

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 by 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 by 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 proof of income and expenses. If this is not a new application, we will only need verification of any changes. An interview is required if applying for the Supplemental Nutrition Assistance Program 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 interpreter services are needed ☒ Language (list what language) LEGAL and WRITTEN

☐ Visual or Hearing Impaired ☐ Other (please describe) _____

Tell Us About You - TOTALLY AND PERMANENTLY DISABLED QUAD-AMPUTEE

Answer these questions about yourself. See letter dated 2/6/22

First Name		Initial	Last Name		Social Security Number
Birth Date		Primary Phone Number		Secondary Phone Number (optional)	
Street Address			Apartment Number		County (you live in)
City	State	Zip Code	Email Address (optional)		
Mailing Address (if different from street address)				Do you live on an Indian Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Directions to Your Home (if no street address)				What is the best time to contact you between 8am and 5pm?	

What programs are you applying for? ☐ SNAP ☐ TANF ☐ Medical Assistance

Do You Need a South Dakota EBT Card? ☐ Yes ☐ No

If you choose Yes or leave blank, an EBT card will be mailed to you and your previous card will not work. If you choose No, you will not receive an EBT card.

When Will I Get Assistance?

Supplemental Nutrition Assistance Program (SNAP): You must complete the entire application, have an interview, and provide ID.

SNAP Benefits within 30 days:

You will receive SNAP benefits within 30 days if you are eligible. If you are not eligible you will receive a letter of explanation.

SNAP Benefits within 7 days: If you are eligible, you will receive benefits within 7 days if you meet one of the following:

- Households with gross monthly income less than \$150 and resources of \$100 or less; or
- Households with rent, mortgage, and utilities that are more than the household's gross monthly income and resources; or
- Households with a migrant or seasonal farm worker with resources (including cash, checking and savings accounts) of \$100 or less, whose income is stopping or starting.

Medical Assistance within 45 days:

You will receive notice of your eligibility determination within 45 days after receipt of the application for most medical programs.

Temporary Assistance for Needy Families (TANF) within 30 days:

Benefits will be determined from the date the signed application is received. (An application for TANF requires another form.)

If applying for children's medical, your SNAP information and data will be used to determine the children's Medicaid eligibility unless you request us not to do so.

I certify that I will give the South Dakota Department of Social Services all information needed to review my application for TANF, SNAP, and Medical programs. This information will be true and correct to the best of my knowledge.

Signature: _____ Today's Date: _____

(Signing here will start your application. You must also sign page 11 before you can receive any benefits.)

FOR AGENCY USE ONLY

Expedited: <input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt Date	Case Number
Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal		