



Submit Date 02/02/2024

Submit Time 11:54 AM

Application Summary

Programs



Food Assistance (SNAP)

Your Information

Main Applicant		Jerome Jackson (46)
What language do you prefer to read?	English	
What language do you prefer to speak?	English	
Do you need an interpreter?	No	
First Name	Jerome	
Middle Name		
Last Name	Jackson	
Suffix	The First	
Other Names		
Are you a person who is blind or visually impaired?	No	
Visual assistance needed		
Are you a person who is deaf or hard of hearing?	No	
Hearing assistance needed		
Are you a resident of Florida?	Yes	
Are you applying for benefits for yourself?	Yes	
Do you want to allow the authorized representative to get and spend benefits for you?		
Living Situation		
Date child removed		
Date child returned		
What is Jerome address before entering the Nursing home?		
Name of contact person who can verify information		
Relationship		
Address of the person who can verify information		
Are you experiencing homelessness?	Yes	
Which city are you currently in?	FT LAUDERDALE	

What county are you currently in?	Florida
What's the zip code where you are currently staying?	33311
Temporarily Mailing Address	1135 NW 5th Ct,Fort Lauderdale,Florida,33311
Where do you currently live?	
Do you get your mail at a different address?	
Where do you receive your mail?	
Home Phone	
Mobile Phone	(754) 234-1262
Work Phone/Alternate Phone	
Email	Jjrome121222@gmail.com
Would you like to get text messages about your benefits?	
Would you like to receive email notifications instead of paper mail?	No
Date of Birth	09/21/1977
What's your gender?	Male
Do you have a Social Security number?	Yes
What's your Social Security number?	589-03-0488
Why don't you have a Social Security number?	
Please explain.	
Have you applied for an Social Security number?	
Have you ever used a different Social Security number?	No
What Social Security number have you used?	
SSN Type	
First Name	
Last Name	
Name Type	
Marital Status	Single - Never Married
In what country were you born?	United States
Have you been outside of the U.S. in the last 30 days?	No
Are you a U.S. citizen or national?	Yes
Date Entered U.S. (if you know)	
Date Left the U.S. (if you know)	
Immigration Document Type	
Immigration Document Number	
Date Document Issued by USCIS (if you know)	
Have you lived in the U.S. continuously since 1996?	

Are you a spouse or parent of a veteran or an active-duty member of the U.S. military?	
Have you been granted asylum in the U.S.?	
Date Asylum Granted	
Have you had a medical emergency in the U.S. in the past 3 months?	
Type	
Date	
Are you a sponsored noncitizen?	
Type	
Sponsor ID	
Name	
Phone	
Do you have, applied for, or plan to apply for the following: T-Visa, U-Visa, Violence Against Women Act (VAWA) petition	
Did your immigration status change in the last 12 months?	
What's changed?	
Date of Change	
Alien Number	
Are you of Hispanic, Latino, or Spanish origin?	No
What is your race?	Black or African American
Are you a member of a federally recognized tribe?	
Tribe Name	
Did you ever get a service from, or did someone refer you to, Indian Health Service or Tribal Health Programs?	
Are you eligible to get services from the Indian Health Services, tribal health programs or through a referral from one of these programs?	

People

People	
Do you have other people living in your household?	No

Other Situations

Child Health and Disability Prevention	
Who is Limited in ability to do things most children of the same age can do?	
Who Needs special therapy for emotional, developmental or behavioral problems?	
Who Needs or uses medical, mental or educational services other than usual for children of the same age?	
Who Would like to get child health check up services?	

Lifeline Assistance	
Do you feel that your current living situation is unsafe for you or another family member, for any reason?	No
Can we refer you for help?	No
Do you want discounted phone service (Lifeline Assistance)?	
Do you have phone service?	
Whose name is on the phone bill?	
Phone Company Name	
Your Phone Number	
Address Type	

Convictions and Felony	
Convicted of receiving duplicate food assistance, Medicaid, or Cash Assistance in any state after 08/22/1996?	No
Convicted of sharing or selling EBT cards worth \$500 or more after 08/22/1996?	No
Found guilty of Drug Trafficking or trading food assistance for drugs in any state after 08/22/1996?	No
Found guilty of trading food assistance for guns, ammunitions, or explosives after	No
Hiding or running from the law for a felony crime or attempted felony crime? (This could be to avoid prosecution, being taken into custody, or going to jail.)	No
Aggravated sexual abuse, murder, sexual exploitation and other related abuse of children, Federal or State offense involving sexual assault, or an offense under state law similar to crimes listed, after February 7, 2014?	No

Review & Submit

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Is there anything else you would like us to know?	Why I am I being sanction and I am homeless
Do you want to register to vote at your current address	0
Do you give permission to DCF to request your financial records, to confirm the asset information provided?	

Main Applicant Signature	
First Name	Jerome
Last Name	Jackson
Date	02/02/2024
I confirm that I read, or had read to you, and understand and agree to the Rights and Responsibilities.	Yes