

**Attachment 1 – Emergency Food Assistance Request Form**

Name: \_\_\_\_\_ SNAP or PA Case Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

List everybody who lives with you, even if they are not applying with you. List yourself on the first line:

Name	DOB	Social Security Number or USCIS Number

Please list all resources of those who live with you (such as cash on hand, bank accounts, cars, life insurance, etc):

Who has this resource?	Resource Type	Value

The collection of Social Security Numbers (SSNs) is mandatory and is authorized under one or more of the following sections of law: Section 205(c) of the Social Security Act (42 U.S. Code 405), Section 1137 of the Social Security Act (42 U.S. Code 1320b-7) and Section 7(a)(2) of the Privacy Act of 1974. I understand and agree that the information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits and may be verified through computer matching. This information will also be used for program administration and may be disclosed to other state and federal agencies.

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I swear under penalty of perjury that the information I have given or will give to the social services district is complete and correct.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Agency Use Only:

Regular Date SNAP Benefits are Available:

\_\_\_\_\_

Worker's name and title:

\_\_\_\_\_

EBT Card SNAP Balance: \$ \_\_\_\_\_

\_\_\_\_\_

Citizenship Evaluated:

Worker Signature: \_\_\_\_\_

District: \_\_\_\_\_

Date: \_\_\_\_\_