

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
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*):

See page 15 for USDA/EOE/ADA disclosures

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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

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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.*): _____

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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**

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**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: _____

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State: _____

ZIP Code: _____

2. What is your date of birth?

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

**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

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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,**

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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?

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

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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 \$ _____

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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: _____

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**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.**

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- 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.**

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- 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**

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