

Application for Cash or Food Assistance

If you need help reading or completing this form, please ask us for help.

Keep this page for your records.

How do I apply for cash or food assistance?

- **Complete** the attached application. You can **start** the process today by submitting the application in-person at a local community services office. The application must have your name, address, and signature or the signature of your authorized representative. If you don't have an address, contact your local office for resources to acquire a mailing address. Attach more sheets if you need more space.
- You may get more benefits or get them sooner if you start, complete, and give us your application and any other information we ask for as soon as you can.
- Take your application to a local office. See www.dshs.wa.gov for locations.
- Fax your application to 1-888-338-7410
- Mail your application to the following:
DSHS
CSD-Customer Service Center
PO Box 11699
Tacoma, WA 98411-6699
You can also apply online at www.washingtonconnection.org
- **For health care coverage you must apply either online at www.wahealthplanfinder.org, by calling 1-855-923-4633, or by using the HCA Application for Health Care Coverage (HCA 18-001).**

How soon can I receive help with food and cash assistance?

If you need food assistance right away, fill in Questions 1 through 14 and take this form to your local office.

We decide if you are eligible for food assistance *within 7 days* if you show proof of your identity *and* meet one of the following:

- Your household will have less than \$150 gross income and less than \$100 liquid resources this month.
- Your household's income and resources are less than your monthly rent and utilities.
- Your household includes a destitute migrant or seasonal farm worker.

Benefits are issued by the day after we decide you are eligible. Food assistance usually starts the day we receive your application. Cash assistance usually starts the day we have all the information to decide you are eligible.

Civil Rights

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 Food and Nutrition Act of 2008 and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 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 (TTY). USDA and HHS are equal opportunity providers and employers.

Immigration Status and Social Security Numbers

You may be able to get assistance for some people you live with even if others you live with can't get help because of immigration status. You must tell us the immigration status of anyone who applies.

Under Federal Law (45 CFR §205.52, 7 CFR §273.6), you must give us the Social Security Number (SSN) for anyone you live with who applies for TANF, or food assistance. We may also need SSNs of parents and spouses who live with you but don't apply.

We use SSNs to check identity, verify eligibility, prevent fraud, and collect claims. We exchange information with other agencies to manage our programs and follow the law. We may also give this information to law enforcement agencies trying to catch fleeing felons.

Privacy and Your Cash and Food Assistance

The Food and Nutrition Act of 2008, as amended, permits the department to collect the information we ask for on the application, including the SSN of each household member. Providing the requested information is voluntary. However, failure to provide a SSN or proof of application for a SSN without a good reason will result in the denial of Basic Food assistance to each individual failing to provide a SSN. We verify some of this information with computer matching programs, including the federal Income and Eligibility Verification System (IEVS).

Information reported to the Department of Social and Health Services may affect eligibility for health care coverage administered by the Health Care Authority and the Health Benefit Exchange.

We use this information to:	We may give this information to:
<ul style="list-style-type: none">• Decide who is eligible for our programs.• Collect overpayments of food assistance.• Manage our programs.• Make sure we follow the law.	<ul style="list-style-type: none">• Federal and state agencies for official use.• Law Enforcement agencies pursuing people who are fleeing to avoid the law.• Private collection agencies to collect food assistance overpayments.

Food Assistance Penalty Warning

We do send information about persons applying for Food Assistance to other Federal agencies to check that the information is correct. If any information is incorrect, the persons who apply may not get Food Assistance. If a person provides information that they know is incorrect, they could be criminally prosecuted. Penalties for intentionally breaking Food Assistance rules vary from disqualification from the program, to fines, or possibly imprisonment.

Application for Food and Cash Assistance

Ask us if you need help filling out this form.

1. FIRST NAME MIDDLE INITIAL LAST NAME	SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE (REQUIRED)	2. CLIENT IDENTIFICATION NUMBER (IF KNOWN)
3. STREET ADDRESS WHERE YOU LIVE CITY STATE ZIP CODE	4. HOME/PREFERRED PHONE NUMBER	
5. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE	6. OTHER PHONE NUMBER(S)	
8. I am applying for (check all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Food		7. EMAIL ADDRESS

9. I or someone in my household (check all that apply):
 Are in a domestic violence situation Have a disability
 Can't work because of health problems Are pregnant; name: _____ due date: _____

10. How much money do you expect your household to get this month? \$ _____

11. How much money does your household have in cash and bank accounts? \$ _____

12. How much does your household pay for rent or mortgage? \$ _____

13. What utilities does your household pay for? Heating/cooling Telephone Other: _____

14. Is anyone in your household a seasonal or migrant farm worker? Yes No

15. If applying for food assistance, how many people in your household do you buy and prepare food for? _____

FOR OFFICE USE ONLY – Household eligible for expedited service: Yes No Screener's Initials: _____ Date: _____

16. I need an interpreter. I speak: _____ or sign; translate my letters into: _____

17. List everyone in your household even if you are not applying for them (attach additional sheets, if necessary).

NAME (FIRST, MIDDLE, LAST)	SEX M OR F	HOW IS THIS PERSON RELATED TO YOU?	DATE OF BIRTH	CHECK IF YOU WANT BENEFITS FOR THIS PERSON	OPTIONAL FOR NON-APPLICANTS			
					SOCIAL SECURITY NUMBER	CHECK IF U.S. CITIZEN	RACE (SEE SAMPLES BELOW)	TRIBE NAME (For American Indians, Alaska Natives)
		Myself		<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		

18. My ethnic background is Hispanic or Latino: Yes No

Race and Ethnic background information is voluntary. For Food Assistance the USDA requires us to answer for you if no information is provided. **Race examples:** White, Black or African American, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, or any combination of races.

Barcode label



APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER
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I. General Information

- In the past 30 days, I received cash or food from another state, tribe, or other source. Yes No
- Someone I'm applying for lives outside Washington State: Yes No Who: _____
- I or someone in my household is a sponsored alien: Yes No Who: _____
- I or someone in my household age 16 or older is in high school or a GED Program:
 Yes No Who: _____
- I or someone in my household is attending college or trade school: Yes No Who: _____
- Someone is temporarily out of my home: Yes No Who: _____
- I or someone I'm applying for served in the military: Yes No Who: _____
- Someone is the dependent or spouse of someone (living or deceased) who served in the military: Yes No
- I am or someone I'm applying for is fleeing from the law to avoid going to court or jail for a felony crime:
 Yes No
- I am living in: My own house or apartment Group Home Other: _____
 Facility (list type): _____ Date entered: _____
- I am: Single Married Divorced Separated Widowed
 In a Registered Domestic Partnership

II. Resources (Cash Only) Attach Proof

A resource is anything you own or are buying that can be sold, traded, or converted into cash or money held by others. A resource does not include personal property such as furniture, or clothing. Examples of resources are:

- Cash
- Checking accounts
- Savings accounts
- College funds
- Trusts
- IRA / 401k
- Homes, Land or Buildings
- CDs
- Money market account
- Bonds
- Retirement fund
- Burial funds, prepaid plans
- Business equipment
- Livestock
- Life insurance

Please list the resources you, your spouse, or anyone you are applying for owns or is buying:

RESOURCE	WHO OWNS	LOCATION	VALUE	WHO OWNS	LOCATION	VALUE
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

2. I, my spouse, or someone I'm applying for have cars, trucks, vans, boats, RVs, trailers, or other motor vehicles:

YEAR (E.G., 1980)	MAKE (E.G., FORD)	MODEL (E.G., ESCORT)	CHECK IF LEASED	CHECK IF VEHICLE IS USED FOR MEDICAL PURPOSES	AMOUNT OWED
			<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$

3. I, my spouse, or someone I'm applying for has sold, traded, given away, or transferred a resource in the last two years (including trusts, vehicles or life estates): Yes No If yes, what: _____ when: _____

III. Annuities (Investments made by any household member to receive regular payments now or in the future.)

WHO OWNS THE ANNUITY?	COMPANY OR INSTITUTION?	AMOUNT OR VALUE	MONTHLY INCOME	DATE PURCHASED
		\$	\$	
		\$	\$	
		\$	\$	

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER
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IV. Earned Income Attach Proof

1. I, my spouse, or someone I'm applying for had a job that ended in the past 60 days: Yes No
2. I, my spouse, or someone I'm applying for has income from work: Yes No If yes, please complete this section:

WHO EARNS THIS INCOME	GROSS AMOUNT RECEIVED (DOLLAR AMOUNT BEFORE DEDUCTIONS)
EMPLOYER'S NAME AND PHONE NUMBER	\$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Week
START DATE	<input type="checkbox"/> Two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Month
Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week: _____
	Pay dates (e.g., 1 st and 15 th , or every Friday):

WHO EARNS THIS INCOME	GROSS AMOUNT RECEIVED (DOLLAR AMOUNT BEFORE DEDUCTIONS)
EMPLOYER'S NAME AND PHONE NUMBER	\$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Week
START DATE	<input type="checkbox"/> Two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Month
Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week: _____
	Pay dates (e.g., 1 st and 15 th , or every Friday):

V. Other Income (Use for all household members) Attach Proof

- Unemployment benefits
- Social Security income
- Tribal income
- Gaming income
- Educational benefits (student loans, grants, work - study)
- Supplemental Security income (SSI)
- Child Support or spousal maintenance
- Railroad benefits
- Rental income
- Retirement or pension
- Veteran Administration (VA) or military benefits
- Labor and Industries (L&I)
- Trusts
- Interests / Dividends

UNEARNED INCOME TYPE	WHO GETS THE INCOME?	GROSS MONTHLY AMOUNT	WHO GETS THE INCOME?	GROSS MONTHLY AMOUNT
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

VI. Monthly Expenses (Attach Proof)

RENT \$	MORTGAGE \$	SPACE RENT \$	HOMEOWNER'S INSURANCE \$	PROPERTY TAXES \$	OTHER FEES \$
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Another person or agency, such as subsidized housing, helps me pay either all or part of these expenses: Yes No
 If yes, who: _____ What expense: _____ Amount they pay: \$ _____

I, my spouse, or someone in my household pay or are supposed to pay (check all that apply):

<input type="checkbox"/> Child or Adult Dependent Care (including transportation costs)	Monthly amount: \$	Who pays:
<input type="checkbox"/> Medical bills for persons with disabilities or age 60 + (including transportation costs and health insurance premiums)	Monthly amount: \$	Who pays:
<input type="checkbox"/> Child support	Monthly amount: \$	Who pays:

If you do not report any of the above listed expenses, we will consider this as a statement by your household that you do not want to receive a deduction for this expense.

VII. Authorized Representative

An Authorized Representative is someone you allow DSHS to talk with about your benefits. You can name someone, but you do not have to. Do you have an Authorized Representative? Yes No

Is this person your legal guardian? Yes No

You may need to complete the Authorized Representative form (DSHS 14-532).

NAME	RELATIONSHIP	TELEPHONE NUMBER
MAILING ADDRESS	CITY	STATE ZIP CODE

Declaration and Signatures

If applying for cash assistance, all adults (or authorized representatives) in the household must sign.

If applying for food assistance, the applicant (or authorized representative) must sign.

I understand I must:

- Give correct information and follow reporting requirements.
- Provide proof I am eligible.
- Assign certain rights to child support, to the State of Washington when I receive Temporary Assistance for Needy Families (TANF). However, I can ask DSHS not to pursue child support if it would endanger me or my children.
- Cooperate with food assistance work requirements.

If I don't do these things, I may be denied benefits or have to pay them back.

I understand I can be criminally prosecuted if I willfully make a false statement or fail to report something I should report.

I authorize DSHS to contact other persons or agencies when necessary to help me get proof that I am eligible.

I have read or had explained to me my rights and responsibilities and received a copy of the Client Rights and Responsibilities, DSHS 14-113. **I certify or declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application, including the information concerning citizenship and alien status of the members applying for benefits, is true and correct.**

APPLICANT'S SIGNATURE	DATE	PRINTED NAME OF APPLICANT	CITY AND STATE WHERE SIGNED
OTHER ADULT APPLICANT'S SIGNATURE	DATE	PRINTED NAME OF OTHER ADULT	CITY AND STATE WHERE SIGNED
HELPER OR REPRESENTATIVE'S SIGNATURE	DATE	PRINTED NAME OF REPRESENTATIVE	CITY AND STATE WHERE SIGNED
WITNESS' SIGNATURE IF SIGNED WITH AN "X"	DATE	PRINTED NAME OF WITNESS	