

County/City : Fairfax County (059)
STE 232 2ND FLOOR
12011 GOVERNMENT CENTER PARKWAY
FAIRFAX, VA 22035
Phone: (703) 324-7500

Commonwealth of Virginia
Department of Social Services

Date: 08/17/2021

Case Number: [REDACTED]

Client ID: [REDACTED]

Correspondence #: [REDACTED]

Worker Name: [REDACTED]

Worker Number: [REDACTED]

Joe Fairfax
123 Sesame Street
Fairfax, VA 22035

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/TEMPORARY ASSISTANCE
FOR NEEDY FAMILIES (TANF) RENEWAL APPLICATION**

This is an application to renew your eligibility for SNAP or TANF benefits. Information printed on this application is based on your last application for assistance or changes made since the last application. You may bring this renewal application to the local Department of Social Services office, mail it to the local Department of Social Services office, or apply online for renewal at <https://commonhelp.virginia.gov/access/>. Please make changes to the information printed, if necessary.

A. HOUSEHOLD INFORMATION

1. Your Contact Information

Review your contact information here	Please correct or add information here
Case name: Joe Fairfax	Name (First, Middle, Last)
Home Address: 123 Sesame Street Fairfax, VA 22035	Address Apartment City State Zip
Mailing Address:	Address Apartment City State Zip
Home Phone:	Home Phone:
Other Phone: (123) 867-5309	Other Phone:

If you indicated when applying for benefits (Medicaid, SNAP, TANF, Energy Assistance, or Child Care) that you wanted to receive an email or a text message telling you that you have electronic mail about your benefits, you must first go to CommonHelp, www.CommonHelp.virginia.gov before you can access that mail. In CommonHelp, you will need to set up a secure mailbox. Have your client ID and case number available. Instructions are provided in CommonHelp.
If you are acting on behalf of an individual as an authorized representative, you will continue to receive all correspondence for that individual through the mail.

*Note: Your Preferred Method of Correspondence may be changed only once a year (January –December). You may update your email or cell phone number whenever changes are needed.

2. Household Composition: Below is information on everyone listed as living in your house, even if you have not applied for that person. Please review and correct or add information as necessary.

Person 1

Review the information here	Please correct or add information here
Name: [REDACTED]	
Temporarily out of the home	Temporarily out of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Requested	Program Requested: <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> NONE
Relationship to you:	
Social Security: On file	
Date of Birth: [REDACTED]	
Race: [REDACTED]	
Hispanic: No	
Sex: [REDACTED]	
Marital Status: Separated	
Citizenship: On File	
Alien Registration Number:	
Last Grade Finished: 12th Grade or GED Completed	
In School:	
Veteran Status: No	

New Household Member Information Give the following information for any new household members you are reporting for the first time or for new members you verbally reported since your original application or most recent eligibility review.

Name (last, first, middle initial):	Relationship to You:	Date of Birth (mm-dd-yyyy):
Social Security Number:	Assistance Requested: <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	Place of Birth (City, State, Country):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Is this person a Virginia resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never Married	Is this person a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, name of school? Name of School:	What is the highest grade this person completed in school?
Is this person a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If not a U.S. Citizen, what is this person's status?	Alien Registration Number:	Date started living in the U.S. (mm-dd-yyyy):

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown	Racial Heritage: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian & Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other/Unknown
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Name (last, first, middle initial):	Relationship to You:	Date of Birth (mm-dd-yyyy):
Social Security Number:	Assistance Requested: <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	Place of Birth (City, State, Country):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Is this person a Virginia resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never Married	Is this person a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, name of school? Name of School:	What is the highest grade this person completed in school?

Is this person a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No -- If not a U.S. Citizen, what is this person's status?	Alien Registration Number:	Date started living in the U.S. (mm-dd-yyyy):
Providing the following information is voluntary and will not affect eligibility. Please check all that apply.		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown	Racial Heritage: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Asian & Black/African American <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Other/Unknown	

- Yes No 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain: _____
- Yes No 4. Have you or anyone for whom you are applying ever been convicted as an adult on or after February 8, 2014 for the following:
- Yes No a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense?
- Yes No b. Murder under Title 18 USC, Section 1111 or a similar state offense?
- Yes No c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense?
- Yes No d. A federal or state offense involving sexual assault, as defined in Section 4002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a))? or a similar state offense?
- Yes No e. If YES to any of the above, who: _____
- Yes No f. If YES to any of the above, are you in compliance with the terms of the sentence ?
- Yes No 5. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain: _____
- Yes No 6. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your address or identity to receive TANF, SNAP benefits, or Medicaid in two or more places at the same time? If YES, explain: _____

B. RESOURCES

You do not have to complete this section if you are only applying for TANF. Otherwise, answer for everyone for whom you are applying. Include any resources anyone owns, or that are jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resources owned by that person. Talk to your eligibility worker if you need help answering these questions, including help with the percentage owned.

- Yes No 1. Does anyone have cash, money in checking/savings/credit union/Christmas Club/money market/individual development account/or any other account, CD's, stocks or bonds, trust funds, pension plans, or retirement accounts?

Review the current information below and add any additional information in the blank sections at the end

Review your information here	Please correct or add information here
Owner: [REDACTED]	
Type (account#): Cash	
Where:	
Is this resource used in your business or trade, including farming? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount or Value: \$50.00	
Date Acquired:	
Review your information here	Please correct or add information here
Owner: [REDACTED]	
Type (account#): Checking account	
Where: [REDACTED]	
Is this resource used in your business or trade, including farming? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount or Value: \$0.00	

Date Acquired: 01/01/2017	
Review your information here	Please correct or add information here
Owner: [REDACTED]	
Type (account#): Checking account	
Where: Navy Federal Credit Union	
Is this resource used in your business or trade, including farming? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount or Value: \$0.00	
Date Acquired: 01/01/2019	

Yes No 2. Has anyone sold, transferred or given away any resources in the last 3 months? If YES, explain:

Yes No 3. Has anyone in your household received or expect to receive lottery or gambling winnings?
If YES, Who? _____ When? _____ How much? _____

C. INCOME

Review the information listed below and makes any appropriate additions in the blank spaces at the end.

For TANF, include income information for the child's parent(s) or stepparent living in the home, or any person living with the parent as husband or wife. Also for TANF, if the parent is under the age of 18, provide income information for the parent(s) of the minor parent.

Yes No 1. Does anyone receive any money from any source? Include money received from self-employment, pensions, income-producing property, support, a lump sum, or other contributions. If YES, give the information requested. If the money is received from working, give employment information.

Review your information here	Please correct or add information here. Be sure to add any new income sources
Person Receiving money: [REDACTED]	
Type of Money: Wages, Salaries, Tips, Severance Pay and Commissions	
How Often Received: Monthly	
Gross Monthly amount: 0.00	
Employers Name, Address, Phone no.: ODD JOBS	
Employment Begin Date: 01/01/2018	
Hrs/month worked: 0.0	

Review your information here	Please correct or add information here. Be sure to add any new income sources
Person Receiving money:	
Type of Money:	
How Often Received:	
Gross Monthly amount:	
Employers Name, Address, Phone no.:	
Employment Begin Date:	
Hrs/month worked:	

- Yes No 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If **YES**, give name and explain: _____
- Yes No 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: _____
- Yes No 4. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If **YES**, give name, amount and explain: _____
- Yes No 5. Does anyone pay legally obligated child support to someone not in the household? If **YES**, give name of person paying, person supported, and amount: _____

D. SNAP Benefits

1. **_____** is the head of your household. If you want to change the head of household, list the name of the person. _____ NOTE: Talk to your worker for additional information.
2. **_____** is the Authorized Representative who can apply for SNAP benefits for you, receive or use your SNAP benefits in grocery stores for you, or receive SNAP correspondence and notices for you. If you want to change the Authorized Representative, list the person below.

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)	Check (✓) each duty authorized for that person
	<input type="checkbox"/> APPLY FOR SNAP BENEFITS <input type="checkbox"/> RECEIVE CORRESPONDENCE <input type="checkbox"/> RECEIVE OR USE SNAP BENEFITS

- Yes No 3. Is anyone living in your home NOT included in your SNAP application? If YES, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) Yes No
- Yes No 4. Is anyone living in your home a roomer or boarder? If **YES**, list names: _____
- Yes No 5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability payment? If YES, list all current medical expenses for these people

Review your information here	Please correct or add information here
Person with Expense:	
Type of Expense:	
Amount:	
Name, Address, Phone number of Doctor, Hospital, Pharmacy:	

- Yes No 6. Does anyone have any of the following shelter expenses? Check (✓) here if these expenses are for a house not lived in.
- Expenses

Review your information here	Please correct or add information here
Expenses: Rent or Mortgage	
Amount Billed: 0.00	Amount Billed?
How Often:	How Often?
Who pays bill:	Who pays bill?

Review your information here	Please correct or add information here
Expenses: Telephone	
Amount Billed: 0.00	Amount Billed?

How Often:	How Often?
Who pays bill:	Who pays bill?

- Yes No 6a. Do you have a heating or cooling expense for your home? If YES, what is the average amount for heating or cooling your home? _____
- Yes No 6b. Did you receive energy/fuel assistance during this past year?
- Yes No 6c. Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If YES, how much does it cost to stay there during the month? _____
If you are staying temporarily in someone else's home, give the date you moved in: _____

E. FINANCIAL ASSISTANCE FOR CHILDREN

- Yes No 1. Has the absent parent(s) begun to pay you child support or changed the amount of support?
If YES, explain: _____
- Yes No 1. Do you have any new information that would help us locate the absent parent(s)?
If YES, explain: _____

VERIFICATION AND USE OF INFORMATION

Information you give on this application, including social security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)
- Income and Eligibility Verification System (IEVS)

Information received through IEVS will be requested, used and may be verified through collateral contacts when discrepancies are found. The information may affect the amount of benefits and/or your continued receipt of benefits.

SNAP CHANGE REPORTING,

You must report changes that occur for SNAP but, what you must report is tied to how long you are determined eligible for benefits, the certification period. You must report changes that occur during the certification period within 10 days, but no later than the 10th day of the month after the change occurs.

Changes that need to be reported during the certification period for SNAP depend on the length of the certification period. "Simplified Reporting" applies to households that are eligible for SNAP benefits for five (5) months or longer. "Change Reporting" applies to households that are eligible for one (1) month to four (4) months.

INTERIM REPORT FILING

In addition to reporting changes when they occur during the SNAP certification period, Simplified Reporting households may be required to submit an interim Report in the sixth or twelfth month. The Interim Report is used to determine the amount of SNAP benefits households will receive for the second half of the certification period. The Interim Report provides a snapshot of household circumstances that were presented at the time of application. We will ask for the proof of income changes and changes in the legal obligations to pay child support. If households fail to return the completed Interim Report by the fifth of the month, SNAP benefits for the seventh or thirteenth month may be delayed or closed. Assistance for filing the Interim Report is available by calling the telephone number printed on the form.

DOMESTIC VIOLENCE INFORMATION

Domestic violence information and services are available to anyone experiencing violence or abuse from their partner. If you are in immediate danger, call 911. If you would like to speak with, text or chat with someone who understands these issues or to learn about services and safety options, contact the Virginia Statewide Hotline.

- Call and speak with an advocate toll-free at 1-800-838-8238. (Note: Interpreters are available for more than 200 languages via the Language Line.)
- Text with an advocate at 804-793-9999.
- Chat with an advocate at <https://www.vadata.org/chat/>. (Chat feature works best on a computer or tablet.)
- Call and speak with an advocate - LGBTQ Helpline: 1-866-356-6998

Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Please check only one)

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (please fill out the voter registration application form)
- No, I do not want to register to vote.

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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