

Arkansas Department of Human Services

REQUEST FOR ASSISTANCE

IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT SUCH AS LARGE PRINT, CONTACT YOUR LOCAL DHS OFFICE. Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español.

Name	Social Security Number*	Date of Birth	Work Phone
Mailing Address (P.O. Box or Street, Apt. /Lot #)	City State Zip	Home or Cell Phone	
Residence Address (Street, Apt. /Lot #)	City State Zip	E-mail Address	

What Services Are You Requesting? Please use blue or black ink. Please check below:

Supplemental Nutrition Assistance Program (SNAP) (If you believe your household needs SNAP benefits right away, complete the questions on page 2 of this form. If you do, we can determine if you are entitled to receive SNAP benefits within 7 days.) **Are you currently receiving SNAP benefits?** YES NO

Transitional Employment Assistance (TEA) for Households with Children Under 18:

- ◆ Are you currently receiving TEA? YES NO
- ◆ Do you have a child under 18 living in your home? YES NO

Medicaid for Me My Children Other, explain _____

If you checked "Other," where does this person live? With you Nursing Home Other, explain: _____

- ◆ Do you or anyone in your household have unpaid medical bills from the past 3 months? YES NO
- ◆ Are you or your children currently receiving Medicaid or ARKIDS? YES NO
- ◆ Are you or any member of your household pregnant? YES NO
- ◆ Do you have a chronically ill child? YES NO
- ◆ Are you or anyone else in your household disabled? YES NO
- ◆ Has anyone in your household been screened for breast or cervical cancer and have been found to currently need treatment? If yes, who _____ YES NO
- ◆ Are you or anyone in your household covered by a health insurance policy? YES NO
If yes, who _____

1. Have you or anyone in your household received assistance in another state? If yes, check all that apply:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid
2. Do you have or have you ever had an electronic benefits transfer (EBT) card in Arkansas? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you currently have the card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you or any household member been found guilty of or pled guilty or nolo contendere (no contest) to a felony conviction involving the manufacture or distribution of a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Would you like to register to vote?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Household Members - List all the people who live in your home. If needed, attach a sheet of paper listing additional members.

* A social security number or proof of application for a social security number is required for all individuals who will receive benefits.

Social Security Number*	NAME (First middle initial & last)	BIRTHDATE	Relationship to you	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

By my signature, I authorize the Department of Human Services (DHS) to get information from other state agencies, financial institutions, employers, federal agencies, and other sources to prove my statements are correct. I understand that if differences are found between what I report and information provided by the sources listed above, DHS may contact other sources for verification. I understand that this information may affect my household's eligibility for benefits. I certify, under penalty of perjury, that the information I have reported, as shown on this form is correct to the best of my knowledge. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature: _____ **Date:** _____

Signature of Witness if applicant signs with an "X" _____

SNAP Expedited Service - Some SNAP applicants are entitled to receive SNAP benefits within seven days (expedited service). The answers to the questions below will help us screen your *Request for Assistance* to see if your household is entitled to expedited service for SNAP. Answer each question for yourself and all other household members.

1. What is your household's **total monthly income before deductions?** (*Deductions are amounts taken out for taxes, insurance, etc. The monthly total must include money that you and other household members receive from work **and** money received in the form of checks or cash. Also, you must include money that you and other members of your household have already received so far this month and money that you will be receiving before the end of the month.*) \$ _____
2. How much money do you and other household members currently have in cash, checking accounts, savings accounts, etc.? \$ _____
 How much are your household's monthly housing and utility costs? (*Regular, not past due.*) \$ _____
3. Is anyone in your household a migrant or a seasonal farm worker? YES NO
 (*If anyone in your household is a migrant or a seasonal farm worker, answer questions A and B below.*)
 - A. Did your household's income recently stop? YES NO
 - B. Do you or anyone else in your household expect income from a new source this month? YES NO
 If yes, how much will the income be? \$ _____ When do you expect to receive the income? _____

County Use Only:	Expedited	<input type="checkbox"/> YES <input type="checkbox"/> NO	Screen Date _____
Screeener _____			LD DATE _____

Ethnicity Declaration – DHS is required to ask for racial and ethnic data on households applying for or participating in SNAP. You are not required to complete this section in order to receive assistance. If you are approved, your benefit level will not be affected by your decision to complete or not complete this section. DHS encourages you to answer the questions below.

1. Are you Hispanic or Latino? (Select only one) Yes No
2. What is your race? (Select one or more)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Pacific Islander or Native Hawaiian
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

Income - Please check each type of income that you and/or anyone living in your home currently receives:

- | | | |
|---|---|---|
| <input type="checkbox"/> Wages/Salary/Earnings | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Training Allowances |
| <input type="checkbox"/> SSA or SSI Income | <input type="checkbox"/> Worker's Compensation/Sick Pay | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Retirement/Pension/Annuity | <input type="checkbox"/> Self-employment Income | <input type="checkbox"/> VISTA Program Income |
| <input type="checkbox"/> Child Support/Alimony | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Cash Contributions |
| <input type="checkbox"/> Railroad or Veteran's benefits | <input type="checkbox"/> Income from rental property | <input type="checkbox"/> Other - _____ |

Resources

- | | | |
|--|--|---|
| <input type="checkbox"/> Checking/Savings Account | <input type="checkbox"/> Campers/RV (Motor Home) | <input type="checkbox"/> Stocks/Bonds/Mutual Funds |
| <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Motorcycle or ATV | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Golf cart/ Go-cart/ Moped | <input type="checkbox"/> Burial Plots/Prepaid Burial Plan |
| <input type="checkbox"/> Christmas Club Account | <input type="checkbox"/> Car/Truck/Van | <input type="checkbox"/> Real Estate (not your home) |
| <input type="checkbox"/> IRA/ KEOGH/ 401K | <input type="checkbox"/> Boats/ Motors/Trailers | <input type="checkbox"/> Other - _____ |

- 1) Have you or anyone in your home sold or given away any resource in the past 3 months? YES NO
- 2) Have you or anyone in your home sold or given away any resource since 2/8/06? YES NO

Expenses - Please check each type of expense that you or anyone else in your home pays:

- Rent
- Mortgage Payment
- Taxes on home
- Insurance on home
- Utilities
- Telephone
- Baby sitter or day care
- Medical costs
- Child support

Failure to report and verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for unreported expenses.

Students - Is anyone in your home currently enrolled in a college, vocational school, technical school or any other training program beyond high school? YES NO If yes, complete questions 1, 2 & 3 below.

- 1) Name of student _____ and school/training program _____
- 2) Enrollment status of student: Full Time Part Time
- 3) Is he or she a Work-Study Program participant? YES NO

Authorized Representative - If you want to authorize someone to represent you, please complete the following information. If you name an authorized representative, this person will be able to take your place at the interview and talk to the DHS county worker on your behalf.

Name _____ Telephone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Notice to Applicants - Please read the information provided below:

- *In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Supplemental Nutrition Assistance Program Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. DHS collects ethnic data to assure that benefits are distributed without regard to race, color or national origin.*

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

- *Providing a social security number and/or information about citizenship or immigration status is voluntary. However, anyone who fails or refuses to provide any of this information will not be eligible to receive Supplemental Nutrition Assistance Program (SNAP) benefits. Other household members who do provide this information may participate in SNAP if the household is found to be eligible.*
- *Participation in SNAP and the Medicaid Program is not time-limited. You can continue to receive SNAP and/or Medicaid benefits as long as you are eligible under Program rules. This is true even if someone in your home receives TEA/Works Pays cash assistance. If someone in your home does receive TEA/Works Pays cash assistance, participation in SNAP or the Medicaid Program will not count against their TEA/Works Pays time limits.*

Providing Information - You must declare social security numbers for everyone who will receive benefits. Bringing items such as your most recent paycheck stubs, award letters, and bank statements to your interview may speed up the application process. During the interview, the DHS worker will tell you if you must provide any additional information.

County Use Only: County _____ Date Received _____

Categories 1) _____ 2) _____ 3) _____

DHS County Office Mailing Addresses

<i>County</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>County</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>County</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	PO Box 839	Paragould	72451	Perry	213 Houston Ave.	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71801	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	PO Box 813	Malvern	72104	Pike	PO Box 200	Murfreestown	71958
Benton	900 SE 13 th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72601	Independence	100 Weaver Ave	Batesville	72501	Polk	P.O. Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N. Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs.	72543	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd.	Pocahontas	72455
Cleveland	PO Box 465	Rison	71665	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Columbia	PO Box 1109	Magnolia	71754	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Conway	PO Box 228	Morrilton	72110	Logan-2	398 E. 2 nd St.	Booneville	72927	Searcy	350 School	Marshall	72650
Craighead	2920 McClellan Dr.	Jonesboro	72401	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison #231	Ft. Smith	72901
Crawford	704 Cloverleaf Circle	Van Buren	72956	Madison	PO Box 128	Huntsville	72740	Sevier	304 W. Colin Raye Dr., Ste. 108A	DeQueen	71832
Crittenden	401 S. Airport Rd.	W. Memphis	72301	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	75229
Cross	803 E. Hwy 64	Wynne	72396	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Dallas	1202 W. 3 rd St.	Fordyce	71742	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Desha	PO Box 1009	McGehee	71654	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W. 18 th St.	El Dorado	71730
Drew	PO Box 1350	Monticello	71657	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	362 Ingram Street	Clinton	72031
Faulkner	PO Box 310	Conway	72033	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Franklin	800 W Commercial	Ozark	72949	Montgomery	PO Box 445	Mt. Ida	71957	White	608 Rodgers Drive	Searcy	72143
Fulton	PO Box 650	Salem	72576	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
Garland	115 Stover Lane	Hot Springs	71901	Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

Fold in half or tape ends together, and mail to your local DHS County Office

Return Address

**Place
Stamp
Here**



Mail or bring to your local DHS county office