



Harford Community Action Agency, Inc.

1321-B Woodbridge Station Way, Edgewood, MD 21040

Phone: 410-612-9899 • Fax: 410-612-1157

www.harfordcaa.org

HCAA SNAP APPLICATION

Date: _____

Head of Household - Name

Date of Birth

Social Security Number

Email

Phone Number

Preferred Contact Method

Street Address

City

State

Zip

Check one that applies: ☐ Renter ☐ Homeowner ☐ Homeless ☐ Other _____

Sensitive questions:

1. Is anyone in your household receiving benefits under another identity or as a member of another household or in another State? ___YES or ___NO
2. Has anyone in your household been convicted since August 22, 1996 in a federal or state court for not telling the truth about where they lived or their identity in order to receive food supplement benefits or cash assistance from more than one place in the same month? ___YES or ___NO
3. Has a court convicted any member of your household for trading or trafficking SNAP benefits of \$500 or more? ___YES or ___NO
4. Is anyone in your household currently violating parole or probation or fleeing from the police or the courts? ___YES or ___NO
5. Has anyone in your household been convicted of a drug kingpin felony on or after August 22, 1996? ___YES or ___NO
6. Has anyone in your household been convicted of a volume dealer drug felony on or after August 22, 1996? ___YES or ___NO
7. Has anyone in your household been convicted after February 7, 2014 of aggravated sexual abuse, murder, sexual exploitation and other abuse of children, sexual assault*, or a similar state law, and is also not in compliance with the terms of their sentence? ___YES or ___NO

Please use the following choices for "RACE":

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Multi-Race
5. Native Hawaiian/Pacific Islander
6. Other
7. White

1. Transgender FTM
2. Transgender MTF
3. Gender Non-Conforming
4. Non-binary
5. Other
6. Transgender

[illegible]

DECLARATION OF HOUSEHOLD INCOME

Below please report GROSS income for the entire household (Amounts before taxes and insurance)-

[illegible]

Total Household Income for last 30 days	\$
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MONTHLY EXPENSES: Provide the amount (\$) below and specify which household member(s) pays for each expense.

[illegible]

Client Agreement:

I declare that the information I have provided Harford Community Action Agency (HCAA) is true, correct and complete. I understand that when this application is signed, permission is given to the HCAA to check all household income, bank accounts, housing expenses, insurance, and other benefits.

If I currently receive or have ever received benefits from the programs administered by the Harford County Department of Social Services (DSS), by signing this application, I give permission to the DSS to share with HCAA any information in my DSS case file needed to complete this application. Such information includes, but is not limited to, household members, income, expenses, resources, child support payments, etc.

I acknowledge that my application information will be stored digitally in the agency database: CAP60. This information will be maintained with the utmost confidentiality, and only HCAA staff will have access to individual files within the database. Maryland law protects against fraud. Punishment can occur for not telling the truth when applying for assistance from any HCAA program.

Harford Community Action Agency, Inc. prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Grievance Process:

If the client wishes to file a grievance, they may do so in writing to the Chief Executive Officer (CEO) stating the situation and their concerns.

The CEO must set up an appointment with the client within 14 days of receipt of the letter of grievance to discuss the grievance and reach a solution.

Applicant's Signature

Date

USDA 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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**.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **(833) 620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

fax:

(833) 256-1665 or (202) 690-7442; or

email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

CONSENT FOR RELEASE OF INFORMATION

This form authorizes information to be released from the Local Department of Social Services to the Community Based Organization and Customer.

I, (customer's name) _____, authorize the Family Investment Administration to release all information contained in, and concerning the status of, my application/redetermination for Public benefits, as a resident of the State of Maryland, to the following agency:

Harford Community Action Agency, Inc. 1321 B Woodbridge Station Way, Edgewood, MD 21040
Name of Community Based Organization **Address**

This information may be released to the following person (s):

<u>Courtney Insley</u>	<u>SNAP Associate</u>	<u>cinsley@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Damon Presberry</u>	<u>SNAP Associate</u>	<u>dpresberry@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Veronique Bernatchez</u>	<u>SNAP Associate</u>	<u>vbernatchez@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Brian Wainwright</u>	<u>SNAP Associate</u>	<u>bwainwright@harfordcaa.org</u>	<u>#410-612-9909</u>
Name (please print)	Staff Position	Email	Phone

<u>Kim Neely</u>	<u>Chief Operating Officer</u>	<u>kneely@harfordcaa.org</u>	<u>#410-612-9909</u>
Name (please print)	Supervisor /Position Title	Email	Phone

Name of applicant/recipient (please print)

Date of Birth or

CID#

Signature of applicant/recipient or authorized representative

Applicant/recipient Social Security Number- (No CID#)

Date

Return completed to Sender. This form is valid for 12 months from the date of signature. Note: this consent may be revoked by the customer, in writing, at any time except to the extent that action has been taken in reliance upon it.