

Racial/Ethnic data is reported to FNS via the report, FNS-101, which is based upon participation in the food stamp program during July of each year. The FNS-101 is prepared automatically.

The ethnic categories are:

- . Hispanic or Latino
- . Not Hispanic or Latino

The racial categories are:

- . American Indian or Alaska Native
- . Asian
- . Black or African American
- . Pacific Islander or Native Hawaiian
- . White

Applicants will be asked to voluntarily indicate their race or ethnic background on the *Request for Assistance* (DCO-215) or the *Application for Recertification/Medicaid Review* (DCO-268). The application clearly states that providing such information is voluntary, that it will not affect eligibility or benefit amount, and that the information is requested to assure that benefits are distributed without regard to race or ethnic background. If the applicant declines to indicate his race or ethnic background, the county office worker will determine the proper category during the face-to-face interview if possible. If a telephone interview is utilized and the applicant has declined to indicate his race or ethnic background, the county office worker will **not** attempt to determine the proper category by questioning the individual. However, the worker may check the case history for previous ethnic/racial indicators when attempting to assign a valid category during a telephone recertification. If a case history search does not yield satisfactory results, then the worker will select the category “Unknown” for the ethnicity question and “Other” for the race question.

Food Stamp Program Expedited Service - Some food stamp applicants are entitled to receive food stamp benefits within seven days (expedited service). The answers to the questions below will help us screen your *Request for Assistance* to see if your household is entitled to expedited service in the Food Stamp Program. Answer each question for yourself and all other household members.

1. What is your household's **total monthly income before deductions?** (*Deductions are amounts taken out for taxes, insurance, etc. The monthly total must include money that you and other household members receive from work **and** money received in the form of checks or cash. Also, you must include money that you and other members of your household have already received so far this month and money that you will be receiving before the end of the month.*) \$ _____
2. How much money do you and other household members currently have in cash, checking accounts, savings accounts, etc.? \$ _____
 How much are your household's monthly housing and utility costs? (*Regular, not past due.*) \$ _____
3. Is anyone in your household a migrant or a seasonal farm worker? YES NO
 (*If anyone in your household is a migrant or a seasonal farm worker, answer questions A and B below.*)
 - A. Did your household's income recently stop? YES NO
 - B. Do you or anyone else in your household expect income from a new source this month? YES NO
 If yes, how much will the income be? \$ _____ When do you expect to receive the income? _____

County Use Only:	Expedited	<input type="checkbox"/> YES <input type="checkbox"/> NO	Screen Date _____
Screeener _____			LD DATE _____

Ethnicity Declaration – DHHS is required to ask for racial and ethnic data on households applying for or participating in the Food Stamp Program. You are not required to complete this section in order to receive assistance. If you are approved, your benefit level will not be affected by your decision to complete this section. We encourage you to answer the questions below as they will only be used for data collection.

1. Are you Hispanic or Latino? (Select only one) Yes No
2. What is your race? (Select one or more)

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Pacific Islander or Native Hawaiian
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

Income - Please check each type of income that you and/or anyone living in your home currently receives:

- | | | |
|---|---|---|
| <input type="checkbox"/> Wages/Salary/Earnings | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Training Allowances |
| <input type="checkbox"/> SSA or SSI Income | <input type="checkbox"/> Worker's Compensation/Sick Pay | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Retirement/Pension/Annuity | <input type="checkbox"/> Self-employment Income | <input type="checkbox"/> VISTA Program Income |
| <input type="checkbox"/> Child Support/Alimony | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Cash Contributions |
| <input type="checkbox"/> Railroad or Veteran's benefits | <input type="checkbox"/> Income from rental property | <input type="checkbox"/> Other - _____ |

Resources - Please check each type of resources that you and/or anyone living in your home owns:

- | | | |
|--|--|---|
| <input type="checkbox"/> Checking/Savings Account | <input type="checkbox"/> Campers/RV (Motor Home) | <input type="checkbox"/> Stocks/Bonds/Mutual Funds |
| <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Motorcycle or ATV | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Golf cart/ Go-cart/ Moped | <input type="checkbox"/> Burial Plots/Prepaid Burial Plan |
| <input type="checkbox"/> Christmas Club Account | <input type="checkbox"/> Car/Truck/Van | <input type="checkbox"/> Real Estate (not your home) |
| <input type="checkbox"/> IRA/ KEOGH/ 401K | <input type="checkbox"/> Boats/ Motors/Trailers | <input type="checkbox"/> Other - _____ |

- 1) Have you or anyone in your home sold or given away any resource in the past **3** months? YES NO
- 2) Have you or anyone in your home sold or given away any resource in the past **60** months? YES NO

Expenses - Please check each type of expense that you or anyone else in your home pays:

- Rent
- Mortgage Payment
- Taxes on home
- Insurance on home
- Utilities
- Telephone
- Baby sitter or day care
- Medical costs
- Child support

Students - Is anyone in your home currently enrolled in a college, vocational school, technical school or any other training program beyond high school? YES NO If yes, complete questions 1, 2 & 3 below.

- 1) Name of student _____ and school/training program _____
- 2) Enrollment status of student: Full Time Part Time
- 3) Is he or she a Work-Study Program participant? YES NO

Authorized Representative - If you want to authorize someone to represent you, please complete the following information. If you name an authorized representative, this person will be able to take your place at the interview and talk to the DHHS county worker on your behalf.

Name _____ Telephone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Notice to Applicants - Please read the information provided below:

- *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. DHHS collects ethnic data to assure that benefits are distributed without regard to race, color or national origin.*

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). 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 (TDD). USDA and HHS are equal opportunity providers and employers.
- *Providing a social security number and/or information about citizenship or immigration status is voluntary. However, anyone who fails or refuses to provide any of this information will not be eligible to receive food stamp benefits. Other household members who do provide this information may participate in the Food Stamp Program if the household is found to be eligible.*
- *Participation in the Food Stamp Program and the Medicaid Program is not time-limited. You can continue to receive Food Stamp and/or Medicaid benefits as long as you are eligible under Program rules. This is true even if someone in your home receives TEA cash assistance. If someone in your home does receive TEA cash assistance, participation in the Food Stamp Program or the Medicaid Program will not count against their TEA time limits.*

Providing Information - You must declare social security numbers for everyone who will receive benefits. Bringing items such as your most recent paycheck stubs, award letters, and bank statements to your interview may speed up the application process. During the interview, the DHHS worker will tell you if you must provide any additional information.

County Use Only: County _____ Date Received _____

Categories 1) _____ 2) _____ 3) _____

DHHS County Office Mailing Addresses

<i>County</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>County</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>County</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	PO Box 839	Paragould	72451	Perry	213 Houston Ave.	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71801	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	PO Box 813	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13 th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72601	Independence	100 Weaver Ave	Batesville	72501	Polk	P.O. Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N. Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay-1	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Clay-2	1007 Ada St.	Corning	72422	Lee	PO Box 309	Marianna	72360	Pulaski SW	PO Box 8916	Little Rock	72219
Cleburne	PO Box 1140	Heber Springs.	72543	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd.	Pocahontas	72455
Cleveland	PO Box 465	Rison	71665	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Columbia	PO Box 1109	Magnolia	71754	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Conway	PO Box 228	Morrilton	72110	Logan-2	398 E. 2 nd St.	Booneville	72927	Searcy	350 School	Marshall	72650
Craighead	2920 McClellan Dr.	Jonesboro	72401	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison #231	Ft. Smith	72901
Crawford	704 Cloverleaf Circle	Van Buren	72956	Madison	PO Box 128	Huntsville	72740	Sevier	304 W Colin Raye Dr., Ste. 108A	DeQueen	71832
Crittenden	401 S. Airport Rd.	W. Memphis	72301	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	75229
Cross	803 E. Hwy 64	Wynne	72396	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Dallas	1202 W. 3 rd St.	Fordyce	71742	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Desha	PO Box 1009	McGehee	71654	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W. 18 th St.	El Dorado	71730
Drew	PO Box 1350	Monticello	71657	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	362 Ingram Street	Clinton	72031
Faulkner	PO Box 310	Conway	72033	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Franklin	800 W Commercial	Ozark	72949	Montgomery	PO Box 445	Mt. Ida	71957	White	608 Rodgers Drive	Searcy	72143
Fullton	PO Box 650	Salem	72576	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
Garland	115 Market St.	Hot Springs	71901	Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

Fold in half, staple or tape ends together, and mail to your local DHHS County Office

Return Address

**Place
Stamp
Here**



Mail or bring to your local DHHS county office

Arkansas Department of Health & Human Services
Food Stamp Program
APPLICATION FOR RECERTIFICATION/MEDICAID REVIEW
Notice of Expiration – Food Stamp Program

We will use the information that you provide on this application to determine if your household is eligible to continue receiving food stamp benefits. *(If someone in your home receives Medicaid, we will also use the form to re-evaluate Medicaid eligibility.)* See the attached pages for additional information:

County Office Name and Address: Your Food Stamp Program eligibility will end:

To continue receiving food stamp benefits, return this application to the address shown here by

In order to insure that your household continues receiving benefits without interruption - if you continue to be eligible - the application must be received in this county office on or before

Social Security Number:	Name & Address:
Enter your current mailing address if it is different than the one shown on this form: <hr/> Number and Street, Road, Hwy. etc. Apt. # or Lot # <hr/> City State Zip Enter your residence address if it is different than your mailing address: <hr/> <hr/> <i>E-mail address:</i>	

INTERVIEWS

We will schedule a telephone interview unless you request a face-to-face interview in the DHHS county office. Your appointment will be scheduled during our normal office hours – weekdays - 8:00 a.m. to 4:30 p.m.

1. Please check to indicate what type of interview you would like: Telephone interview Face-to-Face interview
2. Enter all your telephone numbers and check the number that will be best for an interview:
 Home phone: _____ Cell phone _____ Message phone _____
3. What days and times would be best for your interview? _____
4. Do you need special arrangements because of your work hours? Yes No – If yes, please explain:

5. If you would like to authorize someone to help you apply for and/or use your food stamp benefits, enter that person’s name, address, and telephone number: _____

HOUSEHOLD MEMBERS

List the names and birth dates of everyone in your household including yourself. *Attach a sheet of paper if you need more space to list all household members. Complete the gray area only for newborn babies and people who moved in with you since your last report.*

Name	Birth date	Does this person buy food and prepare meals separate from other household members? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number	Relation-ship to you	Citizenship – Check below to indicate the citizenship status.		
					U.S. Citizen	Legal Alien	Other
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Yes <input type="checkbox"/> No <input type="checkbox"/>					

GO TO THE NEXT PAGE.

HOUSEHOLD MEMBERS (continued)

If a household member died or left your home since your last report, complete this section. Attach a sheet of paper if you need more space to list all household members who left your home.

<i>Name</i>	<i>Date Left</i>	<i>Explain why this person left.</i>

Is any household member currently enrolled in a college, vocational school, technical school or any other training beyond high school? YES NO. If yes, enter the student's name and the name of the school that they attend:

EARNED INCOME

You must list each household member (including yourself) who is currently employed, self-employed, or who is participating in a work-related training program: *Attach a sheet of paper if you need more room to list all household members with earned income.*

<i>Enter Name</i>	<i>Enter name of employer / training program. If self-employed, state: self-employed</i>	<i>Enter date employment began:</i>	<i>Enter estimated monthly income:</i>
			\$
			\$

Please provide income verification with this form. See the attached information for a full explanation.

DEPENDENT CARE COSTS

Do you or anyone in your household pay someone to care for a child or a disabled or elderly person in order to work, attend school or a work-training program, or look for work? YES NO

If yes, enter names of household members who are cared for _____

How much do you pay? \$ _____ How often do you pay this cost? _____

Name of caregiver or day care center? _____ Telephone Number _____

Does anyone help pay these costs? YES NO If yes, who? _____

UNEARNED INCOME

List each household member (including yourself) with unearned income. Unearned income is: Social Security, SSI, federal or state retirement, private pensions, TEA cash assistance, Unemployment benefits, child support, alimony, VA benefits, educational income, contributions, interest, dividends, or any other source of income that is not earned. *Attach a sheet of paper if you need more room to report unearned income.*

<i>Enter Name</i>	<i>Enter source of income</i>	<i>Enter date income first received:</i>	<i>Enter current monthly income amount:</i>
			\$
			\$
			\$

Please provide income verification with this form if any of the unearned income has changed or if this is a new source of income. See page 6 of the attached information for a full explanation.

INCOME THAT STOPPED

Complete this section if anyone in your household had income from a source that stopped in the last six months. List anyone who has lost a job, and/or anyone who stopped receiving unearned income since your last report.

<i>Enter Name of person Whose Income Stopped</i>	<i>Enter the type of income that stopped:</i>	<i>When did the income stop?</i>	<i>Why did the income stop?</i>

ETHNICITY DECLARATION – DHHS is required to ask for racial and ethnic data on households applying for or participating in the Food Stamp Program. You are not required to complete this section in order to receive assistance. If you are approved, your benefit level will not be affected by your decision to complete or not complete this section. We encourage you to answer the questions below. DHHS collects ethnic data to assure that benefits are distributed without regard to race, color or national origin.

Are you Hispanic or Latino? (Select only one) YES NO

What is your race? (Select one or more)

- American Indian or Alaskan Native Pacific Islander or Native Hawaiian
 Asian White
 Black or African American Other

RESOURCES-Check each type of resource that you and/or anyone living in your home owns and enter the value:

- | | | |
|--|--------------------------|--|
| <input type="checkbox"/> Checking Account | Current balance \$ _____ | <input type="checkbox"/> Other- Explain: _____ |
| <input type="checkbox"/> Savings Account | Current balance \$ _____ | <input type="checkbox"/> Stocks/Bonds Current value \$ _____ |
| <input type="checkbox"/> Certificate of Deposit (CD) | Current balance \$ _____ | <input type="checkbox"/> Prepaid Burial Plan / Burial Plots |
| <input type="checkbox"/> IRA/ KEOGH/ 401K | Current balance \$ _____ | <input type="checkbox"/> Land/ Buildings/Houses (other than your home) |
| <input type="checkbox"/> Mutual Fund | Current balance \$ _____ | Explain: _____ |
| <input type="checkbox"/> Trust Fund | Current balance \$ _____ | |

List all cars, trucks, boats, campers, motorcycles or other licensed vehicles currently owned or being purchased by you or any other household member:

<i>Description of Vehicle</i>	<i>Make and Model of Vehicle</i>	<i>Year</i>

Attach a sheet of paper if you need more room to list all household vehicles.

SHELTER AND UTILITY COSTS-DHHS may use your shelter costs to determine the amount of your food stamp benefits. You may choose either to use a utility standard or to verify and use your actual utility costs. During your interview, the DHHS worker will explain your options and will allow you to decide which option is best for your household.

Rent \$ _____ or Mortgage Payment \$ _____	Telephone (basic rate) \$ _____ Water \$ _____ Electric \$ _____ Garbage/trash pickup \$ _____ Natural Gas \$ _____ Sewer \$ _____ Wood \$ _____ Butane \$ _____ Initial installation fee \$ _____ Other _____ \$ _____
List real estate taxes and insurance costs only if they are <u>not</u> included in your mortgage payment. Real Estate Taxes \$ _____ Homeowner Insurance \$ _____	

MEDICAL COSTS-DHHS may use the medical costs of aged and/or disabled household members to determine the amount of your food stamp benefits. You may report current medical expenses for all household members who are **either age 60 or older or receiving benefits based on a total and permanent disability**. Attach a sheet of paper if you need more room to report all medical expenses.

If you do not wish to declare and/or verify your medical expenses, we can process this form without allowing a medical deduction.

Please check here if you want us to process this form without your medical expenses.

<i>Service Provided</i>	<i>Name of Member Who has Expense</i>	<i>Date Expense Began</i>	<i>Total Expense Amount</i>	<i>How often paid?</i>
Medical and Dental Care			\$	
Hospital or Nursing Care			\$	
Medicare/Medipak /Medicare Drug			\$	
Other Health Insurance			\$	
Prescription Drugs			\$	
Other – Explain:			\$	

MEDICAID QUESTIONS: If you or any of your children are receiving Medicaid or AR Kids First, please complete this section:

Do you or anyone else in your household have health insurance? YES NO

If yes, list all household members with coverage: _____

Insurance Company _____ Date Coverage Began _____

Did you or your spouse receive, purchase, sell or transfer any land, houses or buildings? YES NO

What is its value? \$ _____ Was it received, purchased, sold or transferred? _____

CHILD SUPPORT

Do you or anyone else in your home pay child support to someone living outside your home? YES NO

If yes, who pays? _____ To whom is the child support paid? _____

Telephone Number _____ How much are the child support payments and how often paid? _____

Are the payments court ordered? YES NO Did the court ordered amount change in the last three months? YES NO

DISQUALIFICATIONS

Anyone found to have committed an Intentional Program Violation will be disqualified from the Food Stamp Program for: one year for the first violation, two years for the second violation, and permanently for the third violation. He or she may also be fined or imprisoned or both, and may be subject to federal prosecution and penalties. The following individuals will be permanently disqualified from participating in the Food Stamp Program:

- ◆ Individuals found guilty by a court of trading firearms, ammunition or explosives for food stamp benefits
- ◆ Individuals who were found guilty or who pled guilty or no contest to a felony offense related to the distribution or manufacture of a controlled substance
- ◆ Individuals found guilty of trafficking food stamp benefits in the amount of \$500 or more.

Individuals who make fraudulent statements or representations about their identity or residence in order to get food stamp benefits in two locations the same month will be barred from getting food stamp benefits for ten years. Individuals found guilty in a court of law of trading food stamp benefits for controlled substances will be disqualified for two years for the first violation and permanently for the second violation. Fleeing felons and probation/parole violators are ineligible to participate in the Food Stamp Program during any period while the individual is fleeing to avoid custody or prosecution.

YOUR SIGNATURE

Information on this form is subject to verification by federal, state and local officials and through the state Income and Eligibility Verification System and computer cross matching with other agencies. Information may also be submitted to the Immigration & Naturalization Service (INS) for verification. If information is found to be incorrect, your eligibility and benefit level may be affected, your food stamp benefits may be stopped, and you may be subject to criminal prosecution for knowingly providing incorrect information.

- Do not give false information or hide information to get or continue to get food stamp benefits.
- Do not trade or sell food stamp benefits
- Do not use food stamp benefits for any purpose other than to purchase eligible food items for the members of your food stamp household.
- Do not use food stamp benefits to buy ineligible items such as alcoholic drinks and tobacco.
- Do not use someone else's food stamp benefits for your household.

WORK REGISTRATION

By your signature below you are work-registering all non-exempt household members.

QUESTIONS

1. Have you or any household member been found guilty of or pled guilty or nolo contendere (no contest) to a felony conviction involving the manufacture or distribution of a controlled substance? YES NO
2. Are you or any other household member now disqualified, or have you or any other household member ever been disqualified from participating in the Food Stamp Program for providing incorrect information or for failing to provide information that affected eligibility and benefits? YES NO

I certify, under penalty of perjury, that the information I have reported as shown on this form is correct and complete to the best of my knowledge.

Sign Here _____

Today's Date _____

Witness if signed with an X _____

Today's Date _____

<i>County Use Only:</i> Date Received _____	Reg. # _____	App. Type _____
Interviewer's Signature _____	Interview Date _____	

**Arkansas Department of Health & Human Services
Food Stamp Program**

If you need this material in a different format such as large print, contact your local DHHS office.

Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español.

Your Food Stamp Program period of certification will end soon. To continue receiving food stamp benefits, you must complete and return the *Application for Recertification*. If you have a Medicaid card or an ARKids First card, you must complete the Medicaid questions on page 4. Any household consisting only of Supplement Security Income (SSI) applicants or recipients is entitled to apply for food stamp recertification at an office of the Social Security Administration.

If you do not sign and return the *Application for Recertification*, your Food Stamp case will close.

To Complete this Application:

1. Answer the questions on pages 1 – 4. Be sure to answer the questions about your interview.
2. Sign and date page 4.
3. Gather all required verification. **See the back of this page for a list of required verification.**
4. Mail the application (pages 1 to 4 of this packet) and the required verification to the Department of Health & Human Services (DHHS) county office listed on the front page of the application, or take the application and verification to this DHHS county office, or fax pages 1 to 4 of the application and the required verification to this DHHS county office.
5. Keep pages 5 to 8 of this packet for your information.

Note:

- If you cannot complete the entire application, sign the application on page 4 and return pages 1-4 to the DHHS county office. The rest of the information will be completed during your interview.
- If you cannot get all the required verification before you must return the application, send the application without the verification. You will be allowed to submit the required verification later.

When to Submit Your Application:

Please submit your application by the first day of the last month that you are eligible to receive food stamp benefits. This will give us time to conduct an interview and process your application.

If you submit your application **before** the 15th day of the last month that you are eligible to receive food stamp benefits, you will receive your next food stamp benefits without interruption. (This applies only if you cooperate in the interview process, provide all required information, and continue to be eligible to receive food stamp benefits.) We will notify you of any changes.

If you submit this application **after** the 15th day of the last month that you are eligible to receive food stamp benefits, we will process your application within 30 days of the date it was submitted to the DHHS county office.

Your Interview:

- You, another responsible household member, or your authorized representative must be interviewed by telephone or in person. After you sign and return the application, we will schedule a time for your interview.
- Unless you indicate on the application that you would rather come to the DHHS county office for your interview, we will schedule a telephone interview. Please provide your current telephone numbers on page one of the attached *Application for Recertification*. We will send you a form to tell you of the date and time of your interview.
- If you fail to appear for an interview scheduled in the office or if you fail to answer your telephone at the time your telephone interview is scheduled, you must ask the DHHS to reschedule your interview. We cannot approve your application if you miss your scheduled interview.

Required Verification:

Proof of Liquid Resources – If you are reporting a checking or savings account, certificate of deposit, stocks or bonds or other liquid resources to the DHHS county office for the first time, you must provide a document (original or copy) that shows the current value of the resource.

Proof of Income from Work – You must provide for each household member who works,: 1) a check stub for each pay check received in the last 30 days; **OR** 2) a statement from his or her employer showing date of pay and gross amount of all checks (or cash) received in the last 30 days. If you need an income verification form to be completed by your employer, please contact the DHHS county office.

Proof of Unearned Income - We have proof of TEA payments in the DHHS county office. In most cases, we also have proof of SSI benefits and Arkansas unemployment benefits and child support received through the Office of Child Support Enforcement. You must provide proof of any other unearned income if you began receiving that income or if that income has changed by more than \$50 since your last report or application. We can accept an award letter or other correspondence from the person/agency that provides the income if it shows your current income amount. We may be able to accept other documentation if it shows your current income amount.

Proof of Expenses – You must provide proof of certain expenses if these expenses are to be deducted:

- **Child Support** - You must provide proof of all child support payments that you made in the last three months unless the child support is paid through the Office of Child Support Enforcement. We have proof of child support paid through the Office of Child Support Enforcement.
- **Actual Utility Costs** – Your shelter costs (*rent or mortgage, real estate taxes, homeowner’s insurance, and utility costs*) may be used to determine the amount of your food stamp benefits. You may be entitled to choose either to use a utility standard or use your actual utility costs. If you are entitled to the utility standard but **choose** to use your actual utility costs, you must provide proof of your current utility costs.
- **Medical Expenses for Aged (age 60 older) Members or for Household Members Who Receive Disability Benefits** – You must provide receipts or bills or printouts to verify the medical costs of aged or disabled household members. If you do not provide proof of these medical expenses, we will not be able to allow them.

You may be asked to provide information about these expenses:

- Rent or mortgage receipts, real estate tax receipts, homeowner’s insurance receipts, etc.
- Receipts to verify the cost of day care or a baby sitter to care for a child while a household member works or looks for work.

New Household Members – You must declare a social security number for each new household member who will be participating in the Food Stamp Program. (If the new household member does not have a social security number, you must provide proof of application for a social security number.) If a new household member is not a U.S. citizen, you must provide documentation of his or her alien status if he or she will be participating in the Food Stamp Program. You must report and verify certain information for all new household members, even those who will not be participating in the Food Stamp Program.

- You must report and verify any earned or unearned income received by a new household member.
- You must report any resources owned by a new household member.
- You must provide proof of liquid resources (bank accounts, stocks, bonds, etc.) owned by a new household member.

Collection of Information - The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household continues to be eligible to participate in the Food Stamp 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. If a food stamp 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 food stamp 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.

Reporting Changes

If you are eligible to receive food stamp benefits, you must report certain household changes to the DHHS county office. A list of these changes appears below:

1. Report changes in any source of income.
2. Report changes of more than \$50 in your household's gross monthly income.
3. Report household changes when someone moves into or out of your home, a new baby is born to a household member, a household member dies, etc.
4. Report residence changes when you move. If you do move, you must also report your new rent or mortgage costs and your new utility costs. (*We need your current address. It is important for you to report any address change.*)
5. Report changes in your household's vehicles. Report if someone in your household gets a new car, truck, van, boat or motorcycle even if you are still paying for them.
6. Report changes in liquid resources when your household's liquid assets (bank accounts, stocks, bonds, certificates of deposit, and cash , etc.) begin to total \$2,000 or more.

You are allowed but not required to report: Shelter costs that increase or decrease; dependent care (baby-sitting) costs that increase or decrease; total gross income that increases or decreases by less than \$50.00; and allowable medical costs that increase or decrease.

When To Report Changes: Unless your household is classified as a "Limited Reporting" household, you must report any of these changes within 10 days of the date the change becomes known to you. See below for instructions to limited reporting households.

Limited Reporting Households: Although you are not required to report most changes, we do ask that you report if your household's total gross monthly income increases to more than the Food Stamp Program limits for your household size. Your DHHS worker will explain what the gross monthly income limits are for your household size. (In some counties we also ask you to report if certain household members begin working less than 20 hours a week. If your household is subject to this requirement, the worker will explain it to you.) You are allowed to report changes that would result in more food stamp benefits for your household at any time. For example, you might report when someone in the home loses a job or when someone moves into your home. If anyone in your household gets TEA or Medicaid, he or she must continue to report changes as required by TEA or Medicaid rules. We will let you know if these reported changes will make a difference in your food stamp benefits.

To Households That Will Get A Semi-Annual Report: If the worker tells you that your household must submit a semi-annual report, your household is subject to the **limited reporting** requirements. (See above for an explanation.) Also, we will send you a *Semi-Annual Report*. If you do not complete and return the *Semi-Annual Report*, your food stamp case will close. If your food stamp case closes, you must submit a new application to continue participating in the Food Stamp Program.

Intentional Program Violations

An Intentional Program Violation occurs when you or any member of your household: 1) Makes a false or misleading statement or misrepresents, conceals or withholds facts; or 2) Commits any act that constitutes a violation of the Food Stamp Act, Food Stamp Program Regulations, or State Statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of food stamp coupons, authorization cards, or reusable documents used as part of an automated benefit delivery system (access device).

Anyone found to have committed an Intentional Program Violation will be disqualified from the Food Stamp Program for: one year for the first violation, two years for the second violation, and permanently for the third violation. He or she may also be fined or imprisoned or both, and may be subject to federal prosecution and penalties.

YOUR RIGHTS

1. You have the right to reasonable accommodations for a disability. This includes receiving forms and instructions in different formats such as large print.
2. You have the right to be treated courteously and with respect.
3. You have the right to apply for food stamp benefits or any other public assistance program at any time.
4. Participation in the Food Stamp Program is not time-limited. You can continue to receive food stamp benefits as long as you are eligible under Food Stamp Program rules. If someone in your home receives TEA cash assistance, participation in the Food Stamp Program **will not** count against their TEA time limits.
5. You have the right to have your application processed timely. *(If you submit your application on or before the date shown on page 1 of the Application for Recertification, we must process your application by the last date of the last month of your current certification period. If you submit your application after this date, we must process your application within 30 days of the date the application was received in the DHS county office.)*
6. You have the right to know the Food Stamp Program rules.
7. You have the right to know how we worked your food stamp case, and you have the right to look at your case file. If you disagree with something in your file, tell your county office worker.
8. You have the right not to give us any or all the information we request. *(If you do not give us a social security number for anyone or if you will not provide information about citizenship or alien status for anyone, we **will not** include that person in your food stamp case. But, we will count all that person's resources and part of that person's income when we work your case. Your application may be denied if you fail or refuse to provide information such as, but not limited to, income or resource verification.)*
9. You have the right to call our Customer Assistance Unit if you have questions or problems and want to talk to someone outside the DHHS county office. If you live in Pulaski County, call 682-8233. If you live outside Pulaski County, call toll-free 1-800-482-8988. If you are hearing impaired, call (501) 682-8275. You may write to the Customer Assistance Unit at:

**Arkansas Department of Health & Human Services
Customer Assistance Unit
P.O. Box 1437, Slot S340
Little Rock, AR 72203-1437**

10. You have the right to a hearing if you do not agree with an action that we take. You have 90 days from the date of the action to request a hearing. Sometimes you can keep getting the same amount of food stamp benefits until you have the hearing. To ask for a hearing, you or your representative may call the DHHS county office or go into the county office. Or, you may call the Appeals and Hearings Unit at 501-682-8622. (The TDD number for the hearing impaired is 1-800-285-6698.) You may write directly to the Appeals and Hearings Unit at the following address:

**Arkansas Department of Health & Human Services
ATTN: Appeals and Hearings Section
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437
FAX: 501-682-6605**

If you ask for a hearing, you have the right to legal representation during the hearing process. Contact the HelpLine Center for Arkansas Legal Services at 1-800-952-9243 to request free legal aid. (In Pulaski County, call 501-376-3423.) You may log onto their web site at: www.arkansaslegalservices.org Click on the Helpline icon.

11. You have the right to complain if you feel we have discriminated against you because of race, color, national origin, sex, age, political beliefs, or disability. You must file your complaint no later than 180 days from the date on which this discrimination occurred. To file a complaint of discrimination write or call either agency listed below:

**Arkansas Department of Health & Human Services
Office of Employee Relations/
Equal Opportunity
Donaghey Plaza North, Suite 205
P.O. Box 1437, Slot N250
Little Rock, AR 72203-1437
Telephone: 501-682-6003
FAX: 501-682-8926
TDD: 501-682-7958**

**United States Department of Agriculture
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
Telephone: 202-720-5964 (voice and TDD)**