

Application for Benefits

(Complete this application and return it to your LOCAL COUNTY DFCS office.)

What Am I Applying For: (Check all that apply)

☐ **Food Stamps (Supplemental Nutrition Assistance Program (SNAP))**

The Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, is a federally funded program that provides monthly benefits to low-income households to help pay for the cost of food. The program also provides nutrition education to families to meet their food and nutritional needs and employment and training opportunities to help families gain employment that leads to less dependence on SNAP.

☐ **Temporary Assistance for Needy Families (TANF)**

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

☐ **Grandparents Raising Grandchildren (GRG)**

Grandparents Raising Grandchildren (GRG) will provide additional cash payments so that children can be cared for in the homes of their grandparents. **Applicants must apply for TANF to be eligible for GRG.**

☐ **Refugee Cash Assistance**

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitian Entrants, victims of human trafficking, Amerasians, and unaccompanied refugee minors.

☐ **Medicaid**

Medicaid offers medical coverage to elderly, blind or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Please fill out the chart below about the applicant.

First Name John	Middle Initial	Last Name Doe	Suffix
Street Address Where You Live 123 Main St		Apt	
City Averill Park	State NY	Zip Code 12018	
Mailing Address (If different)			
Main Telephone Number		Other Contact Number	Email Address (Optional)
E-mail Communication Yes___ or No___ (optional)		Texting: Yes___ or No___ (optional)	
What is your Preferred Language?		If an interview is required, will you need an interpreter? Yes___ or No___	

Americans with Disabilities Act: Request for Reasonable Modification & Communication Assistance (if applicable):

Do you have a disability that will require a Reasonable Modification or Communication Assistance? Yes___ No___
(If yes, please describe the reasonable modification or Communication Assistance that you are requesting):

Sign Language interpreter ___; TTY ___; Large Print ___; Electronic communication (email) ___; Braille ___; Video Relay ___; Cued Speech Interpreter ___; Oral Interpreter ___; Tactile Interpreter ___; Telephone call reminder of program deadlines ___; Telephonic signature (if applicable) ___; Face-to-face interview (home visit) ___; Other: _____

Do you need this Reasonable Modification or Communication Assistance one-time ___ or ongoing ___? If possible, briefly explain when and how long you need this modification or assistance?