

**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 pages 34-36
for USDA/EOE/ADA
disclosures**

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**See the instructions before
completing this form.**

Customer Name:

Case Number:

Date X001 Mailed:

Date X002 Mailed:

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Date X004 Mailed:

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

City: _____

State: _____

ZIP Code: _____

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**Mailing Address
(if different):**

City: _____

State: _____

ZIP Code: _____

**AUTHORIZED
REPRESENTATIVE
REQUEST**

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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.**

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Print Name of Customer:

Signature of Customer:

Date: _____

**AUTHORIZED
REPRESENTATIVE
INFORMATION AND
SIGNATURE**

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

**Phone Number
(*Include Area Code*):**

**Date of Birth (*MM/DD/
YYYY*):** _____

Mailing Address:

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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**

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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

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**customer, please notify
the Family Assistance
Administration of any
address changes.**

**Signature of
Representative:**

Date: _____

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**ANSWER QUESTIONS 1
THROUGH 13 - SIGN AND
DATE**

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

**Residential Address
(No., Street):**

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City: _____

State: _____

ZIP Code: _____

**2. What is your date of
birth?** _____

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

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**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

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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**

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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,**

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**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

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- **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

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or for you?

Yes No

**If Yes, is there a
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:**

**WHO DO YOU BUY AND OR
PREPARE WITH?**

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**THEIR RELATIONSHIP TO
YOU:**

**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*)

\$ _____

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

Electric \$ _____

Gas/Propane

\$ _____

Water \$ _____

Telephone \$ _____

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Other – Type**

Amount \$ _____

13. Do you pay more than \$35 a month for medical expenses?

Yes No

If yes, how much do you pay? \$ _____

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(*See Instructions*)**

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

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**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.**

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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

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**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**

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Disqualification

Removal

Requirements CNAP

Manual reference

FAA2.D05C.08.

- b. Question 8 and
9: Discuss the
possibility of
Felony Conviction
Disqualifications
CNAP Manual**

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**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.**

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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:**

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**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:

The USDA is an equal opportunity provider and employer • DES/ TANF Agencies are Equal Opportunity Employers/ Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information

Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services:

7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.