

## Request for Benefits and Services

We have many programs that may help you and your family.

### What you need to do to get started:

1. Read the following descriptions and check the areas you would like information about or help with:
  - Food Stamps — helps pay for food
  - Child Care — helps pay for care for your child so you can work or go to school
  - Medicaid — helps pay for medical costs, prescriptions, or pregnancy services
  - Medicaid — helps pay for nursing home care or care in your home
  - Medicaid — helps pay Medicare premiums
  - Temporary Assistance for Needy Families (TANF) — helps families with children and very low income support themselves by providing temporary cash and services
  - State Supplemental Payment (SSP) — gives cash to elderly, blind, or disabled people
  - Family Planning Services — helps pay for birth control and family planning services
  - Other — If you need other help, please explain: \_\_\_\_\_
2. Fill out this form or have someone else fill it out for you.

### What to do when you complete the form:

1. Sign this form and take, mail, or fax it to the local OKDHS office.
2. 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 your identity, such as a driver license or other picture identification;
- Social Security number or card for everyone living with you who wants benefits;
- proof of legal status for everyone who is not a citizen and wants benefits;
- proof of income for everyone living with you, such as pay stubs; 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.

<b>OKDHS use only:</b> Case name:	Case #:
Co.:	Sup./Dist.:

**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 you (person needing services)**

Please fill out the following about yourself (or the person needing services).

<b>Person 1. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race		
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
Mailing address	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	

**Tell us about everyone else living in the home**

Please fill out the following for each person living in the home. You must check the U.S. citizen block and fill in the Social Security number for each person who wants benefits.

<b>Person 2. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	
<b>Person 3. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	

<b>Person 4. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	

<b>Person 5. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	

<b>Person 6. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	

<b>Person 7. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	

<b>Person 8. Name</b>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Marital status	Race	Relationship to person 1	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien registration number	Social Security number	

**What to do to get food stamps faster:**

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

- 1. How much money did you get or will you get this month? \$ \_\_\_\_\_
- 2. How much money do you have right now in cash and in your bank accounts? \$ \_\_\_\_\_
- 3. How much do you pay for your rent or mortgage? \$ \_\_\_\_\_
- 4. Do you pay the gas or electric bill where you live?  Yes  No
- 5. 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 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 stamp services?  Yes  No

Interview date:

Interviewed by: