

The Supplemental Nutrition Assistance Program (SNAP) helps people with little or no money buy food for healthy meals at participating stores. SNAP benefits increase a household's food buying power when added to the household's money.

A household is any person, family or group of people who live, buy and eat food together. Any household meeting basic income and other requirements may be able to receive SNAP benefits.

To apply for SNAP:

- **Call - 1-855-306-8959; or**
- **Begin your application online at <https://benefind.ky.gov/>; or**
- **Visit your local DCBS office to apply in person; or**
- **Print the hardcopy application on the next page, complete and return to your local DCBS office or mail to: DCBS, P.O. Box 2104, Frankfort, KY 40602**

If you have difficulty communicating with us because you do not speak English or have a disability, please let us know.

Free language assistance or other aids and services are available upon request.

If you apply online or print an application off the internet and return, an interview is required before the application can be processed. The location and mailing address for each Family Support office is listed [here](#). Benefits will begin from the date your application is received.

Your household may name someone to be your authorized representative to act on your behalf in completing the interview for SNAP benefits and to use your benefits to purchase food for your household.

If your household needs help right away, you may be able to get your SNAP benefits within a few days after applying, if:

- Your household's monthly rent/mortgage and utilities costs are more than its gross monthly income; or
- Your household's gross monthly income is less than \$150 and resources, such as cash or bank accounts, total \$100 or less; or
- Your household includes members who are destitute migrant or seasonal farm workers.

SNAP applicants have the right to:

- Submit a SNAP application the same day you contact DCBS to apply.
- Be notified if SNAP is approved or denied within 30 days of applying.
- Receive SNAP benefits within a few days if you qualify, have little or no money, and you meet certain income requirements.
- Request a fair hearing, if you disagree with any action taken in your case.

For more information about SNAP, contact DCBS at 1-(855) 306-8959.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770 EXT 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.

If you do not agree with something **we have done** to your SNAP application, you may ask for a hearing **within 90 days** from the date you receive a notice from us about your SNAP application. To request a hearing:

Call 1-855-306-8959; **OR**

Write your reason for requesting a hearing, sign and date the paper, then: Give to any DCBS office; **OR**

Mail to: Cabinet for Health and Family Services, Division of Administrative Hearings
Families and Children Administrative Hearings Branch,
105 Sea Hero Road, Suite 2, Frankfort, KY 40601

Application for SNAP

What Is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) is a program to help you buy food for good health.

How Do I Get SNAP Benefits?

Step 1. Fill out an application.

Anyone may fill out an application. Answer as many questions as you can. **If you are applying for SNAP and can't fill out all 8 pages of the application today, be sure to fill out this page, sign it, and turn it in. Fill out and turn in the rest of the application (pages 2-8) as soon as you can.**

Step 2. Return the application to us.

You can fax your application to the Department for Community Based Services (DCBS) at (502) 573-2007 or mail it to DCBS, P.O. Box 2104, Frankfort, KY 40602. You can also bring your application to a DCBS office when it is open. When we get your application, you will receive instructions to complete an interview. You have the right to know soon whether you will get benefits. **The date we get this page with your name, address and signature starts the time that we have to determine if you are eligible for SNAP benefits. It is also the start date of SNAP benefits for you if you are eligible for benefits.**

Step 3. Talk with us.

At your interview, you will need to have:

- Proof of who you are, such as your driver's license, social security card or alien documentation;
***See notice on page 2 about providing your social security number.**
- Proof of who lives in your home, such as a lease or written statement;
- Proof that you live in Kentucky;
- Proof of child care costs or child support paid;
- Proof of your living expenses; and
- Proof of money you have gotten in the past 60 days, including any check stubs.

***If you don't have everything listed above, complete the interview anyway. We will help you.**

Tell Us About Yourself

Legal Name:

(Last) (First) (Middle Initial) (Social Security Number)

_____/_____/_____
(Date of Birth) (Mailing Address) (City) (State) (Zip code)

County of Residence _____ Telephone Number (_____) _____ Yours Nearby

If your street address is different from your mailing address, write it below:

(Street Address) (City) (State) (Zip code)

Signature/Mark (X)

Witness (If signed by X)

Today's Date

/ /

Spoken Language: _____ Written Language: _____

Do you have limited English proficiency? Yes No

We can get a free interpreter for your interview if you have trouble speaking English. Do you need a spoken language interpreter during your interview? Yes No *If yes, what language?* _____

Name: _____ Social Security Number: _____

Apply for? Yes/No	Buy and Fix Meals Together?	First Name, M. I., Last Name	Social Security Number (#)	Relationship to you	Birth Date MM/DD/YY	Sex M or F	*Ethnicity	**Race	Citizen Yes/No	***Agree to Work Register? Yes/No
5.					/ /					
6.					/ /					
7.					/ /					
8.					/ /					

Does anyone have a Kentucky EBT card? Yes No Who? _____

List anyone age 18 or over who is in college or trade school: _____

Is anyone getting SNAP benefits from another state? Yes No What state? _____

Has anyone in your home been convicted of giving wrong information about who you are or where you live to get or try get SNAP benefits in more than one household at a time since 8/22/96? Yes No Who? _____

Is anyone a fleeing felon or probation/parole violator? Yes No Who? _____

Has anyone been convicted of a drug felony since 8/22/96? Yes No Who? _____

Has anyone in your home been convicted of buying, selling or trading more than \$500 in SNAP benefits since 8/22/96? Yes No Who? _____

Has anyone in your home been convicted of trading SNAP benefits for firearms, ammunition, or explosives since 8/22/96? Yes No Who? _____

Have you or anyone in your home been convicted of trading SNAP benefits for drugs after 8/22/96? Yes No Who? _____

What Expenses Does Your Household Have?

To get the most SNAP benefits you can, tell us about your bills. Failure to report or give proof of any expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expenses. Below, tell us about the bills your household pays.

Shelter and Utilities

How much is **your household's share** of the following expenses:

Rent: \$ _____ per month

Lot Rent: \$ _____ per month

Mortgage: \$ _____ per month

If you pay taxes or insurance **separate** from your mortgage, list amounts below:

Property Taxes: \$ _____ per _____

Homeowner's Insurance: \$ _____ per _____

Check the boxes next to the utility bills you have to pay:

- | | | |
|----------------------|----------------------------------|--------|
| Lights/Electricity | Water | Sewage |
| Gas | Garbage/Trash | |
| Telephone | Extra charges from your landlord | |
| Other, explain _____ | | |

Are any of the utility bills you pay for heating or air conditioning? Yes No

Did you get energy assistance (LIHEAP) in the past year at your current address? Yes No

Name: _____ Social Security Number: _____

Medical Expenses

If you have medical costs, not paid by insurance, for anyone who is **disabled or over age 59**, tell us. These could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical expenses.

Who pays: _____ Amount: \$ _____ per month

Day Care

If you have day care expenses for a child or an adult who lives with you, tell us.

Who gets care: _____ Who pays for the care: _____

Amount: \$ _____ per month

Child Support

If anyone is paying **court-ordered** child support, tell us.

Who pays: _____ Amount: \$ _____ per month

Help Paying Expenses

If you get help with any of your expenses, tell us:

Which Expense Was Paid?	Who Paid?	Amount Paid?

What Assets Do People in Your Household Have?

List the total money everyone has in:

Cash \$ _____ Bank/Credit Union Accounts \$ _____

Stocks, bonds, savings certificates, or other assets \$ _____

What Money Do People in Your Household Get?

List the person's name and the monthly amount. If you leave a space blank, we will take that to mean there is no money of this kind. Attach another sheet if needed.

Where the Money Comes From	Who Gets The Money	Amount per Month	Employer (if applicable)
Money From Work Before Taxes (Gross)			
Money From Work Before Taxes (Gross) 2nd Job			
Self-Employment or Odd Jobs			
Tips			
Social Security or SSI			
Veterans Benefits, Pensions or Retirement			
Unemployment or Worker's Compensation			
Child Support or Alimony			
Money from Friends or Relatives			
Other			

Name: _____ Social Security Number: _____
 Has anyone been hired for a job but not paid yet? Yes No Who? _____
 Has anyone quit a job in the last 30 days? Yes No Who? _____
 Is anyone a migrant or seasonal farm worker? Yes No Who? _____
 Is anyone on strike? Yes No Who? _____

Please read this information and sign and date page 7.

SNAP Rules

Follow these rules:

- Do not hide or give wrong information on purpose to get SNAP benefits.
- Do not use SNAP benefits to buy non-food items like alcohol or tobacco.
- Do not trade, sell or give away SNAP benefits.
- Do not use someone else's SNAP benefits for yourself.
- Do not use your SNAP benefits for someone outside of your household.
- Do not use your SNAP benefits to pay on any kind of credit account even if it is for SNAP eligible food.
- Do not sell food purchased with SNAP benefits.
- DO cooperate with state and federal personnel in a Quality Control review.

SNAP Penalties

Anyone who breaks SNAP rules:

- May not get SNAP benefits for 1 year for the first time, 2 years for the second time, and forever for the third time;
- May be fined up to \$250,000 or jailed up to 20 years, or both; and
- If a court finds you guilty of buying, selling or trading more than \$500 in SNAP benefits, you may not get SNAP benefits forever.
- If a court finds you guilty of trading SNAP benefits for firearms, ammunition, or explosives, you will lose benefits forever.
- If a court finds you guilty of trading SNAP benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.
- You will not get SNAP benefits for 10 years if you are found guilty of getting or trying to get SNAP benefits in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.
- In addition to the these penalties, a court can also stop you from getting SNAP benefits for another eighteen months if you are convicted of a felony or misdemeanor violation of the rules listed above.
- You will not get SNAP benefits if you are hiding or running from the law to avoid prosecution, being taken into custody, going to jail or violating a condition of parole or probation.

*****Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.***

What We Do With Your Information

If any information you give us is not correct, we may deny SNAP benefits. We will give your answers to law enforcement officials to catch persons fleeing to avoid the law. If you have a SNAP benefits overpayment, we will give your answers to federal and state agencies to collect the overpayment. We will deny assistance to people, if you do not give us their Social Security Number. We will use any Social Security Number given to us the same way we use the Social Security Number of persons getting assistance. We will not give your Social Security Number to the U.S. Citizenship and Immigration Services (USCIS).

Privacy Act

The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

Name: _____ Social Security Number: _____

If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

We Check What You Tell Us

We use computer systems to verify your family’s income and to do computer matches with the Office of Employment and Training, the Internal Revenue Service and other matching sources. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people. If any part of the information on this application is incorrect, SNAP benefits may be denied and you may be subject to criminal prosecution for knowingly providing incorrect information. The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person’s: Social Security Number, job and pay, bank account amount, amounts received from other sources like Social Security or unemployment, and alien status.

Your Signature and Understanding

I understand:

- The questions on this application and what can happen if I hide information or give wrong information.
- I must give proof of information about my household.
- The DCBS office and the Quality Control unit may contact other people or organizations to get proof of my information.
- That the information I have provided on the application including the information concerning citizenship and alien status is subject to verification by Federal, State and local officials to determine if the information is true.
- That as an applicant for SNAP benefits, I am required to provide a social security number for everyone who lives in my home for whom I am applying for benefits. (Social Security numbers and immigration status does not have to be provided for members that are not applying for benefits.)
- That social security numbers shall be used for various state and federal matches through the Income and Eligibility Verification System (IEVS). These matches include, but are not limited to, Social Security, IRS, SSI, Wage Records, Unemployment Insurance, Child Support Enforcement records and other matches as provided for under the authority of IEVS. This information may be verified through collateral contacts when discrepancies are found. Information provided under IEVS, after verification, may affect eligibility for and amount of benefits.

I agree:

- That all required members of my household will follow the work and training rules.

I certify, under penalty of perjury, that:

- My answers are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Signature/Mark (X)	Witness (If signed by X)	Today's Date / /
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What Do Our Terms Mean?

We use these terms in the application. This is what they mean:

- Household** A person or a group of people who live together and buy food and fix meals together.
- Quality Control** A DCBS unit that reviews SNAP benefits cases to see if they are correct. If your case is chosen, the Quality Control unit will contact you.
- Work and Training Rules** Some people have to work or attend training to get SNAP benefits. If this is true for you or for other people in your household, we will tell you. You will have to follow the rules about work and training to get SNAP benefits.

Name: _____ Social Security Number: _____

How To Get A Hearing

You may ask for a hearing **within 90 days** from the date you receive a notice from us about your SNAP application if you disagree with something **we have done** to your application or benefits. You may tell your side of the story or bring a friend, relative, or lawyer to speak for you at the hearing.

How do I ask for a hearing?

Call 1-855-306-8959; **OR**

Attach a separate sheet of paper to explain your reason for requesting a hearing, sign and date then:
Return to any DCBS office;

OR

Return to: **Cabinet for Health and Family Services, Division of Administrative Hearings, Families and Children Administrative Hearings Branch, 105 Sea Hero Road, Suite 2, Frankfort, KY 40601**

Optional Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may end.
- We may be able to use the release below to get the information we need, **but you still have to provide the information we request or ask for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Kentucky Department of Community Based Services requested information about me or other members of my household. A copy of this release is as valid as the original. This release does not apply to protected health information. This release is good for 12 months from the date signed.

Your Name (please print clearly)

Signature or Mark (X)

Witness (if signed by X)

Date