

# HOUSEHOLD FACT SHEET

This form is not an application.  
 Completion of this form is not a requirement to apply for benefits  
 The information is used to insure the agency has your correct information.

For Office use Only:  
 Medicaid  
 LTC  
 FNS  
 Wffa

(List EVERYONE living in your home) <b>Name &amp; Social Security #</b> Please list Social Security #'s for each individual for whom you are requesting assistance if known.	<b>Date of Birth &amp; Relationship</b>	Student (yes or no)	Citizen (yes or no)	Veteran (yes or no)	Will this person file taxes?	Will this person be a tax dependent for anyone else?	Is person a tax dependent of someone other than spouse or parent?	Is this person Under 19 and living w/both parents who will not file jointly?	Is this person under 19 and will be claimed by a non-custodial parent?
ame	DOB								
S#	Rel								
ame	DOB								
S#	Rel								
ame	DOB								
S#	Rel								
ame	DOB								
S#	Rel								
ame	DOB								
S#	Rel								

\*\*\*\*If you have more people in the household, please list on the back.\*\*\*\*

Address to get Mail: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address if Different: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Message #'s \_\_\_\_\_

When did you start living at your current address: \_\_\_\_\_ Marriage Date \_\_\_\_\_

Please list rent, lot rent or Mortgage if paying: Amount \_\_\_\_\_ Paid To \_\_\_\_\_

Do you pay utility expenses Y or N If yes, to whom: Amount \_\_\_\_\_ Paid To \_\_\_\_\_

Do you pay Taxes/Insurance Y or N If yes, to whom: Amount \_\_\_\_\_ Paid To \_\_\_\_\_

\*\*\*\* Provided Information will be scanned and given back with a receipt. \*\*\*\*

## Income

List anyone receiving income within last 30 days: Examples: Wages, Social Security, SSI, Child Support, Contributions

Name:	Type/Where	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, please list on back.

"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 Stamp Act 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 (800) 795-3272 (voice) or (202) 720-6382 (TTY). 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."

## Prepare for the Food and Nutrition Services (FNS) Interview

Before your FNS application can be processed, you will have to have an interview either by telephone or in-person. If you submit your application in-person, you may be able to be interviewed on the same day. If you mail, fax or complete your application online, contact your county DSS if they do not contact you within a day or two of submitting your application to make arrangements for an interview.

In addition to an interview, listed below is information that may be needed along with examples of what you can provide as verification to allow the county to determine if you are eligible for benefits. This may not be all you need and you may be asked to provide additional or different information based on your individual situation. **If you do not have any of this information you can still complete your application and be interviewed.**

### **Name/Identity:**

- Driver's License
- Work/School/Health Benefit ID
- Voter Registration Card
- Birth Certificate

### **Address/Residency:**

- Voter Registration/Library Card
- Utility Bill
- Rent/Mortgage receipt
- Mail received at your address

### **Earned Income:**

- Check stubs
- Letter or note from your Employer
- Employee W-2
- Income Tax Forms
- Self-employment Bookkeeping Records

### **Unearned Income (Social Security, Veterans benefits, Child Support, Retirement)**

- Bank Statement
- Benefit Award Letter/Benefit Payment Check
- Child Support Agreement
- Income Tax Forms

### **Expenses:**

- Rent or Lease Agreement
- Mortgage/Property Tax/Homeowner's Insurance Statement
- Day Care receipts
- Medical Expense receipts

### **Immigration Status:**

Immigration and Naturalization papers are not required if you are applying for FNS benefits only for your children born in the United States.

### **What to expect during the interview:**

A worker will review your application with you. You will have the opportunity to ask questions and change any answers or answer any questions left blank. You will be informed, in writing, of any additional information needed and the date you need to return it. Information provided may have to be copied or scanned. If you need assistance with obtaining any requested information, let the worker know and they will help you. The application process can take up to 25 days, however the sooner you provide all required information, the sooner you will receive your benefits if found eligible.