

# SNAP BENEFITS

## STEP-BY-STEP APPLICATION SESSION

Saturday, 8/24/24  
Begins at 11 am

Thank you to everyone who attended the SNAP presentations. **Now it's time to apply!** Join CSC staff for a group session where we will complete applications together. Register below, and we'll send you a list of the necessary documents to bring.

If you know someone who needs to apply or reapply for SNAP benefits, please encourage them to attend this session.

**To register <https://bit.ly/SNAP824>  
Questions? [Tracey@csc-hawaii.org](mailto:Tracey@csc-hawaii.org)**

STATE OF HAWAII Department of Human Services Benefits, Employment, and Support Services Division		FOR OFFICIAL USE ONLY	
APPLICATION FOR FINANCIAL AND SNAP ASSISTANCE		Last Name	
APPLICATION FILING: The day your application is received is the date from which your eligibility for benefits will be determined. Benefits will be paid from that filing date if you are eligible. If you are unable to fill out the application now, just complete your name, address and signature below and turn it in. You must still answer the rest of the questions on the application form before benefits are issued. If you cannot complete the application the eligibility worker will help you. If you are currently living in a public institution and will be released within 30 days, you may file your application today, but the date of application will be the day of release from the institution.		Last Number	
		DATE SIGNED FORM RETURNED	
<b>PLEASE PRINT CLEARLY</b>			
I am not currently receiving benefits and would like to apply for:		<input type="checkbox"/> SNAP benefits	<input type="checkbox"/> Financial benefits
I am currently receiving benefits and would like to renew my:		<input type="checkbox"/> SNAP benefits	<input type="checkbox"/> Financial benefits
YOUR TAXID (Last, First, MI)	YOUR SOCIAL SECURITY NO.	PHONE NO.	
SPOUSE'S NAME (Last, First, MI)	SPOUSE'S SOCIAL SECURITY NO.	SPOUSE'S BIRTHDATE	MESSAGE PHONE NO.
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRECTIONS TO YOUR HOME)	AP/SPACE NO. CITY & STATE	ZIP CODE	MILITARY BASE (IF RESIDING IN BASE HOUSING)
YOUR MAILING ADDRESS (IF DIFFERENT FROM THE ABOVE NUMBER AND STREET)	AP/SPACE NO. CITY & STATE	ZIP CODE	
HOW MANY PERSONS PURCHASE FOOD AND PREPARE MEALS WITH YOU? (INCLUDE YOURSELF)	HOW MANY PERSONS DO NOT PURCHASE FOOD AND PREPARE MEALS WITH YOU?	ARE THEY RELATED TO ANYONE IN YOUR HOUSEHOLD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS ANYONE IN YOUR HOME PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE WHO NAME:	WHEN IS THE BABY DUE? DATE:	HOW MANY CHILDREN LIVE WITH YOU?
SIGNATURE OR MARK OF ADULT APPLICANT	DATE	SIGNATURE OR MARK OF SPOUSE OF OTHER ADULT APPLICANT	DATE
WITNESS IF SIGNATURES ARE "X" _____ DATE _____		(This signature is required for Money Assistance only)	
<p><b>APPOINTMENT NOTICE:</b> When your application is received, an Appointment Notice for your interview will be sent or given to you. You must be interviewed before you can receive benefits. A telephone interview may be conducted in lieu of an office interview. To shorten the processing time, you should submit proof of information and verification as noted on your appointment letter. You may be asked at the interview to submit more information. If you miss your appointment, or need to change it, you must call the local office to reschedule. The following action will be taken if you miss your appointment:</p> <ul style="list-style-type: none"> <li>For SNAP, if you do not reschedule by the 30th day from the day you filed your application or the last day of your certification, your application will be denied. If your application is denied, you may be required to reapply to receive benefits. You may lose benefits for failing to appear at your interview.</li> <li>For cash benefits, if you do not reschedule your appointment date, your application will be denied within the time limits specified by our policies. If you are currently receiving benefits, they may be stopped if you do not reschedule the missed appointment. If benefits are denied or stopped, you may reapply if you still want benefits.</li> </ul> <p><b>AFTER YOUR INITIAL INTERVIEW WE ENCOURAGE YOU TO REPORT CHANGES AS SOON AS THEY HAPPEN, THIS MAY PREVENT ANY DELAYS IN BENEFITS TO YOU.</b></p> <p><b>INTERVIEW INFORMATION:</b> An interview must be completed before you can receive help. A single interview is sufficient when applying for SNAP and financial benefits. Appointments are scheduled according to the date you apply, with the earliest application given the first available appointment. You will be notified of the date and time of your appointment. EXCEPTION: If you meet the EMERGENCY ASSISTANCE requirements, you will be interviewed and provided financial benefits within two (2) working days and/or SNAP within seven (7) calendar days from the date of application. Answer the EMERGENCY ASSISTANCE questions below only if you need help right away. YOU MAY GET SNAP WITHIN SEVEN (7) CALENDAR DAYS IF YOUR HOUSEHOLD:</p> <ul style="list-style-type: none"> <li>Monthly rent/mortgage and utilities are more than your household's gross monthly income and liquid resources; or</li> <li>Gross monthly income is less than \$150 and your household's liquid resources, such as cash or checking/savings accounts, are \$100 or less; or</li> <li>is a seasonal farmworker household whose income terminated prior to applying, is not expecting income of \$25 within the next 10 days and has liquid assets of less than \$100.</li> </ul>			
<p><b>CHECK THE BOX FOR EACH TYPE OF EMERGENCY ASSISTANCE YOU ARE APPLYING FOR:</b> <input type="checkbox"/> Financial <input type="checkbox"/> SNAP</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Is anyone in your home seasonal farm worker whose only source of income for the month terminated before applying and income of less than \$25 is expected with the next 10 days?</p> <p><input type="checkbox"/> <input type="checkbox"/> Does anyone in your home have cash or savings or bank accounts? If yes, how much? _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Has anyone in your home received money this month? If yes, how much? _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Does anyone in your home expect to receive any money this month? If yes, how much? _____ When? (Date) _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you currently paying any of the following shelter expenses? If yes, list the amounts: Rent/Mortgage _____ Electric _____ Gas _____ Water _____ Phone _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Have you been served court papers to get out of your present living arrangements? (Attach papers)</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you living in an agency temporary facility and have to get out in five days? If yes, name of facility? _____</p>			

