

Application for Services

What do I need to do to get benefits?

1. Pick up an application (DHS 0415F).

You can get an application by:

- Printing one from <https://apps.state.or.us/Forms/Served/de0415F.pdf>;
- Calling your local ODHS office or 1-800-699-9075 or 711 (TTY) to have one mailed to you;
- Picking one up at your local ODHS office ; or
- You may apply online by going to: <https://one.oregon.gov/>

To find the closest office, dial 211 or go online to: www.oregon.gov/DHS/Offices/Pages/index.aspx.

2. Fill out the application.

- **Child care**, Employment Related Day Care (ERDC): For students and working parents. More information can be found at the following website: <http://www.oregon.gov/DHS/assistance/CHILD-CARE>
To apply, fill out pages 1–5. Read pages 13–16 and sign page 16.
- **Food benefits**, Supplemental Nutrition Assistance Program (SNAP): Help to buy food. To apply, fill out pages 1–7. Read pages 12–16 and sign page 16. **You can submit page 1 with only your name, address and signature to file a request for food benefits and start the application process.** If you are eligible for food benefits, benefits will begin from this filing date.
- **Medical assistance**: To apply for health coverage, go online to: <https://one.oregon.gov/> or call 1-800-699-9075 or 711 (TTY) Monday through Friday, 7 a.m. to 6 p.m. to request an application.
- **Cash assistance**, Temporary Assistance for Needy Families (TANF): For very low income families with dependent children, those who are in the late stages of pregnancy, or Refugee Cash Assistance (RCA): For refugees who are within their 12 months in the United States. To apply for cash assistance, fill out the entire application.

3. Turn in the application or complete the application on line. You can mail, fax or drop the application off at your local ODHS office (*you can make a date-stamped copy for your records*). Or you can apply online at <https://one.oregon.gov/>.

4. Attend your appointment for an interview. Not all programs require an interview. We may need to go over the application with you depending on the benefits you are applying for. It is important to complete your interview. If you need to reschedule, please let us know.

What if I need food benefits right away?

You may be able to get food benefits within seven days if you qualify.

To qualify, one of the following must be true:

- Your household's income is less than \$150 per month and your household's cash and bank accounts total no more than \$100;
- The total of your monthly income, cash and money in the bank is less than your total housing and utility costs for a month; or
- You are a migrant or seasonal farm worker and have very little money.
- You must be able to show proof of your identity.

What do I need to bring to the interview?

You may need to bring:

1. Your identification;
2. Proof of your income;
3. Social Security numbers for everyone in your household who wants benefits; and
4. Proof of your immigration status for persons who want benefits.

Please let us know if you need help getting the information and we may be able to help you.

When will my benefits start if I qualify?

- *Cash benefits* usually start based on the date we get the application. The amount of your benefits is also based upon this date.
- *Food benefits* usually start based on the date we get the application. The amount of your benefits is also based upon this date.
- *Child care benefits* start on the first day of the month that you requested benefits. Billing forms are sent once you have chosen your provider, they are approved to receive payment and connected to your case.

Social Security numbers (SSN) and citizenship.

If you are applying for someone else and not for yourself, we do not need your SSN or citizenship status. People who are not U.S. citizens may still qualify for certain benefits. If you do not have a SSN yourself, other family members who do have SSNs may still qualify. Page 13 tells why ODHS collects each SSN and what each SSN is used for.

Social Security numbers are not required for Refugee Cash Assistance or Employment Related Day Care (ERDC).

You can get this document in other languages, large print, braille or a format you prefer. To request this form in another format or language, contact your local Self-Sufficiency Program office. We accept all relay calls or you can dial 711 for TTY. For a list of local offices please see <https://www.oregon.gov/DHS/Offices/Pages/index.aspx>.

Agency use only:	Branch:	Case number:	Worker ID:	Case name:	Date of request:	Filing date:
	Expedited service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appointment date/time:	Receptionist ID:	MA notice <input type="checkbox"/>		

Please ask if you need help filling out this form.

Language I speak: _____
 Let us know if you need: An interpreter A sign language interpreter
 Written materials translated (*what language*): _____
 Materials in: Braille Large print Audio tape Computer disk Oral presentation

Tell us about you

Full name _____ (last, first, middle initial) **Maiden** (or other names used) _____
 [][]-[][]-[][][][] [][][][]-[][][][]-[][][][] _____
 Social Security number Phone or message number (check one) Email _____
 Home address _____ City _____ State _____ ZIP code _____
 Mailing address (if different) _____ City _____ State _____ ZIP code _____
 Signature of applicant (filing date for food **and cash**). All programs, sign page 16 to complete request. Date _____

To complete your application for food benefits, fill in pages 1–7 and sign page 16.

- I am applying for: Child care Domestic violence help Food Cash for families Refugee Cash Assistance (RCA)
- Do you plan to stay in Oregon? Yes No
- Has anyone you are applying for received services from another state within the last 30 days?
 Yes No **If yes**, where? _____ Date last received: _____
- Do you want to give permission to someone else to apply or get benefits for you? Yes No
- Do you usually buy food and eat with everyone you live with? Yes No
If no, who buys their food separately? _____

Do you have an immediate need?

- Please answer the following for you and anyone you are applying for:
 - Does the household have \$100 or less in cash, checking or savings accounts? Yes No
 - Does the household have total gross income less than \$150 this month? Yes No
 - Is your housing plus utility costs more than your income plus cash plus money in your bank accounts? Yes No
 - Is anyone in the household a migrant or seasonal farm worker?
 (only answer if 1a above is Yes) Yes No
 ► If yes to “1d”, will you get income of \$25 or more in the next 10 days? Yes No
- Do you need a place to live, have an eviction or foreclosure notice, or expect to get a utility shut-off notice? Yes No
- Is anyone in a domestic violence situation or do they need to get away from an abusive or unsafe situation? Yes No
- Does anyone in the household make another household member afraid by threatening, yelling, or physically hurting? Yes No

1. Tell us about the people in your household

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Please answer below for those who want benefits.

Full name (last, first, middle initial) _____

Self

Date of birth (mm/dd/yyyy) _____ **Relationship** (mother, son) _____

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (City/state or country)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

Full name (last, first, middle initial) _____

Date of birth (mm/dd/yyyy) _____ **Relationship** (mother, son) _____

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
 (City/state or country)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

2. Is anyone in your household pregnant? Yes No
 If yes, who? _____ Due date: _____
3. Is anyone in the military or a veteran? Yes No If yes, who? _____
 Full time active military National Guard or Reserve Unit Veteran
4. Is anyone a spouse or dependent of someone in the military, or a veteran? Yes No
5. For cash benefits, would you like to talk with someone about concerns you have with your children? (Such as acting out, school problems, medical needs or finding child care.) Yes No
6. List anyone who wants benefits and is a high school, college, trade or vocational student.

	Student 1	Student 2
Name of student:		
Name of school/training program:		
Type of student:	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Undergraduate	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Undergraduate
Credits:		
Student last term, this term or both?	<input type="checkbox"/> Last term <input type="checkbox"/> This term <input type="checkbox"/> Both	<input type="checkbox"/> Last term <input type="checkbox"/> This term <input type="checkbox"/> Both
Apply for or get financial aid?	<input type="checkbox"/> Apply <input type="checkbox"/> Getting	<input type="checkbox"/> Apply <input type="checkbox"/> Getting

Additional space for other people living with you

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Please answer below for those who want benefits.

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) **Relationship** (*mother, son*)

Sex: Male Female

Marital status: Married Single Widowed
 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(City/state or country)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) **Relationship** (*mother, son*)

Sex: Male Female

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 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(City/state or country)

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Sex: Male Female

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 Divorced Married, but separated

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial heritage: Asian White
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native
 Black or African American

Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(City/state or country)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

* If you need additional space, see the back of this sheet.

Additional space for other people living with you

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Please answer below for those who want benefits.

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) **Relationship** (*mother, son*)

Sex: Male Female

Marital status: Married Single Widowed
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Check below the benefits for this person:

None Food Child care
 Cash Domestic violence help

Does this person have a disability? Yes No

For food and cash benefits, does this person have an outstanding arrest warrant? Yes No

Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(*City/state or country*)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) **Relationship** (*mother, son*)

Sex: Male Female

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 Cash Domestic violence help

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Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

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Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(*City/state or country*)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

Full name (*last, first, middle initial*)

Date of birth (*mm/dd/yyyy*) **Relationship** (*mother, son*)

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Last grade completed: _____

Social Security number: [][][]-[][]-[][][][][]

U.S. citizen: Yes No

If no complete the information below:

Alien Resident number: [][][]-[][][]-[][][][]

Place of birth: _____
(*City/state or country*)

Date of U.S. entry: _____ **Date of Oregon entry:** _____

* If you need additional space, please make copies or ask for the DHS 0415X.

Agency use only	Branch:	Case number:	Worker ID:	Case name:
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Tell us about your household's work and income.

Please answer the following for you and anyone you are applying for.

1. Does **anyone** have or expect to get any money? Yes No
If yes, please answer questions 2 and 3. **We will need proof of income for the last 30 days.**

2. **Money from work.** Please tell us about wages, salaries and commissions for this month from jobs and self-employment.

- a. Self-employment means you are being paid for doing work, but you don't have a regular employer other than yourself who gives you a paycheck and takes out taxes. Perhaps you have your own company with a separate bank account, or perhaps you do odd jobs for people who pay you in cash.

We need to know about money that has already been paid or that will be paid this month to **anyone** in your home who is related to you or your children. Use **gross** income (*totals before taxes and deductions*).

- Does **anyone** in your home get money for working? Yes No
If yes, please fill out this page.

Earned income	Job 1	Job 2	Job 3
Person working:			
Employer's name:			
Employer's phone:			
Position title:			
Hourly pay:	\$	\$	\$
Hours (<i>per week</i>):			
How often paid (<i>weekly, monthly</i>):			
Other pay:	<input type="checkbox"/> Tips <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Overtime <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other	<input type="checkbox"/> Tips <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Overtime <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other	<input type="checkbox"/> Tips <input type="checkbox"/> Commission <input type="checkbox"/> Bonus <input type="checkbox"/> Overtime <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other
Is income from self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any costs associated with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income this month:	\$	\$	\$
Income last month:	\$	\$	\$
*If any income has recently changed or will be changing, please let us know why:			
New amount:	\$	\$	\$
Date of the change:			

- b. Has anyone lost a job or quit a job within the last 30 days? Yes No
If yes, who? _____ Date of last day worked: _____
 Reason for job loss? _____
 Date of last pay: _____

3. Does anyone in your household work as a volunteer? Yes No
 If yes, name of volunteer: _____ Hours per week? _____

4. Please list any unearned income.

Does anyone in your home get money from places other than work?

Yes No

If yes, tell us about this month's income for anyone in your home who is related to you or your children (*including expected children*).

▶ **You must send proof.** Tell us about money, including:

- Loans repaid to you
- Cash assistance
- Retirement pension
- Supplemental Security Income (SSI)
- Educational income (*such as financial aid*)
- Disability benefits
- Child or spousal support
- Guardian or foster care payments
- Social Security benefits
- Veterans benefits
- Other: _____
- Dividends or interest on investments
- Worker's compensation
- Tribal payments
- Unemployment compensation
- Rent paid to you

Unearned income	1	2	3
Person receiving the money:			
Source/type:			
Expected to continue:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount received:	\$ _____	\$ _____	\$ _____
How often received (<i>weekly, monthly</i>):			
Unearned income this month:	\$ _____	\$ _____	\$ _____
Unearned income last month:	\$ _____	\$ _____	\$ _____

Tell us about your household's expenses

Dependent care expenses

- Does anyone pay for child care or care for an adult with a disability? Yes No
 If yes, who pays? _____ \$ _____ a month.
- If you get child care benefits, do you pay for child care costs in addition to your copay? Yes No
 If yes, enter monthly amount. \$ _____ a month.

Tell us about your child care needs

- Please list information about your work or school schedule.

Parent or caretaker 1:

Usual work hours: From _____ a.m. / p.m. to _____ a.m. / p.m. Usual work days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Usual school hours: From _____ a.m. / p.m. To _____ a.m. / p.m. Usual school days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Other schedule (describe): _____ Note: If your schedule varies, give information on the days and times you have worked or attended class. Let us know if you work a night shift and need sleep hours.
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Parent or caretaker 2, your spouse or additional work or school for parent #1:

Usual work hours: From _____ a.m. / p.m. To _____ a.m. / p.m. Usual work days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Usual school hours: From _____ a.m. / p.m. To _____ a.m. / p.m. Usual school days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. Other schedule (describe): _____

2. Please list information about your child care provider:

Care provider: _____	Phone number: [] [] [] - [] [] [] - [] [] [] []
Second provider: _____	Phone number: [] [] [] - [] [] [] - [] [] [] []

Unlicensed providers need to complete a background check and be approved before they are eligible for payment. If you need help finding a provider, contact: 211Info by dialing 211, text the keyword "children" to 898211, email children@info211.org or visit 211Info.org.

3. Do you need child care for a foster child? Yes No
4. Do you have shared custody for any of the children needing care? Yes No
5. Do you need child care while you are working, attending classes or both? Yes No
 Class hours can be covered for a school that is eligible for federal financial aid. If you are 20 or younger, high school or GED completion can also be covered. Provide a copy of your registration and class schedule.
6. Are you on medical leave from work for yourself or for a child in your home? Yes No
 If yes, name of the child: _____
7. For child care needs, are your children's immunization (*shot*) records up-to-date? Yes No
If no, contact your doctor or local health department for more information. You must agree to meet state immunization guidelines or exemptions to get child care benefits.
8. Do your family's assets exceed one million dollars (\$1,000,000)? Yes No

If you are applying for child care only, please answer question 1 under housing expenses: "Are you homeless" then skip to page 13, read pages 13-16 and sign page 16. To apply for food and cash please continue

Housing expenses

1. Are you homeless? Yes No
 Homeless could mean living in an emergency shelter, shared housing with another family because of job loss or loss of your housing, in a motel, car, park, public place, campsite or other similar place.
2. Do you or anyone in your household pay for housing? Yes No

If yes, please complete below.

Rent Mortgage What is the total rent/mortgage? _____

How much do you pay of the total amount? \$_____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Fire/hazard insurance, if separate: \$_____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Property tax, if separate: \$_____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Person or company you pay rent/mortgage to: _____		May we contact this person/company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, their phone: [] [] [] - [] [] [] - [] [] [] []

3. Do you expect to pay the same amount for housing next month? Yes No
4. Do you get help to pay for housing? Yes No
If yes, please complete below.

Who pays	Paid to	Amount paid
		\$
		\$

5. If you have reported that you have no income, how are you paying your housing expenses?

Utility expenses

1. Do you pay to heat/cool your home? Yes No
 a) Is the heat/cool expense included in the rent/mortgage? Yes No
2. What other kind of utilities do you pay?
 Water/sewer Garbage Electric Gas Phone Other: _____

Court-ordered child support expenses

1. Does anyone in your home pay court-ordered child support to someone outside your home? Yes No

If yes, please complete below.

Person who pays support	For which child	Amount paid
		\$

Medical expenses

1. Is anyone you are applying for 60 or older or a person with a SSI/SSD disability? Yes No
 If yes, list any out-of-pocket medical expenses, including medical insurance expenses.

Person with the out-of-pocket expenses	Amount paid
	\$ _____ a month

Tell us about your household's resources

1. Do you, or anyone you are applying for own or have their name on any of the following?
 a) Checking, savings, credit union accounts, IRA, 401K. Yes No
 b) Stocks, bonds, money market accounts, CDs, trust funds. Yes No
 c) Cash on hand or other: _____ Yes No

If yes to any of the above, please complete below.

Type	Name/location of bank	Current balance/value	Belongs to

2. Is anyone buying, or an owner of, real estate, land or buildings you are not living on? Yes No
3. Does anyone have any items of value? (Examples: car, truck, boat, etc.) Yes No
4. Have you or a member of your family been injured in an accident that you are making a claim for money? Yes No

If yes, what is the date of the injury? _____

If yes, please complete form MSC 0451, *Vehicle Related Personal Injury* or MSC 0451NV, *Non-Vehicle Related Personal Injury*.

Agency use only	<input type="checkbox"/> FUA	<input type="checkbox"/> LUA	<input type="checkbox"/> IUA	<input type="checkbox"/> TUA	<input type="checkbox"/> COS
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Tell us about your out of state food benefits

1. Oregon has a 3 month time limit for SNAP benefits. This time limit is for most adults age 18–49 who are able to work and have no children in the home. They can get SNAP for only 3 months in a 3-year period. The months you received SNAP in another state may be counted towards the Oregon Time Limit.

Did you or anyone you are applying for get SNAP in another state since January 1, 2022? Yes No

If yes, please complete below.

Person	State

If you are applying for child care benefits only, skip to page 13. Read pages 13–16 and sign page 16. To apply for SNAP and cash please continue.

Tell us about the community in which you live

1. Do you live on one of the following?

Indian Reservation Yes No

If yes, which? _____

Dependent Indian community Yes No

If yes, which? _____

Indian allotment Yes No

If yes, which? _____

If you are applying for food only, skip to page 12. Read pages 12–16 and sign page 16. To apply for cash please continue.

Tell us about your time on TANF

1. Oregon has a 60 month time limit for Temporary Assistance for Needy Families (TANF). Months you received TANF in another state or from a tribal TANF program may be counted towards the Oregon Time Limit.

Did you or anyone you are applying for get TANF in another state or from a tribal TANF program since 1996? Yes No

If yes, please complete below.

Person	State or tribe	Months on TANF

Tell us about your tribal membership

1. Is anyone you are applying for a member of one of Oregon's nine federally recognized tribes?
 If yes, which tribe(s): Yes No

- | | |
|--|---|
| <input type="checkbox"/> Burns Paiute Tribe | <input type="checkbox"/> Confederated Tribes of Siletz |
| <input type="checkbox"/> Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians | <input type="checkbox"/> Confederated Tribes of the Umatilla Indian Reservation |
| <input type="checkbox"/> Coquille Indian Tribe | <input type="checkbox"/> Confederated Tribes of Warm Springs |
| <input type="checkbox"/> Cow Creek Band of Umpqua Indians | <input type="checkbox"/> Confederated Tribes of Grand Ronde |
| <input type="checkbox"/> Klamath Tribes | |

2. Is anyone you are applying for a member of any other federally recognized tribe?

Person	Tribe

Tell us about your household's disabilities

1. Does anyone you are applying for have a disability that will last more than 12 months?
 Yes No If yes, who? _____
2. Has anyone in your home applied or considered applying for disability benefits through the Social Security Administration? Yes No
 If yes, was the application: Approved Denied Pending

Tell us about any parents not living in your household

Important – By applying for services, you are letting us establish paternity (*legally name the child's father*) and pursue child support from parents not living in your household unless you think this parent might harm you or the child.

1. If anyone in your household is pregnant, is the father living in the house? Yes No
2. Do any of the children's parents live outside the child's home? Yes No

If yes, please list parent(s) even if the child has not been born yet. Also, list your parents if you are under 18 and not living with them. **Please give as much information as possible.**

a) Absent parent 1

Name (<i>first, middle initial, last</i>):		This is my: <input type="checkbox"/> spouse or ex-spouse <input type="checkbox"/> child <input type="checkbox"/> partner or ex-partner <input type="checkbox"/> step child <input type="checkbox"/> other: _____	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth: (<i>month, day, year</i>): Social Security number (<i>if you know it</i>): [][][]-[][][]-[][][][][]		
Address:	City:	State:	ZIP code:
Phone: [][][]-[][][]-[][][][][]		Date this parent stopped living with child (<i>month, day, year</i>):	
Number of hours each week this parent spends with the child(ren): How many of these hours are spent in the child(ren)'s home?		List this parent's child(ren) whom you have written about on this application.	
If this is an absent father, has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
Do you think this parent might hurt you or the child if we try to find out about paternity or health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

b) Absent parent 2

Name (<i>first, middle initial, last</i>):		This is my: <input type="checkbox"/> spouse or ex-spouse <input type="checkbox"/> child <input type="checkbox"/> partner or ex-partner <input type="checkbox"/> step child <input type="checkbox"/> other: _____	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth: (<i>month, day, year</i>): Social Security number (<i>if you know it</i>): [][][]-[][][]-[][][][][]		
Address:	City:	State:	ZIP code:
Phone: [][][]-[][][]-[][][][][]		Date this parent stopped living with child (<i>month, day, year</i>):	
Number of hours each week this parent spends with the child(ren): How many of these hours are spent in the child(ren)'s home?		List this parent's child(ren) whom you have written about on this application.	
If this is an absent father, has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
Do you think this parent might hurt you or the child if we try to find out about paternity or health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Please make copies of this page for additional parents.

Information about cash benefits

Cash benefits is also known as Temporary Assistance for Needy Families (TANF) or Refugee Cash Assistance (RCA). Cash benefits are for meeting a family's basic needs like food, clothing, shelter and utilities.

Most cash benefits in Oregon are issued via an Electronic Benefit Transfer (EBT) card. This is known as an Oregon Trail Card. Cash assistance benefits may not be withdrawn or spent using an Oregon Trail Card in any:

- Liquor store. This includes retail businesses that only or mostly sell beer or wine.
- Casino, gambling casino or gaming establishment.
- Retail business that provides adult entertainment in which performers disrobe or perform in an unclothed state. This includes adult video stores that only or mostly sell or feature adult-oriented videos or movies.
- Marijuana dispensary.

These restrictions apply:

- In Oregon.
- Outside Oregon.
- On tribal lands.

These restrictions also apply to cash benefits in a private bank account.

If you are applying for cash for families:

“Assigning” payments and the state’s right to place a lien on any injury claims

To qualify for assistance, you must let ODHS have money you or other members of your family, including any child born in the future, receive or have the right to receive from:

- Other people, businesses or other sources who are or may be liable to cover costs related to an injury, such as a car accident.

There is a limit on how much ODHS can take. It cannot take more than the amount it has paid in cash benefits for you and your family.

By signing this form, you agree to help ODHS find and obtain these payments. If you or a family member receiving benefits is in an accident or injured by another person or business you must tell ODHS within 10 days. The state may place a lien on money from such claims.

If you are applying for cash for families:

What you need to know about “assigning support”

“Support” means money you get for you or your children, like alimony or child support.

When you get cash benefits, you are “assigning” the state the right to keep the support you or anyone in your family get from another person. The money goes to repay the state for the cash you get.

NOTE: This does not apply during any period of time you receive cash benefits from JOBS Plus, the State Family Pre-SSI/SSDI Program (SFPSS) or the Post-TANF Program; when you are a two-parent family; or when you are receiving Employment Payments.

This means that while you are getting cash benefits:

The state will keep part of the support payments (*for both current and past-due payments*) received for you and members of your family. The state will not keep all your child support. The state will send you \$50 of current child support received per child per month up to \$200 per family per month. The state will not count this money as income when figuring your eligibility and benefits.

NOTE: If you are an applicant for cash assistance and you are in SFPSS or JOBS Plus, or you are a two-parent family, the state will generally not keep any of your child support. When determining your eligibility and benefits, \$50 (*per child per month up to \$200 per family per month*) of current child support received will not be counted towards your monthly income.

When you leave the cash program:

- Current support payments will go to you;
- Any past-due payments for months you were on cash assistance will be kept by the state;
- Any past-due payments for months you were not on cash assistance may go to you.

Working with Child Support

While you are getting cash benefits, you will need to work with the state's Child Support Program.

Important: You do not have to work with child support if you think it would mean danger for you or your children.

Working with child support can mean:

- Helping to locate your child's other parent (*unless you think it would mean danger for you or your children*);
- Legally naming the child's father (*establishing paternity*);
- Getting a support order.

Information about cash program penalties

If you knowingly do the following to get Temporary Assistance for Needy Families (TANF) and/or Refugee Cash Assistance (RCA) you will get a penalty:

- Give false information about yourself or someone you are applying for;
- Hide information about yourself or someone you are applying for;
- Give false information about where you live.

The first time you do any of these things you will not get TANF for 12 months. The second time you will not get TANF for 24 months. The third time you will not be able to get TANF at all. You will also have to pay back all the TANF you were not supposed to get. Your food benefits will not go up even though you get less in TANF if you told us something that was not true or did not tell us something that was true.

The first time you do any of these things you will not get RCA for 3 months. The second time you will not get RCA for 6 months. You will also have to pay back all the RCA you were not supposed to get. Your food benefits will not go up even though you get less RCA if you told us something that was not true or did not tell us something that was true.

Information about Supplemental Nutrition Assistance Program (SNAP) penalties

If you do the following...	You will lose food benefits...
<ul style="list-style-type: none"> • Hide information or make false statements; • Use Electronic Benefits Transfer (EBT) cards that belong to someone else; • Use food benefits to buy alcohol or tobacco; • Trade or sell benefits or EBT cards; • Dump containers only for the cash redemption value; • Resell food bought with food benefits for cash. 	<ul style="list-style-type: none"> • 12 months for the first offense; • 24 months for the second offense; • Permanently for the third offense.
<ul style="list-style-type: none"> • Trade food benefits for controlled substances such as drugs. 	<ul style="list-style-type: none"> • 24 months for the first offense; • Permanently for the second offense.
<ul style="list-style-type: none"> • Trade food benefits for firearms, ammunition or explosives. 	<ul style="list-style-type: none"> • Permanently.
<ul style="list-style-type: none"> • Trade, buy or sell food benefits of \$500 or more. 	<ul style="list-style-type: none"> • Permanently.
<ul style="list-style-type: none"> • Give false information about who you are or where you live so you can get extra food benefits. 	<ul style="list-style-type: none"> • 10 years for each offense.
<p>You can also be fined up to \$250,000 or put in prison for up to 20 years or both, for doing these things. You may also be charged under other federal laws.</p>	
If you knowingly do the following...	You may be...
<ul style="list-style-type: none"> • Use EBT cards that are not yours; • Transfer your EBT cards to other people; • Acquire or possess EBT cards that are not yours. 	<ul style="list-style-type: none"> • Guilty of a felony or misdemeanor; • Fined; • Put in prison; • Ineligible for food benefits for a period of time.

Information about all programs

Our non discrimination policy

The Oregon Department of Human Services (ODHS) does not discriminate against anyone. This means that ODHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs¹, disability or sexual orientation².

You may file a complaint if you believe ODHS treated you differently for any of these reasons. To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301
Email: DHS.info@state.or.us

“Equal opportunity is the law!”

The United States Department of Agriculture (USDA) and the United States Health and Human Services (HHS) are equal opportunity providers and employers. Auxiliary aids and services are available upon request to individuals with disabilities.

To file a complaint with USDA and HHS, please read the “*Client Discrimination Complaint Information*” form (DHS 9001). You can find this form in the “*Information and Referral Packet*” (DHS 6609).

Why we need your Social Security number

Social Security numbers (SSN) – Federal laws (42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920 and 42 CFR 457.340(b)) and ODHS rule (OAR 461-120-0210) require anyone applying for cash or food benefits to give ODHS their SSN. If you provide an SSN, it can speed up the application process. If someone doesn't have an SSN, visit www.ssa.gov.

- a. ODHS will use your SSN to help decide if you are eligible for benefits. Your SSN will be used to verify your income, other assets and to match with other state and federal records such as IRS, Medicaid, child support, Social Security, Unemployment benefits and other public assistance programs.
- b. ODHS may use your SSN to prepare aggregate information or reports requested by funding sources for the program you apply for or receive benefits from.
- c. ODHS may use or disclose your SSN:
 - If it is needed to operate the program you apply for or receive benefits from;
 - To conduct quality assessment and improvement activities;
 - To verify the correct amount of payments and recover overpaid benefits;
 - To make sure nobody gets benefits in more than one household.

Social Security numbers not required for Refugee Cash Assistance or Employment Related Day Care (ERDC).

¹SNAP clients are protected against political belief discrimination.

²Sexual orientation is protected by the State of Oregon, but not federal laws.

Information about your rights and responsibilities

By signing below I agree that:

- I understand that if I am in the Refugee Case Services Project (RCSP), the term “ODHS” includes ODHS contractors.
- I have given ODHS true, correct and complete information;
- I understand that making false statements or hiding information may mean state and federal penalties, as well as having to repay any overpayment (*this includes authorized representatives for cash benefits*);
- ODHS can review my case. This could include coming to my home;
- I declare I am a resident of Oregon;
- I will report changes in information I give ODHS when ODHS requires me to;
- I have given true citizenship information about myself and the others I am applying for;
- I know that ODHS will check the immigration status of people who apply for or get benefits. I know the information ODHS gets from the United States Citizenship and Immigration Service (USCIS) could affect who gets benefits. **ODHS will not contact USCIS for anyone not seeking benefits;**
- I authorize release of my child support records from the Department of Justice (DOJ), Division of Child Support (DCS) to ODHS;
- The adults under age 60 on this form who apply for food benefits (SNAP) will register for the state’s employment program. If I add people to the program in the future, they will also register;
- If I do not give ODHS the Social Security number for someone who wants benefits, that person may not be able to get them;
- ODHS will not use costs for shelter, medical, child care and court ordered child support to figure my benefits if I do not report them;
- ODHS will request and use the Income and Eligibility Verification System (IEVS) data and this information may affect eligibility and benefit levels. This includes verification through third party contacts when discrepancies in information are found. Third party contacts may include matching with bank, income and unemployment-benefit records
- I understand that ODHS may use or disclose my SSN and the SSN of each person I apply for, for the purposes listed on page 13;
- ODHS may give the information on this application to:
 - Federal and state agencies who are doing reviews;
 - Law-enforcement officials, to help them arrest someone who is fleeing from the law;
 - Federal and state agencies and private collection agencies, if I have to repay benefits to ODHS.
- ODHS may use this information to administer other public assistance programs that I receive from ODHS.

- I understand ODHS may monitor where I use TANF cash benefits through my Oregon Trail Card or withdraw TANF cash benefits using my Oregon Trail Card. I also understand that I may not use my Oregon Trail Card to spend TANF cash benefits or withdraw TANF cash benefits at any:
 - Liquor store. This includes retail businesses that only or mostly sell beer or wine.
 - Casino, gambling casino or gaming establishment.
 - Retail business that provides adult entertainment in which performers disrobe or perform in an unclothed state. This includes adult video stores that only or mostly sell or feature adult-oriented videos or movies.
 - Marijuana dispensary.

These restrictions apply:

- In Oregon.
- Outside Oregon.
- On tribal lands.

These restrictions also apply to cash benefits in a private bank account.

- I understand the person who signs this form must repay benefits to ODHS when there is an overpayment in my case. Other individuals that are required to apply with me and an authorized representative could also be liable for overpayments.
- I understand I can request a copy of my application in paper or electronic form.
- **People applying for cash benefits** — I am giving the state the right to keep support payments, as explained on pages 10–11. I understand I do not have to work with the child support program if it would mean danger for me or my children.
- **People applying for cash and food benefits** — I understand I cannot get food benefits from the Tribal Food Distribution program and the SNAP program at the same time. I also cannot get Tribal TANF from a tribe and TANF cash benefits from ODHS at the same time.
 - I state under penalty for making a false statement that the statements made about persons in my home, including statements about citizenship, income, resources, property and all other information I have given ODHS and their contractors are true and correct.
 - I will give proof of the information I have given ODHS. I will also let ODHS contact other people and agencies to get proof.
- **People applying for Employment Related Day Care** — I understand that any child care benefits I receive will be reported to the Oregon Department of Revenue, which may affect my tax debt and/or potential return.
- I understand I may choose to have my child care provider come to my home to provide care. If a provider does care in my home, I may be considered that person's employer under federal law. As an employer, I would be required to meet federal minimum wage and overtime rates.

BOLI Technical Assistance for Employers Program is available:

- **On the web:** <https://www.oregon.gov/boli/ta/Pages/index.aspx>;
- **Email:** bolita@boli.state.or.us; and
- **Phone:** 971-673-0824

The federal minimum wage provisions are contained in the Fair Labor Standards Act (FLSA).

For more information about the fair labor act and to determine if you are an employer:

- **Visit:** <https://www.dol.gov/agencies/whd/compliance-assistance>
- **Call the toll-free information and helpline:** 1-866-4USWAGE (1-866-487-9243).

Please continue to page 16, read and sign.

Declaration and signature

I have read and understand my rights and responsibilities as explained above and in the DHS 0415R form, and I have a copy of the form.

Full legal signature of applicant/authorized representative

Date

Full legal signature of other parent, spouse or other adult

Date

Staff witness signature

Date

What is the best way for us to contact you?

Phone: _____

Email: _____

Other: _____

What days and times are best for us to contact you? _____

Voter registration

If you are not registered to vote where you live now, would you like to apply to vote today?

Yes No

Applying to register to vote or declining to register will not affect the amount of assistance you will be provided by this agency.