

**STATE OF ALABAMA
FOOD ASSISTANCE
SIMPLIFIED APPLICATION FOR THE ELDERLY**

Case Number _____
Application Date _____
County _____

This application is for persons applying for Food Assistance when:

- Everyone in the Food Assistance household is age 60 or older; or
- All household members are age 60 or older and purchase and prepare food separately from the other people in the home; and
- No Food Assistance household member receives earnings from work.

You may file this application by completing at least your name, address, and signing the form. If you need help completing this application, call toll free 1-800-438-2958.

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 (TDY). USDA is an equal opportunity provider and employer.

Tell us who you are and where you live.

Your Name _____ Date of Birth _____ Social Security Number _____
(First, Middle, Last)

Mailing Address _____ Street Address (if different) _____

City _____ County _____ State _____ Zip Code _____

Telephone or Message Number _____ (We must be able to reach you at this number 8-5, M-F)

Expedited Services

If you are not already certified to get food assistance this month, you may be able to get food assistance within 7 days if your household has little or no money. If you want to see if you qualify for Expedited Services answer these questions.

1. How much do the members of your household have in cash or a bank account? \$ _____
2. What is the total amount of income you expect your household to receive this month? \$ _____
3. How much is your monthly rent/mortgage payment? \$ _____ Utilities other than phone \$ _____

AUTHORIZED REPRESENTATIVE

Do you want to give someone else permission to apply or get food assistance benefits for you? Yes _____ No _____
Responsible person to make application for you. Responsible person to get an EBT card to buy groceries for you.

Name _____ Name _____

Telephone Number _____ Telephone Number _____

Tell us who lives in your Food Assistance Household. (List yourself on Line 1)

SSN	First Name	M. I.	Last Name	DOB	Age	Sex	Race	Hispanic	US Citizen	Relationship to You
1.								Yes <input type="checkbox"/> No <input type="checkbox"/>		Self
2.								Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.								Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.								Yes <input type="checkbox"/> No <input type="checkbox"/>		

List other people living in your house that are not included in your Food Assistance Household.

	Name	Relationship to you	Birth date
1.			
2.			
3.			
4.			

Is anyone in your Food Assistance household a fleeing felon or probation/parole violator? Yes _____ No _____

Was anyone in your Food Assistance household convicted of a felony involving drugs that occurred after August 22, 1996?
Yes _____ No _____

Tell us about ALL the income your Food Assistance household receives. Types of income may include Social Security benefits, SSI, pensions or retirement, Veteran's benefits, Child Support, cash contributions, Unemployment, Railroad Retirement, dividends, interest, and any other income. *Amount before deductions.

Type of Income	Who Receives It?	*Gross Monthly Amount

Tell us about ALL your Food Assistance household resources. Types of resources include cash, checking or savings accounts, Certificates of Deposit, stocks, bonds, annuities, IRA or Keogh accounts.

Type of Resource	Resource Belongs To?	Value of the Resource

Tell us about your shelter expenses.

Type of Expense	Who pays this expense?	Amount Paid	How Often?
Mortgage or rent payment			
Lot rent for mobile home			
Property taxes on your home			
Homeowner's insurance			

Tell us about your utility expenses.

Type of Expense	Who pays this expense?	Amount Paid	How Often?
Electricity			
Gas			
Water			
Garbage/ trash			
Telephone			

- How do you heat your home? Gas ___ Electricity ___ Wood ___ Other _____
Do you have an Air Conditioner? Yes No
- Have you received Low Income Home Energy Assistance Program or do you expect to get LIHEAP?
 Yes No If yes, when? _____
- Does anyone in your Food Assistance household pay out-of-pocket medical expenses?
Example: (prescriptions, doctor visits, hospital bills, health insurance, Medicare premiums, transportation, etc.) Yes No If yes, list their name(s) here: _____
If yes, to receive credit for these expenses, list each type of medical expense, the monthly amount paid and provide proof.

Medical Expense	Monthly Amount	Medical Expense	Monthly Amount

- Does anyone in your Food Assistance household pay legally obligated Child Support to or for someone not living in your home? Yes No If yes, list their name(s) here: _____
Amount Paid per month _____, Paid to _____, Paid for _____.

Please read and sign this statement/application.

I certify that under penalty of perjury the information I or my authorized representative have provided above is true to the best of my knowledge. I give permission for the Department of Human Resources to make any necessary contacts to check my statements. I know that I could be penalized if I knowingly give false information or hide information. I certify that I received the Rights and Responsibilities Handout.

Signature of Applicant: _____ Date: _____

Signature of Witness if signed with an "X": _____