

Application for **SNAP** and **TEA**

(Food Assistance and Cash Assistance)

See if you qualify for **SNAP** and **TEA** online! Apply online at www.access.arkansas.gov!



The **Supplemental Nutrition Assistance Program** (SNAP) helps low-income people buy the food they need for good health. SNAP benefits supplement an individual's or a family's income to help buy nutritious food. Most households must spend some of their own money along with their SNAP benefits to buy the food they need.

You may be able to receive SNAP benefits if you are working for low wages; working part-time; unemployed; receiving public assistance payments; living with a disability; are older; or homeless. All participants must meet financial and non-financial criteria.



The **Transitional Employment Assistance** (TEA) Program helps economically needy families with children under the age of 18 become more responsible for their own support and less dependent on public assistance. TEA provides monthly cash assistance to eligible families to help meet the family's basic needs. TEA also provides supportive services such as child care assistance and employment related services while the parent or other adult relative works toward increasing his or her earning potential. State law limits the receipt of TEA benefits to 24-month lifetime limit.

You can have some income, including earnings, and still be eligible to receive TEA benefits, if your countable income is less than the income standard. You can have resources (cash, bank accounts, property not used as a home, etc.) if the total value of these resources does not exceed \$3,000. TEA cash assistance is also available to help meet the needs of children who are being cared for by non-parent adult relatives. Assistance to such relatives may be provided for the children without regard to the time limit.

When should I apply?

It is important to turn in your application right away. If your household is eligible, your first month of SNAP benefits will be paid from the day that your application was received online or the date you submit a paper application in the DHS County Office. The TEA effective date of payment is the first day of the month your application is approved.

You have the right to submit a SNAP application with only the applicant's name, address, and the signature of a responsible household member or the household's authorized representative. However, providing a complete application may result in a quicker eligibility determination.

Do you need help completing your application?



By Phone
Customer Assistance
1-800-482-8988



In Person
Contact your local DHS county office
for more information

¡Ayuda!

En Español
Llame a nuestro centro
de ayuda gratis al
1-800-482-8988

KEEP THE OUTER PORTION OF THIS APPLICATION FOR YOUR INFORMATION

Interview requirements for both SNAP and TEA:

Households applying for SNAP and TEA are required to complete an interview for their eligibility determination. This interview can be in-person or over-the-phone. Households that apply online at www.access.arkansas.gov are automatically offered a telephone interview. Only one interview is necessary when applying for both SNAP and TEA. [If you miss your appointment for an interview, we will not schedule another appointment unless you ask us to do so.](#)



Your household may choose someone who knows about your circumstances to complete the interview either in-person or over-the-phone. This person is called an “authorized representative”.

Helpful documents for SNAP and TEA:



- A Social Security Number (SSN) or proof of application for an SSN for each household member applying for benefits.
- Documentation of legal alien status for each non-citizen applying for benefits.
- Proof of identity for the applicant.
- Proof of residence.
- Proof of all income.
- Proof of the value of resources such as, but not limited to, bank accounts, certificates of deposit, stocks, bonds, and vehicles.
- Proof of medical expenses for household members over the age of 60 or living with a disability, *only* if you want these expenses to be claimed.
- Proof of current utility bills, *only* if you want to use your actual utility costs to calculate your SNAP benefit amount. NOTE: SNAP allows certain households to use a “utility standard.” Ask your worker if actual costs or the utility standard will be best for your household.
- If you are applying for TEA benefits for a child, proof of that child's age and proof of that child's relationship to you.
- A Drug Assessment Questionnaire (DAQ) must be completed for each adult household member applying for TEA benefits.

How long does it take to process an application?

- Most **SNAP** applications must be processed within 30 days. However, we must process your SNAP application within **seven** days (expedited service) if:
 - Your household has \$100 or less in cash, bank accounts, or other liquid resources and less than \$150 in countable income; **OR**
 - Your current shelter costs are more than your income and liquid resources; **OR**
 - You are a migrant or seasonal farm worker and your household has little or no income at the time you apply.
- TEA** applications should be processed within 30 days.



If you complete the screening questions in the SNAP Expedited Service section, we will determine if your household is entitled to expedited service in SNAP.

How will I know if my application has been approved or denied?

When we take action on your application for SNAP or TEA, we will send you a notice to tell you if your application has been approved or denied.

If I am eligible, how will I get my benefits?



If you participate in the SNAP and/or the TEA Program, you will receive an electronic benefits transfer (EBT) card that looks similar to a debit card. Your EBT card will be used to access your

SNAP and/or TEA benefits. SNAP benefits may only be accessed at authorized retailers, such as grocery stores and approved farmers' markets.

What are my appeal rights?

If you are not satisfied with our actions or if we fail to act on your application for SNAP or TEA, you or your representative may ask for a hearing. There are three ways that you or your representative can request a hearing.

1. You may request a hearing by following the instructions listed on the back of the Notice of Action form you received regarding your application.
2. You may also ask for a hearing by calling the DHS County Office, writing a letter to the DHS County Office, or going to the DHS County Office.
3. You may also request a hearing by writing or calling the Appeals and Hearings Section:

Arkansas Department of Human Services

ATTN: Appeals and Hearings Section

P.O. Box 1437, Slot N401

Little Rock, AR 72203-1437

Telephone - (501) 682-8622

TDD for Hearing Impaired – 501-682-6974

FAX - (501) 682-6605



Who is ineligible to participate in SNAP and/or TEA?

- Any individual currently classified as a fugitive felon, parole violator, or probation violator.

Note: If a household has a mix of eligible and ineligible individuals, the eligible individuals may receive SNAP benefits as long as they meet all other program criteria.



Intentional Program Violations Supplemental Nutrition Assistance Program

People who participate in the Supplemental Nutrition Assistance Program must follow these rules:

- Do not give false information or withhold information in order to get or to continue to get SNAP benefits.
- Do not alter any authorization document to get SNAP benefits you are not eligible to receive.
- Do not use SNAP benefits to buy non-food items like alcoholic drinks, tobacco, or personal grooming items.
- Do not trade or sell SNAP benefits or allow unauthorized use of electronic benefits transfer (EBT) cards.
- Do not use someone else's SNAP EBT card for your household's benefit.
- Do not buy or sell or attempt to buy or sell SNAP benefits or Electronic Benefits Transfer (EBT) cards for cash or for consideration other than eligible foods in public and online. Buying and selling or attempting to buy or sell your EBT card is called trafficking and may cause you to lose your benefits or be taken off the program permanently (forever).

An intentional program violation (IPV) occurs when you or any member of your household: 1) Makes a false or misleading statement or misrepresents, conceals or withholds facts; or 2) Commits any act that constitutes a violation of the Food and Nutrition Act, SNAP Regulations, or State Statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of SNAP authorization cards, or reusable documents used as part of an automated benefit delivery system. Anyone found to have committed an IPV will be disqualified from SNAP participation for: one year for the first violation, two years for the second violation, and permanently for the third violation. He or she may also be fined or imprisoned or both and may be subject to federal prosecution and penalties.

Special disqualification periods apply when an individual is found guilty of any of the following violations:

- Making a fraudulent statement or representation about identity or residence in order to get SNAP benefits in two locations during the same month – a ten-year disqualification.**
- Buying or selling controlled substances in exchange for SNAP benefits – a 24-month disqualification for the first violation and a permanent disqualification for the second violation.**
- Buying or selling firearms, ammunition, or explosives in exchange for SNAP benefits – a permanent disqualification.**

- Trafficking SNAP benefits in excess of \$500 – a permanent disqualification.**
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Intentional Program Violations TEA Program

People who participate in TEA must follow these rules:

If you give any information that is false or misleading or if you withhold or conceal facts for the purpose of establishing or maintaining your family's eligibility for TEA, you may be found guilty of committing an intentional program violation (IPV) by an Administrative Hearing or through a court of law.

If you plead guilty or nolo contendere (no contest) or are found guilty of an IPV, your family will be ineligible for TEA for one year for the first offense, two years for the second offense and permanently for any subsequent offense. In addition, your family will remain ineligible to receive TEA benefits until the resulting overpayment is repaid to the State.

If you are found guilty of giving false information about your residence in order to receive TANF assistance in two or more states at the same time, your family will be ineligible for TEA assistance for a minimum of ten years beginning with the date of conviction. (The TEA Program is Arkansas' TANF Program.)



Did you know that if you are eligible for SNAP or TEA, you may be eligible for the following programs?

- Housing assistance through HUD. Visit www.hud.gov for more information.
 - Assistance for utility costs through the Home Energy Assistance Program (HEAP). Visit www.acaaa.org to learn which agency serves your county.
 - Certain Medicaid categories. Visit www.access.arkansas.gov or visit your local DHS county office to apply for Medicaid.
 - Help with your telephone service through Lifeline and Link Up or visit www.lifelinesupport.org to apply. Ask your current telephone provider for more information.
 - Free or reduced tax preparation service through certain companies. Contact your tax preparer to see if they offer these services.
 - Free or reduced legal services. Contact local legal offices for a referral in your area.
 - Free school meals for children attending public schools. Children will be automatically enrolled through an administrative matching program.
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Your Right to Privacy

The PRIVACY ACT of 1974 requires the Department of Human Services (DHS) to tell you: (1) whether disclosure is voluntary or mandatory; (2) how DHS will use your SSN; and, (3) the law or regulation that allows DHS to ask you for the SSN. We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Supplemental Nutrition Assistance Program this authority is granted under the Food and Nutrition Act of 2008 as amended, 7 U.S.C. 2001-2036. For both the Medicaid Program and the TEA Program, this authority is granted under Federal laws codified at 42 U.S.C. §§ 1320b-7(a)(1) and 1320b-7(b)(2). This information may be verified through computer matching programs. We will use this information to determine program eligibility, to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If claim arises against your household, the information on this application, including all SSNs may be provided to Federal or State officials or to private agencies for collection purposes.

Application for SNAP and TEA

IF YOU NEED THIS APPLICATION IN LARGE PRINT, CONTACT YOUR DHS OFFICE.

Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español.

Head of Household Name				Date of Birth	Work Phone
Mailing Address (P.O. Box, Street, Apt./Lot #)	City	State	Zip	Home or Cell Phone	
Residence Address (Street, Apt./Lot #)	City	State	Zip	E-mail Address	

What Services Are You Requesting? Please use blue or black ink.

Supplemental Nutrition Assistance Program (SNAP)

♦ Are you currently receiving SNAP benefits? YES NO

If you believe your household needs SNAP benefits right away, complete the questions on page 2 of this form. If you do, we can determine if you are entitled to receive SNAP benefits within 7 days.

Transitional Employment Assistance (TEA) for Households with Children Under 18

♦ Are you currently receiving TEA? YES NO

♦ Do you have a child under 18 living in your home? YES NO

1.	Have you or anyone in your household received assistance in another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, check all that apply.	<input type="checkbox"/> SNAP <input type="checkbox"/> TEA
2.	Do you have or have you ever had an electronic benefits transfer (EBT) card in Arkansas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, do you currently have the card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Would you prefer an in-person interview or an interview by telephone?	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone
	If you selected a telephone interview, you must provide a working phone number. <i>Be sure to have phone service or minutes available.</i>	
4.	If not English, what language do you speak at home?	
	Do you need an interpreter?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Household Members: List all the people who live in your home, including yourself. If needed, attach a sheet of paper listing additional members.

Social Security Number	Full name (First, middle, and last)	Birthdate	Relationship to you	Does this person buy and prepare meals separately?	Is this person a U.S. Citizen?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Federal law requires that each state provide the opportunity to register to vote with every application for public assistance. Please answer the following question regarding voter registration:

• **Would you like to register to vote or change your voter registration address?** Yes No

If you marked Yes, please complete and sign the Voter Registration Application that is attached. If you marked No, submit your application to your local DHS County Office.

By my signature, I authorize the Arkansas Department of Human Services (DHS) to get information from other state agencies, financial institutions, employers, federal agencies, and other sources to prove my statements are correct. I understand that if differences are found between what I report and information provided by the sources listed above, DHS may contact other sources for verification. I understand that this information may affect my household's eligibility for benefits. **I understand that if required, I must cooperate with the Office of Child Support Enforcement as a condition of eligibility.** I certify, under penalty of perjury, that the information I have reported, as shown on this form is correct to the best of my knowledge.

Signature:	Date:
Signature of Witness if applicant signs with an "X":	

Some SNAP applicants are entitled to receive SNAP benefits within seven days (expedited service). The answers to the questions below will help us screen your household for SNAP expedited service. Answer each question for yourself and all other household members.

SNAP Expedited Service for All Households:

1.	What is your household's total monthly income before deductions? <i>Deductions are amounts taken out for taxes, insurance, etc. The monthly total must include money that you and other household members receive from work <u>and</u> money received in the form of checks or cash. Also, you must include money that you and other members of your household have already received so far this month and money that you will be receiving before the end of the month.</i>	\$
2.	How much money do you and other household members currently have in cash, checking accounts, savings accounts, etc.?	\$
3.	How much are your household's monthly housing and utility costs? <i>Regular amounts only. Do not include past due totals.</i>	\$

SNAP Expedited Service for Households with Migrant or Seasonal Farm Workers:

1.	Is anyone in your household a migrant or a seasonal farm worker?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Did your household's income recently stop?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Do you or anyone else in your household expect income from a new source this month?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(A) If yes, how much will the income be?	\$
	(B) When do you expect to receive the income?	DATE:
County Use Only		Expedited: <input type="checkbox"/> YES <input type="checkbox"/> NO
Screener:	Screen Date:	LD Date:
Notes:		

Ethnicity Declaration: DHS is required to ask for racial and ethnic data on households applying for or participating in SNAP. You are not required to complete this section in order to receive assistance. If you are approved, your benefit level will not be affected by your decision to complete or not complete this section. DHS encourages you to answer the questions below. **Are you Hispanic or Latino? (Select only one)** YES NO

What is your race? (Select one or more)

- American Indian or Alaskan Native
 Pacific Islander or Native Hawaiian
 Black or African American
 White
 Other

Income: Please check each type of income that you and anyone living in your home currently receives.

- | | | |
|---|---|---|
| <input type="checkbox"/> Wages/Salary/Earnings | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Training Allowances |
| <input type="checkbox"/> SSA or SSI Income | <input type="checkbox"/> Worker's Compensation/Sick Pay | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Retirement/Pension/Annuity | <input type="checkbox"/> Self-employment Income | <input type="checkbox"/> Americorp VISTA/Americorp Program Income |
| <input type="checkbox"/> Child Support/Alimony | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Cash Contributions |
| <input type="checkbox"/> Railroad or Veteran's benefits | <input type="checkbox"/> Income from rental property | <input type="checkbox"/> Other _____ |

Resources

- | | | |
|--|--|--|
| <input type="checkbox"/> Checking/Savings Account | <input type="checkbox"/> Campers/RV (Motor Home) | <input type="checkbox"/> Stocks/Bonds/Mutual Funds |
| <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Motorcycle or ATV | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Golf cart/ Go-cart/ Moped | <input type="checkbox"/> Burial Plots/Prepaid Plan |
| <input type="checkbox"/> Christmas Club Account | <input type="checkbox"/> Car/Truck/Van | <input type="checkbox"/> Real Estate (not your home) |
| <input type="checkbox"/> IRA/ KEOGH/ 401K | <input type="checkbox"/> Boats/ Motors/Trailers | <input type="checkbox"/> Other _____ |

Have you or anyone in your home sold or given away any resource in the past 3 months? YES NO

Have you received cash gifts, awards, or prizes of at least \$3,500 or more within the last three months? YES NO

Have you won the lottery totaling at least \$3,500 or more? YES NO

Expenses: Please check each type of expense that you or anyone else in your home pays.

- | | | |
|---|--|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Insurance on home | <input type="checkbox"/> Baby sitter or day care |
| <input type="checkbox"/> Mortgage Payment | <input type="checkbox"/> Utilities | <input type="checkbox"/> Medical costs |
| <input type="checkbox"/> Taxes on home | <input type="checkbox"/> Telephone | <input type="checkbox"/> Child support |

Failure to report and verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for unreported expenses.

Students: Is anyone in your home currently enrolled in a college, vocational school, technical school or any other training program beyond high school? YES NO If yes, complete the section below.

1.	Name of student	
2.	School or training program	
3.	Enrollment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
4.	Is the student a Work-Study Program participant?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Mandatory Cooperation with Child Support Enforcement: If you check YES to the questions below, you must provide the names of the parent and child(ren). *Failure to provide correct information could be fraud. If you have good cause not to cooperate with Child Support Enforcement, you must tell your eligibility worker. You will be asked to provide evidence to help determine if you have good cause.*

Custodial Parent	Non-Custodial Parent	
Does anyone in the household have a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does anyone in the household have any minor children living outside of the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone in the household required to make child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Representative: If you want to choose someone to represent you, please complete the following information. If you name an authorized representative, this person will be able to take your place at the interview and talk to the DHS county worker on your behalf.

Name				
Mailing Address (P.O. Box, Street, Apt./Lot #)	City	State	Zip	Home or Cell Phone

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Providing a Social Security Number and/or information about citizenship or immigration status is voluntary. However, anyone who fails or refuses to provide any of this information will not be eligible to receive SNAP and/or TEA benefits. Other household members who do provide this information may participate in SNAP and/or TEA, if the household is found to be eligible.

If you are age **18 or over or 49 or under** and get SNAP benefits you must also meet the Requirement To Work or the RTW rule unless exempt from the RTW or Work Registration. The RTW rule only applies to **Able Bodied Adults without Dependents** or ABAWDs who are **18 or over or 49 or under**. If the work requirements of this rule are not met, then an ABAWD can only receive SNAP benefits for 3 months out of a 3-year period. However, if work requirements are met, benefits may continue. Your caseworker can provide more information.

You can continue to receive SNAP benefits as long as you are eligible under Program rules. This is true even if someone in your home receives TEA/Works Pays cash assistance. If someone in your home does receive TEA/Works Pays cash assistance, participation in SNAP will not count against their TEA/Works Pays time limits.

Providing Information - You must declare Social Security Numbers for everyone who will receive benefits. Bringing items such as your most recent paycheck stubs, award letters, and bank statements to your interview may speed up the application process. During the interview, the DHS worker will tell you if you must provide any additional information.

DHS County Office Mailing Addresses

County	Address	City	Zip	County	Address	City	Zip	County	Address	City	Zip
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	809 Goldsmith Road	Paragould	72450	Perry	213 Houston Ave.	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71801	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	2505 Pine Bluff St.	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72601	Independence	100 Weaver Ave	Batesville	72501	Polk	P.O. Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N. Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs.	72543	Lee	PO Box 309	Marianna	72360	Pulaski Sw.	PO Box 8916	Little Rock	72219
Cleveland	PO Box 465	Rison	71665	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd.	Pocahontas	72455
Columbia	PO Box 1109	Magnolia	71754	Little River	90 Waddell St.	Ashdown	71822	Saline	1603 Edison Ave.	Benton	72018
Conway	PO Box 228	Morrilton	72110	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Craighead	PO Box 16840	Jonesboro	72403	Logan-2	398 E. 2nd St.	Booneville	72927	Searcy	106 School St.	Marshall	72650
Crawford	704 Cloverleaf Circle	Van Buren	72956	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison	Ft. Smith	72901
Crittenden	401 S. College Blvd	W. Memphis	72301	Madison	PO Box 128	Huntsville	72740	Sevier	PO Box 670	DeQueen	71832
Cross	803 E. Hwy 64	Wynne	72396	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	75229
Dallas	1202 W. 3rd St.	Fordyce	71742	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Desha	PO Box 1009	McGehee	71654	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Drew	PO Box 1350	Monticello	71657	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W. 18th St.	El Dorado	71730
Faulkner	1000 E. Siebenmorgan	Conway	72032	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	449 Ingram St.	Clinton	72031
Franklin	800 W Commercial	Ozark	72949	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Fulton	PO Box 650	Salem	72576	Montgomery	PO Box 445	Mt. Ida	71957	White	608 Rodgers Drive	Searcy	72143
Garland	115 Stover Lane	Hot Springs	71913	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
				Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

Fold in half and tape ends together.

Use the addresses above to mail your application to your local DHS County Office

Return Address

<p>Place Stamp Here</p>
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Each adult household member must complete the Drug Assessment questionnaire before TEA and/or Work Pays eligibility can be determined.

State of Arkansas

Department of

WORKFORCE SERVICES

**TANF
DRUG ASSESSMENT TOOL**

Participant's
Name
(Please print)

Case #

Effective January 1, 2016, in accordance with Act 1205 of 2015, all adult (above 18) TANF applicants/recipients who are otherwise eligible for TANF assistance are required to be assessed for illegal use of a controlled substance. If the applicant/recipient is suspected of illegal drug use, he/she will have to undergo a drug test and potentially a substance abuse treatment. If the applicant/recipient fails to comply with any of these requirements, the TANF case will be denied/closed or the case will be approved with a protective payee in place.

Illegal use of a controlled substance (illegal drug) means:

- The use of a drug that is against the law, or
- The use of a prescription drug which is a controlled substance that is not prescribed for you.

Each person age 18 or older in your household case must answer the following questions.

Return Date

SIGN AND DATE THIS FORM

I understand the drug assessment procedures as detailed in this form and will answer each question listed below truthfully.

Applicant's
Signature

Date

ANSWER EACH OF THE FOLLOWING QUESTIONS

YES NO In the past 30 days have you used any illegal drugs?

YES NO In the past 30 days have you lost or been denied a job due to current illegal drug use?

IMPORTANT INFORMATION FOR YOU

If you do not fill out this form and return it to DHS by the return date above, your application will be denied. If you are a recipient, your case will be closed. We will send you a separate notice if we take this action.

- While getting cash assistance, adult household members may have to complete a drug test if there is reasonable cause to believe they are using illegal drugs.
- If you test positive for illegal drugs, you must cooperate with drug testing requirements and your Plan of Action or your case will be denied/closed or processed with a protective payee in place.

ADWS and DHS are Equal Opportunity Providers / Employers | Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex national origin age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager.

Each adult household member must complete the Drug Assessment questionnaire before TEA and/or Work Pays eligibility can be determined.

State of Arkansas

Department of

WORKFORCE SERVICES

**TANF
DRUG ASSESSMENT TOOL**

Participant's
Name
(Please print)

Case #

Effective January 1, 2016, in accordance with Act 1205 of 2015, all adult (above 18) TANF applicants/recipients who are otherwise eligible for TANF assistance are required to be assessed for illegal use of a controlled substance. If the applicant/recipient is suspected of illegal drug usage, he/she will have to undergo a drug test and potentially a substance abuse treatment. If the applicant/recipient fails to comply with any of these requirements, the TANF case will be denied/closed or the case will be approved with a protective payee in place.

Illegal use of a controlled substance (illegal drug) means:

- The use of a drug that is against the law, or
- The use of a prescription drug which is a controlled substance that is not prescribed for you.

Each person age 18 or older in your household case must answer the following questions.

Return Date

SIGN AND DATE THIS FORM

I understand the drug assessment procedures as detailed in this form and will answer each question listed below truthfully.

Applicant's
Signature

Date

ANSWER EACH OF THE FOLLOWING QUESTIONS

YES NO In the past 30 days have you used any illegal drugs?

YES NO In the past 30 days have you lost or been denied a job due to current illegal drug use?

IMPORTANT INFORMATION FOR YOU

If you do not fill out this form and return it to DHS by the return date above, your application will be denied. If you are a recipient, your case will be closed. We will send you a separate notice if we take this action.

- While getting cash assistance, adult household members may have to complete a drug test if there is reasonable cause to believe they are using illegal drugs.
- If you test positive for illegal drugs, you must cooperate with drug testing requirements and your Plan of Action or your case will be denied/closed or processed with a protective payee in place.

ADWS and DHS are Equal Opportunity Providers / Employers | Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex national origin age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager.

ARKANSAS VOTER REGISTRATION APPLICATION

<input type="checkbox"/> Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.		Office Use Only		Assigned ID			
1	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name		
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot#	City/Town	County	State	ZIP Code
3	Address Where You Receive Mail If Different From Above		Apt. or Lot#	City/Town	County	State	ZIP Code
4	Date of Birth _____ / _____ / _____ Month Day Year		5	Home & Work Phone Numbers (Optional) (H) (W)		6	Party Affiliation (Optional) <input type="checkbox"/> <input type="checkbox"/>
7	E-mail Address (Optional)			8	Have you ever voted in a federal election in this State? Yes No		
				Signature of elector - Please sign full name or put mark.			
9	<input type="checkbox"/> ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Arkansas Driver's license number _____ <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number _____ I have neither a driver's license nor social security number.			The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.			
10	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to either questions C or D, do not complete this form.						
				11	Date: _____ / _____ / _____ Month Day Year If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance: Name _____ Address: _____ City: _____ State: _____ Phone#: _____		

Please complete the sections below if: **MAIL REGISTRANTS: PLEASE SEE SECTION D.**

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

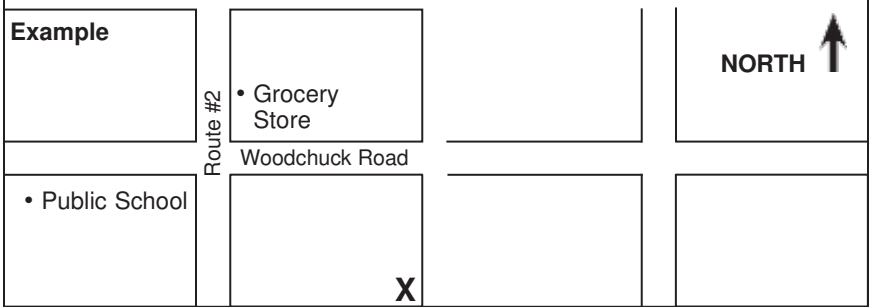
	Agency Code (For Official Use Only) PA 04
--	---

Date of Birth _____ / _____ / _____
Month Day Year

A	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name		
B	Previous House Number and Street Name		Apt. or Lot#	City/Town	County	State	ZIP Code

If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.

- C**
- Write in the names of the crossroads (or streets) nearest where you live.
 - Draw an "X" to show where you live.
 - Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.



IDENTIFICATION REQUIREMENTS

IMPORTANT: Applicants will be required to verify their registration when voting in person or by absentee ballot by providing a required document or identification card as provided in Arkansas Constitution, Amendment 51, Section 13. If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

D

Arkansas Secretary of State
Registration
8111
Little Rock, Arkansas 72203-8111

IS
Clerk
Postage
Required

FI

From:

Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

To Mail

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions?
Call your local County Clerk
or
Arkansas Secretary of State
Mark Martin
Elections Division – Voter
Services 1-800-482-1127

Contact your County Clerk if you have not received confirmation
of this application within two weeks.

ARKANSAS VOTER REGISTRATION INFORMATION

Section 7 of the National Voter Registration Act (NVRA) of 1993 requires that each state provide the opportunity to register to vote with every application for public assistance and every recertification, renewal and change of address. This Voter Registration packet is an opportunity for you to register to vote or change your voter registration address. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

No information relating to a declination to register to vote in connection with an application may be used for any purpose other than voter registration.

If you believe that someone has interfered with your right to: 1) Register to vote; 2) Decline to register to vote; 3) Privacy in deciding whether to register or in applying to register to vote; or 4) Choose your own political party or other political preference,

You may file a complaint with:

Secretary of State
Room 256 State Capitol
Little Rock, Arkansas 72201
1-800-482-1127

Mailing Instructions for Voter Registration

You have two options to submit your Voter Registration form.

1. You can submit the registration form in person or mail the registration form along with your SNAP or Medicaid application to your local county DHS office. The address for your county office can be found on the last page of this packet. Some applications (DCO-151 & DCO-152) must be mailed to the Jefferson County DHS office. If you are using one of these forms, you can mail the Voter Registration form with your application to that office. Upon receipt at any county office, that office will mail the form to the Secretary of State's office for you.
2. You may also mail the Voter Registration form directly to the Secretary of State's Office. To mail the form directly to the Secretary of State's office, separate the form from your application/renewal, fold the form along the middle perforation, seal the bottom with tape or staple, and mail to the address on the form. A stamp or stamped envelope is required for mailing.

DHS County Office Mailing Addresses

County	Address	City	Zip	County	Address	City	Zip	County	Address	City	Zip
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	809 Goldsmith Rd	Paragould	72450	Perry	213 Houston Ave	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71802	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	2505 Pine Bluff St	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13 th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72602	Independence	100 Weaver Ave	Batesville	72501	Polk	PO Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs.	72543	Lee	PO Box 309	Marianna	72360	Pulaski Sw.	PO Box 8916	Little Rock	72219
Cleveland	PO Box 465	Rison	71665	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd	Pocahontas	72455
Columbia	PO Box 1109	Magnolia	71754	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Conway	PO Box 228	Morrilton	72110	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Craighead	PO Box 16840	Jonesboro	72403	Logan-2	398 East 2 nd St.	Booneville	72927	Searcy	106 School St	Marshall	72650
Crawford	704 Cloverleaf Circle	Van Buren	72956	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison Ave	Ft. Smith	72901
Crittenden	401 S. College Blvd	W. Memphis	72301	Madison	PO Box 128	Huntsville	72740	Sevier	PO Box 670	DeQueen	71832
Cross	803 Hwy 64E	Wynne	72396	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	72529
Dallas	1202 W. 3 rd St.	Fordyce	71742	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Desha	PO Box 1009	McGehee	71654	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Drew	PO Box 1350	Monticello	71657	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W 18 th St.	El Dorado	71730
Faulkner	1000 East Siebenmorgan Road	Conway	72032	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	449 Ingram Street	Clinton	72031
Franklin	800 W Commercial	Ozark	72949	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Fulton	PO Box 650	Salem	72576	Montgomery	PO Box 445	Mount Ida	71957	White	608 Rodgers Drive	Searcy	72143
Garland	115 Stover Lane	Hot Springs	71913	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
				Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

***If you live in Pulaski County please check the zip code listing below to ensure that you mail or return your application to the appropriate Pulaski County DHS Office.**

Pulaski East : 72016, 72053, 72126, 72135, 72201, 72202, 72203, 72205, 72207, 72212, 72223, 72227

Pulaski North: 72046 (England), 72113, 72114, 72115, 72117, 72118, 72119, 72142 (Scott), 72190, 72231

Pulaski Jacksonville: 72023 (Cabot), 72076, 72078, 72099, 72106, 72116, 72120, 72124

Pulaski South: 72204, 72206 (Shared with Southwest)

Pulaski Southwest: 72002, 72065, 72103, 72208, 72209, 72210, 72211, 72164, 72180, 72183, 72206 (Shared with South)