

Supplemental Nutrition Asst. Program (SNAP)

Screening for Eligibility

Circle one ONLY

1. Are you 18 years of age or younger? Yes No
2. Are you a natural, adoptive or step Parent of a minor dependent child 17 years or younger who is included in your SNAP household? Yes No
3. Are you 50 years of age/ Yes No
4. Are you pregnant? Yes No
5. Are you caring for an incapacitated person of any age? Yes No
6. Are you working 20 or more hours a week? Yes No
7. Are you receiving or applying for Unemployment Benefits? Yes No
8. Are you participating in a drug or alcohol rehabilitation program? Yes No
9. Are you attending a high school, college or vocational institution on a full or part time basis? Yes No
10. Are you disabled and have medical documentation from a doctor/ Yes No
11. Are you receiving TEA cash assistance? Yes No

Name: _____ SSN: _____

Date: _____ Contact Phone: _____

If you answered Yes to any of the above questions you are not a Mandatory Referral.

If you are interested in the Employment Training Program as a volunteer, you can contact your local DHS Office.