

West Virginia Department of Health and Human Resources

REQUEST FOR ASSISTANCE

Please indicate the benefits you wish to apply for today:

Food Stamp Benefits [] WV WORKS/Cash Benefits [] Medicaid [] Emergency Assistance []

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

The date you submit this form, with at least your name, address, and signature, is considered your date of application. Homeless persons are not required to list an address. You may have to complete an interview and provide additional information before you can receive benefits.

Although you may not be able to complete a full application for benefits today, by submitting this form, if you are eligible, your benefits may begin from this date instead of the date you complete the full application and interview. Providing the optional information requested below will help the Department determine if you are eligible to receive your benefits faster, but is not required to submit a request for assistance and protect your date of application.

Food Stamp benefits only: If you are eligible for Expedited Service, you will receive your benefits within 7 days, if you complete an interview.

1. Optional Information for Food Stamp benefits only:

Have you received Food Stamp benefits this month? Yes [] No []

If so, are you staying in a shelter for battered women? Yes [] No []

How much do you have in cash and/or bank accounts? \$ _____

What is your household's monthly income before any deductions? \$ _____

How much is your rent/mortgage each month? \$ _____

How much are your utilities each month? \$ _____

Do you pay for a heating or cooling cost? Yes [] No []

If so, do you elect to use a Standard Utility Deduction? Yes [] No []

Is anyone in your household a Migrant and/or Seasonal Worker? Yes [] No []

If so, did anyone's income recently stop? Yes [] No []

Will anyone receive \$25 or more from a new employer in the next 10 days? Yes [] No []

2. Optional Information for WV WORKS (cash assistance) only:

How many adults live in your home? _____

How many children live in your home? _____

3. Optional Information for Medicaid (medical assistance) only:

Do you wish to apply for Medicaid for children adults or both?

4. Optional Information for Emergency Assistance only:

Do you have: an eviction notice utility shut off notice or medical emergency?

Do you have any other type of emergency? (Please describe): _____

5. Optional Information for all Programs:

Social Security Number: _____ Date of Birth: _____

Sex: _____ Phone Number: _____