You have the right to immediately file a food stamp application as long as it contains your name, address and signature. Complete the rest of the application by taking it home and bringing, mailing, or faxing it back to the office. You can complete all of the form and give it to us now. You will not receive expedited food stamp benefits, if eligible, until a completed application form is received and an interview is conducted. Your food stamp benefit is based on the date of your application. You establish your date of application when this completed section is received at the office. Under the laws of the State of Missouri, and the regulations of the United States Department of Agriculture, I hereby apply for food stamp benefits.

**SIGNATURE OF APPLICANT**

**DATE**

**HOUSEHOLD MEMBERS**

A. List all individuals who live in your household. List yourself on the first line. In the last column, check (√) the persons who buy and cook food together. Providing the race/sex (including Hispanic/Latino) of each individual is optional and voluntary and does not affect your eligibility for food stamps or the amount of food stamps you receive. Race/sex data is used for statistical use only. Providing the SSN and immigration status of each household member is voluntary. However, you will not receive food stamp benefits for any individual who does not provide an SSN and/or immigration status. Any SSNs and immigration status information will be used and disclosed in the same manner as SSNs and immigration status of household members who receive food stamps.

<table>
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<tr>
<th>NAME</th>
<th>Sex M/F</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Hispanic or Latino Y/N</th>
<th>Race* (Select ALL that apply)</th>
<th>Citizen Y/N</th>
<th>Buy/Cook Together</th>
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</table>

Select ALL that apply: 1 - White 2 - Black/African American 4 - American Indian/Alaska Native 5 - Asian 6 - Native Hawaiian/Pacific Islander

B. Are any of the household members a boarder? A boarder is an individual residing in an establishment licensed to offer meals and lodging for compensation.

- [ ] Yes
- [ ] No

**HOUSEHOLD'S DECLARATION INQUIRY**

Answer yes or no to each of the questions in this section. For each question answered yes, explain in the space provided. A “yes” response to any of the questions A-F in this section may result in a disqualification for that individual.

A. Have you or any member of your household been convicted of trafficking food stamp benefits of $500 or more?

- [ ] Yes
- [ ] No

If yes, who?

B. Are you or any member of your household fleeing to avoid prosecution, custody, or jail for a crime (or attempted crime) that is a felony?

- [ ] Yes
- [ ] No

If yes, who?

C. Are you or any member of your household violating a condition of probation or parole?

- [ ] Yes
- [ ] No

If yes, who?

D. Are you or any member of your household receiving food stamp benefits under another identity or as a member of another household or in another state?

- [ ] Yes
- [ ] No

If yes, who?

E. Have you or any member of your household been convicted in a Federal or State court of a felony committed after 8-22-96 related to illegal possession, use or distribution of a controlled substance?

- [ ] Yes
- [ ] No

If yes, who?

F. Have you or any member of your household ever been found by a State agency or convicted in a Federal or State court of having made a fraudulent statement or misrepresentation with respect to identity or place of residence for the purpose of receiving food stamp benefits in two or more places at the same time?

- [ ] Yes
- [ ] No

If yes, who?