

## 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/dw0415f.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 Oregon Department of Human Services (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](http://www.oregon.gov/DHS/Offices/Pages/index.aspx).

#### 2. Fill out the application.

- **Child care**, Employment Related Day Care (ERDC): For students, working parents and those receiving TANF cash assistance. More information can be found at the following website: <http://www.oregon.gov/delc/programs>  
To apply, fill out pages 1–14. Read pages 27–33 and sign page 34.
- **Food benefits**, Supplemental Nutrition Assistance Program (SNAP): Help to buy food. To apply, fill out pages 1–17. Read pages 25–33 and sign page 34. **You can submit pages 1–2 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.

*Continued on next page*

- **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 (REFC): 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.

*Continued on next page*

## 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. Pages 28-29 tell why ODHS collects each SSN and what each SSN is used for.

**Social Security numbers are not required for Refugee Cash (REFC) 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>.

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

**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*):

-    -



## Do you have an immediate need?

1. Please answer the following for you and anyone you are applying for.
  - a) Does the household have \$100 or less in cash, checking or savings account?  Yes  No
  - b) Does the household have total gross income less than \$150 this month?  Yes  No
  - c) Is your housing plus utility costs more than your income plus cash plus money in your bank accounts?  Yes  No
  - d) 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
2. Do you need a place to live, have an eviction or foreclosure notice, or expect to get a utility shut-off notice?  Yes  No
3. Is anyone in a domestic violence situation or do they need to get away from an abusive or unsafe situation?  Yes  No
4. 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.

## Self

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

Relationship *(mother, son)* \_\_\_\_\_

Sex:  Male  Female

Date of birth *(mm/dd/yyyy)* \_\_\_\_\_

Marital status:  Married  Divorced  Widowed  
 Single  Married but separated

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

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

Please answer below for those who want benefits.

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: \_\_\_\_\_



# 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.

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

\_\_\_\_\_  
**Relationship** (*mother, son*)

**Sex:**  Male  Female

\_\_\_\_\_  
**Date of birth** (*mm/dd/yyyy*)

**Marital status:**  Married  Divorced  Widowed  
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**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

**Racial heritage:**  Asian  Black or African American  
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 Native Hawaiian/Pacific Islander

Please answer below for those who want benefits.

**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 to tell us about the people in your household, see the following five (5) pages. If you need more than the additional five pages, please make copies or ask for the DHS 0415x.**

**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? \_\_\_\_\_  Veteran

Full time active military  National Guard or Reserve Unit

**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.**

	<b>Student 1</b>	<b>Student 2</b>
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

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

\_\_\_\_\_  
**Relationship** *(mother, son)*

**Sex:**  Male  Female

\_\_\_\_\_  
**Date of birth** *(mm/dd/yyyy)*

**Marital status:**  Married  Divorced  Widowed  
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**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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Please answer below for those who want benefits.

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 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)*

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**Relationship** (*mother, son*)

**Sex:**  Male  Female

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 Food  Child care  Cash  Domestic violence help

**Does this person have a disability?**  Yes  No

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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?** \_\_\_\_\_  
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**Date of U.S. Entry:** \_\_\_\_\_ **Date of Oregon entry:** \_\_\_\_\_

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

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**Relationship** (*mother, son*)

**Sex:**  Male  Female

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**Date of birth** (*mm/dd/yyyy*)

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**Does this person have a disability?**  Yes  No

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**Last grade completed:** \_\_\_\_\_

**Social Security number:**    -   -

**U.S. citizen?**  Yes  No If no, complete the information below:

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**Place of birth?** \_\_\_\_\_  
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**Full name** (*last, first, middle initial*)

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**Relationship** (*mother, son*)

**Sex:**  Male  Female

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**Does this person have a disability?**  Yes  No

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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:** \_\_\_\_\_

<b>Agency use only:</b>	Branch:	Case number:	Worker ID:
	Case name:		

## 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 the following page(s).



Earned income	Job 1
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"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift differential <input type="checkbox"/> Other
Is income from self-employment?	<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
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:	

Earned income	Job 2
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"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift differential <input type="checkbox"/> Other
Is income from self-employment?	<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
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:	

Earned income	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"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift differential <input type="checkbox"/> Other
Is income from self-employment?	<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
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:

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

Unearned income	1
Person receiving the money:	
Source/type:	
Expected to continue:	<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:	\$

Unearned income	2
Person receiving the money:	
Source/type:	
Expected to continue:	<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:	\$

Unearned income	3
Person receiving the money:	
Source/type:	
Expected to continue:	<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:

<p><b>Usual work hours:</b> From _____ a.m./p.m. to _____ a.m./p.m.</p> <p><b>Usual work days:</b>  <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.</p> <p><b>Usual school hours:</b> From _____ a.m./p.m. to _____ a.m./p.m.</p> <p><b>Usual school days:</b>  <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.</p> <p><b>Other schedule (describe):</b> _____</p> <p><b>Note:</b> If your work schedule varies, give information on the days and times you have worked or attended classes. Let us know if you work a night shift and need sleep hours.</p>
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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:**  
 Mon.  Tue.  Wed.  Thu.  Fri.  Sat.  Sun.  
**Usual school hours:** From \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.  
**Usual school days:**  
 Mon.  Tue.  Wed.  Thu.  Fri.  Sat.  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](mailto:children@info211.org) or visit <https://www.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, in class or receiving TANF?**  Yes  No

Class hours, including GED for those over 20, are covered for schools eligible for federal financial aid. Students age 20 or | younger can attend any high school or GED program.

Provide 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 27, read pages 27–33 and sign page 34.**

**To apply for food and cash please continue.**

### Housing expenses

1. Are you homeless, staying in a shelter, motel, car, campsite or public place?  Yes  No

2. Are you staying with another family or person due to losing your housing?  Yes  No

a) Have you stayed or do you plan to stay in this living situation for more than 90 days?  Yes  No

3. 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
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Person or company you pay rent/mortgage to:

May we contact this person/company?  Yes  No

**If yes**, their phone:    -    -

4. Do you expect to pay the same amount for housing next month?

Yes  No

5. Do you get help to pay for housing?

Yes  No

If yes, please complete below.

Who pays	Paid to	Amount paid
		\$
		\$

6. 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.**

<b>Agency use only</b>	<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 ages 18 through 52 who are able to work and have no children under 18 in their SNAP case. 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 27. Read pages 27–33 and sign page 34. 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 25. Read pages 25–33 and sign page 34. 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?  Yes  No

If yes, which tribe(s):

- |  |   |
|--|---|
| <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, see pages 20-21.**

## Tell us about any parents not living in your household (*continued*)

### a) Absent parent 1

Name (*first, middle initial, last*):

This is my:  spouse or ex-spouse  partner or ex-partner  child  
 step child  Other \_\_\_\_\_

Date of birth (*month, day, year*):

Sex:  Female  
 Male

Social Security number (*if you know it*):

| | | - | | | - | | | | |

Address:

City:

State:

ZIP code:

Phone: | | | - | | | - | | | | |

Date this parent stopped living with child (*month, day, year*):

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:

If this is an absent father, has paternity been legally established?

Yes  No  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?  Yes  No

List this parent's child(ren) whom you have written about on this application.

## Tell us about any parents not living in your household *(continued)*

### b) Absent parent 2

Name *(first, middle initial, last)*:

This is my:  spouse or ex-spouse  partner or ex-partner  child  
 step child  Other \_\_\_\_\_

Date of birth: *(month, day, year)*:

Sex:  Female  
 Male

Social Security number *(if you know it)*:

| | | - | | | - | | | | |

Address:

City:

State:

ZIP code:

Phone:

| | | - | | | - | | | | |

Date this parent stopped living with child *(month, day, year)*:

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:

If this is an absent father, has paternity been legally established?

Yes  No  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?  Yes  No

List this parent's child(ren) whom you have written about on this application.

**\* 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 (REFC). 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 (REFC) 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 REFC for 3 months. The second time you will not get REFC for 6 months. You will also have to pay back all the REFC you were not supposed to get. Your food benefits will not go up even though you get less REFC 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"> <li>• Hide information or make false statements;</li> <li>• Use Electronic Benefits Transfer (EBT) cards that belong to someone else;</li> <li>• Use food benefits to buy alcohol or tobacco;</li> <li>• Trade or sell benefits or EBT cards;</li> <li>• Dump containers only for the cash redemption value;</li> <li>• Resell food bought with food benefits for cash.</li> </ul>	<ul style="list-style-type: none"> <li>• 12 months for the first offense;</li> <li>• 24 months for the second offense;</li> <li>• Permanently for the third offense.</li> </ul>
<ul style="list-style-type: none"> <li>• Trade food benefits for controlled substances such as drugs.</li> </ul>	<ul style="list-style-type: none"> <li>• 24 months for the first offense;</li> <li>• Permanently for the second offense.</li> </ul>
<ul style="list-style-type: none"> <li>• Trade food benefits for firearms, ammunition or explosives.</li> </ul>	<ul style="list-style-type: none"> <li>• Permanently.</li> </ul>
<ul style="list-style-type: none"> <li>• Trade, buy or sell food benefits of \$500 or more.</li> </ul>	<ul style="list-style-type: none"> <li>• Permanently.</li> </ul>
<ul style="list-style-type: none"> <li>• Give false information about who you are or where you live so you can get extra food benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• 10 years for each offense.</li> </ul>
<p style="text-align: center;">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>	

<b>If you knowingly do the following...</b>	<b>You may be...</b>
<ul style="list-style-type: none"><li>• Use EBT Cards that are not yours;</li><li>• Transfer your EBT cards to other people;</li><li>• Acquire or possess EBT cards that are not yours.</li></ul>	<ul style="list-style-type: none"><li>• Guilty of a felony or misdemeanor;</li><li>• Fined;</li><li>• Put in prison;</li><li>• Ineligible for food benefits for a period of time.</li></ul>

## Information about all programs

### Our discrimination policy

The Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) do not discriminate against anyone. This means ODHS and OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs<sup>1</sup>, disability or sexual orientation.

You may file a complaint if you believe ODHS or OHA 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: [GAO.info@odhs.oregon.gov](mailto:GAO.info@odhs.oregon.gov)

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs<sup>1</sup>, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339.

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<sup>1</sup>SNAP clients are protected against political belief discrimination.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling 833-620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

**Mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

**Fax:** 833-256-1665 or 202-690-7442; or

**Email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

**This institution is an equal opportunity provider.**

## **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 applicaiton process. If someone doesn't have an SSN, visit [www.ssa.gov](http://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 and OHA 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 (REFC) or Employment Related Day Care (ERDC).**

**Information about your rights and responsibilities**

**By signing below I agree that:**

- I have given ODHS and Department of Early Learning and Care (DELIC) 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 and DELC 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 pages 28-29;
- ODHS and DELC 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 and DELC.

- 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 and DELC 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 22-24. 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 the 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 benefit 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](mailto: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).

***Continued on next page for declaration and signature***

## Declaration and signature

I have read and understand my rights and responsibilities as explained in this form and in the DHS 4214 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.