

Iowa Department of Human Services  
**Application for Food Assistance**

**What is Food Assistance?**

Food Assistance, formerly known as Food Stamps, is a program to help buy food for good health.

**How Do I Get Food Assistance?**

Step 1. Fill out an application.



Anyone may fill out an application. Answer as many questions as you can. **If you can't fill out the whole application today, turn in this page. But, then please fill out and turn in the rest of the application as soon as you can.** If you need help filling out an application, please ask for help at your local Department of Human Services (DHS) office.

Step 2. Return the application to us.



You can mail your application to a local DHS office. Or, you can bring your application to a local DHS office when it is open. When we get your application, an interview will be set up with you. You have the right to know soon whether you will get Food Assistance. **The date we get this page with your name, address and signature starts the time we have to decide. It is also the start date of Food Assistance for you.**

Step 3. Talk with us.



At your interview, you will need to show us:

- Proof of who you are, such as your driver's license, social security card or alien documentation;
- Proof of your address, something that has both your name and address on it;
- Proof of child care costs; and
- Proof of money you have gotten in the past 30 days, such as check stubs.

If you can't bring everything, come to the interview anyway. We will help you.

**You may be able to get Food Assistance by the 7<sup>th</sup> day after applying.** This is called Emergency Service. If you want this, we need more than Page 1. See Page 2 about Emergency Service or ask us about this.

**Tell Us About You**

Answer these questions about yourself.

Name	Telephone Number	
Street Address		
Mailing Address (if different)		
City	State	Zip Code

Signature/Mark

Today's Date

**If you need help filling out this form for Food Assistance, call your local DHS office.**

## What Do Our Terms Mean?

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

<b>Alien</b>	A person who is not a U.S. citizen.
<b>EBT card</b>	A plastic card that you use at the grocery store to buy food.
<b>Eligible</b>	Meeting all of the guidelines to get Food Assistance.
<b>Household</b>	A person or a group of people who live together and buy food and fix meals together.
<b>Quality Control</b>	A DHS unit that reviews some Food Assistance cases to see if they are correct. If your case is chosen, the Quality Control unit will contact you.
<b>Work and Training Rules</b>	Some people have to work or attend training to get Food Assistance. 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 Assistance.

## When Will I Get Food Assistance?

**To get Food Assistance, you will need to fill out all of this application.** We need the whole application to decide if you are eligible, even if you are applying for Emergency Service.

The more information you give us the better job we can do. Give us all the information you can. If you need help, ask us and we will help you.

You also need to turn in a copy of your ID such as your driver's license, social security card, or alien documentation.

### Emergency Service – Food Assistance in 7 days

This is who can get Food Assistance within 7 days:

- Households with gross monthly income less than \$150 and with assets, such as cash or bank accounts, of \$100 or less; or
- Households with rent, mortgage and utilities that are more than the household's gross monthly income and assets; or
- Households with a migrant or seasonal farm worker and with assets of \$100 or less whose income is stopping or starting.

### Food Assistance in 30 days

If you don't get Emergency Service, you will get:

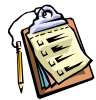
- Food Assistance if you are eligible, or
- A letter if you are not eligible. The letter will tell you why.

## 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 to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## Can I Choose to Have Someone Help Me?



You can choose to have someone help you. You don't have to do this. But, if you do, this person can fill out your application, answer questions for you, give information at your interview, and buy your food with an EBT card.

We will be able to share information with this person. Tell us about the person you want to help you.

Name	Address	Telephone Number

## Information About Immigration Status

You can apply for Food Assistance for part of your household even if some members may not be eligible because of their immigration status. For example, parents who do not have legal immigrant status may apply for Food Assistance for their children who are U.S. citizens or qualified legal immigrants. **Do not apply for people who don't have legal immigrant status.**

We will not contact the U.S. Citizenship and Immigration Services (USCIS) about the people you don't apply for. We must use their income and assets to see if the rest of the household can get Food Assistance.

You don't have to give us the immigrant documents for the people you do not want Food Assistance for.

**Do not apply for people who are in the country illegally, but list their name, relationship and birth date in the table on Page 4.**

We check the immigration status of immigrants you apply for through the Systematic Alien Verification System operated by the USCIS. The information we receive may affect your Food Assistance.

## Information About Social Security Numbers

You can choose to give us the Social Security Number of each person in your household. We can give Food Assistance only to the people who give us their Social Security Number.

You don't have to give us the Social Security Number for the people you do not want Food Assistance for.

## Tell Us About the People in Your Home



A Food Assistance household is a person or a group of people who live together and buy food and fix meals together. The group does not need to be related.

**The following people must be one Food Assistance household if they live together even if they do not buy and fix meals together:**

- Yourself,
- Husband or wife,
- Your children who are under 22 (even if they have children of their own),
- Parent of children under age 22,
- Other children under 18 who you take care of, and
- All other people who buy food and fix meals with you.

**Instructions:** Fill in the boxes for all of the people listed above. Also, tell us about the other people you want Food Assistance for.

If you do not want Food Assistance for someone, answer no to the first question below and fill in only their name, their relationship to you, and their date of birth.

We have to ask your ethnicity and race, but you don't have to answer. Your answer won't affect how much you get or how soon. If you answer, use the following coding:

- |                            |                                 |   |
|----------------------------|---------------------------------|---|
| * Ethnicity                | ** Race (Choose all that apply) |   |
| H = Hispanic or Latino     | W = White                       | I = American Indian or Alaskan Native         |
| N = Not Hispanic or Latino | B = Black or African American   | N = Native Hawaiian or other Pacific Islander |
|                            | A = Asian                       |   |

Apply for? Yes/No	Name (First, Last)	Relationship to you	Birth Date	Last Grade in School	Social Security Number	Ethnicity *	Race **	Citizen Yes/No	If Alien, Status
		Self							

**Note: By signing on page 8, I agree that all members of my household will follow the work and training rules.**

Is anyone getting food assistance from another state?  Yes  No What state? \_\_\_\_\_

Does anyone have an Iowa EBT card?  Yes  No Who? \_\_\_\_\_

List anyone age 18 or over who is in college or trade school \_\_\_\_\_

## What Expenses Does Your Household Have?



To get the most Food Assistance you can, please 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.

### Shelter and Utilities

How much is **your 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
- Gas
- Telephone
- Other, explain \_\_\_\_\_
- Water and Sewage
- Garbage and Trash
- Extra charges from your landlord

- Check here if any of the utility bills you have to pay are for heating or air conditioning.
- Check here if you got energy assistance in the past year at your current address.
- Check here if your only telephone is a cell phone with prepaid minutes and you have no monthly service charge.

### Day Care

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

Who gets care: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per month

### Child Support

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

Who pays: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per month

### 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

### Help Paying Expenses

If you get help with your expenses, tell us:

Which Expense Was Paid	Who Paid	Amount Paid

## What Money Do People in Your Household Get?



Please 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
Money From Work Before Taxes (Gross)		
Money From Work Before Taxes (Gross) 2 <sup>nd</sup> 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		

- Has anyone been hired for a job but not paid yet?       Yes     No
- Has anyone quit a job in the last 30 days?               Yes     No
- Is anyone a migrant or seasonal farm worker?         Yes     No
- Is anyone on strike?     Yes     No

## What Assets Do People in Your Household Have?



List any cars, trucks, boats, campers, motorcycles or other vehicles that anyone has:

Make	Model	Year	Value or Worth	Amount Owed

Does anyone have or own any land, buildings or houses other than the house you live in?       Yes     No

List the total money everyone has in:

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

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



**Please read this information and sign and date page 8.**

## **Rules of the Food Assistance Program**

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell or give away Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.

## **Penalties of the Food Assistance Program**

Anyone who breaks the above rules:

- May not get Food Assistance 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
- May be kept off Food Assistance for an additional 18 months if court ordered.

If a court finds you guilty of buying, selling or trading more than \$500 in Food Assistance benefits, you may not get Food Assistance forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

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

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

***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 Food Assistance.

We will give your answers to law enforcement officials to catch persons fleeing to avoid the law.

If you have a Food Assistance 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).

## We Check What You Tell Us

We check and use computer systems like the State Income and Eligibility Verification System, or others. 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.

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.

## You Have the Right to Appeal



You or the person helping you may request a hearing either verbally or in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

## 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 DHS office and the Quality Control unit may contact other people or organizations to get proof of my information.

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	Today's Date
----------------	--------------

## 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 that:**

- 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 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 Iowa Department of Human 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)

\_\_\_\_\_  
Other Adult Name (please print clearly)

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Date