CASH ASSISTANCE/FOOD STAMP/MEDICAID APPLICATION AND REGISTRATION

	FOR OFFICE USE O		
WFNJ/TANF Case Number: WFNJ/GA Case Number: FS Case: Number:		IV-D-Case ID:	
		IV-D-Case ID:	
Medicaid Case Number.:		IV-D Case ID:	
APPLICANT: Please print and use a pen to o	complete this form.		
1. Applicant's name:(LAST)			
(LAST)	(FIRST)	(MI)	(MAIDEN)
2. Date of birth:	Place of birth:		
3. Resident Address: The place where you actuall	y live.		
(NUMBER AND STREET OR RFD)	(CIT	Y) (STATE)	(ZIP CODE)
For Whic	ch Program(s) Do You	Wish to Apply?	
() WORK FIRST NEW JERSEY/TANF (C children who are in your care.	•		·
() WORK FIRST NEW JERSEY/GA (Cas	h Assistance) . You are	e not able to support yours	elf or your spouse, if applicable.
() MEDICAID (Medical Assistance for y expenses but you do not have enough money		/) . You do not want or a	re not eligible for money for daily
() MEDICAL ASSISTANCE ONLY (pend pay medical bills.	ling Birth of a Child).	You are pregnant and you	ou do not have enough money to
() REFUGEE RESETTLEMENT PROGRA country. Assistance under this program is li			
() EMERGENCY ASSISTANCE. You lost fire, flood or other emergency.	(or are in danger of losing	g) your shelter, food, cloth	ning and/or furniture because of a
Do you wish to apply for the Food Stamp	Program? YES ()	NO ()	
You have the right to <u>file</u> an application for for signed. If you are determined eligible your provide all the necessary information about y days of the date the food stamp office receive	benefits will be paid from the court circumstances and	om the date of filing.	(If you file an application and
Expedited processing for food stamps: If no income now, you may be able to receive the entire application is completed and subsequestions will DETERMINE IF YOU QU	food stamps within <u>7 da</u> mitted within the 7-day	ays from the date the a period. YOUR ANSI	oplication is filed provided tha
A) Do you (the household) have more than	n \$100.00 in cash, savin	igs, or checking accour	ts, etc.? YES () NO ()
B) Will the household receive more than \$	150.00 in income for thi	s month? YES ()	10 ()
C) Are you a migrant or seasonal farmwork	ker household? YES() NO()	
D) Is the amount of your household's comb saving accounts, etc.) less than the amoretical yesNO()			
SIGNATURE:(SIGNATURE OF PERSON I	NITIATING ADDI ICAT	ION) (DA	TE SIGNED)

CASH ASSISTANCE/FOOD STAMP/MEDICAID APPLICATION AND REGISTRATION

You will be interviewed after you have completed an initial interview with the county agency's Child Support and Work Registration units. Your application for food stamp benefits will not be affected if you do not cooperate with the Child Support and Work Registration initial interviews.

Name(s) of WFNJ/GA Applicant's Child(ren)	Birthdate and Birthplace	Relationship To Applicant	Social Security Number	Custodial Parent's Name
търгия и под				1333330
,			+	
Name(s) of WFNJ/TANF Household Members	Birthdate and Birthplace	Relationship To Applicant	Social Security Number	Non-Custodial Parent's Name

FOR OFFICE USE ONLY						
I Result for Initial Referral to Child Support		II Initial Referral to Work Registration				
[] Applicant Cooperated [] A	pplicant Did Not Cooperate	[] Applicant Cooperated [] Applicant Did Not Cooperate			
[] Domestic Violence		Domestic Violence Waiver Requested				
[] Applicant scheduled to return to complete IV-D interview		[] Applicant scheduled to return to complete initial Work				
		Registration interview				
Worker's Signature	Date	Worker's Signature	Date			

In accordance with Federal law and U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), and the Food Stamp Act, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). Write HHS, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Important Note

Even if the applicant did not cooperate with the child support or work registration interviews, the applicant shall be referred to the intake unit if s/he indicated an interest in applying for the Food Stamp or Medicaid Programs.

This form shall be attached to the front of the WFNJ-1J when the application is completed.

Attachment: WFNJ/CSP-161 Affidavit of cooperation