

Short Form Application for SNAP



If approved, your benefits will begin from the date the local office gets your signed application.

- Step 1:** To begin your SNAP application process today, please fill out your **name, address, and signature** and turn this form in at your local office.
- Step 2:** You give us your application in person, by fax, through the mail, or you can apply online through the PEAK website at Colorado.gov/PEAK.
- Step 3:** You will need to complete an interview before we can decide about your application.
- Step 4:** After the interview, we may send you a letter asking for proof of the information you told us.

Your Legal Name (First, Middle Initial, Last)			Maiden Name					
Social Security Number (XXX-XX-XXXX)			Date of Birth (Month, Day, Year)					
Home Address (number, street)	City	State	Zip	Phone Number				
Mailing Address (if different)	City	State	Zip	Other Phone Number				
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (circle all that apply)		AI	A	B	NH	W	Other
<i>Race and ethnicity information is optional and will not affect eligibility; rather it is collected to ensure that benefits are provided to all eligible applicants regardless of race/color/national origin. Race options include: AI- American Indian/Alaskan Native; A- Asian; B- Black/African American; NH- Native Hawaiian/Other Pacific Islander; W- White</i>								

Expedited SNAP Details

Even if you are behind on paying bills, let us know how much you are responsible to pay when answering questions about your expenses.

Including yourself, how many people in your home do you purchase and prepare food for?		Is anyone in the home a migrant or seasonal farm worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total money my household expects to get this month (before deductions)	\$	Total cash on hand and money in your checking/savings account	\$
Mortgage per month	\$	Rent per month	\$
Do you have any of these utilities? If so, cost per month?	Electricity <input type="checkbox"/> \$_____ Water <input type="checkbox"/> \$_____ Phone <input type="checkbox"/> \$_____ Trash <input type="checkbox"/> \$_____ Sewer <input type="checkbox"/> \$_____ Other <input type="checkbox"/> \$_____		
Did anyone in the home get any SNAP or cash benefits in any other state in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Under penalties of perjury, I state that I have examined this application, and to the best of my knowledge and belief, my answers are true, including household composition, citizenship, and non-citizenship information. I have listed all amounts, income sources, and property I receive/own. I have the right to declare an Authorized Representative. If I am declaring an Authorized Representative, by signing below, I allow this person to sign my application, get official information about this application, and act for me on all future matters with this agency. I read, understand, and agree to "What I Should Know."

Your signature	Date
Authorized Representative/Conservator/Guardian Printed Name	
Authorized Representative/Conservator/Guardian Printed Signature	
Name and phone number of who helped you complete this application	

What I Should Know

The Colorado Department of Human Services (CDHS) is the State agency responsible for the administration of SNAP. Local offices of human services are the agencies that receive and process applications for all public assistance programs. The term “department” is used in this document to refer to both CDHS and local offices.

By completing and signing the Short Form Application for SNAP, I understand the following information and agree to the following rights and responsibilities:

YOUR RIGHTS AND RESPONSIBILITIES

1. I have the right to file my application immediately file an incomplete application if it contains my name, address, and signature of either a responsible household member or the authorized representative.
2. I have told the truth; I understand that I can be held criminally responsible for lying on this application.
 - Information provided by the applicant in connection with the application will be subject to verification by Federal, State, or local officials to determine if the information is factual.
 - If any information is incorrect, SNAP may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information.
3. I understand that if I am found to have received SNAP when breaking the rules on purpose, including providing false information (Intentional Program Violation or IPV), I will be disqualified from that program for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense.
4. I understand that any household member who breaks any of the rules on purpose can also be:
 - Barred from SNAP for one year to permanently, fined up to \$250,000, imprisoned for up to 20 years, or both.
 - Barred from SNAP for an additional 18 months if court-ordered.
 - Subject to prosecution under other applicable Federal and State laws.
5. If a court of law finds you guilty of:
 - Using or receiving benefits in a transaction involving the sale of a controlled substance, you will not be eligible for benefits for two years for the first offense, and permanently for the second offense.
 - Having used or received benefits in a transaction involving the sale of firearms, ammunition, or explosives, you will be permanently ineligible to participate in SNAP upon the first occasion of such violation.
 - Having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.
6. I understand that if you are found to have made a fraudulent statement or representation with respect to the identity or place of residence to receive multiple SNAP benefits simultaneously, you will be ineligible to participate in SNAP for a period of 10 years.
7. I may have to provide proof that shows that what I have told the department is true.
 - I agree to give the department all requested documents before qualifying for benefits.
8. I have the right to ask for a hearing if I think the department made a mistake.
 - I can ask verbally or in writing for a fair hearing to review my case. My case may be presented by a member of my household or my authorized representative, such as legal counsel, friend, or relative.
9. I have the right to apply for assistance for myself and my family regardless of my immigration status.
10. I have the right to receive an application form upon request and submit it with the applicant's name, address, and signature only.
11. I must repay any benefits I should not have received, even if it is the department's error.
12. I must use my benefits legally and will not sell, trade, or give away my benefits online or in person.
13. I may have to tell the department about any changes to the information I provided on my application.
14. I agree to cooperate with state or Federal reviewers when they review my case.
15. I agree to release my information for program needs.

What I Should Know

THE DEPARTMENT'S RESPONSIBILITIES

1. The department is required to check with the United States Citizenship and Immigration Services (USCIS) to confirm the immigration status, sponsor information, and citizenship of anyone who is applying for benefits.
2. The department is required to use the Income Eligibility Verification System (IEVS) to look at differences between the information you provide the department and information in the various government systems, such as the Department of Labor and Social Security Administration.
 - The information available through IEVS will be requested, reviewed, and may be verified when discrepancies are found. This information may affect your household's eligibility and benefit level.
3. Privacy Act Information:
 - The collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate. The department will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.
 - The department may disclose this information to other Federal and State agencies for official examination and/or to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.
 - If a claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.
4. The department will tell you if your benefits change.

USDA Nondiscrimination Policy

Do Not Send Applications Here

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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