## 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.

STATE OF HAWAII Department of Human Services Benefits, Employment, and Support Services Division				0	FOR OFFICIAL USE ONLY Case Name		
APPLICATION FOR FIN			ASSISTANC		ase Number		
Arreleanourourna		ND SINAI	ASSISTANC	-	DATE	SIGNED	ORM RETURNED
APPLICATION FILING: The day your appli	ration is received i	is the date from	which your eligibility	for			
benefits will be determined. Benefits will							
unable to fill out the application now, jus	t complete your na	ame, address ar	nd signature below an	d turn			
it in. You must still answer the rest of the If you cannot complete the application th							
public institution and will be released with	thin 30 days, you n	nay file your ap					
of application will be the day of release f	rom the institution	n.					
		PLEAS	E PRINT CLE	ARLY			
I am not currently receiving b	enefits and w	vould like to	o apply for:		IAP benefits		Financial benefits
am currently receiving benef					IAP benefits		Financial benefits
YOUR NAME (Last, First, M.I.)		YOUR	SOCIAL SECURITY NO.	T	BURTHOATE	T	PHONE NO.
SPOUSE'S NAME (Last, First, M.I.)		SPOUSE	'S SOCIAL SECURITY NO.	+	SPOUSE'S BIRTHDATE	+	MESSAGE PHONE NO.
ADDRESS WHERE YOU LIVE INUMBER AND STREET OR DIRE		APT/SPACE NO.	CITY & STATE		2P CODE		TARY BASE OF RESIDING IN BASE HOUSE
ADDRESS WHERE YOU LIVE (NUMBER AND STREET OR DIRE	CTIONS TO YOUR HOME)	APT/SPACE NO.	UTY & STATE		20 CODE	MU	148Y BASE (IF RESIDING IN BASE HOUSI
YOUR MAILING ADDRESS [IF DIFFERENT FROM THE ABOVE	NUMBER AND STREET)	AP1/SPACE NO.	CITY & STATE		ZIP CODE	+	
HOW MANY PERSONS PURCHASE FOOD AND PREPARE	HOW MANY PERSONS O			ELATED TO AN	IONE IN	-	HOW MANY OHLDREN
MEALS WITH YOU? (INCLUDE YOURSELF)	PREPARE MEALS WITH	YOU?	YOUR HOU		VES NO		LIVE WITH YOU?
IS ANYONE IN YOUR HOME PREGNANT?	IF YES, INDICATE WHO NAME:					WHEN DATE:	IS THE BABY DUE?
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To register https://bit.ly/SNAP824 Questions? Tracey@csc-hawaii.org

