OREGON DEPARTMENT OF
Human Services
Self-Sufficiency Programs

SNAP Supplemental Nutrition Assistance Program
Putting Healthy Food Within Reach

Application for Services

Other formats and languages

You can get this document in other languages, large print, braille or a format you prefer free of charge. To request this form in another format or language, contact your local ODHS 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.

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What do I need to do to get benefits?

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

You can get an application by:

- You may apply online by going to: https://one.oregon.gov/
- Printing one from https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de0415F.pdf;
- Calling your local Oregon Department of Human Services (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
- 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 benefits, Employment Related Day Care (ERDC)

Helps families pay for child care and registration fees. Initially, families may qualify if they are working, attending school, receiving cash assistance (Temporary Assistance for Needy Families – TANF), on medical leave from employment or school, or participating in certain programs with Child Welfare.

ERDC is a subsidy program. This means families may still pay part of the child care cost. This is called a copay. The monthly copay is based on family size and income.

ERDC also works with partners across the state to help families find and keep child care. More information please visit the following website: www.oregon.gov/delc/programs/Pages/erdc.aspx.

To apply, fill out pages 8–27. Read pages 45–55, and sign page 54.

Food benefits, Supplemental Nutrition Assistance Program (SNAP)

Help to buy food.

To apply, fill out pages 8–34. Read pages 43–55, and sign page 54.

You can submit just pages 8 and 9 with your name, address, and signature to set your filing date and start the application process. You must provide the answers to the remaining questions to complete the application. If you are eligible for food benefits, benefits will begin from this date.

If you are a student (in college, a vocational or technical program), or an adult without children under 14 receiving SNAP benefits, specific rules may apply to you. Ask about how you may be exempted from those work rules.

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 or very low-income parents in the late stages of pregnancy.

Refugee Cash (REFC)
For refugees who have recently arrived in the United States or gained an eligible immigration status.

To apply for cash assistance, fill out the entire application.

3. Turn in the application or complete the application online.

You can mail, fax or drop the application off at your local ODHS office (you can ask for a copy with a date-stamp to show when you turn it in). 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 must be 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 must be less than your total housing and utility costs for a month; or
- Someone in your home is a migrant or seasonal farm worker and will get $25 or more in the next 10 days.

What do I need to complete my application?

You **may** need to give:

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 are not U.S. citizens and 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** typically 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 they are 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 an SSN yourself, other family members who do have SSNs may still qualify. Page 48 tells 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).

Agency use only:	Branch:	Case number:	Worker ID:	Case name:	Date of request:	Filing date:
	Expedited service? ◯ Yes ◯ No	Appointment date/time:	Receptionist ID:	MA notice ☐		

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 ☐ USB thumb drive ☐ Compact disc

Tell us about you

Full name (last, first, middle initial):

_____

Maiden (or other names used): _____

Social Security number: _____

Phone number: _____

☐ Phone or ☐ Message number (check one)

Email: _____

Home address: _____

City: _____

State: _____ ZIP code: _____

Safe mailing address (if different): _____

City: _____

State: _____ ZIP code: _____

_____ _____

Signature of applicant (filing date for food and cash). Date

All programs, sign page 54 to complete request.

To complete your application for food benefits, fill in pages 8–34, read pages 43–55, and sign page 54.

1. I am applying for:

- ☐ Child care (ERDC)
- ☐ Cash for families (TANF)
- ☐ Food (SNAP)
- ☐ Domestic violence help for families
- ☐ Refugee Cash (REFC)

2. Do you plan to stay in Oregon? ◯ Yes ◯ No

3. Has anyone you are applying for received benefits from another state within the last 30 days? ◯ Yes ◯ No

If yes, where? _____ Date last received: _____

4. Do you want to give permission to someone else to apply or get benefits for you? ◯ Yes ◯ No

5. 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?

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 accounts? ◯ Yes ◯ No

- **If yes**, is anyone in the household a migrant or seasonal farm worker? ◯ Yes ◯ No
- **If yes**, will you get income of $25 or more in the next 10 days? ◯ 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

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.

Answer for everyone in your household

Full name (last, first, middle initial):

_____

Date of birth (mm/dd/yyyy): _____

Relationship (mother, son): Self

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

Answer below for those who want benefits.

Answer only for those who want benefits

Which benefits does this person need?

☐ 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: _____

Answer for everyone in your household	Answer only 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	**Which benefits does this person need?** ☐ 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:** _____

Answer for everyone in your household	Answer only 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	**Which benefits does this person need?** ☐ 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:** _____

Answer for everyone in your household	Answer only 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	**Which benefits does this person need?** ☐ 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:** _____

Answer for everyone in your household	Answer only for those who want benefits
Full name (last, first, middle initial): _____	**Which benefits does this person need?** ☐ None ☐ Food ☐ Child care ☐ Cash ☐ Domestic violence help
Date of birth (mm/dd/yyyy): _____	**Does this person have a disability?** ◯ Yes ◯ No
Relationship (mother, son): _____	**For food and cash benefits,** does this person have an outstanding arrest warrant? ◯ Yes ◯ No
Sex: ☐ Male ☐ Female	**Last grade completed:** _____
Marital status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Married, but separated	**Social Security number:** _____
Ethnicity: ◯ Hispanic/Latino ◯ Not Hispanic/Latino	**U.S. citizen:** ◯ Yes ◯ No
Racial heritage: ☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐ Black or African American	**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:** _____

Answer for everyone in your household	Answer only 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	**Which benefits does this person need?** ☐ 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:** _____

Answer for everyone in your household	Answer only for those who want benefits
Full name (last, first, middle initial): _____	**Which benefits does this person need?** ☐ None ☐ Food ☐ Child care ☐ Cash ☐ Domestic violence help
Date of birth (mm/dd/yyyy): _____	**Does this person have a disability?** ◯ Yes ◯ No
Relationship (mother, son): _____	**For food and cash benefits,** does this person have an outstanding arrest warrant? ◯ Yes ◯ No
Sex: ☐ Male ☐ Female	**Last grade completed:** _____
Marital status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Married, but separated	**Social Security number:** _____
Ethnicity: ◯ Hispanic/Latino ◯ Not Hispanic/Latino	**U.S. citizen:** ◯ Yes ◯ No
Racial heritage: ☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐ Black or African American	**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

Name of student: _____

Name of school or training program: _____

Type of student:

◯ High school ◯ GED ◯ Graduate
◯ Vocational ◯ Undergraduate

Credits: _____

Student last term, this term or both?

◯ Last term ◯ This term ◯ Both

Apply for or get financial aid? ◯ Apply ◯ Getting

Student 2

Name of student: _____

Name of school or training program: _____

Type of student:

◯ High school ◯ GED ◯ Graduate

◯ Vocational ◯ Undergraduate

Credits: _____

Student last term, this term or both?

◯ Last term ◯ This term ◯ Both

Apply for or get financial aid? ◯ Apply ◯ Getting

Agency use only:	Branch:	Case number:	Worker ID:	Case name:

Tell us about your household's work and income

Please answer the following questions 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.

   Note: "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 "job" sections below..

Job 1

Person working: _____

Employer's name: _____

Employer's phone: _____

Position title: _____

Hourly pay: _____ Hours (per week): _____

How often paid (weekly, monthly): _____

Other pay: ☐ Tips ☐ Commission ☐ Bonus
☐ Overtime ☐ Shift Diff. ☐ Other

Is income from self-employment? ◯ Yes ◯ No

Do you have any costs associated with this business? ◯ Yes ◯ 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: _____

Job 2

Person working: _____

Employer's name: _____

Employer's phone: _____

Position title: _____

Hourly pay: _____ Hours (per week): _____

How often paid (weekly, monthly): _____

Other pay: ☐ Tips ☐ Commission ☐ Bonus
☐ Overtime ☐ Shift Diff. ☐ Other

Is income from self-employment? ◯ Yes ◯ No

Do you have any costs associated with this business? ◯ Yes ◯ 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: _____

Job 3

Person working: _____

Employer's name: _____

Employer's phone: _____

Position title: _____

Hourly pay: _____ Hours (per week): _____

How often paid (weekly, monthly): _____

Other pay: ☐ Tips ☐ Commission ☐ Bonus ☐ Overtime ☐ Shift Diff. ☐ Other

Is income from self-employment? ◯ Yes ◯ No

Do you have any costs associated with this business? ◯ Yes ◯ 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: _____

3. 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: _____

4. Does anyone in your household work as a volunteer? ◯ Yes ◯ No

If yes, name of volunteer: _____

Hours per week? _____

5. 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
- Paid Leave Oregon benefits
- Dividends or interest on investments
- Worker's compensation
- Tribal payments
- Unemployment compensation
- Rent paid to you
- Energy assistance
- Other: _____

Unearned income 1

Person receiving the money: _____

Source or type: _____

Expected to continue: ◯ Yes ◯ No

Amount received: _____

How often received (weekly, monthly): _____

Unearned income this month: _____

Unearned income last month: _____

Unearned income 2

Person receiving the money: _____

Source or type: _____

Expected to continue: ◯ Yes ◯ No

Amount received: _____

How often received (weekly, monthly): _____

Unearned income this month: _____

Unearned income last month: _____

Unearned income 3

Person receiving the money: _____

Source or type: _____

Expected to continue: ◯ Yes ◯ No

Amount received: _____

How often received (weekly, monthly): _____

Unearned income this month: _____

Unearned income last month: _____

Tell us about your household's expenses

Dependent care expenses

1. Does anyone pay for child care or care for an adult with a disability? ◯ Yes ◯ No

If yes, who pays? _____ **$** _____ a month.

2. 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

1. Please list information about your work or school schedule.

Parent or caretaker 1:

Usual work hours:	**Usual work days:**
From _____ ◯ a.m. ◯ p.m. To _____ ◯ a.m. ◯ p.m.	☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.
Usual school hours:	**Usual school days:**
From _____ ◯ a.m. ◯ p.m. To _____ ◯ a.m. ◯ p.m.	☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.

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.

Other schedule (describe): _____

Parent or caretaker 2 or your spouse (or additional work or school for parent or caretaker 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:

Child 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@211info.org or visit https://www.211info.org.

3. Do you need child care for a foster child? ◯ Yes ◯ No

4. Is any member of the household working with Child Welfare? ◯ Yes ◯ No

5. Do you have shared custody for any of the children needing child care? ◯ Yes ◯ No

6. 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 aged 20 or younger can attend any high school or GED program. Provide your current class schedule.

7. Are you on medical leave from work for yourself or for a child in your home? ◯ Yes ◯ No

If yes, name of the child: _____

8. 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.

9. Do your family's assets exceed one million dollars ($1,000,000)? ◯ Yes ◯ No

Housing expenses

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

If you are applying for child care only, skip to page 45, read pages 45–55, and sign page 54. To apply for food and cash, please continue.

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

If yes, 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, complete below.

◯ Rent ◯ Mortgage

What is the total rent/mortgage? $_____

How much do you pay of the total amount?

$_____ per ◯ Week ◯ Month ◯ Year

Fire/hazard insurance, if separate:

$_____ per ◯ Week ◯ Month ◯ Year

Property tax, if separate:

$_____ per ◯ Week ◯ Month ◯ Year

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

- **If yes**, is the heat/cool expense included in the rent/mortgage? ◯ Yes ◯ No

2. What other kinds of utilities do you pay?

☐ Water/sewer ☐ Garbage ☐ Electric ☐ Gas ☐ Phone

☐ Other: _____

3. Do you receive energy assistance paid by an energy assistance program? ◯ Yes ◯ No

If yes, please list below.

Utility type	Who pays	Paid to	Do you have any remaining out-of-pocket costs?
			◯ Yes ◯ No
			◯ Yes ◯ No

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 per month
	$ _____ a month
	$ _____ 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 ◯ Yes ◯ No

d) 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	☐ FUA	☐ LUA	☐ IUA	☐ TUA	☐ COS

Tell us about your out of state food benefits

1. SNAP has a 3 month time limit for adults ages 18 through 64 who are able to work and have no children under 14 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.

Have you or anyone you are applying for received SNAP in another state since January 1, 2025? ◯ Yes ◯ No

If yes, please complete below.

Person	State

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 one? _____

Dependent Indian community ◯ Yes ◯ No

If yes, which one? _____

Indian allotment ◯ Yes ◯ No

If yes, which one? _____

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):

- ☐ Burns Paiute Tribe
- ☐ Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
- ☐ Coquille Indian Tribe
- ☐ Cow Creek Band of Umpqua Indians
- ☐ Klamath Tribes
- ☐ Confederated Tribes of Siletz
- ☐ Confederated Tribes of the Umatilla Indian Reservation
- ☐ Confederated Tribes of Warm Springs
- ☐ Confederated Tribes of Grand Ronde

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

Person	Tribe

3. Is anyone an American Indian or Alaska Native? ◯ Yes ◯ No

4. Is anyone an enrolled member of a federally recognized tribe or a shareholder in an Alaska Native Regional Corporation or a California Indian? ◯ Yes ◯ No

5. Is anyone eligible for or receiving services from Indian Health Services, Tribal Health Clinics, or Urban Indian Clinics? ◯ Yes ◯ No

6. Does anyone have a parent or grandparent who is an enrolled member of a Federally Recognized Tribe or shareholder in an Alaska Native Regional Corporation or Village or a California Indian? ◯ Yes ◯ No

If you are applying for food only, skip to page 43. Read pages 43–55 and sign page 54. 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 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 thought about applying for disability benefits through the Social Security Administration? ◯ Yes ◯ No

If yes, is 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.**

Absent parent 1

Name (first, middle initial, last): _____

This is my:

☐ Spouse or ex-spouse ☐ Child ☐ Partner or ex-partner
☐ Step child ☐ Other: _____

Sex: ◯ Female ◯ Male

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

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? _____

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?

◯ 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

Absent parent 2

Name (first, middle initial, last): _____

This is my:

☐ Spouse or ex-spouse ☐ Child ☐ Partner or ex-partner
☐ Step child ☐ Other: _____

Sex: ◯ Female ◯ Male

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

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? _____

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?

◯ 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

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 EBT card. Cash assistance benefits may not be withdrawn or spent using an Oregon EBT 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.

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...
• 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.	• 12 months for the first offense; • 24 months for the second offense; • Permanently for the third offense.
• Trade food benefits for controlled substances such as drugs.	• 24 months for the first offense; • Permanently for the second offense.
• Trade food benefits for firearms, ammunition or explosives.	• Permanently.
• Trade, buy or sell food benefits of $500 or more.	• Permanently.
• Give false information about who you are or where you live so you can get extra food benefits.	• 10 years for each offense.

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.

If you knowingly do the following...	**You may be...**
• Use EBT cards that are not yours; • Transfer your EBT cards to other people; • Acquire or possess EBT cards that are not yours.	• Guilty of a felony or misdemeanor; • Fined; • Put in prison; • Ineligible for food benefits for a period of time.

Information about all programs

Our commitment

ODHS, OHA and DELC provide equal access to services for everyone. We do not discriminate or treat anyone differently based on any of the following:

- Age
- Race
- Color
- National origin
- Gender
- Religion
- Political beliefs*
- Disability
- Sexual orientation†
- Marital status‡

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* SNAP participants are protected against political belief discrimination.

† Sexual orientation is protected under Oregon law, but not federal law.

‡ Medical program clients (such as OHP) are protected from marital status discrimination.

Ways to file a discrimination complaint

If you believe you were treated unfairly or differently for any of these reasons, you may file a complaint in one of the following ways.

For medical assistance (OHP), TANF, ERDC, TA-DVS and REFC

You can file a complaint with the Governor's Advocacy Office (GAO) at:

Mail:
Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301
Phone: 503-945-6904 or 1-800-442-5238 (TTY 711)
Email: GAO.info@odhs.oregon.gov

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) at: https://hhs.gov/civil-rights/filing-a-complaint.

For SNAP (food benefits)

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by

USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact ODHS or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

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

OR email: FNSCivilRightsComplaints@usda.gov

USDA is an equal opportunity provider, employer, and lender.

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 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 are 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 (DELC) 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; this will not affect individuals applying or reapplying for child care 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 page 48.
- 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 EBT Card or withdraw TANF cash benefits using my Oregon EBT Card. I also understand that I may not use my Oregon EBT 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 39–41. 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/pages/index.aspx;
  - **Email:** BOLI_help@boli.oregon.gov; and
  - **Phone:** 971-245-3844

  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).

Declaration and signature

I have read and understand my rights and responsibilities as explained above and in the MSC 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.

How to safely submit your form

This form has private information. If you send it by email, someone else may accidentally get it or try to steal it. To keep your information safe, send it in one of these ways:

- Use the ODHS/OHA Secure Email System (Proofpoint): https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me3702.pdf.
- Mail it to: PO Box 14015
  Salem, OR 97309-5032
- Fax it to: 503-378-5628
- Bring it to a local office: https://www.oregon.gov/odhs/pages/office-finder.aspx.

Print Reset