



DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
FOOD STAMP/TEMPORARY ASSISTANCE INTERVIEW GUIDE

CASE NAME						DATE	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Apply <input type="checkbox"/> Access <input type="checkbox"/> Both							
3. RECEIVED OUT OF STATE FOR FOOD STAMPS <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Last month received _____							
4. HAVE ANY OF THE FOLLOWING PEOPLE RECEIVED TEMPORARY ASSISTANCE BENEFITS FROM ANOTHER STATE IN THE LAST 30 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
6. DO ANY OF THE FOLLOWING PEOPLE OWN OR ARE THEY PURCHASING A PREPAID BURIAL PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO							
7. ARE ANY OF THE FOLLOWING PEOPLE CURRENTLY ON STRIKE? <input type="checkbox"/> YES <input type="checkbox"/> NO							

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8. DO ANY OF THE FOLLOWING PEOPLE HAVE INCOME FROM WAGES, CHILD SUPPORT, SELF-EMPLOYMENT, TEMPORARY ASSISTANCE FROM ANY STATE, SOCIAL SECURITY, SSI, VA, BLACK LUNG, RAILROAD PENSIONS, UNEMPLOYMENT COMPENSATION, AGRICULTURE PAYMENTS, TRAINING PROGRAMS, STUDENT INCOME, HOUSING, ASSISTANCE OR VOUCHERS, CASH ASSISTANCE OR ANY OTHER FORM OF INCOME?
 YES NO

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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

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

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

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12. DATE OF BIRTH INFORMATION

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13. MISSOURI STATE RESIDENCY

MO RESIDENT YES NO INTENDS TO REMAIN? YES NO

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14. SOCIAL SECURITY NUMBER INFORMATION

	AGREE TO
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		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 food stamps/Temporary Assistance 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 08/22/96 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 statements or misrepresentation with respect to identity or place of residence for the purpose of receiving food stamps/Temporary Assistance 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			

20. DISABLED YES 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 None Public Housing 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?
 YES NO

28. DO ANY OF THE FOLLOWING PEOPLE OWN ANY REAL PROPERTY/MOBILE HOME? YES 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? YES NO

30. HAVE ANY OF THE FOLLOWING PEOPLE SOLD OR GIVEN AWAY ANY MONEY, VEHICLES, PROPERTY, OR OTHER RESOURCES IN THE PAST THREE MONTHS? YES NO

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31. DO ANY OF THE FOLLOWING PEOPLE OWN OR ARE THEY PURCHASING LIFE INSURANCE? YES NO

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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?
 YES NO

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33. EARNINGS DISREGARD

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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? YES NO

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35. COMPONENT ACTIVITY

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36. EXPEDITED DETERMINATION ELIGIBLE NOT ELIGIBLE

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37. OUTSTANDING VERIFICATION/ADDITIONAL COMMENTS

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WORKER SIGNATURE	WORKER NUMBER	DATE