# Table of Contents

## About this Guide
- About this Guide
- Key Points (Read First)

## Preparing to Apply for SNAP
- Required Items
- Helpful Information
- No Social Security Number
- How to Apply for SNAP
- Your OKDHSLive Account
  - Creating Your Account
  - Logging into your Account
- Starting a SNAP Application
- Client Identification Search
  - Existing Cases
  - No Existing Cases

## After Submitting Online Application
- What’s Next
- Collecting Support Documents
- Template for Support Docs
- Submitting Support Documents
  - By Smartphone
  - By Email
  - By Fax
- Preparing for your call from OKDHS
- Learn about WIC

## Completing a SNAP Application
- Primary Applicant Information
  - Contact Information
  - Language Preference
  - Person Completing Application
  - Voter Registration
- People in Your Home
  - Add a New Household Member
  - Household Summary
  - About the people in your household
    - Military Service
    - Pregnancy
    - Permanently Disabled
    - Education
    - Incapacitated
    - Fleeing Felon
- People Summary
- Financial and Resource Section
  - Estimating Income for Household
    - Employment
    - Self-Employment
    - Unearned
    - Income Summary
  - Expenses
    - Individual
    - House
    - Electricity
    - Natural Gas
  - Resource Section
    - Resource Accounts
    - Property
    - Bought or Sold Resources
  - Requesting Benefits
  - Rights & Responsibilities
  - Attaching Documents
  - Application Submission Confirmation
This guide was created by Hunger Free Oklahoma, in partnership with the Oklahoma Department of Human Services (OKDHS).

Helpful Prompts and Tips:
• Before beginning, we suggest looking over the guide to become familiar with its contents.
• If you use the digital version of this guide:
  • the Table of Contents and Index offer quick links to hop to key material.
  • To report errors or suggestions: visit
    https://app.smartsheet.com/b/form/0f30d13e1543485ea814ee62524e9cad

We have provided some visuals to help you.

Green tabs point to key information that is very important when applying for SNAP.

Red arrows give cues for action steps.

Yellow boxes give tips and additional details.

Gray boxes offer definitions or clarifications.
TIPS before you start:

• To start an application you need a current SSN or OKDHS client ID.

• A working phone number and/or email is important in order to receive benefits.

• No documents or proof is due when submitting the application, but it is helpful to have a good idea of your income and expenses (see list next page).

• Some questions might not apply to you or might be hard to answer. If that happens just skip the question. An OKDHS representative will contact you (after you submit) to clarify or collect any information that will be needed to determine final eligibility.

• Benefits are awarded from the date of submission, so the faster the application is generated, the faster eligible applicants can begin receiving assistance.

What are the rules for expedited food benefits?

You are eligible to receive expedited food benefits if:

• Your household has less than $150.00 in monthly gross income and you do not have cash resources over $100.00.

• You are a migrant or seasonal farm worker and you do not have cash resources over $100.00.

• Your household’s total monthly income and cash resources are less than the household’s monthly rent or mortgage, and utilities.

How can I get more information about Expedited Services?

You can contact your local DHS office for more information. Click this link OKDHS offices to find your local office. You may also call 405-521-3444 or email snap@okdhs.org
Preparing to Apply for SNAP

REQUIRED INFORMATION-

To apply for SNAP online you must:

☑ Have a social security number or OKDHS Client ID (if you don’t have a social security number see page 62 to request your client ID). This will be required to start your application.

☑ Have a free OKDHSLive online account, see page ___ for instructions.

☑ Be at least 18 years old. If you are under 18 but the head of your household or emancipated.

☑ Provide contact information that includes a phone number, email, and mailing address where you can receive messages.

See the next page for a list of helpful information to have with you when you start your application.
Preparing to Apply for SNAP

HELPFUL INFORMATION-

Start you application as soon as possible. Don’t feel like you need to gather everything listed before starting.

Here’s a list of additional items that can help you complete a SNAP application:

- Household member info (Name, SSN, DOB, citizenship status, & relation to applicant)
- Sources and estimates of Income (earned & unearned) for household members like paycheck estimates, child support, alimony, social security payments, etc.
- Housing expenses (rent/mortgage, utilities)
- Other monthly expenses related to medical, child care, child support
- Health insurance information
- Information about household members that are incapacitated, permanently disabled, or pregnant (like due date)
- Student information like grade level and school name
- Resource information like cars/vehicles
- Liquid resource estimate (cash on hand or savings/checking accounts)

No proof is required to submit your application and estimates are fine. OKDHS will contact you for specifics and supporting documents.
How to Apply for SNAP

Step 1
Go to HFO... [www.hungerfreeok.org/groceries](http://www.hungerfreeok.org/groceries)
Explore the webpage for helpful tips and resources to get started

Step 2
Print or have this guide open on your phone/computer
Read tip guide pages 1-7 and follow steps

Step 3
On the main page ([www.Hungerfreeok.org/groceries](http://www.Hungerfreeok.org/groceries))
click apply now to go to the OKDHS application page
Set up DHS account or log in
Complete and submit your SNAP application

Step 4
Gather Support Documents
Email or Fax Support Documents to OKDHS at [SNAP@okdhs.org](mailto:SNAP@okdhs.org)

Step 5
Complete OKDHS Call
Take any steps they recommend
Receive your EBT Card in the mail (once approved)
Your OKDHS Account

Do you have an OKDHSLive account?

- If Yes skip [to page 12](#)
- If no - If you do not have an OKDHSLive account. Create one by selecting the “Create a user id and password” link.
Creating Your OKDHS Account

Enter your information:

- First Name
- Last Name
- Date of Birth (mm/dd/yyyy) For example Feb. 2, 2000 would be 02/02/2020
- Email (see TIP below)
- Password (Any combination of 8-20 letters & numbers)

**TIP**

Make sure your email is accurate.

It will be your log-in user ID and cannot be changed later.
Creating Your OKDHS Account

• Next, select and answer three security questions

Choose a secret question, and answer it in the provided textbox below.

Answer *

• You will be asked to pick one question from each grouping

Which phone number do you remember most from your childhood?
What country would you like to visit?
What was your favorite place to visit as a child?
What street did you grow up on?
What was the make of your first car?

What was your childhood nickname?
What is the name of your favorite childhood friend?
What is your oldest siblings middle name?
What is your oldest cousins first and last name?
What was the name of your first stuffed animal?

In what city or town did your mother and father meet?
In what city does your nearest sibling live?
What is the name of the place your wedding reception was held?
What is the name of a college you applied to but did not attend?
Where were you when you first heard about 9/11?
Creating Your OKDHS Account

- Double check your information
- When complete, select “Submit”
Logging into your Account

Do you know your password and account information?

● If YES – Enter your account Email and password.

● If NO - If you have an existing account and need to reset your password or are having trouble logging in. Call (405)487-5483 (405-487-LIVE) for assistance.
Starting a SNAP Application

After logging-in with your OKDHSLive account, select “Apply for Benefits”

What would you like to do?
- Apply for benefits.
- Renew or reopen your benefits
- View your open cases
- Upload document
- Change your password

Screening—find out if you might be eligible for benefits (for people not currently receiving benefits)

Continue working on what you started.
You recently worked on the following items. You may continue completing them by using 'Select' to the right of the item.

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Type</th>
<th>Save Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Application for Benefits</td>
<td>1/31/2018</td>
</tr>
</tbody>
</table>

Things you have completed.
You recently submitted the following things to the Oklahoma Department of Human Services. Use the select link to review your report.

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Tracking ID</th>
<th>Type</th>
<th>Save Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The primary applicant must be at least 18 years old.

You will need to enter their date of birth and their social security number or your OKDHS client ID number.

**Important:** If you are applying on behalf of your family and do not have a social security number see page 62 for special instructions.

Enter the information.

If you don’t have a social security number you can request a client ID from OKDHS see page 62 for instructions.
If an existing case has been entered for the household, the existing case numbers will be shown with household members as shown below:

![Case Selection Table]

- **Case Number**: H123456
- **Household Member and Benefits Currently Received**
  - Name: SARAH L GRAHAM
  - Name: ASHLY R GRAHAM
  - Name: TRINITY M HIGHTOWER

If you have an Access Oklahoma card please select the case number that matches the first six characters of the number on the front of your card. Otherwise, please select a case number above to request SNAP, Child Care or SoonerCare benefits or to add someone to SoonerCare benefits.

If you have any changes for your open SNAP or Child Care (including requesting benefits for additional people), please call your local county office.
No Existing Cases

If no cases are found, a new case can be created for SNAP benefits.

Case not found

Either we were unable to find a case on which you were shown as "head of household" or "spouse", or you chose to use a new case number. If you have no existing case, start the online case creation and application for benefits process by clicking on the "create case" link below.

* You MUST be 18 years or older to apply online.

Before you start, make sure you have all the following key information:-

- Your household address information
- Names, birthdays, social security numbers of you and all household members that you wish to apply benefits for
- Income, work and asset information of all household members
- Benefits you wish to apply for

Create case and apply for benefits

If you do not wish to apply online or are under 18 years of age, please complete and print this application and return it to your local OKDHS Human Services Center for assistance.

<table>
<thead>
<tr>
<th>Request for Benefits</th>
<th>Download Acrobat reader</th>
<th>Local OKDHS office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Download or print a request for benefits and services.</td>
<td>Find the OKDHS Human Services Center nearest you.</td>
<td></td>
</tr>
</tbody>
</table>
Enter information for the household’s primary SNAP applicant.

**Primary Applicant Information**

*First Name*

*Middle Initial*

*Last Name*

*Date of Birth*

*Gender*

*Social Security Number*

*Check this box if you do not have a Social Security number or if you prefer not to declare your Social Security number.*

Providing race and ethnic background information is voluntary and does not affect your eligibility or benefit amount. Reporting this information assures that program benefits are distributed without regard to race, color or national origin. The US Department of Agriculture (USDA) requires us to answer these questions for you if you do not provide this information.

*Is this person of Hispanic or Latino origin? 〇 Yes 〇 No*

*Race (check all that apply)*

*White*  □

*Asian*  □

*American Indian or Alaskan Native*  □

*Hawaiian or Pacific Islander*  □

*Black or African American*  □

*Citizenship Status*

<Nothing selected>  □

**Important:**

*Select from the first three options.*

*Do not select the last option under “Citizenship status.”*  
*This is reserved for OKDHS staff only.*
Contact Information

What is the best contact information for you?
Enter information about where you live or mailing address.

Important: Make sure your contact mailing address, phone number, and email address are accurate and will be available for the next 30 days. This is how OKDHS will communicate with you related to completing your application, requesting support documentations, and sharing updates.

If you are homeless or between addresses, use an address where you will be able and have permission to receive mail. This can be a friend, family, or agency address.
In what language do you prefer to communicate?

Select your language of preference.

*Important: If a language other than English is selected, OKDHS will have an interpreter available when they contact you based on your selection.
People in Your Home

Does anyone live with you?

If NO,
- verify your information in the “Summary” section
- select “NO” under “Household Changes” and
- skip to page 24 “Military Service” in this guide

If YES, select “YES” under “Household Changes” and follow the steps for adding a new household member.

Tip: Exclude Non-household members (i.e. live-in attendants, room renters)
Include disqualified/ineligible members (i.e. parole violators, ineligible aliens)
Spouse, and children under 22 living with you must be included on same application
Add A New Household Member

Enter additional household member’s information. Indicate “relationship.”

New household member

Please complete the following information for the new household member.

- First Name
- Middle Initial
- Last Name
- Date of Birth (mm/dd/yyyy)
- Gender (Male, Female)
- Social Security Number

* Check this box if you do not know this person’s Social Security number, if they do not have one, or if you would prefer not to declare the Social Security number. This person may not be included in the TANF, Food Benefits or Medical benefits until a Social Security Number or proof of application for a Social Security Number has been provided.

Tip: A social security number is required for everyone that you are requesting benefits for. If you don’t know their social security number. You can check the box and add it later.

Please note – a valid number will have to be provided for the person to be considered for benefits.
Add A New Household Member

Racial information will be requested for each person you are including.

Providing race and ethnic background information is voluntary and does not affect your eligibility or benefit amount. Reporting this information assures that program benefits are distributed without regard to race, color or national origin. The US Department of Agriculture (USDA) requires us to answer these questions for you if you do not provide this information.

- Is this person of Hispanic or Latino origin? [ ] Yes [ ] No
- Race (check all that apply)
  - White
  - Asian
  - American Indian or Alaskan Native
  - Hawaiian or Pacific Islander
  - Black or African American

Next you will be asked to choose “Citizenship Status”

- Citizenship Status

  This person may not be included in the TANF, Food Benefits, Child Care benefit or Medical benefit until Citizenship Status has been declared and/or verified.

  Select from the first three options.

  Do not select the last option under “Citizenship status.” This is reserved for OKDHS staff only.

Lastly, you will need to indicate if you buy and prepare food with or for this person.

- Do you buy and prepare food with this person? [ ] Yes [ ] No

Tip: The last question helps determine SNAP household composition.
Continue adding household members by selecting “YES” under “Household Changes.”

When all household members have been added:
- Verify “Summary” information for all listed and
- Select “NO” under “Household Changes.”

TIP: If you have a child under age 5 years, learn about WIC. See page 63
Military Service

Indicate military service for each household member.

Military Service

* Please select the appropriate level of military service.

Applicant
Birthdate

<Nothing Selected>

<Nothing Selected>
No
Yes, Active duty U.S. Military
Yes, National Guard/Military Reserve
Yes, Former Military
Pregnancy

Are any female household members pregnant?

If so, select “YES” beside their name and enter number of babies and estimated due date.

TIP: If anyone on your application is pregnant, see WIC page 63
Are any household members permanently disabled?

A permanently disabled person is anyone who receives any of these:
• Social Security disability or SSI disability payments
• A 100% rated VA disability pension
• A disability retirement pension from a government agency

If NO – Select “No one” and “Next”

If YES - Check the box of each permanently disabled person in the household
People Summary

Confirm entered information for all household members.

If any changes need to be made, select "Change" and update information. When complete, click "Next."

People Summary

Here is some information you told us about the people in your household. If you need to change any information use the change button at the bottom.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Information</th>
</tr>
</thead>
</table>
| XX               | Citizenship: Documented Alien  
Pregnant: No  
Disability: No |
| 01/14/1970       |                      |
| BB X             | Citizenship: Citizen  
Pregnant: Yes  
Disability: Yes |
| 01/12/2005       |                      |
| Susie x          | Citizenship: Citizen  
Disability: No |
| 05/05/2015       |                      |
Financial and Resource Section

• The next section will ask about your income, expenses, and other resources to help determine potential benefit amounts.

• **Tip: Enter what is available but don’t allow unknowns to delay your application submission.**

• If you are unsure, skip or leave it blank and an OKDHS representatives will contact you to get any additional information.

• **Tip: Round amount to the nearest dollar and do not input decimals (ex. 50 instead of 50.23)**
Estimating Monthly Income

If you are unsure about your monthly income, you can estimate and OKDHS will confirm/get a more accurate amount during your follow-up interview.

To estimate:

• How often do you get paid? If hourly, how many hours per week do they work?

• About how much money do you get each time you get paid? If hourly, how much are you paid per hour?

• Estimate how many pay periods are in 1 month (i.e. about 4 per month if paid weekly). Multiply estimated pay/pay period by estimated pay periods per month.

• If paid hourly, multiply $/hour x hour/week x 4 weeks.
  • They will have to verify this with paystubs, but it is a good starting place for OKDHS.
Do you or others in your household currently work for someone else?

If NO skip to next page.

If YES Enter employment info for household members by selecting the “Add” button.

- Employer’s Name
- When did this job begin? mm/dd/yyyy
- How often are you paid?
- What is the average gross (before taxes) amount of your paycheck?
  If you receive tips, enter the amount per month.
- For new jobs - what is the expected date of your first paycheck?
  For existing jobs - what is the expected date of your next paycheck? - mm/dd/yyyy

• Once employment is added select “Next.”
Self-Employment Income

Are you or others in your household currently self-employed?

If NO skip to next page.

If YES Enter self-employment income by selecting the “Add” button.

• Once all self-employment is added. select “Next.”

Add New Self Employment

Please provide information about the self employment you want to add for this person

• What is the average monthly income, before business expenses and taxes? $\_

• What are the average monthly business expenses? $\_

• When did this self employment begin? mm/dd/yyyy
Do you or others in your household get “Unearned Income”?  
If NO skip to next page.  
If YES - Enter any unearned income by selecting the “Add” button.  
Once all unearned income is added, select “Next.”
Income Summary

• Once employment, self-employment, and unearned income are completed, an income summary will be shown for all household members.

• Confirm that all income is correct and make any modifications by selecting the “Change” button.

### Income Summary

Here is the summary for the income that you told us about. If you need to change any information click the change button.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td></td>
</tr>
</tbody>
</table>

$530.00 per month in earned income
$0.00 per month in self employment income
$200.00 per month in unearned income

• Click “NEXT” once all information has been reviewed and is accurate.
Individual expenses will need to be added for each household member:

- Medical Bills: Does this person have reoccurring medical expenses?
- Child or Dependent Care: Does this person have childcare expenses?
- Child Support: Does this person pay child support?
  - If so, include name and phone number of person receiving child support.

- Click “Add” on each member to add their expenses.
Enter any household expenses (mortgage/rent, utilities, and taxes) that are used by everyone in the household.

**Housing bills**
- Rent or lease
- Mortgage or house payment
- Property taxes
- Property insurance
- Electric
- Gas
- Water, sewage, garbage
- Telephone or cell phone service

<table>
<thead>
<tr>
<th>Amount you pay per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

Do you receive financial help from any person or organization (like section 8 or the Housing Authority) to pay for part or all of your housing?
- [ ] Yes  [ ] No
- If Yes, who helps? [ ]

Does anyone who does not live with you pay all of your cooling or heating bill for you every month?
- [ ] Yes  [ ] No
- If Yes, who helps? [ ]

Utility account information will be used to authorize your household for energy assistance when you meet other qualifying criteria.

*TIP: Sharing utility information helps connect eligible applicants to Oklahoma’s energy assistance program, LiHEAP.*
Enter utility service and account information.

### Electricity

- **Utility Company** *(Non Selected/Delete Existing)*
- **Utility Company name if choosing 'Other' above**
- **Account Number** *(Enter Account number exactly as shown on your bill including all dashes or periods)*
- **Account Name as shown on Bill**
- **When account is not in your name, explain why**

### Address where gas or electric meter is located

- **Home Address**
- **City**
- **State** *(Oklahoma)*
- **Zip Code**

### Do you have a cut off notice?

- **Yes**
- **No**

- **Date of cut off notice (mm/dd/yyyy)**
- **Amount of cut off notice** *

---

**TIP:** If you do not have this information available or do not pay for your electricity you can skip this section. You will have to verify this during your interview.
Enter utility service and account information.

**Natural Gas**

- **Utility Company**: <Non Selected/Delete Existing>  
- **Utility company name if choosing 'Other' above**:  
- **Account Number**: (Enter Account number exactly as shown on your bill including all dashes or periods)  
- **Account Name as shown on Bill**:  
- **When account is not in your name, explain why**:  
- **Address where gas or electric meter is located**  
  - **Home Address**:  
  - **City**:  
  - **State**: Oklahoma  
  - **Zip Code**:  
- **Do you have a cut off notice?**  
  - **Yes**  
  - **No**  
- **Date of cut off notice (mm/dd/yyyy)**:  
- **Amount of Cut off notice $**:  

**TIP**: If you do not have this information available or do not pay for your electricity you can skip this section. You will have to verify this during your interview.
Enter any health insurance policies for the household.

Health Insurance

No insurance information found for this household. To add an insurance policy, select the add button below.

Add New Insurance

Please provide information about the new insurance you want to add

*Select insurance company (if not on list select other)

<Nothing selected>

Select

Policy Holder

Insurance type <Nothing selected>

Policy Number

Begin Date mm/dd/yyyy
Once the information has been added, select “Next” and a summary screen will appear. Check for accuracy and edit or choose “Next.”
Enter resources that are owned by each household member. Select “Add” next to each household member’s name to add their resources.

Resources include:
- Savings/checking accounts
- Cash
- Insurance policies
Resource Accounts

Once all resources have been entered, confirm they are correct or make any changes.

Below are the resources that we have on file for each person. If you need to change or delete any listed resource information, select the 'Change' button next to their name. This will take you to a page where you can change or delete any existing resource. If you need to add a resource, select 'Add'. When you are done working with the resource information, select 'Next' at the bottom of the screen. Resources include assets such as checking or savings accounts, cars, burial policies, and other.

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Declared Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings or Checking (Stocks, Bonds etc.)</td>
<td>$100</td>
</tr>
</tbody>
</table>

Applicant Birthdate
Enter any property owned by the household.

Property

Please enter below any property you own, or update the values if necessary. If you need to delete a property, select the 'delete' check box and click next.

- Check this box if you want to delete this property
- Number of lots/ acres
- Percentage of ownership
- Value
- Equity

Please select the people currently living on this property, if any.
- Spouse
- Child(ren) under age 18
- Disabled child, any age
- Other, please describe below

Description
Bought or Sold Resources

Indicate if anyone in the household has bought, sold, or given away any resources.
Requesting Benefits

Select “Supplemental Nutrition Assistance Program (Food Stamps)” on the "Request Benefits" screen.

Apply for Benefits

Request Benefits

Below is a list of household members and benefits which each person can apply for. Please check the box next to the benefit that the person wants to apply for. You must select at least one.

Applicant

Birthdate

Supplemental Nutrition Assistance Program (Food Stamps)

At the bottom of the screen, there will be a message estimating the benefit amount that your household is likely eligible for SNAP. Submit your application for actual amounts.

Supplemental Nutrition Assistance Program (SNAP)

It looks like your household may be able to get $320 - $350 in Food Benefits each month. The amounts are only estimates and the final amount will not be known until your application is processed.

If you receive a message like the one below, we suggest submitting an application for an official determination of eligibility.

Supplemental Nutrition Assistance Program (SNAP)

It looks like your household income is too high to be eligible for Food Benefits. However, you may still request (apply for) SNAP benefits if you wish.
If someone for which you are applying is listed on another SNAP application, you may receive a message like the one below. If so, follow the instructions given.
Indicate the last level of education for each household member and if they are currently a student.

**TIP:** Accurate school information links children to additional benefits for free or reduced meals at school. It also, helps direct additional resources to schools who serve eligible students.
## Incapacitation

**Is anyone in your home is considered “incapacitated”?**

An incapacitated person is someone who has a physical or mental condition that prevents caring for or supporting child(ren) for at least 30 days.

If no one is incapacitate, select “No one”

If anyone is considered incapacitated, select the box beside their name.

<table>
<thead>
<tr>
<th><em>Who is incapacitated?</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No one</strong></td>
</tr>
<tr>
<td>[ ] Applicant Birthdate</td>
</tr>
<tr>
<td>[ ] Applicant Birthdate</td>
</tr>
<tr>
<td>[ ] Applicant Birthdate</td>
</tr>
<tr>
<td>[ ] Applicant Birthdate</td>
</tr>
</tbody>
</table>
Fleeing Felon

* Is anyone in your home a fleeing felon?

“Fleeing felon” is defined as meeting all three criteria:
1. The person has an active warrant for arrest
2. Law enforcement is actively seeking this person
3. This person is actively evading arrest

This is for fleeing felons only. If someone in your home has been convicted of a felony but is not a “fleeing felon” do not check the box under their name.

If no one on your application is a fleeing felon, select “No one.”
Person Completing Application

Who is completing this application?

Check the box under your name.
You will be asked if you want to register to vote.

You can register to vote if you are a citizen of the United States, a resident of the State of Oklahoma, and at least 18 years old.

If you are not interested, not eligible, or if you are already a registered voter select “No”

If “Yes” is selected, a packet for voter registration will be mailed to the address you provided.

Please be aware that applying to register or declining to vote will not effect the amount that you will be provided, or your eligibility.

For more information on registering to vote, visit: https://www.ok.gov/elections/Voter_Info/Register_to_Vote/
Rights & Responsibilities - Script

You will be asked to read and agree to the “Rights and Responsibilities” section of the application.

Click the link in your application for a current copy.

A sample is provided below to give you an idea of what is covered.

**Rights and Responsibilities:**
It is your responsibility to be truthful, cooperate with any investigations and requests for information by DHS. DHS may need to request documents to help determine if you are eligible for benefits. If you are unable to obtain any documents that DHS requests, contact your worker for assistance. You must report all changes to your household circumstances within 10 days from when that change occurred. Finally, you must allow DHS to give information to other government agencies or private organizations to get help for you.

If you receive SNAP benefits, you must agree to never sell or trade your benefits or the EBT card they come on. You must never use someone else’s card and you cannot use food benefits on groceries that are not considered food, such as: alcohol, tobacco, or paper products.

Agreeing to the rights and responsibilities is required in order to submit your application.

**Electronic Signature Section:**
I have agreed to submit this application by electronic means. I understand that failure to sign this application and return required proof could result in my application not being processed. I also have the option to contact my worker to complete this application.

**Please remember that OKDHS will reach out to you schedule an interview and update you on the status of your application.**
Rights & Responsibilities

After reading the “Rights and Responsibilities” section of the application.

Check the first box to indicate that you have read and understand.

Responsibilities and Signature for Benefits

To receive or continue receiving benefits from OKDHS you must indicate that you have read and understand OKDHS form "Responsibilities and Signature for Benefits"
View "Responsibilities and Signature for Benefits" here

* ☑ I have read and understand "Responsibilities and Signature for Benefits"

Check the second box to indicate your agreement to submit your application electronically.

I understand that if I wish to continue Medicaid benefits, I must transfer, assign, and authorize payment to the Oklahoma Health Care Authority (OHCA) all claims I have or may have against health insurance or liability insurance companies, or any third parties for all payments for medical services made by OHCA for my dependents or me.

My signature on this application can be used on other forms required to complete this application.

My signature authorized the use of my (our) Social Security numbers(s) for any program received, including child support services.

Electronic Signature

I have agreed to submit this application by electronic means. I understand that failure to sign this application and return required proof could result in my application not being processed. I also have the option to contact my worker to complete the application.

* ☑ I accept the above statement
Attach Documents

When the system prompts you to attach documents.

Skip this step for now.

DO NOT attach documents using the “Attach Documents” page.

OKDHS recommends that you email your support documents instead of uploading here.

This is due to size limitations which may cause some of your documents to not fully upload.

Instead, OKDHS recommends

Finish completing your application and submit.

After completing your online SNAP application.

You can email supporting documents to OKDHS so that you have a record of submission & ensure that all of your documents are included.

Three options for emailing support documents start on page 58.
Once submitted, the "Application Submitted" page will show your case number and the reference information for your application.

Reference: 00####
Date: mm/dd/yyyy
Time: ##:## AM/PM
Case: H#######

**Tip:** Save these numbers for submitting documents by email or fax.

To print or review your application, select "See Your Application."

(Select the “Save” icon, save as a PDF, and print from the saved copy)

**Tip:** Screen shot the confirmation and email it to yourself or save as a SNIP.
What's Next?

Important Information After Submitting Your SNAP Application

Congratulations on starting an online SNAP application.

Here’s a place to note your case number.

Your SNAP application is not complete until OKDHS has conducted a phone interview AND received all requested documents.

PHONE INTERVIEW

Someone from OKDHS will contact you to talk about your application. See page 56 for steps to prepare for you call.

Need to Know:

• Your application will be processed within 30 days.

• If you do not submit documentation or participate in an interview within 30 days you might have to reapply.

• If approved, an Oklahoma Access benefits card will be mailed to your address.

• You can follow up or check the status of your application by calling OKDHS 405-487-5483. (Please have your case number ready).
Preparing for OKDHS Call

1. **Answer phone calls from “unknown” numbers**
   
   Make sure your phone number is up to date and answer calls from “unknown” numbers

2. **Check your mail.**
   
   Make sure your mailing address is up to date. If OKDHS can’t get in contact by phone they will mail you a letter.

3. **Keep a copy of your application handy.**
   
   See Application Submission Confirmation on page 55 for steps to save or print your application.

4. **Begin gathering you supporting documentation and be ready to submit it if requested.**
   
   See Documents that OKDHS may request on page 57.
Collecting Support Documents

Documents that OKDHS may request.

OKDHS will let you know which documents (if any) that you need to submit. Here’s a sample of documents that you may be asked to provide.

<table>
<thead>
<tr>
<th>Proof of identity:</th>
<th>☐ Birth certificate and/or social security card (if available) for applicant &amp; household members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of residency:</td>
<td>☐ Utility bill, mail, etc.</td>
</tr>
<tr>
<td>If anyone:</td>
<td>Then you must provide:</td>
</tr>
<tr>
<td>Is working</td>
<td>☐ Pay stubs for all checks anyone received in the last 30 days or ☐ Statements from employers showing pay dates &amp; earnings before taxes for report month</td>
</tr>
<tr>
<td>Has stopped working in the last five months</td>
<td>☐ Final pay check stub and employer’s statement</td>
</tr>
<tr>
<td>Is self-employed</td>
<td>☐ A federal income tax return for the previous year or Income and expense records if taxes have not been filed</td>
</tr>
<tr>
<td>Gets unearned income</td>
<td>☐ An awarded letter or a letter from the person or agency who provides the income (i.e. like child support, alimony, social security payments) ☐ A check stub or copy of check or a court order</td>
</tr>
<tr>
<td>Has stopped getting unearned income</td>
<td>☐ A statement from the person or agency that gave you the income showing that it has stopped</td>
</tr>
<tr>
<td>Is 60+ or disabled with medical expenses not paid by insurance (food benefit recipients only)</td>
<td>☐ Prescription printouts for the past 60 days ☐ Insurance premium statements ☐ Copy of doctor or hospital bills and ☐ Statement of transportation costs</td>
</tr>
<tr>
<td>Is paying court-ordered child support</td>
<td>☐ Court order (if not given to OKDHS before) and ☐ Proof of regular payments</td>
</tr>
<tr>
<td>Has resources</td>
<td>☐ Checking, savings account, or other financial statements for the report month ☐ Copy of life insurance policy (if not given to OKDHS before) ☐ Copy of burial policy (if not given to OKDHS before) ☐ Copy of policy deeds and titles (if not given to OKDHS before)</td>
</tr>
<tr>
<td>Has any boats, cars, RVs or campers</td>
<td>☐ Proof of amount owned on loans</td>
</tr>
<tr>
<td>Gets child care</td>
<td>☐ Proof of your current work/school/training schedule</td>
</tr>
<tr>
<td>Is applying for ECAP (Energy Assistance Crisis Program)</td>
<td>☐ Notification from the utility provider that includes the total amount necessary to continue to reconnect services or secure fuel delivery</td>
</tr>
</tbody>
</table>

All support documents are due within 30 days of starting your application.
When submitting documents by fax and email always include the following information. See next page for steps to submit documents by smart phone, computer, or fax.

Subject: 
SNAP Case Number: 

Message:
I recently submitted an online SNAP application.

My support documents are included.

Here is my information:

<table>
<thead>
<tr>
<th>First &amp; Last Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>My Date of birth:</td>
<td>(Month/Day/Year)</td>
</tr>
<tr>
<td>Last 4 digits of my SSN (social security number):</td>
<td></td>
</tr>
<tr>
<td>Case Number:</td>
<td></td>
</tr>
<tr>
<td>Reference Number:</td>
<td></td>
</tr>
<tr>
<td>My Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

Please call me if you have any questions.

Thank you!
Submit documents by phone or computer

Option 1: Take pictures and email

Send support documents using your Smartphone to take picture of your documents and email to SNAP@okdhs.org

See “Sample Email for Support Docs” (page 58).

Option 2: Scan and Email

Use a scanner to scan documents. Email them to SNAP@OKDHS.org and don’t forget to attach them!

See “Sample Email for Support Docs” (page 58).

CONFIDENTIAL INFORMATION

This email is to be sent to SNAP@okdhs.org ONLY. Please do not include anyone else or any other agency.
Submitting Documents: Fax

Option 3: Fax

- You can fax your documents to Fax Number (405) 325-7155
- Include Cover Page:
  
  See “Sample Email for Support Docs” (page 58).

If the SNAP applicant wishes to confirm receipt of the documents they can contact OKDHSLive! support at:

- SNAP@okdhs.org
- 405-487-5843
No Social Security Number

If you don’t have a social security number, you can request a client ID number from OKDHS to open an account and apply.

Send an email like the sample one below.

To: SNAP@okdhs.org
Subject: Requesting case number for SNAP applicant

Message: “Hello I would like to complete an online SNAP application but I do not have a SSN. I have listed my full name and date of birth [include your full name and date of birth (month/day/year)].

You will have an email response within 24 business hours

You can then login into the OKDHSlive.org website
• Click “Apply for Benefits”
• Enter the primary applicant’s name and case number
• Click on the case number
• Enter and/or update all information
• And submit

CONFIDENTIAL INFORMATION
This email is to be sent to SNAP@okdhs.org ONLY. Please do not include anyone else or any other agency.
Learn About WIC

What is WIC?

WIC is the Supplemental Nutrition Program for Women Infants, and Children. WIC provides benefits to purchase nutritious foods for pregnant women, breast feeding mothers, and children under five years old.

To be eligible for WIC you must

• Live in Oklahoma
• Meet income guidelines
• Be able to say yes to one of the following.
  • Are you pregnant or breastfeeding?
  • Do you have one or more children under age 5 years?

Interested in applying for WIC?

In Oklahoma, WIC is administered through 10 programs. For convenience, WIC applicants can choose the nearest WIC location or the program of preference. All WIC programs are open to Native and Non-Native participants. Click on any of the Oklahoma WIC Programs below to learn more:

- Oklahoma State Department of Health
- Cherokee Nation
- Chickasaw Nation
- Choctaw Nation
- Citizen Potawatomi Nation
- Inter Tribal Council of Oklahoma
- Muscogee (Creek) Nation
- Osage Nation – Call 1-800-460-1006
- The Otoe-Missouria Tribe
- WCD