



INDIANA APPLICATION FOR SNAP AND CASH ASSISTANCE

State Form 53263 (R10 / 3-16) / DFR 2512



DFRAAIE01

INSTRUCTIONS: Please fill out your application as completely as you can. It will help if you can answer all of the questions. However, the application will be valid if you provide name(s), address, and signature. To be considered for expedited SNAP (Food Assistance) service you must complete all of Section 8. Please do not forget to sign your application on Page 1 Section 3.

1. If you are completing this application on behalf of someone else and you do not live in their household, please provide your name below and your contact information in Section 7. If you are completing this application on behalf of someone else and you do live in their household, please provide your information in Section 9:

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Information for person needing assistance: (additional individuals may be added in Section 9)

Check the Help This Person Needs: ☐ SNAP (Food Assistance) ☐ Cash Assistance (TANF or Refugee) ☐ Not Applying

If Not Applying is checked, completion of the Social Security Number and US Citizen information is optional.

First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (mm-dd-yyyy)	Social Security Number	Gender:	US Citizen?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity:	Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Race: (select all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Multiracial
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander		

Home Address: Number and Street Apartment/Lot Number

<input type="text"/>	<input type="text"/>
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City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

County:	Telephone Number:
<input type="text"/>	<input type="text"/>

How many people live at this address including you?

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3. Signature and Date Required: Read carefully, then sign & date below.

I understand the following:

- INFORMATION THAT I GIVE IS SUBJECT TO VERIFICATION BY FEDERAL, STATE, OR LOCAL OFFICIALS TO DETERMINE IF THE INFORMATION IS FACTUAL. IF ANY INFORMATION IS INCORRECT, SNAP OR OTHER BENEFITS MAY BE REDUCED OR DENIED AND THE APPLICANT MAY BE SUBJECT TO CRIMINAL PROSECUTION OR DISQUALIFIED FROM ANY PROGRAM FOR KNOWINGLY PROVIDING INCORRECT INFORMATION (7 CFR 273.2(b)(1)(i)).
- A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole resulting from a felony conviction is not eligible to receive SNAP and / or Temporary Assistance for Needy Families (TANF).
- A person convicted under federal or state law of a felony which occurred after August 22, 1996, that includes possession, use, or distribution of a controlled substance is not eligible to receive SNAP and / or TANF.
- If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the Division of Family Resources all child support rights (accrued, pending, and continuing) which I have against absent parent(s). This assignment is subject to 42 USC SECTION 602(a)(26) as amended.
- If applying for SNAP, I am registering all persons required to register for work and perform specific work including cooperation with employment and training activities.
- I have received a copy of the "Notice Regarding Rights and Responsibilities" and I understand all information included on this form.
- To be considered for Expedited SNAP service, your household must have less than \$150 in monthly gross income and have \$100 or less in cash; or be a seasonal/migrant farm worker with \$100 or less in available cash; or have a combined cash and monthly gross income amount less than the household monthly rent/mortgage and utility expenses.

I certify under penalty of perjury, all information I have given on this application, any attachments and information provided during the eligibility determination process is complete and correct to the best of my knowledge and belief, including the citizenship or immigration status of each applicant.

Signature

Date (mm-dd-yyyy)

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9. Provide the following information for all other persons who live at the home address in Section 2:

- **Person listed in Section 2 does not need to be listed again.**
- **If Not Applying is checked, completion of the Social Security Number and US Citizen information is optional.**

Check the Help This Person Needs:		<input type="checkbox"/> SNAP (Food Assistance)	<input type="checkbox"/> Cash Assistance (TANF or Refugee)	<input type="checkbox"/> Not Applying
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First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (<i>mm-dd-yyyy</i>)	Social Security Number	Gender:	US Citizen?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: <input type="checkbox"/> Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (<i>select all that apply</i>) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander

Relationship to person needing assistance listed in Section 2:

Check the Help This Person Needs:		<input type="checkbox"/> SNAP (Food Assistance)	<input type="checkbox"/> Cash Assistance (TANF or Refugee)	<input type="checkbox"/> Not Applying
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First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (<i>mm-dd-yyyy</i>)	Social Security Number	Gender:	US Citizen?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: <input type="checkbox"/> Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Relationship to person needing assistance listed in Section 2:

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Check the Help This Person Needs: ☐ **SNAP (Food Assistance)** ☐ **Cash Assistance (TANF or Refugee)** ☐ **Not Applying**

First Name	MI	Last Name	Suffix

Date of Birth (*mm-dd-yyyy*) Social Security Number Gender: US Citizen?

- - - ☐ Male ☐ Female ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: *(select all that apply)* ☐ White ☐ Black or African American ☐ Asian ☐ Multiracial
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

[illegible]

Check the Help This Person Needs: ☐ **SNAP (Food Assistance)** ☐ **Cash Assistance (TANF or Refugee)** ☐ **Not Applying**

First Name	MI	Last Name	Suffix

Date of Birth (*mm-dd-yyyy*) Social Security Number Gender: US Citizen?

- - - ☐ Male ☐ Female ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No

Race: *(select all that apply)* ☐ White ☐ Black or African American ☐ Asian ☐ Multiracial
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

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