North Carolina Department of Health and Human Services

Application for Food and Nutrition Services

What Are Food and Nutrition Services?

Food and Nutrition Services help households buy eligible food in authorized retail food stores. This will increase low-income household’s food buying power so they can have more nutritious meals.

Do You Need An Interpreter To Help You Apply For Food and Nutrition Services?

An interpreter can be provided, free of charge, if you need assistance in applying for Food and Nutrition Services.

Would you like an interpreter to assist you?  
☐ Yes  ☐ No

Si usted necesita ayuda al solicitar los beneficios de Cupones de Alimentos, se le puede otorgar los servicios gratuitos de un intérprete, ¿Quisiera que un intérprete lo ayude?  
☐ Sí  ☐ No

How Do I Apply for Food and Nutrition Services?

Step 1. Fill out this application.

If you can’t fill out the whole application today, please fill in the bottom of this page with your name, address, and signature. If you need help filling out this application, see page 2 or ask for help at your local Department of Social Services (DSS).

Step 2. Turn in the application to your local DSS as soon as possible.

You can mail, fax, or bring the application to your local DSS office. The date we get your application with your name, address, and signature on it, is also the start date of your Food and Nutrition Services application. If you are eligible for Food and Nutrition Services in the month you apply, the amount of Food and Nutrition Services you will get for that month depends on the date you turn in your application. The sooner you give us this application, the quicker you will know if you are able to get Food and Nutrition Services.

Step 3. Talk with us.

A caseworker must interview you or someone you choose to represent you. This is to see if you can get Food and Nutrition Services. If you are unable to stay for your interview today, please tell the receptionist or a caseworker so that we can schedule an interview for you.

At your interview, you will need to show us:

• Proof of who you are, such as a driver’s license, social security cards or alien papers;
• Proof of your address, such as your mortgage statement or rental agreement; proof of child care costs, proof of what you pay for child support; and proof of money you got in the past 30 days, such as check stubs or a letter from the social security office. If you can’t bring everything, come to the interview any way. We will help you.

Tell Us About Yourself

Name (First, Middle Initial & Last): ____________________________  Marital Status: ____________________________  Social Security Number (If you have one): ____________________________

Date of Birth: ____________  Sex: ☐ Male  ☐ Female  U.S. Citizen: ☐ Yes  ☐ No  Language You Speak: ____________________________

Race: (Check all that apply)  ☐ Asian  ☐ Black or African American  ☐ White  ☐ American Indian or Alaska Native  ☐ Native Hawaiian or Other Pacific Islander  Ethnic Group: (Check One)  ☐ Hispanic or Latino  ☐ Not Hispanic or Latino  Home Phone Number: ____________________________

Cell Phone Number: ____________________________

Work Phone Number: ____________________________  Can Be Reached Number: ____________________________

Street Address: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________

Mailing Address (If Different): ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________

Signature: ____________________________  Date: ____________________________  Witness Signature: (If Signature is an "X") ____________________________
Do you Need Someone To Apply for or Use your Food and Nutrition Services?

If you want someone other than yourself to apply for, use, or obtain information about your benefits, please check yes below. If you check Yes, we will give or mail you a form. You and the person you want to help can complete the form and return it to our office. If you choose, this person will receive an EBT card and will have access to your Food and Nutrition Services. An Electronic Benefit Transfer Card (EBT) is a plastic card you use at the store to buy food.

Do you need someone (Authorized Representative) to help you get and/or use your Food and Nutrition Services?  ☐ Yes ☐ No

When Will I Get My Food and Nutrition Services?

If you are able to get Food and Nutrition Services, you will get them within 30 calendar days from the date you turn in the application with your name, address, and signature. You may be able to get Food and Nutrition Services within 7 calendar days if you qualify for Expedited Food and Nutrition Services. Your household may be in an emergency situation if:

- Your household's gross monthly income is less than $150 and your household's cash or money in the bank is $100 or less, or
- Your household's rent, mortgage and utilities are more than your household's gross monthly income and cash or money in the bank, or
- You or a member of your household is a migrant/seasonal farm worker.

Do You Need Assistance in Completing This Form?

If you need special assistance in completing this application and the interview in order to apply for Food and Nutrition Services, please let us know so that we can assist you. Do you need special assistance in completing this application or the interview process?  ☐ Yes ☐ No

Tell Us About the People in Your Household

1. Your household is you and everyone who lives with you, even if they are not relatives. Fill in the chart below for all the people in your household. Attach a piece of paper if you need more space to complete this section. We will determine who must be included in your Food and Nutrition Services case.

<table>
<thead>
<tr>
<th>Name (First, Middle Initial, &amp; Last)</th>
<th>Relation to You</th>
<th>Birth Date</th>
<th>Age</th>
<th>Social Security Number (If person has one)</th>
<th>Sex/Race</th>
<th>Primary Language Spoken</th>
<th>Ethnic Group</th>
<th>U.S. Citizen? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
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</tbody>
</table>
2. Does everyone in your home buy food and cook meals together?  □ Yes □ No If no, who buys separately?

Name of Separate Person(s) ____________________________________________________________

3. Tell us about any person who was not born in the U.S.A.

Name: __________________ Documentation: ______________ Naturalized Citizen: □ Yes □ No

Name: __________________ Documentation: ______________ Naturalized Citizen: □ Yes □ No

4. Does anyone in your household have an EBT card?  □ Yes □ No  Who? __________________

If yes, when was it last used? ____________________  What State? ____________________

5. Does anyone get Food and Nutrition Services, Food Stamps, or SNAP in this or another county or state?  □ Yes □ No If yes, who? __________________ What County or State? __________________

6. Does anyone participate in a Food Distribution Program on an Indian Reservation?  □ Yes □ No

7. We need information about the people in your household. Does anyone in your household fit a situation listed below?  Please check any that apply.

Someone in my household is:

□ A foster child  Who? ________________  Do you want to include this child on the case?  □ Yes □ No

□ Pregnant  Due Date ________________  Who? ________________

□ In a drug/alcohol treatment program  Who? ________________

□ A live-in person (attendant) who takes care of someone in your household  Who? ________________

□ Renting a room from you  Who? ________________

□ Paying for food and a place to stay  Who? ________________

□ Disqualified from Food and Nutrition Services in North Carolina or another state  Who? ________________

□ Trying to avoid a felony prosecution or fleeing from law enforcement  Who? ________________

□ Trying to avoid jail after conviction of a felony  Who? ________________

□ Violating conditions of probation or parole  Who? ________________

□ A person convicted of a drug related felony committed after August 22, 1996  Who? ________________

□ A person who filed for bankruptcy  When ________________  Who? ________________

□ In college or trade/vocational/technical school at least half-time  Who? ________________

□ None of the above applies to my household.

Do Not Write in the Gray Shaded Area – Agency Use Only

Identity
Did you verify the applicant’s identity?  □ Yes □ No
Verification Source: ________________________________________________________________

Residence
Did you verify residence for the household?  □ Yes □ No
Verification Source: ________________________________________________________________
Enumeration
Did you verify enumeration for all FNS unit members? □ Yes □ No
Enumerated at Birth □
DSS-8174 Date completed: ___________________
Refused to apply for or provide SSN? Who? ___________________

Citizenship/Immigration Status
Did you verify citizenship/immigration status for all FNS unit members? □ Yes □ No
Web-based SAVE verification completed □
Copies of USCIS documents attached □
Alien Workbook Supplement completed for all non-citizens □
G-845 to USCIS (Copy attached)

Household Composition
Does applicant’s statement verify household composition for all FNS unit members? □ Yes □ No
If questionable, verified by ___________________ Reason questionable: ___________________

Authorized Representative
Did the applicant request an Authorized Representative? □ Yes □ No
DSS-1688, Designation of Authorized Representative Completed/Attached/Verified □
Date keyed in SLAR: ________________

Disqualified Due to an Intentional Program Violation (IPV) / EPICS checked ____________ (date)
Is anyone currently disqualified from FNS in N.C.? □ Yes □ No
Is anyone currently disqualified from FNS in another state? □ Yes □ No
State ___________________ Verified by: ___________________ on ________________ (date)
Disqualified Person(s) Name(s): ___________________
Disqualification Period/Number of Disqualifications: ________________

Disqualified Due to Fleeing Felon Status
Is anyone trying to avoid a felony prosecution? □ Yes □ No If yes, who? ___________________
Is anyone violating conditions of probation or parole? □ Yes □ No If yes, who? ________________
Verification Source: ___________________ Date: ___________________

Disqualified Due to a Felony Drug Conviction
Has anyone been convicted of a drug related felony committed after August 22, 1996? □ Yes □ No
Name of Individual(s): ___________________ Date of conviction: ________________
Was the felony committed in N.C.? □ Yes □ No If yes, class of felony? ________________
If Class H or I: If no, name of other state? ________________ Date of release from jail. ________________
Has the individual complied with substance abuse treatment program requirements? □ Yes □ No
Is there a six-month disqualification period? □ Yes □ No If yes, from ________________ to ________________
Verification Source: ___________________ Date: ___________________

Students
Is anyone in college or trade/vocational/technical school at least half-time? □ Yes □ No
Student Name(s): ___________________ Name of School: ___________________
EXEMPTIONS: A student must meet one of the exemptions below to be included.
□ Age 17 or younger or age 50 or older;
□ Physically or mentally disabled;
□ Receives Work First Family Assistance;
□ Working at least 20 hours weekly;
□ Participates in federal or state work study program;
□ Responsible for care of a dependent child under age 6;
□ Responsible for care of a dependent child over 5 and under 12 when adequate child care is unavailable;
□ Assigned through WIA, a state or local Employment and Training Program, a program under Section 236 of the Trade Act of 1974 or a training program under the North American Free Trade Agreement Act (NAFTA);
□ Full time student who is an only parent of a dependent under age 12; or
□ Participating in an on-the-job training program.
Is the student eligible to be included in the Food and Nutrition Services unit? □ Yes □ No
Ineligible Able-Bodied Adults Without Dependents (ABAWDS)

Is anyone an ineligible ABAWD? □ Yes □ No **Complete the ABAWD Tracking Form for each ABAWD Name(s): _______________________

Is your county an ABAWD Waiver/Exemption county? □ Yes □ No If yes, when does the waiver/exemption expire? _______________________

Is anyone disqualified for failure to comply with E&T, Work Registration, or Workfare? □ Yes □ No Name _______________________/ DQ Period _______________________ □ 1st □ 2nd □ 3rd

Work Space:

What Assets Do People in Your Household Have?

Assets are valuable items that you own or are buying such as boats, cash, or bank accounts.

8. Do you or anyone in your household own a boat? □ Yes □ No

If yes, please fill in the boxes below. Is a boat your main source of transportation? □ Yes □ No

<table>
<thead>
<tr>
<th>Make/Model</th>
<th>Year</th>
<th>Amount Owed</th>
<th>Finance Company</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

9. We need to know the value of your household’s assets. Please check all the assets you or someone else in your household owns.

□ Cash □ Bank Accounts (Checking and/or Savings) □ Certificates of Deposit (CD’s)
□ Retirement Accounts □ Credit Union Accounts (Checking and/or Savings) □ Stocks or Bonds
□ Mutual Funds or Trust Funds □ Other Assets Not Listed □ Prepaid Burial Plans □ My household does not own any of the assets listed

For all items checked above, fill in the boxes below:

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Value or Worth</th>
<th>Who Does This Belong To?</th>
<th>Business Name and Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
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</tbody>
</table>

10. Has anyone in your household transferred assets in the last 3 months in order to receive Food and Nutrition Services? □ Yes □ No
Has anyone transferred assets in the last 3 months in order to receive FNS?  □ Yes  □ No
Name ___________________ Resource ______________________ Value $____________________

Is the FNS unit or an individual Categorically Eligible?  □ Yes  □ No
Do not complete Resource Section if entire FNS unit is Categorically Eligible.
Excluding resources of a categorically eligible individual.
Resource Limit for FNS unit:  □<$2,000  □$3,000

Has anyone in the FNS unit filed for bankruptcy?  □ Yes  □ No
Name of Individual(s): ___________________ □ Court Order Attached

Boats

<table>
<thead>
<tr>
<th>Boat</th>
<th>Exempt Reason</th>
<th>Fair Market Value</th>
<th>Minus (-)</th>
<th>Amount Owed</th>
<th>Equals (=)</th>
<th>Equity Value</th>
<th>Countable Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

TOTAL

Resources Other Than Boats

<table>
<thead>
<tr>
<th>Resource</th>
<th>Countable Yes/No</th>
<th>Countable Value</th>
<th>Verification Source</th>
<th>Date Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
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<td>6</td>
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</tbody>
</table>

Total

Total Resources: ___________________ (Add together countable vehicles and other resources)

Work Space:

What Money Do People in Your Household Get from Work?


11. Does anyone in your household work?  □ Yes  □ No

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Start Date</th>
<th>Gross Pay (Pay Before Taxes)</th>
<th>How Often Paid?</th>
<th>Payday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
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</tbody>
</table>

12. Is anyone in your household self-employed?  □ Yes  □ No  If yes, who? ___________________

Examples are babysitting, selling Avon or other products, farming, doing hair, renting houses, doing yard work for other people, or odd jobs.

Start Date ___________ Business Name ________________ Type of Business ________________

Gross Monthly Income $______________ Monthly Expenses $______________


13. Is anyone getting ready to start a new job?  [ ] Yes  [ ] No  If yes, who? ____________________________
   Where? ____________________________  Start Date ____________________________
   Employer phone number ____________________________  How often will you get paid? ____________________________
   How many hours will you work in each pay check? _________  How much for each hour? ____________________________
   When will you get your first pay check? ____________________________

14. Has anyone stopped working in the past 60 days?  [ ] Yes  [ ] No  If yes, who? ____________________________
   Last date worked? _______________  Date last paycheck received? ____________________________
   Place worked & phone number? ____________________________
   Reason stopped working? ____________________________

15. Is anyone a migrant or seasonal farm worker?  [ ] Yes  [ ] No  If yes, who? ____________________________
   Date started working? ____________________________
   Place working & phone number? ____________________________

16. Is anyone on strike?  [ ] Yes  [ ] No  If yes, who? ____________________________
   Last date worked? ___________  Place worked & phone number? ____________________________

Do Not Write in the Gray Shaded Area – Agency Use Only

Has all earned income been verified?  [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Name</th>
<th>Verified Gross Income</th>
<th>How Often Paid?</th>
<th>Payday</th>
<th>Verified by</th>
<th>Income and Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Weekly Bi-Weekly Monthly Sporadic Other</td>
<td>Mon Tue Wed Thu Fri Sat Sun Other</td>
<td>DSS-8113 Wage Stubs T/C to Employer Other</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Weekly Bi-Weekly Monthly Sporadic Other</td>
<td>Mon Tue Wed Thu Fri Sat Sun Other</td>
<td>DSS-8113 Wage Stubs T/C to Employer Other</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Weekly Bi-Weekly Monthly Sporadic Other</td>
<td>Mon Tue Wed Thu Fri Sat Sun Other</td>
<td>DSS-8113 Wage Stubs T/C to Employer Other</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Weekly Bi-Weekly Monthly Sporadic Other</td>
<td>Mon Tue Wed Thu Fri Sat Sun Other</td>
<td>DSS-8113 Wage Stubs T/C to Employer Other</td>
<td></td>
</tr>
</tbody>
</table>

Work Space: You must show your calculations.
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Is anyone self-employed? □ Yes □ No If yes, who? ___________________

Type of Business ___________________

Gross Monthly Income $___________________ Monthly Expenses $___________________

Has anyone stopped working in the past 60 days? □ Yes □ No If yes, who? ___________________

Has anyone reduced their hours to less than 30 per week? □ Yes □ No

Is the person who quit or had hours/wages reduced exempt from VQ provisions? □ Yes □ No

Can good cause be established? □ Yes □ No Is anyone currently disqualified for VQ? □ Yes □ No

Date last pay received: ___________________ Last day worked: ___________________

Is anyone a migrant or seasonal farm worker? □ Yes □ No If yes, who? ___________________

Date started working? ___________________ Place working & phone number? ___________________

Is anyone on strike? □ Yes □ No If yes, who? ___________________

Last date worked? ___________________ Place worked & phone number? ___________________

Work Space:

What Money Do People in Your Household Get from Other Places?

17. We need to know the money or checks you get other than from work. Please check off all of the following ways you get money.

☐ Adoption, Foster Care, or Guardianship Payments ☐ Private Disability
☐ Annuities, Pensions, or Retirement ☐ Social Security
☐ Alimony ☐ Special Assistance (SA)
☐ Child Support from the Court ☐ Unemployment Benefits
☐ Educational Scholarships ☐ Veterans Benefits
☐ Military Allotment ☐ Work First/TANF
☐ Money from friends or relatives that is not a loan and you don’t have to pay back ☐ Interest and Dividends
☐ Payments for the sale of an asset (such as a car, boat, mobile home or house) ☐ Workers Compensation
☐ Other ________________ ☐ My Household does not get any other money

For all items checked above, fill in the boxes below:

<table>
<thead>
<tr>
<th>Type of Money</th>
<th>Who Gets the Money?</th>
<th>Who Gives the Money?</th>
<th>Phone Number and Address (If received from another person)</th>
<th>How Much?</th>
<th>How Often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>
**Do Not Write in the Gray Shaded Area – Agency Use Only**

<table>
<thead>
<tr>
<th>Type of Money</th>
<th>Amount/Frequency</th>
<th>Verification Source</th>
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<tbody>
<tr>
<td>1</td>
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</table>

Name: ___________________ Source of Income: ___________________ Verification: ___________________

Date Received: ______________ Computation: ___________________

Countable Pro Rated or Deemed Income $___________________

**Please Tell Us About Your Household Bills**

18. Please complete this section for all expenses your household is responsible for paying.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Name, Address, Phone number to whom you pay the bill</th>
<th>Amount Billed</th>
<th>How often paid?</th>
<th>Who pays the bill?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
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</tr>
<tr>
<td>Lot Rent</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mortgage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Taxes (If not included in mortgage)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeowners Insurance (If not included in mortgage)</td>
<td></td>
<td></td>
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<tr>
<td>Homeowners Dues</td>
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</tbody>
</table>
Check the boxes next to the utility cost your household is responsible for paying.

☐ Heating or cooling
☐ Electricity
☐ Telephone/Cell Phone

Name of phone company? ______________________

☐ LP/Natural Gas
☐ Water/Sewage
☐ Utility Excess (Public Housing)

☐ Garbage/Trash

How do you heat your home? (Check One)

☐ Electricity
☐ LP Gas
☐ Natural Gas
☐ Coal
☐ Kerosene
☐ Oil
☐ Wood
☐ Other ______________________

Did you get a Low Income Energy Assistance Program (LIEAP) check at your current address within the past 12 months? ☐ Yes ☐ No

Do you receive Section 8 or HUD Assistance? ☐ Yes ☐ No

Help Paying Bills

19. Does any agency, organization, or person (Including Section 8) outside your household help pay any of your rent or utilities? ☐ Yes ☐ No If yes, do they give the money to you? ☐ Yes ☐ No

Who Pays the Bill? _______________ Which Bill Is Paid? _______________ Amount per month? __________

Who Pays the Bill? _______________ Which Bill Is Paid? _______________ Amount per month? __________

Do Not Write in the Gray Shaded Area – Agency Use Only

Shelter Expenses:

☐ Rent: $________ per month Verification/Date _______
☐ Lot Rent: $________ per month Verification/Date _______
☐ Mortgage: $________ per month Verification/Date _______
☐ Property Taxes: $________ per month Verification/Date _______
☐ Homeowner’s Insurance: $________ per month Verification/Date _______
☐ Homeowner’s Dues $________ per month Verification/Date _______

Computation:

Utility Expenses:

☐ Was DSS-8168I, Lifeline/Link-up, form completed? ☐ Yes ☐ No

Which applies to this household?

☐ SUA: Household has a heating or cooling expense or received LIEAP check at current residence within the past 12 months
☐ BUA: Household has at least two non-heating/non-cooling expenses
☐ TUA: Household has a telephone/cell phone expense
☐ None: Household has no utility expenses

Heating Source for LIEAP Vulnerability

Is the FNS unit subject to the rising cost of heat and has a heat source? ☐ Yes ☐ No

Is the residence a Private Living Arrangement with a heat source (even if utilities are included in rent)? ☐ Yes ☐ No

Is the residence Public Housing, but the household has paid an excess for heat in the past 12 months at the current address? ☐ Yes ☐ No

If the answer to one of the three questions above is ‘yes’, the household is vulnerable.

Heating Source:

☐ Electricity  ☐ Coal  ☐ Natural Gas  ☐ Kerosene
☐ Fuel Oil  ☐ Wood  ☐ LP Gas

Does the FNS unit receive help to pay shelter/utility expenses? ☐ Yes ☐ No

If yes, source/date/amount: ____________________________
Please Tell Us About Your Other Bills

20. Costs for Child or Disabled Adult Care
   Do you or anyone in your household pay for child or disabled adult care? ☐ Yes ☐ No
   Who gets care? __________________ Who Pays? _________________ $ __________ per _________
   Who gets care? __________________ Who Pays? _________________ $ __________ per _________
   Who gets care? __________________ Who Pays? _________________ $ __________ per _________
   Name and Phone # of care provider/babysitter:________________________
   Child/disabled adult care transportation expenses $________________________

21. Help Paying Bills
   Does any agency, organization or person (Including Social Services) outside your household help pay
   any of your childcare? ☐ Yes ☐ No
   Who Pays the Bill? _______________ Which Bill Is Paid? __________ Amount per month? __________
   Who Pays the Bill? _______________ Which Bill Is Paid? __________ Amount per month? __________

22. Court Ordered Child Support
   Does your household pay court ordered child support for children outside your home? (Include court
   ordered health insurance payments) ☐ Yes ☐ No
   Who Pays Child Support? _______________ Child’s Name? __________ $ __________ per _________
   Who Pays Child Support? _______________ Child’s Name? __________ $ __________ per _________
   Who Pays Child Support? _______________ Child’s Name? __________ $ __________ per _________

23. Medical Bills for Disabled or Age 60 or Over
   Is anyone age 60 or over or disabled? ☐ Yes ☐ No  A disabled person usually gets disability payments
   from a government agency such as Social Security, SSI, Veterans Benefits for 100% Disability, or Medicaid for
   disabled persons. If yes, we need to know the medical bills you have or are responsible for paying. Medical bills
   include, but are not limited to:
   Health and hospital insurance premiums or co-
   payments
   Prescription and over-the-counter medications and
   medical supplies such as aspirin, diabetic supplies
   and eyeglasses
   Food and/or veterinary care for a trained service
   animal
   Rental and purchase of medical equipment and
   supplies
   Transportation and lodging to get medical treatment
   Prescribed eye glasses and contact lenses
   Medicare Premiums
   Dentures, hearing aids, and prostheses
   Doctor Bills
   Payments for aides, attendants, and nurses
   Medical and dental care
   Hospital bills

<table>
<thead>
<tr>
<th>Type of Bill</th>
<th>Business or Person Paid To?</th>
<th>Amount Paid</th>
<th>Date Paid</th>
<th>How Often Do You Pay the Bill?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
</tbody>
</table>
24. Help Paying Bills

Does any agency, organization or person (Including Social Services) outside your household help pay any of your medical bills? □ Yes □ No

Who Pays the Bill? ____________________________ Which Bill Is Paid? ___________ Amount per month? ___________

Who Pays the Bill? ____________________________ Which Bill Is Paid? ___________ Amount per month? ___________

Do Not Write in the Gray Shaded Area – Agency Use Only

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the FNS unit pay for childcare or disabled adult care?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Does the FNS unit receive child care assistance/subsidy?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Amount paid monthly: ____________________________ Verification source: □ Receipt □ Telephone Call</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the FNS unit pay court-ordered child support to a non-household member?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Amount paid monthly: ____________________________ Verification source: □ ACTS □ Receipt □ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Deductions are allowed for Specified Persons only.**

Is a Specified Person eligible for a medical expense deduction? □ Yes □ No

If yes, Who? ____________________________ ____________________________ ____________________________

Does that person(s) have any medical expenses? □ Yes □ No

**Attach a completed DSS-8208, FNS Medical Expense Worksheet, with the allowable medical deduction.**

Allowable Medical Deduction: $ __________________

Additional Space for Documentation and Notes

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Case Information

Did you remember to give and explain the following information to the applicant/recipient?

- □ Food and Nutrition Services Rights and Responsibilities
- □ Change Report Form DSS-8550
- □ Immigrant Access Notice Form DSS-8227
- □ Notice of Information Needed to Complete Your FNS Application (DSS-8650)
- □ Life Line/Link Up Forms Phone Company: ____________________________ □ Accept □ Decline/Ineligible
- □ DSS-1688, Designation of Authorized Representative
- □ Remove the Authorized Representative that is no longer valid
- □ Complete a Food and Nutrition Services Referral Form DSS-2624 on appropriate household members?
- □ Complete a Work Requirement Responsibilities DSS-8640?

Does the household have a valid NC EBT Card? □ Yes □ No

If NO, was an EBT Card issued? □ Yes □ No

Additional Documentation:
Applicants meeting Expedited Service standards are eligible to receive Food and Nutrition Services within 7 days. Households must complete and sign the DSS-8207, complete an interview, present themselves as eligible, and provide proof of identity before you approve benefits. Complete screening for all applications, reapplications and late recertifications. **If ineligible for FNS the first month, screen for the second month.**

<table>
<thead>
<tr>
<th>Household’s monthly countable gross income</th>
<th>$ ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtract legally obligated child support</td>
<td>−$ ___________</td>
</tr>
<tr>
<td>(paid by a household member to a non-household member)</td>
<td>=$ ___________ Total Countable Income</td>
</tr>
<tr>
<td>Household cash/savings for all members:</td>
<td>$ ___________ Total Liquid Resources</td>
</tr>
</tbody>
</table>

**Is total countable income less than $150, and liquid resources less than or equal to $100?**

- [ ] Yes
- [ ] No

If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.

<table>
<thead>
<tr>
<th>Household’s monthly rent or mortgage amount:</th>
<th>$ ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate utility Standard(SUA/BUA/TUA):</td>
<td>+ $ ___________</td>
</tr>
<tr>
<td>Total Monthly Shelter Expenses:</td>
<td>=$ ___________ Total Shelter Expenses</td>
</tr>
</tbody>
</table>

**Do total monthly shelter costs exceed total monthly income and liquid resources?**

- [ ] Yes
- [ ] No

If Yes, the household appears eligible, and identity is verified. Issue benefits immediately. If No, continue.

Is anyone in the household a migrant or seasonal farm worker?

- If Yes, answer A. If No, do not continue.

A. Does the household have liquid resources less than or equal to $100?

- [ ] Yes
- [ ] No

B. Did the household’s income stop prior to application?

- [ ] Yes
- [ ] No

C. Will anyone in the household receive $25 or less in income from a new source within the next ten days?

- [ ] Yes
- [ ] No

If the answer to question A is Yes and B or C is YES, the household appears eligible, and identity is verified. Issue benefits immediately. If NO, the household is not eligible for expedited benefits.

7th Day: _______________

I certify that I screened this applicant for Expedited Service and determined that the household is not eligible for expedited benefits at this time. **Provide explanation if ineligible:** ________________

<table>
<thead>
<tr>
<th>Signature of Screener:</th>
<th>___________________________</th>
<th>Date: ________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Approved on:</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>FNS Certification Period:</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you screen for expedited services and explain the screening process?</th>
<th>[ ] Yes [ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the FNS Unit eligible for expedited services in the first month?</td>
<td>[ ] Yes [ ] No</td>
</tr>
<tr>
<td>Is the FNS Unit eligible for expedited services in the second month?</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved for Expedited Services</th>
<th>[ ] Yes [ ] No</th>
<th>Date benefits issued:</th>
<th>__________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Caseworker’s Signature:</th>
<th>__________________________</th>
<th>Date: ________________</th>
</tr>
</thead>
</table>
Your Signature and Statement of Understanding

By signing this application I am saying that:

1. I have told the truth on this form.
2. I received a change report form and I understand the changes I must report and when to report them.
3. I know Food and Nutrition Services rules and what I must do to get Food and Nutrition Services.
4. I agree to give information about what I have said so that my application can be processed.
5. I give permission to social services to get proof of what I have said from any person, agency, or business. Other persons, agencies, or businesses include, but are not limited to: employers, banks, savings and loans, landlords, etc.
6. I understand my expenses may be used to figure my Food and Nutrition Services amount. If I do not tell you about some of my expenses and/or verify them, they may not be used in the budget to calculate the amount of my benefits.
7. I have read, understand, and received pages 15 and 16 of this form, or this information has been explained to me.

_________________________  __________________________
Signature                                  Date

Witness Signature (if signature above is an “X”)  Date

_________________________  __________________________
Caseworker’s Signature & District Number                  Date

For Agency Use Only:

County Number:  Date Mailed:

Worker Number:  Date Received in Agency:

Case Number:  FSIS #

30th Day  60th Day

Comments
Please Read This Information

**Changes You Must Report and How to Report Them**

1. Your caseworker will give you a Change Report Form for your household’s situation and explain it to you.
2. This form will tell you all the changes you must report to us and when to report them.
3. When you have a change, fill out the form and mail it to us. You may also call your caseworker or come in to our office to report changes.
4. Your caseworker will contact you about the change.

**Information About Social Security Numbers**

1. You can choose to give us the Social Security Number (SSN) used by each person in your household. If you need help getting a SSN, ask your caseworker for help. **We will only give Food and Nutrition Services to the eligible people who give us their SSN.**
2. We will use the SSN’s you give us to do computer matches and check what you told us with State and Federal Agencies.

**Information About U.S. Citizenship and Immigration Status**

1. You must be a United States (U.S.) citizen or an eligible alien to get Food and Nutrition Services. You must also meet other Food and Nutrition Services rules.
2. You can choose to give us the US Citizenship and Immigration Service (USCIS) documents used by each person in your household. **We will only give Food and Nutrition Services to the eligible people who give us their legal USCIS documents.**
3. We will only contact USCIS to check the immigration status of the people who give us their immigrant documents.

**Food and Nutrition Services Rules**

The following rules apply for getting and using Food and Nutrition Services:

1. **Don't** hide or give wrong information on purpose to get Food and Nutrition Services benefits.
2. **Don't** use Food and Nutrition Services to buy non-food items like alcohol or tobacco.
3. **Don't** trade or sell your Food and Nutrition Services.
4. **Don't** use someone else’s Food and Nutrition Services for yourself.
5. **Don't** use your Food and Nutrition Services for someone else.
6. **Don't** use your Food and Nutrition Services to pay on any kind of credit account even if it is for eligible Food and Nutrition Services items.
7. **DO** cooperate with state and federal personnel in a Quality Control review.

**Penalties for Breaking the Rules of the Food and Nutrition Services Program**

If you intentionally break any of the rules above you may not be able to get any more Food and Nutrition Services from one year to permanently, and may be fined up to $250,000 and/or jailed up to twenty years.

Giving wrong information may also mean we will reduce your benefits, or you may be required to repay benefits.

If a court finds you guilty of buying, selling, or trading more than $500 in Food and Nutrition Services, you may lose Food and Nutrition Services forever.

If a court finds you guilty of trading Food and Nutrition Services for firearms, ammunition, or explosives you will lose Food and Nutrition Services forever.

If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years the first time and forever the second time.

You will not get Food and Nutrition Services for 10 years if you are found guilty of getting or trying to get Food and Nutrition Services in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.
Information About Hearings

1. If you do not agree with our decision about your Food and Nutrition Services, you or the person helping you may ask for a hearing.

2. You may call or write us to ask for the hearing. You have up to 90 days from the date of the decision to ask for the hearing.

3. A friend, relative, or lawyer may speak for you at your hearing.

Information About Work and Training Rules

Some people have to work or attend training to get Food and Nutrition Services. 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 Food and Nutrition Services.

We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. If any information you give us is not correct, we may deny Food and Nutrition Services.

If law enforcement officials contact us for information to help catch persons fleeing to avoid the law, we will give them your information.

If you have a Food and Nutrition Services overpayment we will give your answers to federal and state agencies, as well as private claims collection agencies, to collect the overpayment.

We Must Obtain Data

We are required to obtain racial and ethnic data on participating households. The information is voluntary; neither your eligibility nor Food and Nutrition Services amount will be affected if you choose not to provide it.

You Will Not Be Discriminated Against

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, 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). USDA is an equal opportunity provider and employer.

Getting Help With Your Telephone Bill

There are two programs that can help you with your telephone bill. The Lifeline Assistance Program allows Food and Nutrition Services recipients to receive a credit on their monthly telephone bill.

The Link-Up Program gives Food and Nutrition Services recipients a discount toward the cost of hooking up local telephone service. We will assist you with these services unless you tell us that you do not want help.

Are You Registered to Vote in North Carolina?

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form.