

AZSNAP APPLICATION

This form is to be completed by a worker when the applicant contacts FAA and they do not have the X001, the X002, or the X004 Notice with them. See the instructions before completing this form.

Customer Name: _____ Case Number: _____

Date X001 Mailed: _____ Date X002 Mailed: _____ Date X004 Mailed: _____

Home Address (include suite number/apartment number): _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

AUTHORIZED REPRESENTATIVE REQUEST

By signing below, I give permission for the person listed below to act on my behalf as my representative. That person can help me in the process of qualifying for help with Nutrition Assistance (NA). I do give permission and agree that my representative may do all the following on my behalf:

1. Complete and sign my application.
2. Provide any documents requested, including personal information.

I also agree to give information about my circumstances to my representative.

Print Name of Customer: _____

Signature of Customer: _____ Date: _____

AUTHORIZED REPRESENTATIVE INFORMATION AND SIGNATURE

Representative's Name (Last, First, M.I.): _____

Phone Number (Include Area Code): _____ Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

By signing below, I agree to act on the customer's behalf. I also agree to:

1. Provide only truthful and complete information under penalty of perjury.
2. Fill in and sign the application.
3. Give to DES all information needed to help determine if the customer can qualify for Nutrition Assistance.

To ensure DES does not lose contact with the customer, please notify the Family Assistance Administration of any address changes.

Signature of Representative: _____ Date: _____

ANSWER QUESTIONS 1 – 13 – SIGN AND DATE

1. If the AZSNAP application went to your mailing address, fill in your home address here.

Residential Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

2. What is your date of birth? _____

3. What is the telephone number we may contact you at? _____

AZSNAP APPLICATION

4. Has anyone in your household received lottery or gambling winnings of \$3750 or more in a single game?

Yes No

If Yes, Complete

DATE RECEIVED	SOURCE	GROSS AMOUNT	How much is left?

5. Are you currently living in an assisted living facility or group home? Yes No

6. Are you currently receiving Tribal Food Distribution? Yes No

7. Have you been convicted of fraud, misrepresentation, or an Intentional Program Violation? Yes No

8. Have you been convicted of a felony offense of possession, use, or distribution of a controlled substance on or after August 23, 1996? Yes No (See Instructions)

9. Have you been convicted of any of the following felonies and are in violation of probation or parole? Yes No

- Aggravated Sexual Abuse
- Murder
- Sexual Exploitation or other Abuse of Children Involving Sexual Assault (See Instructions)

10. Do others buy and/or prepare food with you or for you? Yes No

If Yes, is there reason that you are unable to buy or prepare your own meals? Yes No

What is the reason? _____

WHO DO YOU BUY AND OR PREPARE WITH?	THEIR RELATIONSHIP TO YOU:

11. What is your current monthly shelter payment(s)? (rent, Section 8, space rent, mortgage, property taxes, HOA fee, property/rental insurance) \$ _____

12. In the past 30 days, how much did you pay for utilities?

Electric \$ _____ Gas/Propane \$ _____ Water \$ _____ Telephone \$ _____

Other – Type _____ Amount \$ _____

13. Do you pay more than \$35 a month for medical expenses? Yes No

If yes, how much do you pay? \$ _____ (See Instructions)

By signing below, you understand that you are applying for Nutrition Assistance through the Department of Economy Security:

Print Name of Customer/Representative: _____

Signature of Customer/Representative: _____ Date: _____

AZSNAP APPLICATION**INSTRUCTIONS FOR COMPLETING THE AZSNAP APPLICATION**

This form is to be used when an applicant does one of the following:

1. Comes into the office applying for AZSNAP and they did not bring in their application.
2. Calls in and did not already provide the X001, X002, or the X004 notice.

Steps the worker will take:

1. Check the Notice History Screen (NOHS) to be sure the participant was sent the X001, X002, or the X004 notice.
2. Ask the participant/representative each question and document their answer on this form.
 - a. Question 7: If Yes, discuss the possibility of Drug Disqualification Removal Requirements CNAP Manual reference FAA2.D05C.08.
 - b. Question 8 and 9: Discuss the possibility of Felony Conviction Disqualifications CNAP Manual reference FAA2.D05C.09
 - c. Question 11 is for renewal applications only.
 - d. Question 13: If Yes, discuss the possibility of more benefits on a regular SNAP application. A regular SNAP application and approval would require a one-year approval period and completion of a Mid Approval Contact.
3. A signature is required.
4. Upload the form into OnBase under GROUP: Applications /DOCTYPE: X001, X002, X004, or FAA-1740A.
5. When the form is uploaded to OnBase send an email:
TO: AHCCCS-MSS
Subject Line: AZSNAP Application Uploaded
Body of Email: Customer name, the case number, and the date uploaded to OnBase.

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