

**ND DEPARTMENT OF HUMAN SERVICES/EAP  
SFN 405 (Rev. 11-2003)**

<b>Please Check Assistance Received in the Past</b>	<b>If Received, By Who in Household</b>	<b>When</b>	<b>County</b>	<b>State</b>
<input type="checkbox"/> TANF or AFDC				
<input type="checkbox"/> Medicaid, Healthy Steps, or Medicare Savings Program				
<input type="checkbox"/> Food Stamps				
<input type="checkbox"/> Cash/General Assistance				
<input type="checkbox"/> Child Care Assistance				

**SIGNATURE - APPLICATION FOR ASSISTANCE (FOR ALL PROGRAMS)**

Signature of Applicant	Date:
Other Signature (spouse, guardian, or other adult)	Date:

**COMPLETE THIS SECTION FOR FOOD STAMPS ONLY**

If there is more than one adult in the household, list the name of the adult you want to be the head of household for Food Stamp purposes:	
Is any household member a boarder (paying someone else to provide meals)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household purchase and prepare meal separately? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?
Do you have an Electronic Benefit Transfer (EBT) card? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from what county or state did you receive it?

You may get Food Stamps within seven (7) days of the application date only if any of the following is true:  
 1) Gross monthly income is less than \$150 and your household's assets, such as cash and checking/savings accounts, are \$100 or less; 2) you are a migrant or seasonal farmworker; or 3) monthly rent/mortgage and the appropriate mandatory utility standard are more than your household's gross monthly income and cash, checking, CD, etc. Failure to attach proof of identity may delay processing of this application.

<b>Did you receive or do you expect to receive income this month?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete the following:</b>			
Gross Amount:			
Source:			
Who Received It:			
Does your household have less than \$100 in cash, checking, savings, CD, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is anyone in your household a migrant or seasonal farmworker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount you pay for rent or mortgage \$ _____			
Circle the following utilities you are responsible for: Heating    Cooling    Electricity    Telephone    Water    Sewer    Garbage			

**AGENCY USE:**

Screened for expedited services: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Worker Initials
Eligible for expedited services: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identity of applicant verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED REPRESENTATIVE:** You can designate someone to be an authorized representative. This person can apply for benefits for you. This person will have unrestricted access to your Food Stamps. Any funds misspent by the representative will not be replaced. Please complete the following if you wish to have an authorized representative.

Name:	City:	State:	Zipcode:
Address:		Phone:	