

Check what you want for each person.

Questions on this application apply to members of your household. This includes you, your spouse, and everyone else for whom you are requesting assistance. Please print answers.

Verification of information may be required.

For Food Supplement: if eligible, you will receive reporting requirements. To receive a credit for some expenses, such as child support paid, medical expenses (for elderly or disabled members) or fuel assistance (HEAP), you may be asked for verification. Failure to report or verify such expenses at application or review (or at other times you need to report) may mean you will receive less Food Supplement benefits each month. This will be seen as your statement that your household does not want to receive credit for the unreported or unverified expense.

Food Supplement	TANF	PaS	MaineCare
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				Last Name	First Name	MI	Jr./Sr.	Social Security Number	Birthdate Mo/Da/Yr	Age	Sex M/F	Relation to you
				Maiden Name								
APPLICANT												
PERSON ALREADY LISTED ON PAGE ONE												SELF

Please list place of birth for each person for whom you are requesting assistance.

First Name	Place of birth	First Name	Place of birth	First Name	Place of birth

Please complete a section for each adult applying for benefits. This information is voluntary. Your benefits will not be affected if you do not answer.

	Applicant	Second Adult
Are you an American Indian or Alaskan Native? Circle the tribe you belong to: 1. Houlton Maliseet 2. Peter Dana Pt. Passamaquoddy 3. Pleasant Point Passamaquoddy 4. Penobscot 5. Aroostook Micmac 6. Other	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you live on your tribe's reservation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Please list anyone else who lives with you for whom you are not requesting assistance.

Name	Birthdate Mo/Da/Yr	Sex M/F	Relation to you	Amount paid to you (if applicable)	How often Paid?

List your shelter expenses. Do not include past due payments and Security Deposits.

	How Much	How Often		How Much	How Often	How Much	How Often
Rent	_____	_____	Lot Rent	_____	_____	Cooking Fuel	_____
Heat	_____	_____	Mortgage	_____	_____	Water	_____
Electricity	_____	_____	Property Taxes	_____	_____	Sewer	_____
Telephone (basic)	_____	_____	House Insurance	_____	_____	Trash Collection	_____
Is your heating cost included in your rent? → No <input type="checkbox"/> Yes <input type="checkbox"/>				Has General Assistance helped you with any of these expenses in the last 6 months? → No <input type="checkbox"/> Yes <input type="checkbox"/>			
Has anyone received HEAP Fuel Assistance at your current residence? → No <input type="checkbox"/> Yes <input type="checkbox"/>				Does your mortgage include taxes and house insurance? → No <input type="checkbox"/> Yes <input type="checkbox"/>			
Do you live in public housing? → No <input type="checkbox"/> Yes <input type="checkbox"/>				Does anyone outside your household pay all or part of these bills? → No <input type="checkbox"/> Yes <input type="checkbox"/>			
Do you receive a rent subsidy? → No <input type="checkbox"/> Yes <input type="checkbox"/>				If yes, who? _____			
How much? _____		How Often? _____					

Single Married Separated Divorced Widowed	Use one of the following codes. Your benefits will not be affected if you do not answer. <u>For Ethnicity:</u> P-Hispanic/Latino or blank for none. <u>For Race:</u> W-White, B-Black or African American, O-Asian, I-American Indian or Alaskan Native, H-Native Hawaiian or other Pacific Islander	1. Social Security 2. SSI 3. Veteran's Benefit (include claim #) 4. Unemployment Benefits 5. Child Support, Alimony 6. Railroad Retirement	7. Workers' Compensation 8. Military Allotment 9. Rental Property 10. Pension 11. Dividend, Interest Annuity 12. Grants, Loans, Scholarships 13. Any other income
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Marital Status	U.S. Citizen Y/N, If N See below	Ethnicity P or Blank	Race Code	Highest school Grade/ Degree	Does person attend school at least half-time N/Y	Name of School	Served In Military? N/Y	Type of Unearned Income	Gross Amount	How often received

↓ <u>If not a US Citizen</u> INS Status Verified by	↓ If served in military, answer following questions for each individual: Name: _____ In which branch of the military did you serve? _____ When did you serve? (dates) _____ to _____ Did you serve on foreign soil? Yes _____ No _____ Are you receiving VA benefits that include payment of prescription drugs? Yes _____ No _____ If yes, refer to VA 1-800-827-1000 Name: _____ In which branch of the military did you serve? _____ When did you serve? (dates) _____ to _____ Did you serve on foreign soil? Yes _____ No _____ Are you receiving VA benefits that include payment of prescription drugs? Yes _____ No _____ If yes, refer to VA 1-800-827-1000
1.	
2.	
3.	
4.	
5.	
6.	

Are any of the above foster children, in state custody or boarders? —————> No Yes , If yes, who

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326 – W, Whitten Building, 1400 Independence Avenue, S. W. Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Earnings (including children). You must provide verification of all gross wages: Last 4 weeks' wage stubs for TANF or PaS, Food Supplement and MaineCare.

Has anyone quit a job in the last 60 days? No Yes If yes, who? _____

Is anyone on strike? No Yes If yes, who? _____

If between 18 – 49 years old, has anyone been told they are not eligible because of ABAWD rules?

No Yes If yes, who? _____

Is this person currently employed N/Y	If no, date last worked	Current or Last Employer's Name and Address	Type of work	# of hours worked weekly	Hourly rate of pay	Gross pay before deductions	How often is pay received	Weekday pay is received

Do you receive an Earned Income Tax Credit (EITC) in your normal paycheck? _____ → No Yes

Do you receive a yearly EITC? _____ → No Yes

If yes, how much \$ _____ When did you get your refund? _____

Does anyone give any money or assistance which is not listed to anyone in your household? _____ → No Yes

Does anyone pay child support? No Yes Who pays? _____

How much? _____ per _____ To whom? _____ For whom? _____

Do you expect any change in income or expenses? _____ → No Yes

Complete this section if self-employed. You must provide the most recent tax return or business records.

Name of person who is self-employed: _____ Is this a partnership or corporation? No Yes

Name of Business: _____ Type of Business: _____ # hours worked weekly: _____

Gross Amount _____ How often? _____

If you are paying someone to take care of your children or disabled adults, complete the following.

Name of person being paid _____
Address _____
Phone # _____

How much help do you get with
child care expenses \$ _____ How often _____
Amount paid \$ _____ How often _____
For whom: _____ Type of Provider: _____

Name of person being paid _____
Address _____
Phone # _____

How much help do you get with
child care expenses \$ _____ How often _____
Amount paid \$ _____ How often _____
For whom: _____ Type of Provider: _____

FOR OFFICE USE ONLY

- Licensed, Family Based (Relative or Non-Relative)
- Licensed, Day Care Center (Relative or Non-Relative)
- Unlicensed, In-home, Non-Relative
- Unlicensed, In-home, Relative
- Unlicensed, Family, Non-Relative
- Unlicensed, Family, Relative

} Enter type on ACES

ASSETS

FOR OFFICE USE ONLY

- | | | |
|------------------------|---------------------------|--|
| 1. Cash Not in Bank | 5. Trust Accounts | 10. Stocks, Bonds, Annuities, Profit Sharing |
| 2. Savings Account | 6. Christmas Clubs | |
| 3. Checking Account | 7. Life Insurance | 11. IRA, 401K, Keogh Accounts |
| 4. Credit Union Shares | 8. Certificate of Deposit | 12. Prepaid Burial |
| | 9. Separate Identifiable | 13. Family Development Accounts |

Type of Asset See Above	Name of Bank/Institution	Account Number	Current Balance or Value
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TANF/PaS Families Total Countable Cash Assets
\$ _____

Does anyone's name jointly appear on any Bank Accounts, Savings Accounts, Checking Accounts, Credit Union Accounts, Stocks, Bonds, Money Market Certificates or any type of property **other than those listed above**?
Explain: _____ No Yes

Does anyone have any land, buildings, or time shares, including jointly held real estate other than where you live?
Explain: _____ No Yes

Did anyone sell, trade, or give away anything of value during the last three months?
Explain: _____ No Yes

Has anyone recently received, or does anyone expect to receive in the near future, any payments such as retroactive government benefits, compensation, pay raises, lawsuit settlements, inheritance, etc.?
Explain: _____ No Yes

Does anyone have, or jointly own, any cars, trucks, boats, campers, motorcycles, snowmobiles, ATVs, trailers, skidders, tractors, or other motorized vehicles? If yes, list below: _____ No Yes

Year	Make/Model	Name(s) of Owner(s)	Amount Owed	Use	Exempt?	If Yes, Worker Justification
					No <input type="checkbox"/> Yes <input type="checkbox"/>	
					No <input type="checkbox"/> Yes <input type="checkbox"/>	
					No <input type="checkbox"/> Yes <input type="checkbox"/>	

TURN OVER AND ANSWER QUESTIONS ON PAGE 6 →

PARTIALLY EXEMPT FS	NON-EXEMPT LICENSED FS		TANF or PaS/MAINECARE AND UNLICENSED FS	
Value _____ - Excluded Amt. _____ = Net Assets _____	Value _____ - Excluded Amt. _____ =Countable Value _____ Net Asset _____ (greater of two amounts)	Value _____ - Amt. Owed _____ =Equity _____	Equity _____ - Excluded Amt. _____ =Net FS Asset _____	Value _____ - Amt. Owed _____ =Net Assets _____
Total Assets: FS _____	TANF/PaS _____	MaineCare _____		

For All Programs

Does any child under 21 have a mother or father who is not living with you or who is deceased? No <input type="checkbox"/> Yes <input type="checkbox"/> If you answered YES, list the following information: _____→	#1 - Name of Absent Parent and last known address	#2 - Name of Absent Parent and last known address
	Name of child(ren)	Name of child(ren)
Do you provide the primary home for this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you usually provide the day-to-day care and make decisions concerning this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does this child sometimes live with the other parent? How often?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you share custody of this child?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Does the other parent provide a home, physical care and guidance for this child in any way? How?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you are applying for TANF or PaS, are under age 18 and a parent or pregnant, please read this: Maine law prevents TANF or PaS cash benefits to never married minor parents. Instead of cash payments, the Department will send portions of the TANF or PaS benefit directly to vendors to pay monthly expenses. The rest of the TANF or PaS benefit must be sent to an adult payee who agrees to manage the money and agrees to explain how it is used on the minor's behalf. List the Name, Relationship, Address and Telephone # of the payee you would like the Department to consider: _____

If you are applying for TANF or PaS or MaineCare, answer the following questions.

Are you requesting help for any medical bills incurred within the **LAST THREE MONTHS**? No Yes
Which months? _____

You must provide the medical bills or copies of them.

Does anyone pay for Medical Insurance? _____→ No Yes
Premium \$ _____ How often paid? _____

Has any child lost health insurance in the past 3 months? _____→ No Yes
If yes, why? _____

Is any child claimed as a tax dependent by someone other than his/her parent? _____→ No Yes

If you are applying for Food Supplement for elderly or disabled persons, answer the following questions.

This section applies to anyone who is age 60 or older OR who is receiving any type of total disability benefits. Do you pay over \$35/month for medical insurance (including Medicare), over-the-counter or doctor-ordered medicines, dental care, hearing aids, eye care, transportation or any other medical service or supplies? No Yes

List the anticipated expenses (and due dates of payments) and provide proof of expenses for the past year:

Please list anyone who has a red, white and blue Medicare card.	Name	Medicare Number (Voluntary For Non-Applicant)