

For FSD Use only – Date Received



MISSOURI DEPARTMENT OF SOCIAL
SERVICES
FAMILY SUPPORT DIVISION
**APPLICATION FOR SUPPLEMENTAL
NUTRITION ASSISTANCE PROGRAM
(SNAP)**







To apply: You have the right to apply for SNAP benefits at any time.

Benefits are provided from the date Family Support Division (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 an interview is required, it can be completed by phone.

Family Support Division 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.

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

Ways to return an 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

complete this as soon as possible. We may ask you for proof of some of the information you give to FSD.

Date of application: 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.

Section 1 — Tell us about yourself

Full First Name:

Middle Name:

Last Name:

☐ I am homeless

Home (Physical) Address

Street:

Apt/Building/Suite #:

City:

State:

Zip:	County:
Mailing Address, (if different than above)	
Street/PO Box:	Apt/Building/Suite #:
City:	State:
Zip:	County:
Phone 1: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other Phone 2: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Email 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 will receive your benefits 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. Does your household expect to receive less than \$150 in income this month and have \$100 or less available in cash and/or in a bank account?

☐ Yes ☐ No

2. Does your household have rent/mortgage and/or utility costs that are more than your total income, available cash, and bank accounts for this month?

☐ Yes ☐ No

3. Does your household include a migrant or seasonal farm worker whose income has stopped and whose available cash and bank accounts do not exceed \$100?

☐ Yes ☐ No

Help FSD verify your identity for faster service. FSD will try to verify your identity electronically. Please (1) include a copy of your identification with your application, or (2) bring someone such as a friend, family member, landlord, or employer to any FSD office, or (3) list a contact below in order 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 line 1. Enter the information of **all** the people who live in your household, including your **spouse**, any children under age 22 who are in your household at least half (50%) of the time, and **anyone** who eats the **majority of their meals** in your household. Include all household members regardless of their citizenship or immigration status.

Citizenship or immigration status does not automatically disqualify an applicant from receiving SNAP benefits. 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. 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.

1. Legal First Name	Last Name	
Sex ¹	Relationship to applicant Self	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³ Y
¹ Not Required for SNAP eligibility determination		
² 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 and cook with the household member and "N" if you do not.		
2. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³

3. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
4. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
5. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
6. Legal First Name	Last Name	

Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
7. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
8. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
9. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	

Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³
10. Legal First Name	Last Name	
Sex ¹	Relationship to applicant	
Date of Birth	SSN	
Hispanic or Latino? <input type="checkbox"/>	Race ²	Buy & Cook ³

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 may result in a disqualification for SNAP benefits for the person in which 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? ☐ Yes ☐ No

If yes, who?

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

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?

☐ Yes ☐ No

If yes, who?

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

3. Are you or any member of your household violating a condition of probation or parole? ☐ Yes ☐ No

If yes, who?

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

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? ☐ Yes ☐ No

If yes, who?

First

Last

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? ☐ Yes ☐ No

If yes, who?

First

Last

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? ☐ Yes ☐ No

If yes, who?

First

Last

7. Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after 9-22-96? ☐ Yes ☐ No

If yes, who?

First	Last
<p>8. Have you or any member of your household ever been convicted of trading SNAP benefits for drugs after 9-22-96? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who?</p>	
First	Last
<p>9. Has anyone in your household been convicted of one or more of the following crimes since 2-7-14? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Aggravated sexual abuse 2. Murder 3. Sexual exploitation and other abuse of children 4. Sexual Assault</p> <p>If yes, who?</p>	
First	Last
Which crimes?	
<p>Section 5 – Household information</p> <p>Answer these questions for yourself and all of the people who live with you (as listed in Section 3).</p> <p>1. Has anyone received SNAP benefits in a state other than Missouri within the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

If yes, who?	
First	Last
State:	
2. Is anyone disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	
First	Last
3. Is anyone age 18 or older and enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	
First	Last
School:	
First	Last
School:	
First	Last
School:	
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 a bank account or is anyone's name on any checking or savings	

accounts, debit cards, CDs, IRAs or another type of retirement accounts, trusts, stocks, bonds, or digital cash accounts? ☐ Yes ☐ No

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

1. Account Type:	Balance/Cash Value: \$
Bank Name:	
Who Owns?	
First Name	Last Name
2. Account Type:	Balance/Cash Value: \$
Bank Name:	
Who Owns?	
First Name	Last Name
3. Account Type:	Balance/Cash Value: \$
Bank Name:	
Who Owns?	
First Name	Last Name
4. Account Type:	Balance/Cash Value: \$
Bank Name:	

Who Owns?	
First Name	Last Name
5. Account Type:	Balance/Cash Value: \$
Bank Name:	
Who Owns?	
First Name	Last Name
6. 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. Does anyone earn income or money from working? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <p>If yes, list who gets it, their employer, and monthly gross income before taxes or deductions:</p>	
Who Earns income from working?	
First Name	Last Name

Employer	
Amount \$	How Often Received?
Who Earns income from working?	
First Name	Last Name
Employer	
Amount \$	How Often Received?
Who Earns income from working?	
First Name	Last Name
Employer	
Amount \$	How Often Received?
<p>2. Does anyone receive income or money from the following sources? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check the source and list who gets it and the monthly amount:</p> <p>Source:</p>	
<input type="checkbox"/> Social Security Income (Retirement, Disability or Survivor's)	

Who gets it?	
First Name	Last Name
Monthly amount \$	
<input type="checkbox"/> Supplemental Security Income (SSI)	
Who gets it?	
First Name	Last Name
Monthly amount \$	
<input type="checkbox"/> Veterans' Administration (VA) benefits	
Who gets it?	
First Name	Last Name
Monthly amount \$	
<input type="checkbox"/> Child support	
Who gets it?	
First Name	Last Name
Monthly amount \$	
<input type="checkbox"/> Unemployment benefits	
Who gets it?	
First Name	Last Name
Monthly amount \$	
<input type="checkbox"/> Gifts or donations	

Who gets it?	
First Name	Last Name
Monthly amount \$	
<input type="checkbox"/> Student loans, grants, scholarships	
Who gets it?	
First Name	Last Name
Monthly amount \$	
1. Other sources—list here:	
Who gets it?	
First Name	Last Name
Monthly amount \$	
2. Other sources—list here:	
Who gets it?	
First Name	Last Name
Monthly amount \$	
3. Has anyone's income stopped or been reduced in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who	
First Name	Last Name

Date of last paycheck	Gross amount of last paycheck: \$
Expenses Expenses are the bills you are responsible for paying.	
1. Does anyone pay the following expenses for the home you live in? <input type="checkbox"/> Yes <input type="checkbox"/> No Check <u>all</u> that apply:	
<input type="checkbox"/> Rent:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
<input type="checkbox"/> House Payment:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
<input type="checkbox"/> Electric:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
Does it heat or cool your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Gas:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
Does it heat or cool your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Other Fuel:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
Does it heat or cool your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List the Fuel:	
<input type="checkbox"/> Phone:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
<input type="checkbox"/> Trash:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
<input type="checkbox"/> Water:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
<input type="checkbox"/> Sewer:	Amount Paid Per Month: \$
Who pays?	
First Name:	Last Name:
2. Does anyone pay court-ordered child support and/or alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the total monthly amount \$	
Who pays?	
First Name:	Last Name:

3. Does anyone who is either disabled or age 60 and older have medical expenses such as insurance or Medicare premiums, doctor visits, in-home care, transportation for medical care, or eyeglasses? ☐ Yes ☐ No

If yes, list the total monthly amount \$

Who pays?

First Name:

Last Name:

Section 6 – Notice (Please read and sign page 31)

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, audiotope, 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

This institution is an equal opportunity provider.

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.

FSD FAIR HEARING RIGHTS: You have the right to a hearing if you have applied for or are receiving SNAP benefits, and 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. 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 that 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 (formerly the SNAP Act), 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 SSNs, 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 578.377 (570.400 effective 1/1/17), 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. 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 (ABAWDs) 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 18-54 years old; has no children under age 18 in the SNAP household; is not disabled; is not pregnant; is not a full-time student; not caring for an ill or incapacitated household member; not receiving unemployment (in any state); is not a veteran; is not homeless; did not age out of foster care; 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.

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 578.385 (570.408 effective 1/1/17), 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 3. 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 your application by mail, fax, or upload, or to any FSD office:



Upload: mydssupload.mo.gov



Mail:

**Family Support Division
PO Box 2700
Jefferson City, MO 65102**



Fax: 573-526-9400



In Person:

Find and office: dss.mo.gov/offices.htm

Need help?

- Visit <https://dss.mo.gov> to start a chat, check the status of your benefits, or report changes
- Call 855-FSD-INFO (**855-373-4636**) to speak with a team member
- Relay Missouri **711**
- TTY users can call **800-735-2966**

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.

