



SNAP / TEA COVID Application for Benefits

I am providing a verbal signature and consent to the Arkansas Department of Human Services, Division of County Operations that they may complete and submit an application for benefits on my behalf. I attest and declare under penalty of perjury to the best of my knowledge and belief that the information submitted is correct and the person(s) for whom I am applying for benefits is/are U.S. citizen(s) or are lawfully present in the United States. I understand and agree that DHS and authorized Federal Agencies may verify the information I give on this application. Information may be obtained from past or present employers. I understand that my information will be used to track wage information and my participation in work activities. This verbal consent is given in response to the 2020 COVID-19 pandemic following the recommendations of the Centers for Disease Control (CDC) to avoid close contact with others in my community.

Client Name: _____

Client Date of Birth: _____

Client agrees to verbal consent: YES NO

DHS Staff Name: _____

Date & Time: _____



SNAP / TEA COVID Application for Benefits

(Complete this application and return it to your LOCAL COUNTY DHS office.)

What Am I Applying For: (Check all that apply)

Supplemental Nutrition Assistance Program (SNAP)

The SNAP program provides monthly benefits to low-income households to help pay for the cost of food. The program also provides nutrition education and helps eligible households to meet their food and nutritional needs.

Transitional Employment Assistance (TEA)

Transitional Employment Assistance (TEA) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

Tell Us About the Applicant

Does the applicant or person applying on behalf of the applicant need assistance when communicating with us? If so, check all that apply.

If not English, what language do you speak at home? _____

() TTY () Large Print () E-mail () Sign Language Interpreter _____ () Foreign Language

Interpreter(specify language)_____ () Other _____

Please fill out the chart below about the applicant.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live		Apt	
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Main Telephone Number	Other Contact Number	E-Mail address (optional)	



SNAP / TEA COVID Application for Benefits

Can I Choose Someone to Apply for SNAP for me?

Complete this section only if you want someone to fill out your application, complete your interview, and/or use your EBT card to buy food when you cannot go to the store.

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____



SNAP / TEA COVID Application for Benefits

Tell Us about the Applicant and All Household Members

Please fill out the chart below about the applicant and all household members. The following federal laws and regulations: **The Food and Nutrition Act of 2008, 7 U.S.C. § 2011-2036, 7. C.F.R. § 273.2, 45 C.F.R. § 205.52, 42 C.F.R. § 435.910, and 42 C.F.R. § 435.920, authorize DFCS to request you and your household members social security number(s)**. Anyone who is living in your household and is not applying for benefits may be treated as a **non-applicant**. Non-applicants do not have to give us information about their social security number, citizenship, or immigration status and are not eligible for benefits. Other household members may still be able to receive benefits, if they are otherwise eligible. If you want us to decide whether any household members are eligible for benefits, you will still need to tell us about their citizenship or immigration status and give us their social security number (SSN). You will still need to tell us about **their** income and resources to determine the eligibility and benefit level of the household. We will not report any non-applicant household members to the United States Citizenship and Immigration Services (USCIS) Systematic Alien Verification for Entitlements (SAVE) system if they do not give us their citizenship or immigration status. However, if immigration status information has been submitted on your application, this information may be subject to verification through the SAVE system and may affect the household's eligibility and benefit level. We will match your information with other Federal, state, and local agencies to verify your income and eligibility. This information may also be given to law enforcement officials to use to catch people who are running from the law. If your household has a SNAP claim, the information on this application, including SSN, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not deny benefits to applicant household members because other household members fail to provide their SSN, citizenship, or immigration status.

Name First Middle Initial Last	Relationship to you	Is this person applying for benefits? (Y/N)	Birth Date Format (mm/dd/yyyy)	Social Security Number Applicants Only	Sex (M/F)	Are you a U.S. citizen, qualified alien/immigrant? Applicants Only (Y/N)
	SELF					

Race (Choose all that apply):

- American Indian/Alaska Native
- Asian
- Black/African
- American Native Hawaiian/Pacific Islander
- White
- Other

By providing Race/Ethnicity information, you will assist us in administering our programs in a non-discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.



SNAP / TEA COVID Application for Benefits

Tell Us More about the Applicant and All Household Members

We need more information about the applicant and all household members in order to decide who is eligible for benefits. Please answer only the questions about the benefits you want to receive on the page below.

1. Has anyone received any benefits in another state? If yes: Yes No

Who: _____

Where: _____

When: _____

2. Has anyone in your home sold or given away any resource in the past 3 months (SNAP)? Yes No

If yes:

Who: _____

Where: _____

When: _____

3. Did anyone in your household voluntarily quit a job or voluntarily reduce his/her work hours below 30 hours per week within 30 days of the date of application? (For SNAP and TEA only) Yes No

If yes, who quit? _____

Why did he/she quit? _____

4. Is anyone disqualified from the SNAP or TEA Program? Yes No

If yes:

a. Who: _____

b. Where: _____

5. Is anyone currently in jail or prison? If yes: Yes No

Who? _____. Expected release date? _____

6. Is anyone currently receiving TEA? (For TEA only) If yes, who: _____ Yes No



SNAP / TEA COVID Application for Benefits

Tell Us about the Applicant and All Household Members Income

Do you or anyone you are applying for receive any type of income such as: wages, tips, bonuses, self-employment, Social Security/Railroad Retirement, other disability, VA income, pensions, unemployment, child support, Alimony, money from other people, workers compensation, annuity payments, money from trusts, mineral/oil/gas lease payments or other income?

Household Member Name with Income	Type of Income	Employer Name /Source of Income	Monthly Amount (Before Deductions)	How Often received (monthly, biweekly, weekly)	Pay Per Hour	Hours per Week	DATE (S) PAID

Tell Us about the Applicant and All Household Members Expenses

Do you pay for the care of a dependent child or a disabled adult household member? Yes No If yes, complete the chart below.

Person who requires care	Person who pays for care	Reason for care	Provider's Name/Number	Amount paid to Provider	How often paid

Does anyone 60 years of age or older or disabled have medical expenses? Yes No If yes, complete the chart below.

Household Member Who Has Expense	Type of Expense (doctor visits, hospital visit, prescriptions, Medicare or health Insurance premiums, glasses)	Amount Owed	Still Owed? Yes/No	Date Paid	Will Insurance Pay? Yes/No

Does anyone 60 years of age or older or disabled have medical expenses for transportation? Yes No
If yes, complete chart below.

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:



SNAP / TEA COVID Application for Benefits

Tell Us More about the Applicant and All Household Members Expenses

Does anyone in the household pay child support to someone living outside of the home? Yes No If yes, complete the chart below

Household Member Obligated to Pay	Name of Child for Whom Support is paid	Obligated Amount to Pay	Actual Amount Paid	To Whom is Child Support Paid?

Do you or any household member have shelter expenses? Yes No

If yes, complete the chart below.

Expense	Amount	How Often?	Who paid?
Rent/Mortgage			
Property Taxes			
Property Insurance			
Electricity			
Gas			
Garbage			
Telephone			
Other			

Do you share monthly household expenses with anyone in the home? Yes No

If yes, who? _____

Comments/Documentation _____

Paid to whom _____ Amount paid \$ _____ per _____

Landlord's Name _____

Landlord's Address: _____

Phone number _____

Does someone else pay any of these household bills for you? Yes No If yes, complete the chart below:

Who pays the bill?	What bills are paid?
What amount is paid?	To whom does this person pay the bills?



SNAP / TEA COVID Application for Benefits

Tell Us More about the Applicant and All Household Members Resources

Resources: Check all resources (assets) owned by you, your spouse, your dependents or jointly owned with someone else. Attach additional pages if necessary.

- | | | | | | |
|----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| Checking Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Funeral Plans/Prepaid Burial Item | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Savings Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Burial Plots or Contracts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Government Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks and Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trust Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promissory Notes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Life Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Patient Fund Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Annuities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mineral/Oil/Gas Leases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Other (IRA, CD, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real Property/Homeplace Property | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.

Does anyone in the household own a vehicle? If so, please describe below. Yes No

Vehicle Make	Model	Year	Amount Owed

Federal law requires that each state provide the opportunity to register to vote with every application for public assistance. Please answer the following question regarding voter registration:

- Do you want to register to vote or change your voter registration address? Yes No

If yes, please go online to: <https://www.sos.arkansas.gov/> register or an application may be mailed to you.

SNAP Program Penalties

You may lose your benefits or be subject to criminal prosecution for knowingly providing false information.

- Do not give false information or hide information to get benefits that your household should not get.
- Do not use SNAP or EBT cards that are not yours and do not let someone else use yours.
- Do not use SNAP benefits to buy nonfood items such as alcohol or cigarettes or to pay on credit cards.
- Do not trade or sell SNAP or EBT cards for illegal items; such as firearms, ammunition or controlled substance (illegal drugs).

Any household member who breaks any of the SNAP rules on purpose can be barred from the SNAP Program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. She/he may also be subject to prosecution under other applicable Federal and State laws. She/he may also be barred from the SNAP Program for an additional 18 months if court ordered.

Any household member who intentionally breaks the rules may not get 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 you or any household member guilty of using or receiving SNAP benefits in a transaction involving the sale of a controlled substance, you or that household member will not be eligible for benefits for two years for the first offense, and permanently for the second offense.

If a court of law finds you or any household member guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you or that household member will be permanently ineligible to participate in the SNAP Program upon the first offense of this violation.

If a court of law finds you or any household member guilty of having trafficked benefits for an aggregate amount of \$500 or more, you or that household member will be permanently ineligible to participate in the SNAP Program upon the first offense of this violation.

If you or any household member is found to have given a fraudulent statement or representation with respect to identity (who they are) or place of residence (where they live) to receive multiple SNAP benefits, you or that household member will be ineligible to participate in the SNAP Program for a period of 10 years.

TEA Program Penalties

In the TEA Program, an IPV (Intentional Program Violation) is an intentional action by an individual to establish or maintain an assistance unit's (AU's) eligibility, or to increase or prevent a decrease in the AU's benefits, by providing false or misleading information or withholding information.

- Any household member who hides information and does not report changes on time or does not tell the truth will lose TANF benefits for six months for the first violation, twelve months for the second violation and permanently for the third violation. The misuse of the cash assistance funds or TEA DEBIT card to withdraw cash or perform transactions at casinos, liquor stores, adult-oriented entertainment facilities "strip clubs", poker rooms, bail bonds, night clubs/salons/taverns, bingo halls, race tracks, gaming establishments, gun/ammunition stores, cruise ships, psychic readers, smoking shops, tattoo/piercing shops, and spa/massage salons is strictly prohibited and will result in a loss of TEA benefits for six months for the first violation, twelve months for the second violation and permanently for the third violation.
- If a court of law finds you or any household member hiding information, or you do not report changes on time or do not tell the truth and are convicted, you may not get TEA for 12 months for the first violation and permanently for the second violation.
- If a court of law finds you or any household member guilty of giving false information about where you live so you can receive benefits in more than one state, you will be barred for 10 years.
- If a court convicted you of a drug-related charge-controlled substance or a serious violent felony, on or after 1/1/97 you or that household member will not be eligible and/or permanently disqualified.