

Section 1: Contact Information

Please provide some basic information about yourself. We'll use this info to process your application and contact you about your benefits. **This section is required for all MDHHS assistance programs.**

Do you speak English? Yes No | ¿Hablas Inglés? Si No | لا نعم فعلا هل تتكلم بالإنجليزية؟

If not, what language(s) do you speak?

If you have a disability that prevents you from completing this application, how can we help you?

Sign Language Assisted Listening Device (ALD) Other

Have you received help from DHHS in the past? Yes No

Legal Name (First, Middle, Last)

Home Address (Street, City, State, Zip Code)

 Homeless

Mailing Address (If different than above)

Phone Number

Cell Work Home

Alternate Phone Number (Optional)

Email Address (Optional)

How do you want us to contact you?

Call Email Paper Mail Text (Not available at all locations)

Best day and time to call:

Signature

Under penalty of law, I affirm that this form has been examined or read by me, and, to the best of knowledge, the facts are true and complete. If I am a third party applying on behalf of another person, I affirm that this form has been examined by or read to the applicant, and, to the best of my knowledge, the facts are true and complete.

Your signature or representative's signature

Date