

DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION

Assistance Request

The Family Investment Administration is committed to providing access, and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. If you need assistance or need to request a reasonable accommodation, please contact your case manager or call 1-800-332-6347.

To request assistance, complete this section and sign your name.

Name: _____
Last First Middle Initial

Mailing Address: _____
(If different from street address)

Address: _____
Number and Street

City State Zip Code

Home Telephone Number Cell Number

E-mail address

Signature: _____

Date: _____

 Please fill out the sections below. Complete for yourself and all persons who live with you. List your own name on Line #1.

A.	Name Last,	First,	Middle,	Maiden	Relationship to you	Marital Status	Social Security Number	Date of Birth	Sex M/F	Race	Applying for this person?	Client ID# (Office Use Only)
1.												
2.												
3.												
4.												
5.												
6.												

B. Please list any absent parents of children and past or present spouses not living with you.

Absent Parent's Full Name	Date of Birth	Social Security Number	Client ID# (Office Use Only)
1.			
2.			
3.			

-OVER-

*****OFFICE USE ONLY*****

<u>Cat.</u>	<u>AU#'s</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Cat.</u>	<u>AU#'s</u>	<u>Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>WORKS SCREEN</u>

<u>Case reassigned needed:</u>
From _____ <small style="margin-left: 100px;">CURRENT WORKER OF RECORD</small>
To _____ <small style="margin-left: 100px;">NEW WORKER OF RECORD</small>

Wage Screened: _____
 DHR/FIA 97-11-A Short Form

Clearer's Initials: _____
 Screener's Initials: _____

Assistance Request

C. List any household member who is pregnant:

NAME	/	NAME
DUE DATE		DUE DATE

D. List any household member who is disabled:

NAME	/	NAME
TYPE OF DISABILITY		TYPE OF DISABILITY

E. What type of assistance do you or any household member receive now?

What types of assistance have you or any household member received in the past?

Under what name:	Type of Assistance:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Under what name:	Type of Assistance:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

F. What kind of income did you get or expect to get this month? _____ Type \$ _____ Amt.
 None

G. Are you or any members of your household employed? _____ YES _____ NO

H. What type of assistance do you need now? (*Check all that you need*)

- Cash Assistance
- Child Care Services
- Medical Assistance

Do you have any unpaid bills from the past 3 months? _____ YES _____ NO

Food Stamps

I. Do you have any of these problems?

- | | |
|--|---|
| <input type="checkbox"/> Utility shut off | <input type="checkbox"/> No heat |
| <input type="checkbox"/> Eviction or foreclosure | <input type="checkbox"/> No food |
| <input type="checkbox"/> No place to stay | <input type="checkbox"/> Cannot afford child care |
| | <input type="checkbox"/> Other: <i>please specify</i> _____ |

J. Have you or anyone in your household received benefits from state other than Maryland? _____ YES _____ NO

If yes: Where _____ When _____

K. Does anyone applying for Maryland Children's Health Program have any employee based health insurance? _____ YES _____ NO

L. Has anyone applying for Maryland Children's Health Program dropped any employee based insurance coverage in the past 6 months? _____ YES _____ NO

You have the right to file an application for SNAP/Food Supplement benefits immediately by filling out your name, address, and signing the front of this Request for Assistance Form. Benefits will be provided from the date we receive this form. You may get Food Stamps right away if you meet one of the following conditions;

- Your household's monthly rent or mortgage and utilities are more than your household's income and resources.
- Your household's gross monthly income is less than \$150, and your resources, such as checking or savings accounts, are \$100 or less.
- Your household is a migrant or seasonal farm worker household.

If you qualify to get Food Stamps right away, we will take action on your application within seven (7) days from the date you sign this form.

The U. S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the Maryland information number [1-800-332-6347](tel:1-800-332-6347).

USDA is an equal opportunity provider and employer.