

West Virginia Department of Health and Human Resources
Office of Family Assistance Registration for Benefits
WV WORKS and Food Stamp Benefits

APPLICATION DATE:

- ★ Your application date is the date you complete an interview or the date we receive this page with your name, address, and signature. Homeless persons are not required to list an address. You must complete an interview before you can receive benefits. You will be sent a written notice to tell you if you are eligible or not.

- ★ It is important to have an early application date because you may receive benefits from the date of your application instead of the date you are found eligible. If you live in an institution, you cannot receive Food Stamps earlier than the date you are released.

- ★ If you are eligible for Expedited Services for Food Stamps, you will receive your benefits within 7 days, providing you have completed an interview.

Assigned Worker: _____ Expedited Service Determination Date: _____
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Have you received Food Stamps his month?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes are you staying in a shelter for battered women?	<input type="checkbox"/>	<input type="checkbox"/>

Monthly, Gross Household Income _____	Amount of Monthly Utilities _____
Liquid Assets _____	Monthly Rent/Mortgage _____
Total Household Resources _____	Total Shelter Cost _____

MIGRANT AND SEASONAL WORKERS ONLY:	Yes	No
Did anyone's income recently stop?	<input type="checkbox"/>	<input type="checkbox"/>
Will anyone receive \$25 or more from a new employer within the next 10 days?	<input type="checkbox"/>	<input type="checkbox"/>

Do you need other services, such as:	Yes	No
Helping an elderly or disabled person remain in their home?	<input type="checkbox"/>	<input type="checkbox"/>
Help with family-related or youth delinquency problems?	<input type="checkbox"/>	<input type="checkbox"/>
Help finding or paying for day care for children?	<input type="checkbox"/>	<input type="checkbox"/>

NAME (First, M.I., Last)	RFA/CASE NUMBER
ADDRESS	CITY
SOCIAL SECURITY NUMBER	STATE
SIGNATURE	ZIP
DATE OF BIRTH	SEX
DATE	PHONE NUMBER