



Date: _____
 Case name: _____
 Case number: _____
 County number: _____
 Supervisor/worker number: __ / __

Request for Benefits

For use with Forms 08MP002E and 08MP003E

What you need to do to get started:

Read the following descriptions and check all of the programs for which you would like to apply. Fill out this form or have someone else fill it out for you.

Program	Description	Apply?
Supplemental Nutrition Assistance Program (SNAP)	Helps buy food. Formerly known as the Food Stamp Program.	<input type="checkbox"/>
Child Care Subsidy	Helps pay for care for your child so you can work, go to school, or attend training	<input type="checkbox"/>
Health care coverage - SoonerCare (Medicaid)	Helps pay for medical costs for pregnant women, families with children, and people who are elderly or disabled	<input type="checkbox"/>
	Helps pay for nursing care in your home or in a nursing home	<input type="checkbox"/>
	Helps pay Medicare Part A and B premiums	<input type="checkbox"/>
	State Supplemental Payment (SSP) - gives a small cash payment to low-income people who are blind, 65 years of age or older, or receive Supplemental Security Income (SSI) or Social Security disability	<input type="checkbox"/>
	Family Planning Services - helps pay for birth control and family planning services	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	Helps low income families with children by providing temporary cash and services	<input type="checkbox"/>
Diversion Assistance	Helps pay for shelter and transportation services related to getting or keeping a job for low income families with children. This is a short-term program instead of TANF.	<input type="checkbox"/>

What to do when you complete the form:

- Sign this form and take, mail, or fax it to the local OKDHS office.
- After you give us this form, we will set up your interview. During your interview, we will help you complete the rest of the application. We will also tell you which benefits you can receive.

What you will need to bring to your interview:

- proof of identity, such as driver license or school identification;
- Social Security number or card for everyone who wants benefits;
- proof of citizenship for everyone who wants benefits;
- proof of legal status for anyone who is not a U.S. citizen and wants benefits;
- proof of income for everyone living with you, such as pay stubs or award letters;
- proof of all resources, such as bank accounts, car titles, or land; and
- proof of your need for child care, such as your work or school schedule, and the name of the place you want to use to care for your child.

You may be asked to give more information after your interview. You have the right to refuse to give any or all information. However, if you don't give us the information we need, we may not be able to help you.

When you ask for help from OKDHS, you have a right to:

- receive equal treatment regardless of race, color, age, sex, disability, religion, political belief, or national origin; and
- ask for a fair hearing, either orally or in writing, if you disagree with any action taken on your case. Any person you choose may represent you at the hearing.

Tell us about everyone who lives in the home starting with the adult head of household. This person will be the payee. You must check yes or no in the U.S. citizen block and fill in the Social Security number for each person who wants benefits. If there are more than six persons in your household, attach another sheet of paper showing their information.

Person 1. Name of adult head of household		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	
Name at birth, if different from above		State of birth	County of birth	
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last				
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number		Social Security number	
Marital status	Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>		Relationship to payee self	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>				
Mailing address, street or P.O. Box		City	State	Zip
Street address or directions to your home, if different than mailing address				
Phone number where you can be reached			E-mail address	

Person 2. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	Marital status
Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to payee	Relationship to spouse of payee	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			
Person 3. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	Marital status
Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to payee	Relationship to spouse of payee	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			
Person 4. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	Marital status
Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to payee	Relationship to spouse of payee	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			

Person 5. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	Marital status
Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to payee	Relationship to spouse of payee	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			

Person 6. Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Name at birth, if different from above		State of birth	County of birth
Mother's maiden name as listed on this person's birth certificate - First, M.I., Last			
U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number	Social Security number	Marital status
Hispanic or Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to payee	Relationship to spouse of payee	
Race - check all that apply White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native <input type="checkbox"/>			

If you are applying for health benefits, does anyone need medical care today?

Yes No If yes, please check the reason(s) below:

- just got out of the hospital;
- need a prescription;
- pregnant;
- need to see a doctor;
- other _____

Households entitled to a decision regarding their food benefit application within seven calendar days:

- households with less than \$150 gross monthly income and liquid resources less than \$100;
- households with monthly rent or mortgage and/or utilities which cost more than the combined monthly gross income and liquid resources; and
- destitute migrant or seasonal farm worker households with liquid resources less than \$100.

Please answer these questions to see if you can get food benefits within seven calendar days.

1. How much money did you get or will you get this month (total amount)? \$ _____
2. How much cash do you have? \$ _____
3. How much money do you have in bank accounts? \$ _____
4. How much do you pay for your rent or mortgage? \$ _____
5. Do you pay the heating or cooling bill where you live? Yes No
6. Are you a seasonal or migrant farm worker? Yes No

If you need child care:

Once you have completed the application and interview, the earliest date you can get help with child care is the date you bring all needed information to your local OKDHS office.

Read this information and then sign below:

I give OKDHS permission to check the information I gave on this form to make sure it is true.

I understand that the names and Social Security numbers I gave will be used to obtain information from other state and federal agencies.

I give OKDHS permission to share information with other agencies.

Your signature

Today's date

Please give this form to the receptionist or fax or mail it to your local OKDHS office.

OKDHS use only:

Date form was received: _____ Date screened: _____

Screened by: _____

Is the household eligible for expedited food benefits? Yes No

Interview date: _____ Interviewed by: _____

OKDHS routing information: The original is filed in the case record. Upon request, a copy is given to the client.