

APPLICATION FOR FOOD STAMP BENEFITS

PURPOSE: Use the FS-1 as the food stamp application form in the following situations:

- (1) when the household is applying only for food stamps; or
- (2) when an applicant requests that a food stamp application be mailed to them; or
- (3) when an applicant must take a food stamp application home to complete and return; or
- (4) when the application is mailed to the household with the IM-112, Notice of Approval, Denial or Pending Status, and an automated Notice of Expiration will not be sent; or
- (5) mailed to any group who requests the food stamp application.

Use the IM-2 for an in-office joint application.

NUMBER OF COPIES AND DISPOSITION: The original is completed and filed in the case record following registration of the application.

NOTE: *When a person(s) is added to an open food stamp case, an FS-1 is not necessary. Register the individual application in IAPP or FSU5.*

MANUAL REFERENCE: FSM 1100.000.00 - 1150.040.00

INSTRUCTIONS FOR COMPLETION: Complete this form in ink. All entries are made by the applicant or his/her authorized representative, except sections marked for DFS use. If an applicant has a physical or mental handicap which prevents him/her from completing this form, the worker may complete the eligibility statement based on information and estimates given by the applicant. If the worker completes the Applicant's Eligibility Statement, explain on the FS-1 the reason the applicant was unable to make the necessary entries. No changes or erasures are made after the form is signed by the applicant. If a change is made, the applicant must sign his/her name and the date by any correction(s).

Upon request, the FS-1 is mailed to the household, given to the household or authorized representative for completion, completed in the county office, or mailed to the household with the IM-112, Notice of Eligibility, Denial or Pending Status, when an automated Notice of Expiration is not sent.

If the applicant signs the FS-1 in the office, the date filed is the date the applicant signs the form. If the FS-1 is mailed or faxed, the date the application is filed is the date the form containing name, address, and signature is received in the county office.

If the applicant cannot stay to complete the FS-1, but signs and dates it, make a copy of the form and send the original form home with the applicant to complete. Register the application when the completed form is received. The date of application is the date the applicant signed the FS-1 at the county office.

FOR DFS USE ONLY

DATE OF LAST FACE-TO-FACE (F-T-F) INTERVIEW: This area is used to assist staff in tracking recertifications since the last face-to-face interview was completed. List the date the last face-to-face interview was completed.

NOTE: *An interview is required for ALL food stamp applications. The face-to-face interview is required only once per twelve months.*

MAIL-IN/WALK-IN: Check (✓) to indicate if the application was received in the mail or when the applicant came into the office.

DATE RECEIVED: Enter the date the FS-1 is received in the office either in the mail or through an in-person contact.

CASE DCN: Enter applicant's Departmental Client Number assigned to the applicant by the county. **Check to ensure that a case number has not previously been assigned.**

NAME: Enter the full last, first and middle names of the applicant or case name member. This is written as the name will appear on the EBT card for the head of the household if the application is approved. Avoid the use of nicknames, aliases, diminutives, or initials for first name, unless said initials are the applicant's actual name.

TELEPHONE: Space is provided for both a home telephone number and a message telephone number. Complete both blanks, if applicable.

ADDRESS: Enter the house number, street or rural route number, city, state and zip code where the applicant resides. Also directions to the home, if it is hard to locate, must be entered on the FS-1.

MAILING ADDRESS: Enter the mailing address if it is different from resident address (the mailing address can be: the county office, in care of another residence, a post office box, or general delivery).

NOTE: *Ensure the mailing address complies with the Code-1 Plus address matching. (IM-58 dated 8/7/96)*

LEGAL GUARDIAN: Enter the address of the guardian rather than the applicant's address. If the legal guardian resides in one county and the applicant resides in another, the legal guardian must appoint an authorized representative who resides in the applicant's county. The complete address of the authorized representative is then entered.

SIGNATURE OF APPLICANT: The applicant signs the application. If the signature is made by mark, the mark is identified as such and enclosed in parentheses with the applicant's name typed or handwritten as shown. The signature and address of two witnesses is entered in the blank space below the applicant's mark.

The correct procedure for making the mark is illustrated below:

Signature of applicant: Robert T. (X) (his mark) Cummins.

Witnesses: Jane Harris, 627 N. Euclid, St. Louis, MO 63108.
Ralph Owen, 3428 Shenandoah, St. Louis, MO
63104.

LEGAL GUARDIAN FOR INCOMPETENCY: If an applicant has a legal guardian, the signature should be that of the guardian. For example, Ralph Owen, Guardian for Ruth Otis.

FS AUTHORIZED REPRESENTATIVE: If the application is made for the household by an authorized representative, the signature should be that of the authorized representative.

For example, Ralph Owen, Authorized Representative for Ruth Otis.

NOTE: *If the applicant is a resident of a drug or alcohol treatment center, signature of the authorized representative is necessary.*

FOOD STAMP HOUSEHOLD MEMBER OTHER THAN CASE NAME MEMBER APPLIES: The application is signed as case name member by applicant. For example: Ruth Otis by Ralph Owens.

DATE: Enter the date applicant signs the FS-1.

FOOD STAMP PARTICIPATION INFORMATION:

1. WHEN DID YOU LAST RECEIVE FOOD STAMP BENEFITS?: Applicant lists the month s/he last received food stamp benefits and where s/he received them.
2. WAS YOUR HOUSEHOLD DISQUALIFIED FOR FOOD STAMP BENEFITS THIS MONTH?: Applicant checks (✓) "yes" or "no" if the household is disqualified from receiving food stamp benefits. If "yes", applicant explains the reason for the disqualification.

AUTHORIZED REPRESENTATIVE: The head of household can designate one person to file an application on his/her behalf and/or one person outside the household to have access to his/her benefits available via Electronic Benefit Transfer (EBT).

Therefore, the head of household can designate up to two (2) individuals as authorized representatives for the household. The following information is needed for each authorized representative the household designates: name, date of birth, social security number, and address.

TO APPLY FOR BENEFITS, TO ACCESS MY EBT ACCOUNT, BOTH - The applicant chooses either option or both and places a check (✓) mark at the appropriate selection. The applicant can choose only one authorized representative to access the EBT account.

BENEFIT SECURITY® CARD: The applicant checks (✓) "yes" or "no" if the household needs a Benefit Security® Card replaced. If "yes", the applicant checks (✓) the box that explains the reason for the replacement.

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NOTE: Before reissuing a new Benefit Security® Card, check to ensure the address on the application is the same address is shown in the production system and the Administrative Terminal (MOP). If not, correct the address BEFORE reissuing a Benefit Security® Card.

DO NOT WRITE IN THE AREA BELOW (TO BE FILLED IN BY COUNTY STAFF):

Words at the beginning of this section, "Do not write in the area below", apply to the applicant. This section is always completed by a county staff person. (If guardianship, case information applies to the applicant, not to the guardian). If another household member, other than the case name, makes the application, the information below applies to the case name member.

EXPEDITED SERVICES - SCREENING MONTH: Enter the effective month for the expedited screening.

EXPEDITED SERVICE SCREENING QUESTIONS: Review questions 1-3 with each applicant to determine if the household qualifies for expedited service. The answers to these questions are entered in the FEXP screen prior to registration of the application. Instructions for the FEXP screen are included with the FS-1, Appendix A form instructions.

If the applicant qualifies for expedited service complete the application interview as soon as possible so expedited benefit time standards can be met.

EXPEDITED ELIGIBLE?: Check (✓) "yes" or "no" if the household is eligible for expedited benefits.

WAS PREVIOUS APPLICATION EXPEDITED WITH VERIFICATION PENDING?: Answer "yes" if the previous application was expedited with postponed verification. Answer "no" if there was no postponed verification.

IF YES, VERIFICATION PROVIDED/NOT NEEDED: Check (✓) "yes" if verification is provided or no longer needed. Answer "no" if postponed verification is not provided and is still needed.

2ND MONTH SCREENING?: A 2nd month screening is defined for staff's use in identifying the month being screened for expedited services. An applicant making a timely/non-timely reapplication does not meet the definition of a 2nd month screening. Check (✓) "yes" or "no" if the screening is for the second month.

SCREENED BY: Enter the name of the person completing the expedited service screening.

DATE OF APPLICATION: Enter the date the application is signed by the applicant at the office or if mailed or faxed, the date received in the county office.

WORKER NUMBER/LOAD NUMBER AND SUPERVISOR NUMBER: Enter the worker, load and supervisor number for the staff member accepting the application.

TYPE OF INTERVIEW HELD: Place a check (✓) to indicate whether a face-to-face interview or phone interview is completed. Enter the date the interview was held.

APPLICANT'S ELIGIBILITY STATEMENT - FOOD STAMPS

PURPOSE: To acquaint the applicant with the provisions of the law regarding eligibility requirements and the penalty clause, and to provide a statement signed by the applicant regarding certain eligibility requirements. The information in this statement should pertain to the entire household.

The Applicant's Eligibility Statement provides the County Family Services Office with an outline of the eligibility factors for use in interviewing and recording.

The applicant has the right to sign the application and complete the Applicant's Eligibility Statement later.

NUMBER OF COPIES AND DISPOSITION: One copy for the case record. If the applicant requests a copy, make a Xerox copy and give it to the applicant.

MANUAL REFERENCE: FSM 1100.000.00 - 1150.040.00

INSTRUCTIONS FOR COMPLETION: Complete this form in ink. All entries are completed by the applicant or his/her authorized representative. If a applicant has a physical or mental handicap which prevents them from completing this form, the staff member may complete the eligibility statement based on information and estimates given by the applicant. If the staff member completes the Applicant's Eligibility Statement, explain on the FS-1 the reason the applicant was unable to make the necessary entries.

No changes or erasures are made after the form is signed by the applicant. If a change is made, the applicant must sign his/her name and the date by any correction(s). One form must be completed at each application or reapplication. The form may be signed at any time during the investigative process.

1. HOUSEHOLD MEMBERS:

A. NAME: The applicant lists each person in the household with the applicant's name entered on line one.

HISPANIC Y/N: The applicant enters "yes" or "no" if s/he is Hispanic.

RACE/SEX: The applicant selects and enters the race code as shown at the bottom of the household members section and his/her gender.

RELATIONSHIP: The applicant enters the relationship of each household member to herself/himself.

DATE OF BIRTH: The applicant enters the birthdate for each household member.

SOCIAL SECURITY NUMBER: The applicant enters the social security number for each household member.

CITIZEN: The applicant enters "yes" or "no" to attest to his/her United States citizenship and the United States citizenship of all household members.

BUY & COOK TOGETHER: Place a check (✓) mark if the household member listed buys and cooks food together.

B. BOARDERS: The applicant checks (✓) "yes" or "no" if there is a boarder in the household and lists his/her name.

2. RESOURCES:

NOTE: Do not consider the information in resources in the eligibility determination for those food stamp households assumed or determined to be categorically eligible.

The applicant checks (✓) "yes" or "no" if any household member has resources. If "yes" is checked, the applicant lists the name of the owner, the type of resource, the amount of the resource and the location where the resource is held/deposited.

3. **VEHICLES**: The applicant checks (✓) "yes" or "no" if any household member has a vehicle. (Includes boats, trailers, snowmobiles, recreational vehicles, airplane, motorcycle or other types of vehicles). If "yes", the household lists the type of vehicles owned or being purchased, the make, model, year, who owns it, the value, the amount owed, "yes" or "no" if each vehicle is licensed and for what purpose the vehicle is used. If no vehicles are owned, "none" is entered.

4. **EARNED INCOME**:

A. The applicant checks (✓) "yes" or "no" if any household member has earned income. If "yes", the applicant enters the name of the person in the household who has income, the name, address and phone number of the employer, the rate of pay, number of hours worked, the amount per pay period and how often received. If no household member has earned income, "none" is entered.

B1. The applicant checks (✓) "yes" or "no" if anyone in the household has started working. If "yes" the applicant indicates "yes" or "no" if the individual has received a paycheck.

B2. The applicant checks (✓) "yes" or "no" if anyone in the household works overtime. If "yes", the applicant indicates who works the overtime and how often.

C. The applicant checks (✓) "yes" or "no" if any household member quit a job or reduced the number of hours worked. If "yes", the applicant lists the name of the person(s), the reason and the date of the change.

D. The applicant checks (✓) "yes" or "no" if any household member is on strike and lists his/her name.

E. The applicant checks (✓) "yes" or "no" if s/he expects any changes in earned income. If "yes", the applicant explains the expected change.

5. **UNEARNED INCOME**:

A. The applicant checks (✓) "yes" or "no" if any household member has income other than from employment.

If "yes", the applicant checks (✓) the appropriate source of income and lists the amount received from each source.

- B. The applicant checks (✓) "yes" or "no" if s/he expects any changes in unearned income. If "yes", the applicant explains the expected change.

6. STUDENTS:

- A. The applicant indicates if any household member aged 18-50 is attending college or a trade school. The applicant lists the name of the student and the school s/he is attending.
- B. The applicant checks (✓) "yes" or "no" if the student is employed. If "yes", the applicant completes Section 4, Income.
- C. GRANTS/SCHOLARSHIPS/LOANS: The applicant checks (✓) "yes" or "no" to indicate if any household member receives student grants, scholarships, or loans. If "yes", the amount received is entered.
- D. TUITION/BOOKS/FEES/TRANSPORTATION: The applicant makes a dollar entry in the section that is applicable.

7. SHELTER EXPENSES:

- A. RENT/MORTGAGE: The applicant checks (✓) "yes" or "no" if the household is responsible for rent or a mortgage, the amount and who pays the expense.

REAL ESTATE TAXES: The applicant checks (✓) "yes" or "no" if the household is responsible for real estate taxes at this residence, the amount and who pays the expense.

HOMEOWNER'S INSURANCE: The applicant checks (✓) "yes" or "no" if the household is responsible for homeowner's insurance at this residence, the amount and who pays the expense.

GAS/PROPANE, ELECTRICITY, WOOD/COAL/OIL, TRASH, WATER/SEWER, TELEPHONE: The applicant checks (✓) "yes" or "no" if the household is responsible for any of these expenses. For gas/propane, electricity, wood/coal/oil, applicant checks (✓) whether the utilities are used for heating, cooling or other.

- B. DOES SOMEONE ELSE PAY ALL OR PART OF YOUR UTILITY COSTS?: Applicant checks (✓) "yes" or "no" if someone assists in paying the utility costs. If "yes", applicant lists the name of the person helping/splitting the utility expense and which utility costs this individual is assisting with payment.

- C. HAVE YOU RECEIVED ENERGY ASSISTANCE AT THE CURRENT ADDRESS WITHIN THE PAST 12 MONTHS?: Applicant checks (✓) "yes" or "no" if the household has received Energy Assistance at the current address during the past 12 months.

- D. HAS YOUR HOUSEHOLD MOVED SINCE LAST APPLICATION?: Applicant checks (✓) "yes" or "no" if the household has moved since the last time s/he applied for food stamp benefits. Applicant checks (✓) "yes" or "no" if the information reflected in the shelter expenses listed above reflect the utilities at the new residence.

8. CHILD SUPPORT EXPENSE:

DOES ANY HOUSEHOLD MEMBER PAY COURT ORDERED CHILD SUPPORT TO A NON-HOUSEHOLD MEMBER?: Applicant checks (✓) "yes" or "no" if a household member is paying court ordered child support to a non-household member. (This includes current payments, arrearages, health insurance.) If "yes", applicant lists the name of the person paying the expense and lists the dependent's name, address, phone number, the amount paid, the person or agency paid, and how often the support is paid.

9. DEPENDENT CARE EXPENSE:

The applicant checks (✓) "yes" or "no" to indicate if s/he is paying dependent care for a child or disabled adult while working or in a training program. If "yes", the applicant enters the name of the person cared for, the cost to the applicant and how often paid.

MILEAGE OR COST FROM HOME TO PROVIDER AND BACK: Applicant enters the cost or mileage per day.

NUMBER OF TRIPS PER WEEK: The applicant lists the number of trips per week to and from the provider.

NAME OF CARE PROVIDER: Applicant lists the name of the dependent care provider and phone number. If the provider does not have a phone number, leave the line blank.

IS ANY OTHER PERSON OR ORGANIZATION RESPONSIBLE FOR PAYING PROVIDER?: Applicant checks (✓) "yes" or "no" and if "yes", lists the person who is responsible for paying the provider. If the applicant pays, s/he lists his/her name. If an organization is paying this expense, applicant lists the name of the organization.

10. MEDICAL EXPENSE:

The applicant checks (✓) "yes" or "no" if there are any medical expenses for a person age 60 or over or for any household member who is receiving disability benefits. If "yes" the applicant checks (✓) the appropriate expense and enters the amount.

11. CHANGES:

The applicant checks (✓) "yes" or "no" if a change in the household circumstances is expected. If "yes", applicant explains the expected change.

12. HOUSEHOLD'S DECLARATION INQUIRY:

- A. Applicant checks (✓) "yes" or "no" if any household member has been convicted of trafficking food stamp benefits. If "yes", applicant lists the name of the household member(s) who has been convicted.
- B. Applicant checks (✓) "yes" or "no" if any household member is fleeing to avoid prosecution, custody or jail for a crime that is a felony. If "yes", applicant lists the name of the household member(s).
- C. Applicant checks (✓) "yes" or "no" if any household member is violating a condition of probation or parole. If "yes", applicant lists the name of the household member(s).
- D. Applicant checks (✓) "yes" or "no" if any household member is receiving food stamp benefits under another identity or as a member of another household or in another state. If "yes", applicant lists the name of the household member(s).
- E. Applicant checks (✓) "yes" or "no" if any household member has been convicted of a felony committed after 8-22-96

relating to illegal possession, use or distribution of a controlled substance. If "yes", applicant lists the name of the household member(s).

- F. Applicant checks (✓) "yes" or "no" if any household member has ever been found by a state agency or convicted in court of having made fraudulent statements or misrepresentation with respect to identity or place of residence for the purpose of receiving food stamp benefits in two or more places at the same time. If "yes", applicant lists the name of the household member(s).

13. REFERENCE:

Providing a reference is not a factor of eligibility. Staff cannot delay or reject an application for failure to provide a reference. The applicant enters the name, address and telephone number of a person living outside the household who can be contacted to verify questionable or inconsistent information. This section does not have to be completed during the application. A reference can be provided later if there is insufficient documentary evidence to support the applicant's statements.

NON-DISCRIMINATION AND FAIR HEARING RIGHTS/PRIVACY ACT

STATEMENT/IMMIGRATION STATUS: Before the form is signed, the worker explains the statements under each category. These statements are important in prosecution of individuals suspected of fraud and misrepresentation.

SIGNATURE OF APPLICANT: Applicant signs his/her name (in ink) in the same way it is entered on page one of the form and enters the date.

EXCEPTION:

- A. **MARK:** If signature is made by mark, the mark is identified as such, enclosed in parentheses, and the applicant's name typed or handwritten as shown. The signatures and addresses of two witnesses are entered in the blank space below the applicant's mark. The correct procedure for making the mark is illustrated below:

Signature of Applicant: Robert T. (X) (his mark)
Cummins

Witness:

- B. LEGAL GUARDIANSHIP FOR INCOMPETENCY, MINOR CHILD, ETC.:
When the applicant has a legal guardian, the signature is that of the guardian, as for example, "Ward R. Cooke, guardian for Carol Ruth Bryson".
- C. ANOTHER HOUSEHOLD MEMBER MAKES THE APPLICATION FOR THE CASE NAME MEMBER: The application is signed as case name member by applicant. For example, Carol Bryson by Arthur Bryson.
- D. AUTHORIZED REPRESENTATIVE: If the application is made by the authorized representative, give them the FS-1 form to be completed/signed by the applicant.

NOTE: If the applicant is a resident of a drug or alcohol treatment center, signature of the authorized representative is necessary.

If someone else (including the caseworker) helped the applicant complete the form or completed it for the applicant, that person must sign his/her name and enter the date.