Expedited:

Application:

Yes

New

No

Renewal

Economic Assistance Application RECERTIFICATION

What is Economic Assistance and How Do I Apply for Economic Assistance?

Economic Assistance programs help low income individuals, families, children, pregnant women, people with disabilities, and the elderly be providing medical, nutritional, financial, and case management services.

Step 1- Complete all questions. Sign and date the application. If you need help completing this form or bringing it to the local Social Services office, please call your local Social Services office and ask for help.

Step 2- Mail, fax, or take your application to a local Social Services office. You have the right to file this application right away to completing your name, address, and signature on this page. The date we get this page starts the time we have to decide your eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or/medical programs.

Step 3- Interview. Provide printerview is required if applyin			ram or Temporary Assistance for	Needy Families.	
Do You Need Interpreter Services? (Interpreter services are provided free of charge) Yes No					
Please check what type of into Uisual or Hearing Impai	3.0		what language) LEGAL and	WRITTEN	
Tell Us About You	u - TOTALLY AN	D PERMANENTLY	DISABLED QUAD-AMPU	JTEE	
Answer these questions about yourself. See letter dated 2/6/22					
First Name Initial Last Name Social Security Number					
a path day					
Birth Date	Primary Phone Number	TENENT PER	Secondary Phone Number (option	onal)	
Street Address		Apartment	Number	County (you live in)	
Street Address		Apartment	Number	County (you live iii)	
City	State	Zip Code	Email Address (optional)		
Mailing Address (if different from	atract addraga				
Mailing Address (if different from street address)			Do you live on an Indian Reser	Do you live on an Indian Reservation? ☐ Yes ☐ No	
Directions to Your Home (if no street address)			What is the best time to contact	t you between 8am and 5pm?	
What programs as	ro vou annivina	for?	AD TANE O		
What programs a	re you applying	for? SN	AP TANF M	ledical Assistance	
What programs as		16-17	AP TANF M		
Do You Need a So	outh Dakota EB	T Card?	AP TANF M	ledical Assistance	
Do You Need a So	outh Dakota EB, an EBT card will be mailed	T Card?		ledical Assistance	
Do You Need a So If you choose Yes or leave blank When Will I Get A Supplemental Nutrition Ass	outh Dakota EB , an EBT card will be mailed .ssistance? istance Program (SNAP	T Card? to you and your previous o		ledical Assistance 'Yes No ou will not receive an EBT care	
Do You Need a So If you choose Yes or leave blank When Will I Get A Supplemental Nutrition Ass SNAP Benefits with	outh Dakota EB , an EBT card will be mailed .ssistance? .istance Program (SNAP) nin 30 days:	to you and your previous concerns. Y): You must complete the	eard will not work. If you choose No, you	Tedical Assistance Yes No ou will not receive an EBT care rview, and provide ID.	
Do You Need a So If you choose Yes or leave blank When Will I Get A Supplemental Nutrition Ass SNAP Benefits with You will receive SNA SNAP Benefits with	ssistance? istance Program (SNAP) in 30 days: AP benefits within 30 days in 7 days: If you are elig	to you and your previous concerns the your must complete the sif you are eligible. If you gible, you will receive be	ne entire application, have an interpretate are not eligible you will receive nefits within 7 days if you meet or	Yes No No will not receive an EBT care	
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(Signing here will start your application. You must also sign page 11 before you can receive any benefits.)

Receipt Date

FOR AGENCY USE ONLY

Case Number