



Application for Supplemental Nutrition Assistance Program (SNAP)

To apply:

- You have the right to apply for SNAP benefits at any time.
- If an interview is required, it can be completed by phone or in person. An interview is required in most cases.
- **Family Support Division (FSD) will attempt to call you, if you provided a phone number on the application, the next business day after your application is registered to complete an interview. Answering this phone call is the quickest way to complete your interview.**
- If you did not provide a phone number, or if you are unable to complete your interview at the time we call, please call (855) 823-4908 to complete your interview or visit an FSD office to complete this as soon as possible. (Review the next page for more information about what to do after you've submitted your SNAP Application).
- We may ask you for proof of some of the information you give to FSD.
- Please write as neatly as possible.

Ways to return a SNAP application:

	Upload: mydssupload.mo.gov
	Mail: Family Support Division PO Box 2700 Jefferson City, MO 65102
	In Person: Find an office: dss.mo.gov/offices.htm
	Fax: 573-526-9400

Date of application:

Benefits are provided from the date FSD receives your application, which must contain your name, address and signature. Please complete sections 2 through 6 to help FSD process your application faster.

If approved, your SNAP benefits are provided from the date FSD receives your application. This is your filing date. If you are in an institution and apply for SNAP benefits and Supplemental Security Income (SSI) at the same time, your filing date is the date of release from the institution.

Authorized Representative:

You can choose more than one person or facility to complete your application and/or manage your benefits on your behalf. They will act as your authorized representative. If you want an authorized representative, complete the Authorized Representative Form (IM-6AR) at <https://dssmanuals.mo.gov/wp-content/uploads/2020/09/im-6ar-app.pdf> or call FSD.



**Applying for SNAP just got faster and easier.
Apply online at: <https://mydss.mo.gov/apply>**



After FSD receives your SNAP application, you must do the following:

An interview is required in most cases.

If an interview is required, it can be completed:

- by calling: **(855) 823-4908**
- in person: visit dss.mo.gov/offices.htm to find a resource center for you

FSD will call you, the next business day after your application is registered to complete an interview if you provided a phone number on the application. Answering this call is the quickest way to complete your interview.

If you did not provide a phone number, or if you are unable to complete your interview at the time we call, please call (855) 823-4908 to complete your interview or visit an FSD office to complete this as soon as possible.

If you want a scheduled interview, you can request an appointment by phone or in person, as listed above, or through online chat at mydss.mo.gov.

When will you know if you are approved?

FSD must process your application within 30 days.

The Family Support Division will process your application and any supporting documentation as soon as they receive it. Once your application is processed, you will get a letter that lets you know if you are eligible for SNAP benefits or not.

How are SNAP benefits delivered?

Electronic Transfer Benefit (EBT) cards provide access to your SNAP benefits. EBT cards are mailed to you after you are approved for benefits.

Your EBT card will work much like a debit card, and you will have a PIN number you will need to enter at the time of your purchase. For more information, visit: <https://www.fns.usda.gov/snap/online>.

How long can you receive SNAP benefits?

Once your SNAP certification begins, you are typically approved for a year, but halfway through your certification, you must complete a mid-certification review form.

Failure to complete your mid-certification review form entirely with a signature may result in your certification being closed. You also must continue to meet work requirements (unless you are exempt).

Additional Resources:

If you are blind or visually impaired and would like information about rehabilitation services for the blind, please call **800-592-6004**.

Establishing paternity is not required for SNAP benefits. However, if you want assistance in establishing paternity, please contact the FSD Paternity Hotline at **855-454-8037**.

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit: <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>

Or scan the QR code.





Application for Supplemental Nutrition Assistance Program (SNAP)

Section 1 – Tell us about yourself

Full Legal First Name:		Middle Name:	Last Name:	<input type="checkbox"/> I am homeless
Home (Physical) Address	Street:			Apt/Building/Suite/Trlr #:
	City:	State:	Zip:	County:
Mailing Address, (if different than above):	Street/PO Box:			Apt/Building/Suite/Trlr #
	City:	State:	Zip:	County:
Phone 1:	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Other	Message Only:	_____
Phone 2:	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Other	_____	
E-mail address: _____				
The best way to contact you: <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Text (not available everywhere)				

Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for SNAP benefits.

Your signature: _____ Date: _____

Section 2 – Key questions for faster service

If eligible, you may be able to receive SNAP within 7 days of filing your application if you answer “yes” to any of the questions below. Otherwise, you will receive your benefits within 30 days of filing your application.

1. Is your household’s monthly gross income less than \$150 and do you have \$100 or less available in cash and/or in a bank account? Yes No
2. Is your household’s combined monthly gross income and cash on hand or money in checking and savings accounts less than the combined cost of rent/mortgage and utilities? Yes No
3. Is anyone in your household a migrant or seasonal farm worker whose income has stopped and has less than \$100 in cash and bank accounts? Yes No

Before you can receive SNAP, FSD must verify your identity. FSD will try to verify your identity electronically; but it may be helpful to (1) include a copy of your identification, or (2) bring someone who knows you to any FSD office, or (3) list a contact below to help us verify your identity. FSD will call this person if needed.

Name of person to verify your identity:

Phone Number:

Section 3 - Household members

Write your information on the first line. Enter the information of **all** the people who live at your address, including your **spouse**, any **children under age 22** who are in your household at least half (50%) of the time, **significant others** with children in common, and **anyone** who eats **most of their meals** in your household. Include all household members regardless of their citizenship or immigration status.

Racial and ethnic information is collected to ensure that program benefits are distributed without regard to race, color, or national origin. **Providing this information is optional and does not affect your eligibility or the amount of SNAP benefits you receive.**

Providing the Social Security Number (SSN) and immigration status of each household member is voluntary. However, you will not receive SNAP benefits for individuals who do not provide a SSN and/or immigration status. Citizenship or Immigration status does not automatically disqualify an applicant from receiving SNAP benefits. Immigration status of applicant household members may be subject to verification by U.S. Citizenship and Immigration Services (USCIS). Information provided by USCIS may affect your eligibility and benefit level.

Mark "Y" in the "Buy & Eat" field below for everyone you buy, cook and/or eat with in the household and "N" for those who are responsible for purchasing and preparing their own food.

Legal First Name	Legal Last Name	Sex ¹	Relationship to applicant	Date of birth	Social Security Number (SSN)	Hispanic/Latino?	Race ²	Buy & Eat ³
			Self					Y
¹ Not Required for SNAP eligibility determination	² For Race, list ALL that apply: 1 - White 2 - Black/African American 3 - American Indian/Alaska Native 4 - Asian 5 - Native Hawaiian/Pacific Islander					³ Mark "Y" if you buy, cook and/or eat with the household member and "N" if you do not.		

If you do not have enough space for all household members, attach an additional list with their information.

1. List anyone who is a boarder in your household: _____
2. List anyone who is a foster child or foster adult in your household: _____
3. List anyone who is not a U.S. citizen in your household: _____
4. Do you need a new Missouri EBT card? Yes No
5. Is English your preferred language? Yes No
 - If no, what is the language spoken most often in your home? _____

Section 4 - Household declarations

Answer "yes" or "no" to each of the questions in this section. Please provide the name of the household member for whom the answer is "yes". A "yes" response to any of the questions in this section (or incorrectly marking "no") may result in a disqualification for SNAP benefits for the person to whom the "yes" answer applies.

1. Have you or any member of your household been convicted of buying or selling SNAP benefits of \$500 or more after 9-22-96?
• If yes, who?

First	Last
-------	------

 Yes No
2. Are you or any member of your household hiding or running from the law to avoid prosecution, custody, or jail for a crime (or attempted crime) that is a felony?
• If yes, who?

First	Last
-------	------

 Yes No
3. Are you or any member of your household violating a condition of probation or parole?
• If yes, who?

First	Last
-------	------

 Yes No
4. Have you or anyone in your household made false statements about your identity or address to receive SNAP benefits in 2 or more households at the same time?
• If yes, who?

First	Last
-------	------

 Yes No
5. 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? (Include any suspended execution of sentence [SES])
• If yes, who?

First	Last
-------	------

 Yes No
6. Have you or any member of your household ever been convicted of fraudulently receiving duplicate SNAP benefits in any state after 9-22-96?
• If yes, who?

First	Last
-------	------

 Yes No
7. Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after 9-01-94?
• If yes, who?

First	Last
-------	------

 Yes No
8. Have you or any member of your household ever been convicted of trading SNAP benefits for drugs after 9-01-94?
• If yes, who?

First	Last
-------	------

 Yes No
9. Has anyone in your household been convicted of one or more of the following crimes since 2-07-14?
 1. Aggravated sexual abuse
 2. Murder
 3. Sexual exploitation and other abuse of children
 4. Sexual Assault
• If yes, who?

First	Last
-------	------

 Yes No

Which crime(s)? _____

Section 5 - Household information

Answer the following questions for yourself and all the people who live with you (as listed in section 3).

1. Has anyone received SNAP benefits in a state other than Missouri within the past 30 days? Yes No

If yes, please fill in the details below for anyone who received benefits in another state:

Who received benefits?		State	County	Date last received?
First Name	Last Name			

2. Is anyone in the household **age 18 or older** enrolled in school? Yes No

- If yes, please fill in the details below:

Who is enrolled?		School name:	Type of school?	Hours per semester?	Work Study? (Yes/No)
First Name	Last Name				

3. Is anyone in the household disabled? Yes No

- If yes, please fill in the details below:

Who is disabled?		Date disability began	Is the disability permanent? (Yes/No)
First Name	Last Name		

Resources: Resources are bank accounts and other types of money you own by yourself or with other people.

Does anyone have or is anyone's name on any checking or savings accounts, debit cards, CDs, IRAs or other type of retirement accounts, trusts, stocks, bonds, or digital cash accounts? Yes No

- If yes, please list the information for the account(s) below:

Account Type:	Balance/Cash Value:	Bank Name:	Who Owns?	
			First Name	Last Name
	\$			
	\$			
	\$			
	\$			

Income: Income is money that's paid to you, such as earnings from a job or payments from Social Security or child support.

1. Has anyone's income stopped or been reduced in the last 30 days? Yes No

If yes, list below whose income has stopped or reduced, the name of the employer, the date and gross amount of the final paycheck, and if the separation/reduction was voluntary:

Who was working?		Employer Name	Employer's phone number (if known)	Date of final paycheck	Final gross pay	Voluntary Reduction?
First Name	Last Name					
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does anyone earn income or money from working, or is anyone working in exchange for goods and services (in-kind work)? Yes No

- If yes, list who gets it, their employer with contact number (if known; if self-employed, write "self" under employer), and gross income (before taxes or deductions), and how often they are paid (weekly, bi-weekly, monthly, etc.):

Who is working?		Employer Name	Employer's phone number (if known)	Gross Amount	How Often Received?
First Name	Last Name				
				\$	
				\$	
				\$	

Income (continued)

3. Does anyone receive income or money from the following sources?

• If yes, check the source (all that apply), list the details below:

Yes No

Source	Who gets it?		Gross Monthly amount
	First Name	Last Name	
<input type="checkbox"/> Social Security Income (retirement, survivors, or disability)			\$
<input type="checkbox"/> Supplemental Security Income (SSI)			\$
<input type="checkbox"/> Veteran's Administration Benefits (VA)			\$
<input type="checkbox"/> Retirement or Pension			\$
<input type="checkbox"/> Child Support			\$
<input type="checkbox"/> Guardianship or Adoption payments			\$
<input type="checkbox"/> Unemployment benefits			\$
<input type="checkbox"/> Student loans, grants, scholarships			\$
<input type="checkbox"/> Gifts, donations, money from relatives			\$
<input type="checkbox"/> Other sources (list below): 1.)	1.)		\$
	2.)		\$

Expenses: Expenses are the bills you are responsible for paying.

1. Does anyone pay the following expenses for the home you live in?

If yes, check <u>all</u> that apply:	Amount per month YOU pay:	Who pays?		Does it heat or cool your home?
		First Name:	Last Name:	
<input type="checkbox"/> Rent*	\$			
<input type="checkbox"/> House Payment (Mortgage)**	\$			
<input type="checkbox"/> Electric	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gas (Natural Gas/Propane)	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other Fuel (list):_____	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Phone	\$			
<input type="checkbox"/> Water	\$			
<input type="checkbox"/> Sewer	\$			
<input type="checkbox"/> Trash	\$			
<input type="checkbox"/> Homeowners Insurance**	\$			
<input type="checkbox"/> Property Taxes	\$			

*Please note if your rent includes any utilities | **Leave taxes and insurance blank if these are included in the house payment

Expenses (continued)

2. Does anyone pay court-ordered child support and/or alimony?

Yes No

- If yes, please fill in the details below:

Who pays?		Who is this paid to?	Amount paid	How often paid?
First Name	Last Name			
			\$	
			\$	
			\$	

3. Is anyone responsible to pay for child or adult care costs including sliding fees, co-pays, and mileage to or from a daycare provider?

Yes No

- If yes, please provide the details below (for miles, list the mileage to and from the daycare each month):

Who pays?		Name of who receives care?	Amount paid	How often paid?	Miles per month?
First Name	Last Name				
			\$		
			\$		
			\$		

4. Does anyone who is either disabled or age 60 and older have unreimbursed medical expenses such as doctor visits (co-pays), insurance or Medicare premiums, prescriptions, hospital bills, in-home care, transportation for medical care, dentures, hearing aids, or eyeglasses?

Yes No

- If yes, please provide the details below (for miles, list the mileage to and from the provider each month):

Who is billed?		Expense type?	Amount paid	How often billed?	Miles per month?
First Name	Last Name				
			\$		
			\$		
			\$		
			\$		
			\$		

Section 6 - Notices (Please read and sign page 10)

FSD Fair Hearing Rights:

You have the right to a hearing if you have applied for or are receiving SNAP benefits, and any of the following happens:

- FSD decides that you are not eligible, and you think you are.
- FSD provides you with SNAP benefits and then reduces or stops the benefits and you think the reasons are wrong.
- You disagree with the information used to determine the benefit amount or disagree with the benefit amount.
- FSD refuses to take your application.
- FSD does not act promptly on your request for help, and you think that they have had enough time to do so.

If your application has been refused or rejected or any action on your case has already been taken, you may request a hearing within 90 days of the refusal or action. If the proposed action will change or stop your benefits and you request a hearing within ten days from the date of the notice, you may continue to receive the same benefits until the hearing decision; but you will have to pay those benefits back if you do not win the hearing. You or your representative may request a hearing by phone, in-person, or in writing. Your case can be presented by a household member, or a representative such as legal counsel, relative, friend or other spokesperson.

You may be disqualified from receiving SNAP benefits if you:

- Sell your SNAP benefits for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone.
- Lie or hide information to get SNAP benefits that your household should not get.
- Use SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay on credit accounts.
- Purchase a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount.
- Intentionally purchase products with SNAP benefits in exchange for cash. For example, do not purchase food to make products for resale.
- Pay for food purchased on credit with SNAP benefits.
- Use or have in your possession EBT cards that are not yours.
- Trade or sell EBT cards or provide food purchased with SNAP benefits to non-household members.

Notification and acknowledgment of fraud provisions:

It is against the law to lie to receive SNAP or to sell or trade your SNAP benefits. Excessive Electronic Benefit Transfer (EBT) card replacement requests may result in a referral for fraud investigation. 7 USC 2015(b)(1) any person who has been found by any state or federal court or administrative agency to have intentionally made a false or misleading statement, or misrepresented, concealed or withheld facts or committed any act that constitutes a violation of this act, the regulations issued thereunder, or any state statute, for the purpose of using, presenting, transferring, acquiring, receiving, or possessing SNAP benefits shall, immediately upon the rendering of such determination, become ineligible for further participation in the program for a period of 1 year upon the first occasion of any such determination, 2 years for the second occasion and permanently upon the third occasion.

Applicants cannot violate the Food and Nutrition Act of 2008 which includes the following:

- Any member who breaks any of the rules on purpose can be ineligible from the SNAP Program for one year, up to permanently, fined up to \$250,000, imprisoned up to 20 years or both. S/he may also be subject to prosecution under other applicable Federal and State laws. S/he may also be barred from SNAP for an additional 18 months if ordered by a court.
- Any member of your household who intentionally breaks the rules may be ineligible to receive SNAP for one year for the first offense, two years for the second offense, and permanently for the third offense.
- If a court of law finds any household member guilty of using or receiving benefits in a transaction involving the sale of a controlled substance, you will not be eligible for benefits for two years for the first offense, and permanently for the second time.
- If a court of law finds you guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.
- If you are found to have made a fraudulent statement or representation with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously, you will be ineligible to participate in the program for a period of 10 years.
- If a court of law finds you guilty of having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.

The information you provide on the application will be subject to verification by Federal, State or local officials to determine if the information is factual; that if any information is incorrect, SNAP benefits may be denied, and you may be subject to criminal prosecution for knowingly providing incorrect information.

Information available through the Income Eligibility and Verification System (IEVS) will be requested, used and may be verified through collateral contacts when discrepancies are found by the State, and such information may affect the household's eligibility and level of benefits.

The collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 USC 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP. 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 SNAP claim arises against your household, the information on this application, including SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

Pursuant to section 570.030 RSMo the stealing of public assistance benefits is a class "D" felony if the value of benefits is \$750.00 or more, but less than \$25,000.00. Punishment includes imprisonment for up to seven years and a fine not to exceed \$5,000.00. Stealing of \$25,000.00 or more is a class "C" felony. If the value of the benefits is less than \$750.00, the crime is a class "A" misdemeanor. Punishments and fines may increase for repeat offenders.

Pursuant to Section 570.400, RSMo, unlawful receipt of public assistance benefits or EBT cards, you understand that it is against the law to obtain or attempt to obtain SNAP benefits to which you are not entitled, or obtain, or attempt to obtain SNAP benefits in the amount greater than those to which you are entitled. **YOU UNDERSTAND THAT ANY FALSE CLAIM, STATEMENT, OR CONCEALMENT OF ANY MATERIAL FACT WHATSOEVER, IN WHOLE OR PART, ON THIS FORM OR DURING THE INTERVIEW, MAY SUBJECT YOU TO CRIMINAL AND/OR CIVIL PROSECUTION.** Any person found guilty of unlawfully receiving benefits shall reimburse the State for the total amount of money unlawfully received. You will be asked to complete an interview with the Family Support Division to complete this application process. You will be required to provide proof of some of the information you provide on this application and/or in the interview. Your signature acknowledges that you agreed to the terms outlined in this application and during the interview.

Work Registration:

I understand and agree that to receive SNAP, certain members of the household need to register for work. This means that certain members of the household must:

- A) Register for work at time of application and recertification.
- B) Not quit a job of 30 or more hours/week without good cause.
- C) Not reduce work hours under 30 hours per week without good cause.
- D) Not refuse to accept a bona fide offer of suitable employment without good cause.

Anyone who does not follow the work requirements may be disqualified from receiving SNAP. This form also acts as a work registration notice. You, along with other nonexempt household members, will be considered work registered and must comply with the requirements associated with work registration once this form is signed.

Work and/or Training Requirement (ABAWD):

Individuals identified as Able-Bodied Adults Without Dependents (ABAWD's) are not eligible to participate in the SNAP Program as a member of any household if the individual received SNAP benefits for three countable months during a three-year period. Countable months are months during which an individual receives SNAP benefits for the full benefit month while not fulfilling the work requirement by working and/or attending training 20 hours per week, averaged monthly for a total of at least 80 hours.

An ABAWD is 18-64 years old; has no children under age 14 in the SNAP household; is not disabled; is not pregnant; is not a student at least half time; is not caring for an incapacitated household member; is not receiving unemployment (in any state); is not an Indian, Urban Indian, or California Indian; and is not attending a drug or alcohol treatment program.

The time limit (three months) applies to ABAWDs only and ABAWDs may regain eligibility by meeting the work/training requirement for at least 80 hours in the last 30 days.

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USDA NON-DISCRIMINATION STATEMENT:

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 (866) 632-9992, 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:

mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

**Note: Please do not send any application materials to the address above.
The address above is for civil rights complaints only.**

DSS NON-DISCRIMINATION STATEMENT:

The Missouri Department of Social Services (DSS) is committed to the principles of equal employment opportunity and equal access to services. DSS applicants for, or recipients of, services from DSS are treated equitably regardless of race, color, national origin, ancestry, sex (including pregnancy and gender identity), sexual orientation, age, disability, religion, or veteran status. Appropriate interpretive services will be provided as required for the visually or hearing impaired and for persons with language barriers. Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the Department of Social Services should notify DSS as soon as possible. To request an accommodation: visit your local DSS office, contact DSS by phone, TDD/TTY: (800) 735-2966; Relay Missouri 711; or contact the DSS ADA Coordinator by phone at (800) 776-8014 or via email at HRC.OCR@dss.mo.gov. DSS will provide reasonable accommodations as required by law

This institution is an equal opportunity provider.

READ THIS PAGE CAREFULLY BEFORE SIGNING.

When you sign, you are certifying you understand the statements on this application. You are certifying, under penalty of perjury, you understand the information that you provide on this form and during the interview must be true and accurate, including information concerning citizenship and immigration status. You understand that any expenses you do not report, and verify when requested, will not be used to determine your SNAP benefits.

You are authorizing the Director of Family Support Division or his/her appointee to verify your circumstances and statements via Federal, State or local officials to determine if the information you provided is factual.

Pursuant to Section 578.408, RSMo, under the penalty of perjury, you certify that you have given true, accurate, and complete statements to the best of your knowledge, for each household member for whom you are applying including the information concerning citizenship and alien status.

By signing this application on paper or electronically, you are giving us permission to deliver, or cause to be delivered, automated phone calls and text messages regarding your case at the primary phone number you provided on page 1. You do not have to consent to this as a condition of eligibility. If you do not want to be contacted in this manner, you can opt out of getting these calls or messages.

Check here: opt out of calls opt out of texts opt out of calls and texts

 **SIGN HERE:**

Your Signature:	Date:
Signature of witness (needed if you cannot sign your name):	Date:

You can return this application by mail, fax, upload, or to any FSD office:

 Upload	 Mail	 Fax	 In Person
mydssupload.mo.gov	Family Support Division PO Box 2700 Jefferson City, MO 65102	573-526-9400	Find an office: dss.mo.gov/offices.htm