



Virgin Islands of the United States

Supplemental Nutrition Assistance Program (SNAP) and CASH Assistance COMBINED APPLICATION – PART I

We consider all applications without regard to race, color, national origin, sex, age, or disability.

Please read entire application and sign on page 4.

Case Number: _____

Program(s) Applying For
Check ✓
 SNAP **CASH**

You can begin to apply for **SNAP/CASH** benefits and establish your application date by filling in your name, address and signing this application and give it to us today. We are required to verify information you provide and to act on your application within 30 days unless you qualified for SNAP right away. If you qualify to get SNAP benefits right away, we are required to act on your application within 7 days. So, the sooner you give us this application and any required verification, the quicker you will know whether you are eligible to receive SNAP/CASH benefits. If you are eligible, benefits will be provided back to the date you filed your application. You can apply for and get SNAP/CASH benefits for eligible household member(s) even if you are not eligible for benefits because of immigration status. For example, ineligible alien parent can apply for SNAP/CASH benefits for her/his children and receive benefits for the eligible children. The eligibility worker will tell you what information needs to be verified and the items to bring for your interview.

YOU MAY GET SNAP BENEFITS RIGHT AWAY IF YOUR HOUSEHOLD:

- Gross monthly income is less than \$150 and your household's resources, such as cash or checking/savings accounts, is \$100 or less; or
- Monthly rent/mortgage and utilities are more than your household's gross monthly income, & liquid resources; or
- You or a household member is a migrant or seasonal farmworker.
 - The Certification Office will schedule an interview at which time the Eligibility Worker will assist you in completing Part II of the application.
 - You may request to have a face-to-face interview or a telephone interview.

Stamp Date Received

PRINT NAME LEGIBLY BELOW:

Last Name: _____ **First Name:** _____

Answering the questions below will help us determine if your application must be processed within 7 days for SNAP.

DO YOU LIVE IN AN APARTMENT?

CHECK ONE ✓ Yes No

DO YOU LIVE IN A HOUSE?

CHECK ONE ✓ Yes No

ARE YOU A BOARDER?

CHECK ONE ✓ Yes No

Physical Address where you live:

Address line 1:
City

State Zip

Mailing Address where you receive mail:

Address line 1:
City

State Zip

Phone number and email address where you can be reached

Home: _____ **Cell:** _____

Email: _____

Do you wish to receive Program text messages to your cell phone? CHECK ONE ✓ Yes No
[Cell phone data charges apply]

Application and information can be submitted in person (drop box), by mail, email, or fax to the SNAP office in your District shown below.

ST. CROIX, VI

Department of Human Services
Certification Office
4102 Mars Hill
Frederiksted, VI 00840-3376
Ph. (340) 772-7100
Fax. (340) 772-9591
E-Mail: certoffice.stx@dhs.vi.gov

ST. THOMAS/WATER ISLAND, VI

Department of Human Services
Certification Office
1303 Hospital Ground, Ste. 1
St. Thomas, VI 00802-6722
Ph.(340) 774-0930 or (340) 774-2399
Fax. (340) 777-5449
E-Mail: certoffice.stt@dhs.vi.gov

ST. JOHN, VI

Department of Human Services
Certification Office
Multi-Purpose Building
307 Enighed Contant
Cruz Bay, St. John, VI 00830
Ph. (340) 776-6334 or (340) 776-6335
Fax. (340) 777-5449
E-Mail: certoffice.stt@dhs.vi.gov

1. How many people live in your home and eat with you? (Include yourself) _____.
2. How much is your monthly rent or mortgage? \$ _____
3. How much are your monthly utilities? \$ _____
4. Did all your household income recently stop?
CHECK ONE ✓ Yes No If yes, when? _____
5. What is the total income you expect your household to receive this month? \$ _____
6. How much does your household (Including children) have in cash, checking or savings?
(Give best total estimate) \$ _____
7. Is anyone in your household a migrant or seasonal farmworker?
CHECK ONE ✓ Yes No
8. If anyone in your household was a migrant or seasonal farmworker at any time during the current migration season, was your household approved for a postponement of verification requirements? If yes, when, and where?
CHECK ONE ✓ Yes No _____

BELOW FOR DFA OFFICE USE ONLY

SIGNATURE _____
of person screening for Expedited Service

DATE _____

Case Number: _____

MEMBER INFORMATION

COMBINED APPLICATION – PART I

Has anyone listed on this application received SNAP/CASH here in the U.S. Virgin Islands or elsewhere this month or anytime in the past? **CHECK ONE** Yes No
 If yes, When? _____ Date _____ Where? _____ City _____ State _____ Programs: _____ SNAP/CASH

IF THE FOLLOWING PERSONS ARE MANDATORY HOUSEHOLD MEMBERS LIVING WITH YOU.

1. Spouse.
2. Natural, adopted, and stepchildren under the age of 22 years or other minor(s) who live with you and under the age of 18, and is under your parental control and is financially or otherwise dependent on a member of the household.
3. Household members who purchase and prepare meals together with your household.

List yourself as person #1. List spouse as person #2. List all of the other persons in your home even if you are not applying for them.

No.	Legal Name			Social Security Number	Date of Birth MM/DD/YYYY	Sex		Relationship to you	Race & Ethnicity	Language	US Citizen**	
	Last	First	MI			M	F				YES	NO
1.								Self				
2.												
3.												
4.												
5.												
6.												
7.												

RACE & ETHNICITY: Enter the number that corresponds to the HH member.

(1) American Indian or Alaska native; (2) Asian; (3) Black or African American; (4) Hispanic or Latino; (5) native Hawaiian or Other Pacific; (6) White or Caucasian; (7) Other

LANGUAGE: Enter the number that corresponds to the HH member.

(1) English; (2) Spanish; (3) French-Creole; (4) Arabic; (5) Other

**** If you answered "NO" for this section, Alien status information will be verified through U.S. Citizen and Immigration Services. This may affect the household's eligibility and/or level of benefits.**

Criminal History Inquiry: Please answers the following questions for yourself and anyone else for whom you are applying. If you answer "Yes", list the name of the person(s) to whom the "Yes" answer applies.

1. Are you or anyone in your household a fleeing felon or a parole or probation violator, or is not in compliance with the terms of your sentence? **CHECK ONE** Yes No

If "Yes" list, the name(s). _____

2. Have you or any member in your household been convicted as an adult of aggravated sexual, abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offence involving sexual assault or an offence under State law determined by the Attorney General to be substantially similar to such an offence after February 7, 2014?

CHECK ONE Yes No

If "Yes" list, the name(s). _____