

APPLICATION FOR FOOD STAMP BENEFITS

PURPOSE: Food stamp applications are taken in FAMIS when the applicant is available in person. Use the Spanish translation FS-1 as the food stamp application form, as appropriate, in the following situations:

- when an applicant requests a Spanish food stamp application be mailed to them;
- when an applicant requests a Spanish food stamp application to complete at home and return because s/he cannot stay for the interview; or
- when the system is unavailable and the applicant requests the Spanish form.

For mail-out applications, include the IM-31F (Spanish) with the Spanish FS-1.

Do not use an FS-1 for all food stamp applications. If the applicant is available in person and can stay for the interview, complete the application in FAMIS and do not use the FS-1 form.

If an individual wishes to download the FS-1 from the Internet, instruct the individual to go to www.dss.mo.gov. On the left side of the screen, click on Services A-Z. Click on the "F" at the top of the screen, and then click on Food Stamps under the "F" category. The [Food Stamps web page](#) appears. Both the English and Spanish translations are on the website.

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

NOTE: *When adding an individual to an open food stamp case, the FS-1 is not necessary. Register the individual application in FAMIS.*

MANUAL REFERENCE: FS Manual 1100.000.00 - 1150.040.00

INSTRUCTIONS FOR COMPLETION: Complete this form in ink. The applicant or his/her authorized representative makes all entries, except the section marked for Family Support Division (FSD) use. If an applicant has a physical or mental handicap that prevents him/her from completing this form, the worker may complete the eligibility statement based on information given by the applicant. If the worker completes the application, explain on the FS-1 the reason the applicant was unable to make the necessary entries. Do not make any changes or erasures after the applicant signs the form. If changes are made, the applicant must sign his/her name and the date by any correction(s).

If the applicant signs the FS-1 in the office because s/he cannot stay for the interview, 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 the name, address, and signature is received in the county office.

If the applicant cannot stay to meet with the caseworker or to complete the FS-1, the applicant must at least write his/her name, address, and sign the form. Make a copy of the form and send the original form home with the applicant to complete. Schedule an interview with the applicant following current procedures. Register the application if enough information is available. If there is not enough information, register the application when the completed form is received or when the interview is conducted. The date of application is the date the applicant signed the FS-1 at the county office.

FOR FSD USE ONLY/PARA U SO EXCLUSIVO DE LA FSD

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.

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

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

SCN: Enter the Supercase Number assigned to this EU.

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

NOMBRE COMPLETO: Enter the full last, first, and middle names of the applicant. This is written as the name will appear on the EBT card for the head of the EU 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.

TEL PARTICULAR/TEL PARA MENSAJES: Space is provided for both a home telephone number and a message telephone number. Complete both blanks, if applicable.

DOMICILIO PARTICULAR: Enter the house number, street, or rural route number, city, state and zip code where the applicant resides. If the EU does not have a residential address, the applicant must enter directions to the home or a description of where the EU lives.

DOMICILIO POSTAL: 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).

LEGAL GUARDIAN: Enter the address of the guardian as the applicant's mailing 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.

FIRMA DEL SOLICITANTE: 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 correct procedure for making the mark is illustrated below:

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

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 EU 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, the center is the authorized representative. A representative of the center must sign the application.

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

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

INTEGRANTES DELGRUPO FAMILIAR:

A) Enter the following information for each EU member.

NOMBRE: The applicant lists each person in the EU with the applicant's name entered on line one.

HISPANO SI/NO: The applicant enters "si" (yes) or "no" if any EU member is Hispanic.

RAZA/SEXO: The applicant selects and enters the race code as shown at the bottom of the EU members section as well as his/her gender.

- 1 – Blanca (white)
- 2 – Negra/Afro-Americana (Black/African American)
- 4 – Indigena de Estados Unidos/Nativo de Alaska (American Indian/Alaska Native)
- 5 – Asiatica (Asian)

6 – Hawaiana/de las Islas Pacificas (Native Hawaiian/Pacific Islander)

RELACION: The applicant enters the relationship of each EU member to herself/himself.

FECHA DE NACIMIENTO: The applicant enters the date of birth for each EU member.

NO. SEGURO SOCIAL (SSN): The applicant enters the social security number for each EU member.

CIUDADANO SI/NO: The applicant enters “si” (yes) or “no” to attest to his/her United States citizenship and the United States citizenship of all EU members.

COMPRAN/COCINAN JUNTOS: The applicant places a check (✓) mark if the EU member listed buys and cooks food together.

B. Aloja un visitante en su hogar?: The applicant checks (✓) “si” (yes) or “no” if there is a boarder in the EU and lists his/her name.

DECLARACION DE DATOS DEL HOGAR:

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

SERVICIO DE CURSO RAPIDO: This section notifies the EU of the expedited service qualifications.

DERECHO A NO SER DISCRIMINADO Y A UNA AUDIENCIA JUSTA/ AVISO Y RECONOCIMIENTO SOBRE LAS DISPOSICIONES DE FRAUDE: Before the form is signed, the applicant must read the statements under each category. These statements are important in prosecution of individuals suspected of fraud and misrepresentation.

FIRMA/FECHA: 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: If the signature is made by a 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., St. Louis, MO 63108
Ralph Owen, 3428 Shenandoah Blvd., St. Louis, MO 63104

LEGAL GUARDIANSHIP FOR INCOMPETENCY: When the 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 EU 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, the center is the authorized representative. A representative of the center must sign the application.

FIRMA DEL TESTIGO/FECHA: 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.