Application for Assistance

Print clearly. This form may be completed on screen or by hand, then signed and submitted.

1 APPLICANT INFORMATION

First name | M.I. | Last name

Social Security number | Date of birth (YYYY-MM-DD)

Phone | Email

2 RESIDENCE

Street address

City | State | ZIP | County

3 HOUSEHOLD & ELIGIBILITY

Household size | Gross monthly income (USD)

☐ Currently receiving SNAP ☐ Currently receiving Medicaid ☐ U.S. citizen

Program requested

4 CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge.

Applicant signature | Date

FOR OFFICE USE ONLY

Date received | Case number | Caseworker