes ◯ No	Electricity	◯ Yes ◯ No
Phone/cell phone	◯ Yes ◯ No	Garbage removal	◯ Yes ◯ No

5a. Did you or anyone in your household receive energy assistance of more than $20 in the past 12 months?
◯ Yes ◯ No

AGENCY USE: **ACUT, HEST**
☐ *Confirmed response*
VERIFICATION: ◯ *requested* ◯ *attached*

6. Do **you or anyone living with you** have costs for care of an **ill or disabled adult** because you or they are working, looking for work or going to school?
◯ Yes ◯ No

AGENCY USE: **DCEX**
☐ *Confirmed response*
VERIFICATION: ◯ *requested* ◯ *attached*

7. Does **anyone** in the household **pay** court-ordered child support, spousal support, child care support, medical support or contribute to a tax dependent who does not live in your home?
◯ Yes ◯ No

AGENCY USE: **COEX**
☐ *Confirmed response*
VERIFICATION: ◯ *requested* ◯ *attached*

8. Does **anyone** in the household have medical expenses?
To get a medical deduction you must provide proof of all medical bills incurred by anyone in your household **who is disabled or 60 years or older**. **Do not** bring medical bills that are being paid for by any health care program, insurance or someone not living with you.
◯ Yes ◯ No

AGENCY USE: **FMED**
☐ *Confirmed response*
VERIFICATION: ◯ *requested* ◯ *attached*

9. Has a court or any other civil or administrative process in Minnesota or any other state found anyone in the household guilty or has anyone been disqualified from receiving public assistance for breaking any of the SNAP penalty warnings on page 2 of the instructions?
◯ Yes ◯ No

10. Has **anyone** in the household been convicted of making fraudulent statements about their place of residence to get SNAP benefits from more than one state?
◯ Yes ◯ No

11. Is **anyone** in your household hiding or running from the law to avoid prosecution, being taken into custody, or to avoid going to jail for a felony?

◯ Yes ◯ No

12. Has **anyone** in your household been convicted of a drug felony in the past 10 years?

◯ Yes ◯ No

13. Is **anyone** in your household currently violating a condition of parole, probation or supervised release?

◯ Yes ◯ No

You may authorize another person(s) to:

- **Fill out forms and apply for help from the agency**
- **Communicate with the agency**
- **Get notices and information related to your case**
- **Get your SNAP benefits and buy food for you through your Electronic Benefit Transfer (EBT) account.**

You can ask more than one person(s) to help you with the items listed above. The authorized person(s) may be a friend, relative, trusted professional acting on your behalf, a person authorized by the courts, or a person with your power of attorney. This person(s) can act for you until you notify your worker that you want this to end. Ask your worker for more information about authorized representatives. **All authorized person(s) must sign and date the last page of this application.**

AUTHORIZED PERSON 1				
I WANT THE PERSON NAMED TO: ☐ Fill out forms ☐ Get notices ☐ Get and use my SNAP benefits ☐ Communicate	NAME	RELATIONSHIP		PHONE NUMBER
	ADDRESS	CITY	STATE	ZIP CODE

AUTHORIZED PERSON 2				
I WANT THE PERSON NAMED TO: ☐ Fill out forms ☐ Get notices ☐ Get and use my SNAP benefits ☐ Communicate	NAME	RELATIONSHIP		PHONE NUMBER
	ADDRESS	CITY	STATE	ZIP CODE

*Only one authorized representative can get and use SNAP benefits on behalf of the applicant.

By signing:

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than $10,000, or both. [Minnesota Statute, section 256.984, subdivision 1]

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER ADULT	DATE
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

AGENCY USE		
PROVIDED APPLICANT WITH THE FOLLOWING DOCUMENTS: ☐ Program information for cash, food and child care programs (DHS-2920) ☐ Domestic Violence Information brochure (DHS-3477) ☐ Notice of Privacy Practices (DHS-3979) *(attached)* ☐ Client responsibilities and rights (DHS-4163) *(attached)* ☐ Appeal Rights (DHS-3353) *(attached)* ☐ Notice About Income and Eligibility Verification System and Work Reporting System (DHS-2759) *(attached)* ☐ Do you have a disability? (DHS-4133) ☐ How to Use Your Minnesota EBT Card (DHS-3315A) ☐ Reviewed all pages of application with client		
AGENCY SIGNATURE	INTERVIEW DATE	CASE NUMBER

Additional information

Notice of Privacy Practices

(Effective Date: November 2016)

This notice tells how private information about you may be used and disclosed and how you can get this information. Please review it carefully.

Why do we ask for this information?

- In order to determine whether and how we can help you, we collect information:
  - To tell you apart from other people with the same or similar name
  - To decide what you are eligible for
  - To help you get medical, mental health, financial or social services and decide if you can pay for some services
  - To decide if you or your family need protective services
  - To decide about out-of-home care and in-home care for you or your children
  - To investigate the accuracy of the information in your application
- After we have begun to provide services or support to you, we may collect additional information:
  - To make reports, do research, do audits, and evaluate our programs
  - To investigate reports of people who may lie about the help they need
  - To collect money from other agencies, like insurance companies, if they should pay for your care
  - To collect money from the state or federal government for help we give you.
  - When your or your family's circumstances change and you are required to report the change (see Client Responsibilities and Rights – DHS-4163)

Why do we ask you for your Social Security number?

We need your Social Security number to give you medical assistance, some kinds of financial help, or child support enforcement services (42 CFR 435.910 [2006]; Minn. Stat. 256D.03, subd.3(h); Minn. Stat.256L.04, subd. 1a; 45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security Number to verify identity and prevent duplication of state and federal benefits. Additionally, your Social Security Number is used to conduct computer data matches with collaborative, nonprofit and private agencies to verify income, resources, or other information that may affect your eligibility and/or benefits.

You do not have to give us the Social Security Number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a United States citizen and are applying for Emergency Medical Assistance only
- If you are from another country, in the United States on a temporary basis and do not have permission from the United States Citizenship and Immigration Services to live in the United States permanently
- If you are living in the United States without the knowledge or approval of the U.S. Citizenship and Immigration Services.

Do you have to answer the questions we ask?

You do not have to give us your personal information. Without the information, we may not be able to help you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs:

- Employees or volunteers with other state, county, local, federal, collaborative, nonprofit and private agencies
- Researchers, auditors, investigators, and others who do quality of care reviews and studies or commence prosecutions or legal actions related to managing the human services programs.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials, and child protection and fraud investigators
- Human services offices, including child support enforcement offices
- Governmental agencies in other states administering public benefits programs
- Health care providers, including mental health agencies and drug and alcohol treatment facilities
- Health care insurers, health care agencies, managed care organizations and others who pay for your care

- Guardians, conservators or persons with power of attorney
- Coroners and medical investigators if you die and they investigate your death
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services
- Anyone else to whom the law says we must or can give the information.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3979-ENG

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

What if you believe your privacy rights have been violated?

If you think that the Minnesota Department of Human Services has violated your privacy rights, you may send a written complaint to the U.S. Department of Health and Human Services to the address below:

Minnesota Department of Human Services
Attn: Privacy Official
PO Box 64998
St. Paul, MN 55164-0998

DEPARTMENT OF HUMAN SERVICES

Client responsibilities and rights

Note: Cash on an Electronic Benefit Transfer (EBT) card is provided to help families meet their basic needs, including: food, shelter, clothing, utilities and transportation. These funds are provided until families can support themselves. It is illegal for you to buy or attempt to buy tobacco products or alcohol with your EBT card. If you do, it is fraud and you will be removed from the EBT program. EBT cards also cannot be used at gambling or retail establishments that provide adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

Your responsibilities

- **If you receive cash assistance and/or child care assistance,** you must report any changes that may affect your benefits to your county or tribal agency within 10 days after the change has occurred. **If you receive Supplemental Nutrition Assistance Program benefits, report changes by the 10th of the following month.** Each benefits program may have different requirements for reporting changes. Talk to your caseworker about what you must report.

  You may be required to report changes in:
  - **Employment** – starting or stopping a job or business; a change in hours, earnings or expenses
  - **Income** – receipt or change in child support, Social Security, veteran benefits, unemployment insurance, inheritance or insurance benefits
  - **Property** – purchase, sale or transfer of a house, car or other items of value, or if you receive an inheritance or settlement
  - **Household status** – When a person dies or becomes disabled, moves in or out of your home or temporarily leaves; pregnancy; birth of a child
  - **Citizenship or immigration status**
  - **Address**
  - **Housing costs and/or rent subsidy**
  - **Utility costs**
  - **Parental custody or visitation rights**
  - **Marital status**
  - **School attendance**
  - **Health insurance coverage and premiums**.
  - **You or someone in your household wins $4,250 or more from the lottery or gambling.**

  You may also be required to report if you are party to a newly filed lawsuit, or if you have been convicted of a drug-related felony.

  Note: If you are enrolled in child care assistance and change child care providers, you must notify your child care worker and provider at least 15 days before the change goes into effect.

  If you have questions or are unsure about any reporting rules, contact your case worker. If your case worker is not available, leave a message so they can get back to you.
- **Your county, tribal, state or federal agency** may check any of the information you provide. To obtain some forms of information, the county must have your signed consent. If you don't allow the county to confirm your information, you might not receive assistance.
- If you provide information you know is untrue, withhold information or do not report as required, or it's later discovered that your information is untrue, you may be investigated for fraud. This may result in you being disqualified from receiving benefits, charged with a criminal offense, or both.
- The state or federal quality control agency may randomly choose your case for review. They will review statements you provided and will check to see if your eligibility was determined correctly. The state may seek information from other sources and will inform you about any contact they intend to make. **If you do not cooperate, your benefits may stop.**
- **Cooperation requirements:**
  - If your county or tribal agency approves you for the Minnesota Family Investment Program or the Diversionary Work Program, you must cooperate with all required employment services, unless you are exempt. You must develop and sign an employment plan with your case worker or your Diversionary Work Program application will be denied.
  - You must cooperate with child support to receive Minnesota Family Investment Program benefits, Diversionary Work Program benefits and/or child care assistance program.

  If you receive child support directly from a noncustodial parent, you must report it to your case worker.

Keep this page for your records.

For Cash and Supplemental Nutrition Assistance Program (SNAP) benefits:

- **Each time you use your EBT card or sign your check**, you state that you have informed your county or tribal agency about any changes in your situation that may affect your benefits.
- **Each time your EBT card is used**, it's assumed you have received your cash or SNAP benefits, unless you reported your card lost or stolen to your county or tribal agency.

For child care assistance:

- **You may be required to pay a co-payment fee** to your child care provider. If you do not pay the fee, your child care assistance will be terminated until fees are paid in full or satisfactory payment agreements have been made with your county or tribe and your child care provider.
- **You may be required to pay additional costs** when your child care provider charges a rate that is more than the maximum rate in your county or tribe.
- **You must document** the immigration or citizenship status of the children in your family for whom you are applying for child care assistance.

Note: If you sign the application as an authorized representative of a person who is requesting or receiving assistance, **you are agreeing to assume all of the responsibilities listed above on behalf of that person**.

Your rights

- **Your right to privacy.** Your private information, including your health information, is protected by state and federal laws. Your case worker has given you a Notice of Privacy Practices (DHS-3979) information sheet explaining these rights.
- **You have the right to reapply** at any time if your benefits stop.
- **You have the right to receive** a paper or electronic copy of your SNAP application.
- **You have the right to know why**, if we have not processed your application within:
  - Thirty days for cash, SNAP and child care assistance
  - Sixty days for cash related to disability.
- **You have the right to know the rules** of the program you are applying for and for the agency to tell you how your benefit amount was figured.
- **You have the right to choose** where and with whom you live.
- **Expenses.** You have the right to report expenses such as shelter, utilities, child care, child support or medical costs. These expenses may affect the amount of SNAP benefits that you receive. Failure to report or verify certain expenses listed will be a statement by your household that you do not want a deduction for the unreported expenses.

  For SNAP, you may appeal **within 90 days** by writing or calling the county or the State Appeals Office. You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

  If you wish for your assistance to continue until the hearing, you must appeal before the date of the proposed action or within 10 days after the date the agency notice was mailed, whichever is later. Ask your county or tribal case worker to explain how the timing of your appeal could affect your present or future assistance.
- **Access to free legal services.** Contact your case worker for information on free legal services.
- **Appeal rights.** If you are unhappy with the action taken or feel the agency did not act on your request for assistance, you may appeal. For cash, child care assistance and health care, you may appeal **within 30 days** from the date you receive the notice by writing to the county or tribal agency, or directly to the State Appeals Office at the Minnesota Department of Human Services, PO Box 64941, St. Paul, MN 55164-0941. (If you show good cause for not appealing your cash and health care **within 30 days**, the agency can accept your appeal **for up to 90 days** from the date you receive the notice.)

DEPARTMENT OF HUMAN SERVICES

Appeal rights

- **Appeal rights.** An appeal is a legal process where a human services judge reviews a decision made by the agency. You may appeal a decision if:
  - You feel the agency did not act on your request for assistance.
  - You do not agree with the action taken.

  You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

  - **For emergency help**, when your case is about an emergency and you need a faster decision on your appeal, you can ask for an emergency hearing in your appeal request. You can also request it by calling the Department of Human Services Appeals Division.
  - **For cash, child care and health care**, you may appeal **within 30 days** from the date you received this notice by sending a written appeal request saying you do not agree with the decision. You can send this letter to the agency, or directly to the Appeals Division. If you show good cause for not appealing your cash, child care and health care **within 30 days**, the agency can accept your appeal for **up to 90 days** from the date of the notice. Good cause is when you have a good reason for not appealing on time. The Appeals Division will decide if your reason is a good cause reason. You can ask to meet informally with agency staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal.
  - **For the Supplemental Nutrition Assistance Program**, you may appeal **within 90 days** by writing or calling the agency or the Appeals Division.
  - Submit your appeal request:
    - **Online:** https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG
    - **Write:** Minnesota Department of Human Services Appeals Division
P.O. Box 64941
St. Paul, MN 55164-0941
    - **Fax:** 651-431-7523
    - **Call:** Metro: 651-431-3600
Greater Minnesota: 800-657-3510
or use your preferred relay service
  - **If you want to keep receiving your benefits until the hearing,** you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place. For most programs, if you file your appeal on time, you will get your benefits until the Appeals Division decides your appeal. If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending. You can ask the agency to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received or, for child care assistance, your provider will be reimbursed for eligible costs that you paid or incurred. Ask your agency worker to explain how the timing of your appeal could affect your present or future assistance.
- **You have the right to reapply** at any time if your benefits stop.
- **Access to free legal services.** You may be able to get legal advice or help with an appeal from your local legal aid office. To find your local legal aid office, visit www.LawHelpMN.org or call 888-354-5522.

DEPARTMENT OF HUMAN SERVICES

Notice About Income and Eligibility Verification System and Work Reporting System

Read this if you are asking for or get:

- Cash Assistance:
  - Diversionary Work Program
  - Minnesota Family Investment Program
  - Refugee Cash Assistance
  - Minnesota Supplemental Aid
  - General Assistance
  - Emergency Assistance
- Supplemental Nutrition Assistance Program
- Minnesota Health Care Programs

What is the Income and Eligibility Verification System (IEVS)?

The government has a way to check income. It is the "Income and Eligibility Verification System" (IEVS).

The law has us check your income with other agencies. We have to check income for all who ask for or get cash assistance, Supplemental Nutrition Assistance Program (SNAP) benefits or Medical Assistance (MA). This includes your children.

We need Social Security Numbers (SSN) for anyone wanting help. If you have no SSN, you must apply for one. Apply with your county human services agency. You must report all SSNs to your worker.

What facts will we get? How will we use them?

We check with other agencies about your income, assets and health insurance. If you didn't tell us about all of your income or assets, we will refigure your aid. Your aid might go lower or stop. If you get aid you should not be getting, we may use these facts in civil or criminal lawsuits.

We will tell you if facts from other agencies are not the same as the facts you gave us. We will tell you what facts we got, the kind of income or assets, and the amount. We give you 10 days to respond in writing to prove if our facts are wrong.

We will ask you to show proof of income, assets, or health insurance you did not report or that we could not verify. You may need to give us permission to check the facts with the source of data. We will tell you what happens if you do not sign for permission or do not help us.

Agencies we get information from

We must trade facts with these agencies:

- United States Social Security Administration (SSA) - We get records of self-employment earnings, retirement income, survivor's benefits, disability payments, Social Security (RSDI), Supplemental Security Income (SSI).
- United States Internal Revenue Service (IRS) - We get records of unearned income (like interest and dividends).
- Minnesota Department of Employment and Economic Development (DEED) - We get records of wages and pay and facts on Unemployment Insurance.
- Minnesota Office of Child Support Division
- Agencies in other states that manage:
  - Unemployment Insurance
  - Cash assistance
  - Medical Assistance (MA)
  - SNAP
  - Child support
  - SSI state supplements

These agencies have the right to get certain facts from us about you. They have to use those facts for programs like RSDI, child support, cash assistance, SNAP, MA, Unemployment Insurance, and SSI.

What is the Work Reporting System?

Minnesota employers must tell us when they hire someone. This information is used by the Child Support Program. We also use this information to see if a new employee is getting help from any of the programs listed above.

How do we use it?

If the employee is getting help from any of these programs, the county worker gets a notice. If the client did not report the new job, the county worker will contact the client. The county worker may ask the client to show proof about the job. The client may need to give the county permission to check the facts with the employer. If a client does not help us check the information, they will lose benefits.

The law limits who gets facts about you

The law limits the facts about you that we get from other agencies and the facts we give them. Contracts with the Minnesota Department of Human Services and those agencies also protect you. Only those agencies, the state, and the county agency where you apply for and get program benefits can use the facts about you. No one else can get the facts about you without your written permission.

Your duty to report

You **must report** all of your income and assets.

- **If you receive cash assistance**, report any changes within 10 days of the change, **or**, if you report on a Household Report Form (DHS-2120), complete the form and return it by the 8th of the month.
- **If you receive SNAP**, report required changes by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

You **must** still report all of your income, assets and other information on redetermination forms we send you.

You **must** help the county agency check your income, assets and health insurance. IEVS is one way of proving your income, assets and health insurance amounts.

What if you do not help

You must help us check your income, assets and health insurance to get cash assistance, SNAP and MA. **If you don't, you and your family will not get help.**

Legal Authority

IEVS - 7 CFR, parts 271, 272, 273, 275; 42 CFR, parts 431, 435; 45 CFR, parts 205, 206, 233

Work Reporting - Minnesota Statutes Section 256.998, Subd. 10

Keep this page for your records.

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex or political beliefs.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the **MDHR** if you believe you have been discriminated against because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, disability, sex or political beliefs.

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
1-800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Agriculture

(Do Not Send Applications Here)

In accordance with federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling 833-620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

(1) mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
(2) fax: 833-256-1665 or 202-690-7442; or
(3) email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

(Do Not Send Applications Here)

Please return to your local county or tribal human services office.

This institution is an equal opportunity provider.