



Request for Assistance

I would like to apply for:
 Food Stamps Cash
 Medical Medicaid Waiver
 Nursing Home

RFA Number: _____
 Date Stamp: _____

Welcome to Florida Department of Children and Families (DCF). **If you need help in completing this application or need interpreter services, please contact the local DCF office.** We need at least your name, address, and a signature.

Family or household members who are ineligible, or who are not applying for benefits, may be designated as non-applicants. Non-applicants, or persons applying only for Emergency Medicaid, Refugee Cash Assistance, or Refugee Medical Assistance, are **NOT** required to provide a Social Security Number (SSN). Persons applying for Food Stamps, Cash Assistance, or Medicaid, ARE required to provide an SSN. If you were not eligible for an SSN because of your immigration status, you may be eligible for a non-work SSN to receive the benefits that require one. If you need an SSN, we can help you apply for one. Non-applicants are **NOT** required to provide an SSN or proof of immigration status.

Noncitizens who are applying for benefits will have their immigration status verified with the Bureau of Citizenship and Immigration Services (BCIS). We will not tell BCIS about the immigration status of those living in your household who are not applying for benefits. Under no circumstances will individuals who are not applying for benefits be reported as not lawfully residing in the United States.

INFORMATION FOR ALL PROGRAMS

Is anyone in your home fleeing the law due to a felony or probation violation?
 YES NO If yes, WHO: _____
 Has anyone in your home been convicted of a drug trafficking felony?
 YES NO If yes, WHO: _____
 Has anyone in your home ever been convicted of receiving temporary cash, medical assistance (Medicaid), or food stamps in more than one state at the same time? YES NO If yes: WHO: _____
 WHEN: _____ WHERE: _____
 Have you sold or given away any property or assets in the last 90 days, 3 years or 5 years? YES NO

MEDICAID INFORMATION

Do you have any unpaid medical bills from the last 3 months?
 YES NO
 Is anyone in your home permanently disabled or blind? YES NO
 If yes, WHO: _____

EXPEDITED FOOD STAMP INFORMATION

Has all of the income coming into your home recently stopped?
 YES NO If yes, WHEN: _____
 Is anyone in your home a migrant or seasonal farm worker?
 YES NO
 Monthly amount you pay for: Mortgage/Rent: _____
 Do you pay to heat or cool your home? YES NO
 Circle the bills you pay: Electricity/ Gas/ Water/ Sewage/ Phone

Name: First _____ Middle _____ Last _____
 Home address: _____ City _____ State _____ ZIP _____
 Address where you receive your mail (If different from where you live):
 _____ City _____ State _____ ZIP _____
 Phone number where you can be reached: Home: _____ Other: _____

List yourself and all those living in your home even if you are not applying for them. If anyone is pregnant, enter 'unborn' as the name and the due date as the date of birth. If you are not applying for a member, you do not have to give their SSN or citizenship status.

Legal Name Last, First, Middle	Want to Apply ?	Social Security Number (see instructions above)	Sex	Date of Birth	U.S. Citizen?	Eligible Non-citizen?	Ethnicity	Race	Relationship to you
							(See Back for instructions)		

INCOME AND ASSETS: (PLEASE PROVIDE INFORMATION ON THE INCOME AND ASSETS OF ALL THE HOUSEHOLD MEMBERS)

Type of Income	Whose Income	Monthly Gross	Type of Asset	Whose Asset	Total Value

STATEMENT OF UNDERSTANDING

Information that you provide with this application and at the interview, including computer information matches with other agencies, is subject to verification by DCF and other Federal and State agencies including Public Assistance Fraud. I understand and agree to the following: DCF, Public Assistance Fraud (PAF), and authorized Federal Agencies may verify the information I give on this form and at my interview; Information may be obtained from my past or present employers; Report any change in my situation according to program requirements, to DCF no later than 10 days after I know about it; If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect information; I can be prosecuted if I provide false information or hide information; I have read my Rights and Responsibilities. I certify under penalty of perjury, that the information on this form is true to the best of my knowledge, including the citizen or noncitizen status of those who are applying for benefits.

Signature of Adult Household Member: _____ Date: _____

Witness if signed with an "X": _____

Authorized/Designated Representative: Print Name and Address: _____

Signature of Authorized/Designated Representative: _____ Phone: _____

YOU CAN APPLY TO REGISTER TO VOTE HERE

Check YES if you would like to **apply to register to vote** or update your voter registration information. If you check the NO box or do not check a box, you will be considered to have decided not to **apply to register to vote** or update your voter registration information. Checking YES, NO, or leaving this question blank will not affect your receipt of benefits.
 YES NO

YOU MAY BE ELIGIBLE FOR REDUCED TELEPHONE RATES

Check YES if you would like DCF to release your Name, SSN, Phone Number, and the fact that you receive food stamps or Temporary Cash Assistance to the local telephone company so you may receive a reduced telephone rate through the Lifeline Program. YES NO

OPTIONAL INFORMATION**ETHNICITY**

To Be Entered on Front

Choose A or B: A. Hispanic or Latino B Not Hispanic or Latino

RACE

To Be Entered on Front. You may choose one or more numbers:

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

EXPEDITED FOOD STAMPS

This program helps low-income households buy food needed for good health. Eligible households receive food stamp benefits within 7 days if:

Your household's countable gross income is less than \$150 and your total liquid assets (such as cash, bank accounts, etc.) do not exceed \$100 in the month you apply for benefits;

Your household's countable assets and gross monthly income are less than your most recent monthly rent or mortgage and utility expenses; or

Your household includes destitute migrant or seasonal farm workers.

IMPORTANT INFORMATION FOR IMMIGRANTS

SSNs will be used to check the identity of those applying for benefits. The non-citizen status of any person applying for benefits will be verified with the Bureau of Citizenship and Immigration Services (BCIS). Under no circumstances will individuals who are not applying for benefits, be reported as not lawfully residing in the United States. If you wish, you can apply for food stamps or medical assistance, without applying for temporary cash assistance. Eligibility for food stamps or medical assistance is not connected to an application for temporary cash assistance, or to the temporary cash assistance time limits. If you or members of your family use Medicaid, KidCare (Children's Health Insurance Program-CHIP), or food stamps, the receipt of such benefits **will not** affect your or your family members' immigration status. Also, receipt of such benefits will not affect your or your family members' ability to get a green card, unless you receive long-term institutional care, such as a nursing home. Use of Cash Assistance or Supplemental Security Income (SSI) might create problems with getting a green card, especially if the benefits are your family's only income. Talk to an agency that helps immigrants with legal questions before you apply.

NOTICE OF PENALTIES

You may be subject to prosecution for knowingly providing incorrect information to receive public assistance benefits.

Food Stamps If you are found guilty (by a state or federal court, or an administrative disqualification hearing, or sign a hearing waiver) of intentionally making a false or misleading statement, concealing or withholding facts in order to receive or in an attempt to receive food stamps; or committing any act that violates the Food Stamp Act, food stamp regulations, or any state statute for purposes of using, presenting, transferring, acquiring, receiving, or possessing food stamp benefits, you will be disqualified. You will be ineligible for food stamps for 12 months for the first violation, 24 months for the second violation and permanently for the third violation. If you are convicted of trafficking in food stamp benefits, you will be disqualified permanently. If you are convicted of these acts, depending on the severity, you may be fined up to \$250,000, imprisoned for up to 20 years, or both.

If you are convicted by a state or federal court of making a fraudulent statement with respect to identity or residency in order to receive food stamps in more than one state at the same time, you will be ineligible to participate in the Food Stamp Program for a period of 10 years.

If you are fleeing to avoid prosecution, custody, or confinement, after conviction for a crime or an attempt to commit a crime which is a felony, or are in violation of probation or parole imposed under a federal or state law, you are ineligible for food stamps. 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 you are found guilty of a drug-trafficking felony, or convicted by a federal, state, or local court of trading firearms, ammunition, or explosives for food stamps, you are ineligible for food stamps.

Temporary Cash Assistance If you intentionally give false information or hide information to receive or continue to receive temporary cash assistance and are convicted by a state or federal court or by an administrative disqualification hearing, or sign a hearing waiver, you may be disqualified for 12 months for the first violation, 24 months for the second violation and permanently for the third violation.

If you are found guilty of a drug-trafficking felony, or fleeing to avoid prosecution, custody or confinement, after conviction for a crime or an attempt to commit a crime which is a felony, or are in violation of probation or parole imposed under a federal or state law, you are ineligible for temporary cash assistance. If you are convicted by a state or federal court of making a fraudulent statement with respect to identity or residency in order to receive temporary cash assistance in more than one state at the same time, you will be ineligible to participate in the temporary cash assistance program for a period of 10 years.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES NON-DISCRIMINATION STATEMENT

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department.

To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Winewood Boulevard, Building 6, Room 124, Tallahassee, Florida 32399-0700 or call 1-850-487-1901, Suncom 277-1901, or TDD 1-850-922-9220.

USDA-HHS NON-DISCRIMINATION STATEMENT

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.

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 or TDD). Write Regional Manager, DHHS Office of Civil Rights, Region IV, Sam Nunn Atlanta Federal Center, 61 Forsyth Street, SW, Suite 3B70, Atlanta, GA 30303-8909 or call 1-800-368-1019 or TDD 1-800-537-7697.

SUBMITTING THE REQUEST FOR A ASSISTANCE

A Request for Assistance (RFA) may be submitted to any Department of Children and Families Economic Self-Sufficiency Services office in the State of Florida by you, or by someone acting for you in person, by mail, or by Facsimile (FAX) during normal business hours (8:00 AM to 5:00 PM, Monday through Friday). The Facsimile will be date stamped on the day it is received during normal business hours. When a Facsimile is received after normal business hours it will be date stamped on the first business day following its receipt.