SUMMARY OF ELIGIBILITY INFORMATION
Client Certification for Food Stamps

State Form 47991 (R6 / 6-11)

FOOD STAMP REGISTRATION

I understand that to be eligible for Food Stamps, all Assistance Group members age 16 through 59 who are not exempt must register for work and perform specific activities. By signing this document, I am registering all persons required to be registered. When my Assistance Group is approved, I will receive a list of the persons registered for work and a statement of their rights and responsibilities.

CERTIFICATION

I certify under penalty of perjury that the following are true:

I have read *(or had read to me)* the "Notice Regarding Rights and Responsibilities" and understand what it states.

I understand that any individual who is fleeing to avoid felony prosecution, or confinement after felony conviction, or is in violation of probation / parole resulting from a felony conviction will be ineligible to receive Food Stamps.

I understand that any individual who has been convicted under federal or state law of a felony which has as an element of the offense, the possession, use, or distribution of a controlled substance will be ineligible to receive Food Stamps.

All information I have provided is complete and correct to the best of my knowledge and belief, including the information given about the citizenship or immigration status of each applicant or recipient.

Signature	Date signed *(month, day, year)*

VOTER REGISTRATION

Would you like to register to vote?

☐ Yes ☐ No

Checking Yes or No, or leaving this question blank will not affect your receipt of benefits. Check Yes if you would like to register to vote or update your voter registration. If you check No or do not check either box, you will be considered to have decided not to apply to register to vote or update your voter registration information.