STATE OF ALABAMA - FOOD ASSISTANCE
SIMPLIFIED APPLICATION FOR THE ELDERLY

Case Number ___________________
Application Date ________________
County _________________________

Do you need help filling out this application due to disability? Do you need an interpreter? Do you need translated materials? If yes, please ask for help at your local Food Assistance Office. Individuals who are deaf, hard of hearing or have speech disabilities can call 1-833-822-2202 using the Alabama Relay Service at 711 or 1-800-548-2546 (TTY) for assistance contacting your local Food Assistance Office.

This application is for persons applying for Food Assistance when:

- Everyone in the Food Assistance household is age 60 or older; or
- All household members are age 60 or older and purchase and prepare food separately from the other people in the home; and
- No Food Assistance household member receives earnings from work.

You may file this application by completing at least your name, address, and signing the form. If you need help completing this application, call toll free 1-800-438-2958. To get the address or phone number of your local office, call toll free 1-833-822-2202 or on line at www.dhr.alabama.gov.

Tell us who you are and where you live.

Your Name ___________________________________ Date of Birth _____________ **Social Security Number __________________
(First, Middle, Last)
Mailing Address _____________________________________ Street Address (if different) ___________________________________
City _________________________________ County _____________________________ State ________________ Zip ___________
Telephone or Message Number ____ (We must be able to reach you at this number 8-5, M-F)

EXPEDITED SERVICES

If you are not already certified to get food assistance this month, you may be able to get food assistance within 7 days if your household has little or no money. If you want to see if you qualify for Expedited Services, answer these questions.

1. How much do the members of your household have in cash or in a bank account? $ ___________________
2. What is the total amount of income you received or expect to receive this month, including cash? $ ___________________
3. How much is your monthly rent/mortgage payment? $_____________ Utilities other than phone $ ___________________
4. Have you or anyone in your household received or do you expect to receive Food Assistance benefits this month? Yes ❑ No ❑
   If yes, from where __________________ .

AUTHORIZED REPRESENTATIVE

Do you want to give someone else permission to apply or get food assistance benefits for you? Yes ❑ No ❑

Responsible person to make application for you.	Responsible person to get an EBT card to buy groceries for you.
Name ____	Name ____
Telephone Number _____________________________________	Telephone Number _____________________________________

1. List everyone you are applying to get Food Assistance for. You <u>MUST</u> include your spouse, if living with you.

** Social Security Number	First Name	M. I.	Last Name	DOB	Age	Sex/M/F	* Race	* Ethnicity	*** U. S. Citizen	Relationship to You
								Hispanic ❑ Non-Hispanic ❑	Yes ❑ No ❑	Self
								Hispanic ❑ Non-Hispanic ❑	Yes ❑ No ❑	
								Hispanic ❑ Non-Hispanic ❑	Yes ❑ No ❑	
								Hispanic ❑ Non-Hispanic ❑	Yes ❑ No ❑	

* This information is voluntary. List all races that apply only if the person is asking for benefits. Your benefits will not be affected if you don't answer the ethnicity or race items (the agency will choose for you if you do not answer). Giving us this information will help ensure program benefits are distributed without regard to race, color, or national origin.

** Providing a SSN for each household member is voluntary. However, failure to provide a SSN for each household member will result in disqualification of that member.

*** Providing citizenship / immigration information is voluntary. Failure to provide this information for each household member will result in disqualification of that member.

ATTACH A SEPARATE SHEET IF YOU NEED MORE ROOM FOR HOUSEHOLD MEMBERS.

2. List everyone living in your house that you <u>do not</u> purchase and prepare your meals with.

Name	Relationship to You	DOB	
			Does this person pay any part of the household bills? Yes ❑ No ❑ Does this person give you any money? Yes ❑ No ❑
			Does this person pay any part of the household bills? Yes ❑ No ❑ Does this person give you any money? Yes ❑ No ❑
			Does this person pay any part of the household bills? Yes ❑ No ❑ Does this person give you any money? Yes ❑ No ❑

ATTACH A SEPARATE SHEET IF YOU NEED MORE ROOM FOR NON-HOUSEHOLD MEMBERS.

3. Are you or anyone in your Food Assistance household a fleeing felon or probation/parole violator? Yes ❑ No ❑

4. Have you or anyone in your Food Assistance household been convicted of a felony involving drugs that occurred after August 22, 1996? Yes ❑ No ❑

5. Have you or anyone in your household received lottery or gambling winnings of $3500 or more this month? Yes ❑ No ❑

6. Tell us about **ALL** the income your Food Assistance household receives. Types of income may include Social Security, SSI, pensions or retirement, Veteran's benefits, Child Support, money from friends or relatives, Unemployment, Railroad Retirement, dividends, interest, and any other income. * Amount before deductions.

Type of Income	Who Receives It?	*Gross Monthly Amount

7. Are you or anyone in your Food Assistance household working? Yes ❑ No ❑
If yes, list that person's name on this line. ____

8. Tell us about your shelter expenses.

Type of Expense	Who pays this expense?	Amount Paid	How Often
Mortgage or rent payment			
Lot rent for mobile home			
Property taxes on your home **			
Homeowner's insurance **			

*** List only if these expenses are paid separate from mortgage*

9. Tell us about your utility expenses.

Type of Expense	Who pays this expense?	Amount Paid	How Often
Electricity			
Gas			
Water			
Garbage/trash			
Telephone			

10. How do you heat your home? Gas ❑ Electricity ❑ Wood ❑ Other ___________________________________
Do you have an Air Conditioner? Yes ❑ No ❑

11. Have you received Low Income Home Energy Assistance Program or do you expect to get LIHEAP?
Yes ❑ No ❑ If yes, when? ________________________________.

12. Does anyone in your Food Assistance household pay out-of-pocket medical expenses? Yes ❑ No ❑
If yes, list each type of medical expense you are paying and provide proof. Example: (prescriptions, doctor visits, hospital bills, health insurance, Medicare premiums, transportation, etc.)

IF PROOF IS NOT INCLUDED, A DEDUCTION FOR THESE EXPENSES WILL NOT BE GIVEN.

Medical Expense	Monthly amount	Medical Expense	Monthly amount

13. Does anyone in your Food Assistance household pay legally obligated Child Support to or for someone not living in your home? Yes ❑ No ❑ If yes, list amount paid per month $ ____________ and provide proof in order to receive the proper deduction. Example: (a copy of the court order or a statement from DHR).

I certify that under penalty of perjury, the information I or my authorized representative have provided above, is true to the best of my knowledge. I give permission for the Department of Human Resources to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information or hide information. I certify that I received the Rights and Responsibilities Handout.

14. Signature of Applicant:____ Date: ___________________________

Signature of Witness if signed with an "x": ____

IMPORTANT INFORMATION ABOUT FOOD ASSISTANCE

You have the right to have your application acted on within **thirty days** without regard to race, sex, religion, national origin, age, handicap or political belief. You have the right to know why your application is denied, or your benefits reduced or terminated. You have the right to request a conference or fair hearing either orally or in writing if you are not satisfied with any decision of the county department. You have the right to be represented by any person you choose. You have the right to examine your food assistance case file in relation to any hearing you may have.

You have the right to **confidentiality.** The use or disclosure of information will be made only for certain limited purposes allowed under State and Federal laws and regulations. Information may also be disclosed to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

The information provided in connection with this application will be subject to verification by Federal, State and local officials to determine if such information is true. If any information is found to be untrue or incorrect, food assistance benefits may be denied to the applicant and the applicant may be subject to **criminal prosecution for knowingly providing incorrect information.** Any person authorized to act on behalf of the household may be barred from participation as a representative for up to one year or may be subject to fines and/or prosecution if s/he breaks any rules on purpose.

If a food assistance claim arises against your household, the information on this application, including all social security numbers, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

SOCIAL SECURITY NUMBERS: The collection of a Social Security Number (SSN) for each household member is authorized under the Food & Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036, to determine eligibility for food assistance. The Social Security Number will be used in the administration of the Food Assistance Program to check the identity of household members to prevent duplicate participation and to facilitate making changes. Your SSN will also be used in computer matching and program reviews or audits to make sure your household is eligible for food assistance. This may result in criminal or civil administrative claims against persons fraudulently participating in the Food Assistance Program. **Providing a SSN for each household member is voluntary. However, failure to provide a SSN for each household member will result in disqualification of that member. You will still have to give information such as income for this member.**

VERIFICATION: To determine eligibility, you may have to provide documents to prove what you have stated on the application. If you are unable to provide proof, **you may request help from your worker.** The information given on this application will be checked by using the State Income and Eligibility Verification System, other computer matching systems, program reviews and audits. This includes such information as receipt of Social Security benefits, Unemployment benefits, unearned income such as interest and dividends, and wages from employment. When discrepancies are found, verification of this information may be obtained through contact with a third party such as employers, claims representatives or financial institutions. This information may affect your eligibility and level of benefits. In addition, any information given may also be checked by other Federal Aid Programs and Federally Aided State Programs such as school lunch, Family Assistance, and Medicaid. **If you give false information on purpose, legal or administrative action may be taken against you. You may have to repay food assistance benefits that you receive to which you are not entitled.**

Some elderly and/or disabled household members are allowed certain medical expenses as a deduction if these expenses are reported and proof of the expense is provided to us. Allowable medical expenses include expenses such as the following: prescription drugs, hospital and nursing home bills, doctor, dentist, or other health care professional visits, over the counter medication prescribed by a doctor, Medicare premium, hospital insurance premium, insurance for prescription drug coverage, transportation expenses for travel to doctors, hospitals, drugstores such as amount charged for transportation or for the number of miles driven in your personal vehicle, medical appliances or equipment such as hearing aids, wheelchairs, artificial limbs, eye glasses, contact lenses, dentures, etc., attendant care or homemaker services, service animal expenses such as animal food and veterinary care.

CITIZENSHIP AND IMMIGRATION STATUS: Citizenship/immigration information is used to determine eligibility for food assistance. Only U. S. citizens and eligible immigrants may participate in the Food Assistance Program. Any household member who is not a citizen or permanent resident alien may be left out of your food assistance household. **Providing citizenship/immigration information is voluntary. Failure to provide this information for each household member will result in disqualification of that member. You will still have to give information such as income for this member.** The Food Assistance Division will check with U. S. Citizenship and Immigration Service (USCIS) on all non-citizens that you are asking to get food assistance benefits. We will not check on the non-citizens you choose not to include in your food assistance household.

You will be ineligible for benefits if you refuse to cooperate in completing the application process or in subsequent reviews of eligibility including reviews resulting from reported changes, recertification, or as a part of a State or Federal Quality Control Review.

Your signature on the application will serve as authorization for State and Federal Quality Control Reviewers to verify your household circumstances for food assistance eligibility purposes.

You or any member of your household may be disqualified from receiving benefits if you or the member voluntarily quits a job or reduces the number of hours worked without good cause.

Your household will not receive an increase in food assistance benefits if anyone in the household fails to comply with the requirements of another income based (means tested) program such as Family Assistance.

You are not to use food assistance benefits to buy ineligible items such as alcoholic drinks or tobacco or pay on credit accounts.

State of Alabama Agency-Based Voter Registration Form

NVRA-1B-H
2019.06.27

FOR USE BY U.S. CITIZENS ONLY ◆ FILL IN ALL BOXES ON THIS FORM ◆ PLEASE USE INK ◆ PRINT LEGIBLY

To register to vote in the State of Alabama, you must:

- Be a citizen of the United States.
- Live in Alabama.
- Be at least 18 years of age on or before election day.
- Not have been convicted of a disqualifying felony, or if you have been convicted, you must have had your civil rights restored.
- Not have been declared "mentally incompetent" by a court.

FOR USE BY AGENCY OFFICIAL ONLY
Check one (1) box:
☐ Registrars
☐ Motor Voter
☐ State Designated Agency
☐ Agency-Based
☐ Disabilities Services Office

Signature of Agency Representative

Business Phone of Agency Representative

ID requested: You may send with this application a copy of valid photo identification. You will be required to present valid photo identification when you vote at your polling place or by absentee ballot, unless exempted by law. For more information, go to www.AlabamaVoterID.com or call the Elections Division: 800-274-8683.

① Are you a citizen of the United States of America? ☐ Yes ☐ No

② Will you be 18 years of age on or before election day? ☐ Yes ☐ No

ATTENTION! If you answer "No" to either of these questions, do not complete this application.

③ Print Your Name:
First | Middle | Last | Suffix

Alabama Driver's License or Non-Driver ID Number: STATE | NUMBER

④ Print Maiden Name / Former Name (if reporting a change of name)
First | Middle | Last | Suffix

IF YOU HAVE NO ALABAMA DRIVER'S LICENSE OR ALABAMA NON-DRIVER ID NUMBER

Last four digits of Social Security number:

☐ **I do not have an Alabama driver's license or Alabama non-driver ID or a social security number.**

⑤ Date of Birth (mm/dd/yyyy) | **⑥ Primary Telephone** ( ) | **⑦ Email Address**

⑧ Addresses

Current

Address where you live: (Do not use post office box)
Home Address (include apartment or other unit number if applicable) | City | State | ZIP

Address where you receive your mail:
Mailing Address, if different from Home Address | City | State | ZIP

Old

Address where you were last registered to vote: (Do not use post office box)
Former Address | City | County | State | ZIP

⑨ Sex (check one)
☐ Female ☐ Male

⑪ Place of Birth City | County | State | Country

⑩ Race (check one)
☐ White ☐ Black
☐ Asian ☐ American Indian
☐ Hispanic ☐ Other

⑫ Map / Diagram
If your home has no street number or name, please draw a map of where your house is located. Please include roads and landmarks.

⑬ Did you receive assistance?
If you are unable to sign your name, who helped you fill out this application? Give name, address, and phone number (phone number is optional).

REGISTRARS USE ONLY

DATE ☐ APPROVED ☐ DENIED

(mm/dd/yyyy)

County Pct

City Pct

Board member

Board member

Board member

Voter Declaration - Read and Sign Under Penalty of Perjury

- **I am a U.S. citizen**
- **I live in the State of Alabama**
- **I will be at least 18 years of age on or before election day**
- **I am not barred from voting by reason of a disqualifying felony conviction (The list of disqualifying felonies is available on the Secretary of State's web site at: sos.alabama.gov/mtfelonies)**
- **I have not been judged "mentally incompetent" in a court of law**

I solemnly swear or affirm to support and defend the constitution of the United States and the State of Alabama and further disavow any belief or affiliation with any group which advocates the overthrow of the governments of the United States or the State of Alabama by unlawful means and that the information contained herein is true, so help me God.

YOUR SIGNATURE | **DATE** (mm/dd/yyyy)

If you falsely sign this statement, you can be convicted and imprisoned for up to five years.

The decision to register to vote is yours. If you decide to register to vote, the office at which you are submitting this application will remain confidential and will be used only for voter registration purposes. If you decline to register to vote, your decision will remain confidential and will be used only for voter registration purposes.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at: **http://www.ascr.usda.gov/complaint_filing_cust.html**, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

VOTER REGISTRATION

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?

❏ **Yes, I would like to register to vote.**

❏ **Yes, I am registered but would like to change my address for voting purposes.**

❏ **No, I do not want to apply to register to vote.**

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration form, we will help you. You may seek assistance with the application form by seeking assistance at the time of your interview or by calling your local Department of Human Resources located within your county. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to apply to register to vote or if you decline to register to vote, the information on your application or declination form will remain confidential and will be used for voter registration purposes only.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at State Capitol, 600 Dexter Avenue Suite E-208, Montgomery, Al 36130 or by calling 334-242-7210 or 1-800-274-VOTE (1-800-274-8683).