

FOOD STAMP/TEMPORARY ASSISTANCE INTERVIEW GUIDE FOR HURRICANE EVACUEES

CASE NAME	DATE
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1. HOUSEHOLD MEMBERS

NAME	HISPANIC Y/N	RACE/ SEX*	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	CITIZEN Y/N
A.			Self			
B.						
C.						
D.						
E.						
F.						
G.						
H.						
I.						
J.						

2. AUTHORIZED REPRESENTATIVE Yes No Apply Access Both

3. RECEIVED OUT OF STATE FOR FS Yes No

State _____ Last month received _____

4. HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED TA BENEFITS FROM ANOTHER STATE IN THE LAST 30 DAYS? Yes No

State _____ Last month received _____

5. DO ANY OF THE FOLLOWING PEOPLE HAVE CASH ON HAND, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, SAVINGS BONDS, CORPORATE BONDS, DEBT OWED TO THEM, TRUSTS, OR OTHER INVESTMENTS? Yes No

6. DO ANY OF THE FOLLOWING PEOPLE OWN OR ARE THEY PURCHASING A PREPAID BURIAL PLAN? Yes No

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7. ARE ANY OF THE FOLLOWING PEOPLE CURRENTLY ON STRIKE? Yes No

8. DO ANY OF THE FOLLOWING PEOPLE HAVE INCOME FROM WAGES, CHILD SUPPORT, SELF EMP, TA FROM ANY STATE, SOCIAL SECURITY, SSI, VA, BLACK LUNG, RR, PENSIONS, UC, AGRICULTURE PAYMENTS, TRAINING PROGRAMS, STUDENT INCOME, HOUSING, ASSISTANCE OR VOUCHERS, CASH ASSISTANCE OR ANY OTHER INCOME? Yes No

9. ARE ANY OF THE FOLLOWING PEOPLE RESPONSIBLE FOR PAYING A SHELTER EXPENSE SUCH AS RENT, MORTGAGE PAYMENT, TAXES AND INSURANCE ON THE HOME, UTILITIES OR TELEPHONE? Yes No

10. UTILITY STANDARD – SUA NHCS LUA TELEPHONE STANDARD N/A

11. DO ANY OF THE FOLLOWING PEOPLE PAY CHILD SUPPORT OR ALIMONY TO OR FOR SOMEONE OUTSIDE THE HOUSEHOLD? Yes No

12. DATE OF BIRTH INFORMATION

13. MISSOURI STATE RESIDENCY

Mo Resident Yes No Intend to remain? Yes No

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14. SOCIAL SECURITY NUMBER INFORMATION		Agree To	
	Provide (Y/N)	Apply (Y/N)	
15. EDUCATIONAL INFORMATION			
16. ARE YOU AND ALL MEMBERS OF YOUR HOUSEHOLD UNITED STATES CITIZENS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. SPONSOR INFORMATION			
18. DECLARATION (Provide explanation of any Declaration question answered yes in Comment section.)			
A. Have you or any member of your household been convicted of trafficking food stamp benefits of \$500 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Are you or any member of your household fleeing to avoid prosecution, custody or jail for a crime (or attempted crime) that is a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Are you or any member of your household violating a condition of probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D. Are you or any member of your household receiving FS/TA under another identity or as a member of another household or in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Have you or any member of your household been convicted in a Federal or state court of a felony committed after 8-22-96 related to illegal possession, use or distribution of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Have you or any member of your household ever been found by a State agency or convicted in a federal or state court of having made fraudulent statement or misrepresentation with respect to identity or place of residence for the purpose of receiving FS/TA benefits in two (2) or more places at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
19. CATEGORICALLY ELIGIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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20. DISABLED <input type="checkbox"/> Yes <input type="checkbox"/> No
21. JOB QUIT/WORK REDUCTION
22. EMPLOYMENT ASSESSMENT
23. TRAINING WORK REQUIREMENTS
24. TEEN PARENT
25. ASSIGNMENT/REFERRAL
26. TEMPORARY ASSISTANCE INFORMATION
Subsidized Housing <input type="checkbox"/> None <input type="checkbox"/> Public Housing <input type="checkbox"/> Rent Subsidy
Information needed for deeming the income of a Stepparent or minor parent's parent(s)
Deemed Person 1 _____ Number of Persons _____
Deemed Person 2 _____
27. DO ANY OF THE FOLLOWING PEOPLE OWN A CAR, TRUCK OR MOTORCYCLE, OR RECREATIONAL VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No

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28. DO ANY OF THE FOLLOWING PEOPLE OWN ANY REAL PROPERTY/MOBILE HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. DO ANY OF THE FOLLOWING PEOPLE OWN BUSINESS EQUIPMENT, MACHINERY, FARM MACHINERY, TOOLS, FARM GRAIN OR PRODUCE IN STORAGE, MOTOR HOME, CAMPER/TRAILER, BOAT/MOTOR, AIRCRAFT, OR BURIAL LOTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. HAVE ANY OF THE FOLLOWING PEOPLE SOLD OR GIVEN AWAY ANY MONEY, VEHICLES, PROPERTY OR OTHER RESOURCES IN THE PAST THREE MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. DO ANY OF THE FOLLOWING PEOPLE OWN OR ARE THEY PURCHASING LIFE INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
32. DO ANY OF THE FOLLOWING PEOPLE PAY SOMEONE TO CARE FOR A CHILD OR A DISABLED INDIVIDUAL IN ORDER TO SEEK, ACCEPT OR CONTINUE EMPLOYMENT, ATTEND TRAINING OR GO TO SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. EARNINGS DISREGARD
34. DO ANY OF THE FOLLOWING PEOPLE HAVE MEDICAL EXPENSES (INCLUDING HEALTH INSURANCE PREMIUMS), TRANSPORTATION TO OBTAIN MEDICAL TREATMENT OR PAY MEDICAL EXPENSES FOR A FORMER HOUSEHOLD MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No

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35. COMPONENT ACTIVITY		
36. EXPEDITE DETERMINATION <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE		
37. OUTSTANDING VERIFICATION/ADDITIONAL COMMENTS		
WORKER SIGNATURE	WORKER NUMBER	DATE