



MONTANA

SNAP, TANF, and Health Coverage Assistance Application

Application Information - T28399730

Submission Date and Time	January 18, 2024 19:21
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Applying On Your Behalf

Self

Program Information

Programs	SNAP (Food Assistance)
Does anyone in your household purchase and prepare food separately from other household members?	

Basic Information

Applicant Details	
First Name	Alyssa
Last Name	Walker
Middle Name	M
Suffix	
Date of Birth	12/17/1992
Gender	Female
Language	English
County	Yellowstone
Marital Status	Single-Never Married
Do you share custody of a child with another adult not included in your household?	No
SSN	330-88-9719
Do you live within the geographic boundaries of an Indian Reservation?	No
If you are homeless please describe how to get to your home	

Physical Address

Address Line 1	921 East 4 th street
Address Line 2	7
City	Laurel
State	Montana
Zip Code	59044

Mailing Address

Address Line 1	921 East 4 th street
Address Line 2	7
City	Laurel
State	Montana
Zip Code	59044

Contact Information

Home Phone	(406) 702-5124
Work Phone	(406) 702-5124
Work Phone Extension	
Cell/Message Phone	(406) 702-5124
Email Address	alyssawalker864@gmail.com

Getting Faster Service For SNAP Benefits

Total Money Expected this Month Before Deductions	\$345.00
Resources/Assets	
Amount Paid for Rent or Mortgage	
Utilities Paid	Telephone
Amount Paid for Utilities	\$1.00
Migrant or Seasonal Farm Worker	No

People in your Home - Alyssa M Walker**Personal Information**

First Name	Alyssa
Last Name	Walker
Middle Initial	M
Suffix	
Date of Birth	12/17/1992
Place of Birth	Illinois
Gender	Female
Marital Status	Single-Never Married
Resident of Montana?	Yes

Program Selection

Programs Selected	SNAP (Food Assistance)
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Citizenship Information

SSN	330-88-9719
Has this person used another name or Social Security number?	No

Ethnicity

Person's Ethnicity	Not Hispanic or Latino
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Race

Race	White
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Living Arrangement

What is your living arrangement?	
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Temporarily Away From Home

Temporarily away from home?	
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Number of People in Your Home

Number of People in Your Home	1
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Individual Non-Financial Summary - Alyssa M Walker

Drug Felonies	
Probation / Parole Violation	
Current/Past/Pending Social Service Assistance	
Roomer / Boarder	
Current Medicare Details	Yes

Employment Income Details**Current Job Details - Alyssa M Walker****Employer Details**

Application (T28399730)

Employer Name	Your pie
Employment Type	Part Time Job
Employer Address	
Employer Phone	
Reduced Hours in the Last 60 Days	Yes
Is this person on strike?	Yes
Strike Start Date	
Strike End Date	
Amount of Strike Income	
Pay Period	
Day of the Week Paid	
Number of hours worked per week	
Amount Paid Each Hour	
Estimated Number of Hours	
Total gross amount paid during each month	
Total gross amount paid during each pay period	
Bonus, Commission, or Overtime Pay	
Type of Pay	Bonus
Amount Per Month	\$200.00
Past Job Details - Alyssa M Walker	
Employer Details	
Employer Name	
Employment Type	
Employer Address	
Employer Phone	
Job Start Date	
Job End Details	
Job End Date	
Final Pay Check Date	
Amount of Final Pay Check	
Reason for Job End	
Date expected to return to work	

Money From Other Sources Details

Supplemental Security Income (SSI) - Alyssa M Walker

SSI Payment Start Date	01/19/1996
Total Monthly Payments from SSI	\$1,069.00

Social Security Benefits - Alyssa M Walker

Payments Start Date	01/19/2018
Monthly Payment Amount from Social Security Benefits	\$10,987.00

Housing Bills Details - Alyssa M Walker

Type of Housing Bill	Rent or Mortgage
Total Monthly Amount	\$500.00
Does someone else help this person to pay this bill?	Yes
First Name	Jose
Last Name	Chavez
Program Name	Real
Does any agency help you in paying your shelter costs	No

Standard Utility Expense

Does anyone have or expect to have an expense for heating or cooling the home?	No
Approved for or receiving Low Income Home Energy Assistance Program (LIHEAP)?	No
If approved for Medicaid, interested in receiving a discount on your telephone bills?	

School Enrollment Information - Alyssa M Walker

School Name	Laurel high school
Type of school	High School
Address line	921 East 4 th street
City	Laurel
State	Montana
Zip Code	59044
Number of class hours the student is attending	8
Is any household member between the ages of 18 and 49 currently attending post-secondary school or an institution of higher education?	No

Additional Information Details

Signing Your Application Details

Consent to Exchange Information	
State of Montana Voter Registration Agency Certification	

Other Information

If you are approved for SNAP, are you interested in learning how to stretch your food budget?	
Do you expect any changes within the next 3 months regarding the information you entered today?	
Please explain	
Renewal of medical coverage in future years To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a notice, let me make any changes, and I can opt out any time. Yes, renew my eligibility automatically for the next	

Electronic Signature Details

Electronically Signed	Yes
Signed By	Alyssa M Walker
Would you like to see your case information through apply.mt.gov after your application has been processed?	Yes

Rights, Responsibilities, and Penalties

INTERVIEW

1. After your application is filed, you will be notified of the time and date of your interview (if needed). An interview is not required, but is recommended for Medicaid/HMK Plus. Complete as much of the application as you can. A case manager will help you with any unanswered questions at the interview. If you do not have all necessary information, this could delay a decision on your application.
2. For SNAP benefits, TANF cash assistance and Refugee programs, if you cannot keep your appointment (if needed), you must schedule another appointment within 30 days of the application date. If you do not schedule another appointment, your application will be denied.
3. If you are not able to appear for an interview or you are unable to find someone to represent you, call your County Office of Public Assistance to schedule a phone interview: <https://dphhs.mt.gov/contact/locationservice>

TO GET SNAP BENEFITS WITHIN 7 DAYS (EXPEDITED SERVICE):

You may be entitled to expedited services if your income and resources are not enough to cover your monthly rent/mortgage and utilities, or you have very little income or resources, or your household includes a migrant or seasonal farm worker.

1. Complete the application and provide proof of identity of the person listed as number 1 on the first page. If an authorized representative applies for the household, the identity of the person listed on the application and the authorized representative must be verified.
2. If you do not have time to complete this form now, enter your name and address and submit the application. This will ensure your benefits start from today if you are eligible for SNAP benefits.
3. If you are eligible for expedited service, you will receive SNAP benefits for this month even if you cannot provide all the proof needed at this time.
4. If you feel you are eligible for expedited services but your worker says you are not, you may ask for an administrative review or may request a fair hearing either orally or in writing.
5. If you are not eligible for expedited service, your application will be processed within 30 days following the date the signed application was received.

RIGHTS AND RESPONSIBILITIES

1. You do not have to be interviewed or have a scheduled appointment before filing the application.
2. Your application will be processed within 30 days for SNAP benefits and Cash Assistance, and 45 days for Medicaid and Refugee Medical Assistance from the date of application except in unusual circumstances as defined by regulation.
3. Applicants soon to be released from an institution may make application for SNAP benefits prior to their release. The application filing date for pre-release applicants is the date of release from the institution if applying for SNAP and SSI at the same time.
4. Each time you apply for SNAP benefits, do not:
 - Trade or sell SNAP benefits;
 - Purchase food on credit or purchase food that is being resold;
 - Use SNAP benefits to get ineligible items such as alcoholic drinks, tobacco, or pay on credit accounts;
 - Use someone else's SNAP benefits for your household or let someone use your benefits; or
 - Purchase food for others.
5. For SNAP and Refugee Cash Assistance (RCA) benefits all adult household members will be required to repay any benefits for which you aren't eligible, including errors caused by this agency. You will be required to repay any TANF, RMA and/or Medicaid, benefits that you aren't eligible to receive for any reason other than this agency's error.

Nondiscrimination Statement:

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 the 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 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 of Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7967 (TTY).

This institution is an equal opportunity provider.

6. For Medicaid the following apply:
 - I must report any changes in my situation to the local Office of Public Assistance. Medicaid changes must be reported within 10 days of knowledge. Late reporting may cause incorrect benefits.
 - I must provide information and proof as requested to help determine that I am eligible for assistance. DPHHS may help me obtain the proof or contact other persons or agencies to assist me. If I need help with gathering proof, I must tell the Office of Public Assistance that I do need help.

- The information I (we) give here is subject to verification by federal and state officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- My (our) Social Security Number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level. It will also be used for claims collection purposes.
- My (our) alien status information will be verified with United States Citizenship and Immigration Services (USCIS). This information may affect eligibility or level of benefits.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- If approved for Medicaid, my (our) rights to any health insurance or other third party payment are automatically assigned by law to the State of Montana.
- Per ARM 37.82.416, I authorize the MT Highway Patrol & any of its agents, contractors or designees to release to DPHHS & any of its agents, contractors or designees all motor vehicle accident reports, supplemental reports & information, including witness statements, filed by law enforcement personnel which I or any household members are entitled under Section 61-7-114 MCA.
- If approved for Medicaid under certain family-related programs, my (our) rights to medical support are automatically assigned to the State of Montana.
- Under Montana law, medical assistance paid on behalf of individuals age 55 or older or anyone who lived in a nursing home (regardless of age) may be subject to recovery from the individual's estate. Additionally, a lien may be placed on any real property owned by an individual who receives Medicaid for nursing home services.
- By asking for and receiving Medicaid I (we) will be required to apply for other benefits/programs to which I (we) may be entitled. These benefits/payments include, but are not limited to: Social Security benefits, Child Support, annuity payments, Medicare, Unemployment Insurance, retirement benefits, settlements, etc.
- Information provided by applicants and/or recipients of Medicaid may be subject to verification via a computer-matching program with the Social Security Administration. This is authorized per Privacy Act of 1974; 5 U.S.C. 552a as amended.
- Cooperation with random Program Compliance reviews and Third Party Liability requirements is mandatory to remain eligible for continued benefits.
- Please note that individuals may have out of pocket expenses if they are eligible for Medicaid coverage under the Montana HELP (Montana Health and Economic Livelihood Partnership Act).

SNAP WORK REQUIREMENTS:

1. Individuals who are physically and mentally fit and between the ages of 16 and 60 shall be ineligible if they: (1) refuse without good cause to provide sufficient information to allow a determination of their employment status or job availability; (2) voluntarily and without good cause quit a job; or (3) voluntarily and without good cause reduce their work effort (and after the reduction, are working less than 30 hours a week).
2. Individuals who reside in a county with a SNAP Employment and Training Program may attend this program.
3. Cash Assistance work requirements do not apply to SNAP.

TIME LIMITED BENEFITS:

1. The household may not be eligible for TANF cash assistance benefits if a member of the household has received 60 months of TANF cash assistance benefits in any state. TANF time limits do not apply to Medicaid, SNAP benefits or Refugee programs.
2. An individual who is an able bodied adult without dependents may not be eligible for SNAP benefits if they have received 3 months of SNAP benefits in a 36-month period, unless they meet an exemption, or meet the work requirement.
3. Refugee Cash Assistance and Refugee Medical Assistance are only available to eligible refugees/asylees for 8 months from date of entry or from the date their asylum status was granted. However, Refugee Social Services, such as employment and training assistance, could extend up to five years from date of entry/ date asylee status was granted, depending on federal funding. This application form is not required to apply for Refugee Social Services. For more information about the Refugee Social Service Program, please ask your Office of Public Assistance Case Manager.

PENALTIES: SNAP AND TANF CASH ASSISTANCE PROGRAMS:

1. The information I (we) give here is subject to verification by state or local and federal officials. If any information is incorrect, my application/redetermination may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
 - DPHHS is authorized to match TANF recipients' information provided to the office of Child Support Enforcement through the National Directory of New Hires (NDNH). The results may affect your eligibility for TANF.
 - Information provided by applicants and/or recipients of financial assistance may be subject to verification via a computer-matching program with the Social Security Administration. This is authorized per Privacy Act of 1974; 5 U.S.C. 552a as Amended.
 - For SNAP, the collection of information, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the SNAP. We will verify this information through computer matching programs such as IEVS and any discrepancy may be verified through collateral contacts which may affect eligibility and level of benefits. This information will also be used to monitor compliance with program regulations and for program management.
2. My (our) Social Security Number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level.
3. It is unlawful to knowingly make false statements, misrepresent facts, or conceal information to obtain benefits.
4. My (our) alien status information will be verified with United States Citizenship and Immigration Services (USCIS). This information may affect eligibility or benefit levels.

5. This information may be disclosed to other Federal and State agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
6. If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection actions.
7. Providing requested information, including the SSN of each household member, is mandatory for TANF and voluntary for SNAP benefits. However, failure to provide this information will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.
8. Individuals who knowingly and intentionally break a rule can be prosecuted and fined. Under SNAP, the fine may be up to \$250,000 or you may be imprisoned up to 20 years, or both. Individuals are also subject to prosecution under other applicable federal and state laws. She/he may also be barred for an additional 18 months if court ordered.
9. Any household member who knowingly and intentionally breaks a SNAP or TANF Cash Assistance rule can be barred from the program for one year for the first violation; for two years for the second violation; and permanently disqualified after the third violation.
10. Any SNAP recipient who has been found guilty in a federal, state or local court of trading SNAP benefits for controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) will be disqualified from participation in SNAP for two years for the first offense and permanently for the second offense.
11. Any SNAP recipient who has been found guilty in a federal, state or local court of trading SNAP benefits for firearms, ammunition, or explosives will be permanently disqualified from participation in SNAP.
12. An individual shall be permanently disqualified from participation in SNAP if he/she is convicted of trafficking SNAP benefits of \$500 or more.
13. An individual shall be ineligible to participate in SNAP for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and/or residence in order to receive multiple benefits from more than one state or county at the same time.
14. For TANF Cash Assistance, an individual shall be ineligible to participate in the TANF Cash Assistance program for ten years if he/she is found to have made a fraudulent statement or representation with respect to where they live or benefits received in another state in order to receive multiple benefits from more than one state or county at the same time.
15. By asking for and receiving TANF, I (we) will be required to apply for other benefits/programs to which I (we) may be entitled. These benefits/programs include, but are not limited to: Social Security benefits, unemployment, child support, etc.
16. Cooperation with a random Quality Control (Program Compliance) review is mandatory to remain eligible for benefits.
17. The household may not be eligible for TANF cash assistance benefits if a member of the household has received 60 countable Federal TANF months of cash assistance benefits in any state.

Application Processing

- I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits.

- I allow the Department of Social Services to disclose certain Information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Health, the Department for the Aging, the Department of Rehabilitative Services and the Department of Vocational Rehabilitation. I can withdraw this authorization at any time by notifying my eligibility worker.

Signature Declaration

READ CAREFULLY BEFORE SIGNING.

IF YOU DO NOT UNDERSTAND SOMETHING, ASK AN ELIGIBILITY WORKER ABOUT IT.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I have been informed my household is authorized to receive TANF Cash Assistance Information and Referral services. I have been given the Tanf Cash Assistance Information and Referral Service Brochure that has information about these services.

For SNAP the signature of the primary information person, other adult household member, or an authorized representative on this application constitutes registering for work of all non-exempt household members.

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

I UNDERSTAND THAT:

- I must report any changes in my situation to the Office of Public Assistance. For Healthcare Coverage, Refugee Medical, TANF, or Refugee Cash Assistance, changes must be reported within 10 days of knowledge of the change. Late reporting may cause incorrect benefits.

- I must provide information and proof as requested to help determine that I am eligible for assistance. DPHHS may help me to obtain proof or contact other persons or agencies to assist me. If I need help with gathering proof, I must tell the Office of Public Assistance that I do need help.

- The information provided is subject to verification by federal, state, and local officials to determine if the information is factual. If any information is incorrect, my application may be denied, and I may be subject to criminal penalties for knowingly providing incorrect information. If a SNAP claim arises against your household, the information on this application, including all Social Security Number (SSNs), may be referred to Federal or State agencies, as well as private claims collections agencies, for claims collection action.

- The collection of information on the application including SSNs will be used by State and Federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (i.e. Social Security Administration, Internal Revenue Service, Employers, and Financial Institutions). The information obtained from these sources may affect eligibility or benefits levels and may be verified through collateral contacts when discrepancies are found by the state agency. The SSNs may also be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending fleeing felons/probation or parole violators. It will also be used for claims collection purposes and used to monitor compliance with program regulations and program management. For SNAP the collection of information on this application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S. C 2011-2036.
- My (our) alien status information may be verified with the United States Citizen and Immigration Services (USCIS). This information may affect eligibility or level of benefits.
- By asking for and receiving TANF or Refugee Cash Assistance, adults may be required to participate in an employment and training activity.
- For TANF Cash Benefits may be prorated from the date all adults negotiate and sign an agreement to participate in employment or training activities.
- Federal and State laws and regulations limit the use and disclosure of confidential or protected health information about application and recipients of assistance programs.
- If approved for Healthcare Coverage, my (our) rights to any health insurance or other third-party payment are automatically assigned by law to the State of Montana.
- If approved for TANF Cash Assistance, my (our) rights to medical and child support are automatically assigned to the State of Montana.
- Under Montana law, medical assistance paid on behalf of individuals age 55 or older, or anyone who lives in a nursing home (regardless of age) may be subject to recovery from the individual(s) who receives medical assistance for nursing home services.
- I may request a Fair Hearing if I disagree with any action taken on my case. For SNAP, the request may be verbal or in writing. For other assistance programs, the request must be submitted to the Office of Public Assistance in writing. Your case may be presented by a household member or a representative, such as a legal counsel, relative, friend, or other spokesperson.
- By asking for, and receiving, TANF or Refugee Cash Assistance and/or Medicaid, I (we) will be required to apply for and/or accept other benefits, programs, income, or assets to which I (we) may be entitled. These include, but are not limited to: Social Security Disability, Child Support, Annuity Payments, Medicare, Unemployment Insurance, settlements, inheritance, winnings, etc.
- The Department of Public Health and Human Services (DPHHS) is authorized to match TANF and SNAP recipients' information through the National Directory of New Hires (NDNH). The results may affect your eligibility for these programs.
- For SNAP, the signature of the primary information person, other adult household member, or an authorized representative on this application constitutes registering for work for all non-exempt household members.
- Information provided by applications and/or recipients of financial assistance may be subject to verification via a computer matching program with the Social Security Administration. This is authorized per the Privacy Act of 1974; 5 U.S.C. 552(a) as amended.
- Cooperation with a random Program Compliance review is mandatory to remain eligible for continued benefits.

Required for all programs: I understand the questions on this application, and the penalty for withholding or giving false information or breaking any of the rules listed in the penalty warning. I understand and agree to provide documents to prove what I have said. I understand and agree that the Agency may contact other persons or organizations to obtain necessary verification of any statements on this application.

By signing below, I certify under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member. I understand the information provided on this application can be used to establish identity for children under age 16. I have been informed my household is authorized to receive TANF Information and Referral services. I have been given the TANF Information and Referral Service information as part of this application.