



SNAP Online Application Guide

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About this Guide

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.

Important Information

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 your 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

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

APPLY NOW

Click "Apply Now" and follow the instructions in the assistance guide to complete your application.

On the main page (www.Hungerfreeok.org/groceries) click apply now to go to the OKDHS application page

Set up DHS account or log in

Complete and submit you SNAP application

Step 4



Gather Support Documents

Email or Fax Support Documents to OKDHS at 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.



*Required questions are marked with an **

Log In

Please enter your User ID/Email and password in the provided text boxes below.

*Email address

*Password

Submit



- [Create a user id and password.](#)
- [Forgot your password?](#)

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)



Applicant Registration

First Name *

M.I.

Last Name *

Date of Birth (mm/dd/yyyy) *

Email address, this will be your logon/user id. *

Password must be 8 to 20 letters and numbers.
Password *

Confirm Password *

TIP

Make sure your email is accurate.

It will be your log-in user ID and cannot be changed later.

VERIFY ←

Creating Your OKDHS Account

- Next, select and answer three security questions

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

<Nothing selected>

Answer *

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

<Nothing selected>

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?

<Nothing selected>

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?

<Nothing selected>

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”

OKDHS *Live!* **Your Online Benefits Resource**

[Home](#) [Benefits](#) [Contact Us](#) [Log In](#)

Applicant Registration

First Name *

M.I.

Last Name *

Date of Birth (mm/dd/yyyy) *

Email address, this will be your logon/user id. *

Password must be 8 to 20 letters and numbers.
Password *

Confirm Password *

Choose a secret question, and answer it in the provided textbox below. *
<Nothing selected>

Answer *

Choose a secret question, and answer it in the provided textbox below. *
<Nothing selected>

Answer *

Choose a secret question, and answer it in the provided textbox below. *
<Nothing selected>

Answer *

SELECT

Logging into your Account

Do you know your password and account information?

- If YES – Enter your account Email and password.



*Required questions are marked with an **

Log In

Please enter your User ID/Email and password in the provided text boxes below.

*Email address

*Password



- [Create a user id and password.](#)
- [Forgot your 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.

Case Number	Type	Save Date	
	Application for Benefits	1/31/2018	Select

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.

Case Number	Tracking ID	Type	Save Date
-------------	-------------	------	-----------

Client Identification Search

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.

Client Identification

In order to apply for benefits, we need to see if we have any information on file for you, please enter the following fields.

* Date of Birth (mm/dd/yyyy)

and

*** Social Security Number** --

or

* OKDHS Client ID Number

If you don't have a social security number you can request a client ID from OKDHS see page 62 for instructions.

Existing Cases

If an existing case has been entered for the household, the existing case numbers will be shown with household members as shown below:

[Apply for Benefits](#)

Case Selection

Records indicate that you are the payee or spouse on the following cases. Please select a case number to use for your request.

Case Number	Household Member and Benefits Currently Received		
	Name	Benefit(s)	
H123456	SARAH L GRAHAM ASHLY R GRAHAM TRINITY M HIGHTOWER	<input type="text"/>	Select

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](#)

SELECT

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.

Request for Benefits
[Download or print a request for benefits and services.](#)

[Download Acrobat reader](#)



Get Adobe
Acrobat Reader

Local OKDHS office
[Find the OKDHS Human Services Center nearest you.](#)

Primary Applicant Information

Enter information for the household's primary SNAP applicant.

First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth	<input type="text"/> mm/dd/yyyy
Gender	<input type="radio"/> Male <input type="radio"/> Female
Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/> Check this box if you do not have a Social Security number or if you prefer not to declare your Social Security number.	
<p>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.</p>	
Is this person of Hispanic or Latino origin? <input type="radio"/> Yes <input type="radio"/> No	
Race (check all that apply)	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander
	<input type="checkbox"/> Black or African American
* Citizenship Status	<input type="text" value="<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.*

- Citizen
- Undocumented Alien or Not Declared
- Documented Alien
- ~~Eligible Alien~~

Contact Information

What is the best contact information for you?

Enter information about where you live or mailing address.

Where You Live

Please enter your address information below. You must have a mailing address, but the home address is optional.

* Mailing Address
Apartment, Unit, Lot Number or Care of
* City * State * Zip Code

Check here to delete the home address.

Home Address (if different than mailing)

City State Zip Code

Home Phone --

* Alternate Phone -- Type of Phone

We would like to email you about your benefits whenever possible. Please give us an up to date email address

* Email 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.

Language Preference

In what language do you prefer to communicate?

Select your language of preference.

* Primary Language Spoken
<Nothing Selected>

- <Nothing Selected>
- English
- Spanish
- Native Central, South American, and Mexican languages (e.g., Mixteco, Quichean)
- Caribbean Languages (e.g., Haitian-Creole, Patois)
- Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
- East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
- Native North American/Alaska Native Languages
- Pacific Island Languages (e.g., Palauan, Fijian)
- European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
- African Languages (e.g., Swahili, Wolof)
- Other (e.g., American Sign Language)
- Unspecified (Unknown or head of household declined to identify home language)

* **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.

People In Your Home

Please list every person who lives in the same house as you or owns/rents/provides the home in which you are currently staying. If you sleep under the same roof as another person, please list them here. Please list even people who are not family, do not eat with you or do not help with expenses. This does not necessarily mean they will receive benefits or be listed in your case. You will have the chance to tell us whether or not they are considered part of your family.

The following people are currently listed as members of your household.

Household members in your home

Household Members	Summary	Action
	26 years old Citizenship Status: Citizen Applicant on case	

Household Changes

* Does anyone else live with you or stay with you, or do you live or stay with anyone else?

Yes No

PICK 1

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."

Apply for Benefits

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.

Applicant

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)

- | | |
|--------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hawaiian or Pacific Islander |
| | <input type="checkbox"/> Black or African American |

Next you will be asked to choose “Citizenship Status”

* Citizenship Status

Nothing selected >

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.

* Important:

Select from the first three options.

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

Citizen
Undocumented Alien or Not Declared
Documented Alien
~~Eligible Alien~~

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.

Household Summary

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.”

Apply for Benefits

People In Your Home

Please list every person who lives in the same house as you or owns/rents/provides the home in which you are currently staying. If you sleep under the same roof as another person, please list them here. Please list even people who are not family, do not eat with you or do not help with expenses. This does not necessarily mean they will receive benefits or be listed in your case. You will have the chance to tell us whether or not they are considered part of your family.

The following people are currently listed as members of your household.

Household members in your home		
Household Members	Summary	Action
 x x 01/14/1970	48 years old Citizenship Status: Documented Alien Applicant on case	 Change
 BB X 01/12/2005	13 years old Citizenship Status: Citizen Relationship to applicant: Child	 Remove  Change
 Susie x 05/05/2015	3 years old Citizenship Status: Citizen Relationship to applicant: Grandchild	 Remove  Change

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

Household Changes

* Does anyone else live with you or stay with you, or do you live or stay with anyone else?
 Yes No

Military Service

Indicate military service for each household member.

Apply for Benefits

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.

Apply for Benefits

Pregnancy

Please fill out the questions below about anyone who may be pregnant in your home at this time.



XX
01/14/1970

Is this person currently pregnant? If Yes, the following questions are required.

Yes No

* Expected number of babies?

<Nothing selected> v

* Expected date of delivery?

mm/dd/yyyy

TIP: If anyone on your application is pregnant, see WIC page 63



BB X
01/12/2005

Is this person currently pregnant? If Yes, the following questions are required.

Yes No

* Expected number of babies?

02 v

* Expected date of delivery?

12/30/2018 mm/dd/yyyy

Permanently Disabled

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

* Who is permanently disabled?


No one

		
<input type="checkbox"/> x x 1/14/1970	<input checked="" type="checkbox"/> BB X 1/12/2005	<input type="checkbox"/> Susie x 5/5/2015



People Summary

Confirm entered information for all household members.



If any changes need to be made, select  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.

Household member summary

Household Member	Information
 X X 01/14/1970	Citizenship: Documented Alien Pregnant: No Disability: No
 BB X 01/12/2005	Citizenship: Citizen Pregnant: Yes Disability: Yes
 Susie x 05/05/2015	Citizenship: Citizen Disability: No

 Change

 Back

 Exit/LogOff

 Help

 Next

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.

Employment Income


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.



No job information for this person.



Applicant Birthdate
07/06/1991

* 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

<Nothing selected>
\$
\$

<Nothing selected>
Weekly
Every two weeks
Twice a month
Monthly

- 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.”

Apply for Benefits

Self Employment

Below is a list of household members and any self-employment information we have on file for each person. If you need to change or delete any self-employment information, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing self-employment information.

If you need to add self employment, select 'Add'. Then add the self employment on the next page. When you are done working with the self employment information, select 'Next' at the bottom of the screen.



Applicant
Birthdate

No self-employment information for this person.



Apply for Benefits

Add New Self Employment



Applicant
Birthdate

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

Unearned Income

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.”

Apply for Benefits

Unearned Income

Below is a list of household members and any unearned income we have on file for each person. If you need to change or delete any unearned income, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing information.

If you need to add unearned income, select 'Add'. Then add the unearned income on the next page. When you are done working with the unearned income information, select 'Next' at the bottom of the screen.



Applicant
Birthdate

No unearned income information for this person.



Change Unearned Income

Unearned income information on file



Below is the information we have on file for unearned income. Please update or delete your current unearned income information. All money is entered per month.


Applicant Birthdate		
Veteran's Benefits	\$	<input type="text"/>
Supplemental Security Income (SSI)	\$	<input type="text"/>
Social Security	\$	<input type="text"/>
Child Support	\$	<input type="text"/>
Tribal TANF	\$	<input type="text"/>
Other Income, specify type	\$	<input type="text"/> <input type="text" value="<Nothing selected>"/>
Other Income (additional), specify type	\$	<input type="text"/> <input type="text" value="<Nothing selected>"/>
Social Security Claim Number		<input type="text"/>


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.

Income information on file	
Household Member	Information
 Applicant Birthdate	\$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

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.

Apply for Benefits

Expenses

Below is a list of people and their expenses. You can add, change or delete expenses. When you are done working with the expenses information, select 'Next' at the bottom of the screen.



Applicant
Birthdate

No expense information for this person.



Apply for Benefits

Change Expenses

Expense information on file



Applicant
Birthdate

Below is the information we have on file for expenses. Please update or delete your current expense information.

Medical Bills \$ More Information
Child Care or Dependent Care \$
Child Support \$

Who gets the child support that you pay?

Phone number of person getting support --

Household Expenses

Enter any household expenses (mortgage/rent, utilities, and taxes) that are used by everyone in the household.

Housing bills	Amount you pay per month
Rent or lease	\$ <input type="text"/>
Mortgage or house payment	\$ <input type="text"/>
Property taxes	\$ <input type="text"/>
Property insurance	\$ <input type="text"/>
Electric	\$ <input type="text"/>
* Gas	\$ <input type="text"/>
Water, sewage, garbage	\$ <input type="text"/>
Telephone or cell phone service	\$ <input type="text"/>

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.

Electricity

Enter utility service and account information.

Electricity

Utility Company

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 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.

Natural Gas

Enter utility service and account information.

Natural Gas

Utility Company

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 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.

Health Insurance

Enter any health insurance policies for the household.

[Apply for Benefits](#)

Health Insurance

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



[Apply for Benefits](#)

Add New Insurance

Please provide information about the new insurance you want to add

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

Policy Holder

Insurance type

Policy Number

Begin Date mm/dd/yyyy

Health Insurance

Once the information has been added, select “Next” and a summary screen will appear. Check for accuracy and edit or choose “Next.”

Add New Insurance

Please provide information about the new insurance you want to add

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

WORLD INSURANCE COMPANY , OMAHA , NE

Insurance name and address
WORLD INSURANCE COMPANY
P O BOX 2558
OMAHA NE 68103

Policy Holder

Insurance type

Policy Number

Begin Date mm/dd/yyyy



Resources

Enter resources that are owned by each household member.
Select “Add” next to each household member’s name to add their resources.

Apply for Benefits

Resources

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.



No other resource information for this person.



Applicant
Birthdate

Resources include:


- Savings/checking accounts
- Cash
- Insurance policies

Resource Accounts

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

Change Resource Accounts

Other Resources on file



Below is the information we have on file for your resource accounts Please update or delete your other resource information.

Birthdate Applicant \$

Savings or Checking (*Cash on hand*, stocks, bonds, etc) \$

Insurance / Burial Policies \$

Prepaid Burial Policies \$

Real Property \$

Life Estate \$

Restricted Indian Property (Exempt) \$

Exempt Burial \$

Estate Recovery (Exempt) \$

Exempt: Trust (Exempt) \$

Other (1) \$

Other (2) \$


Other (3) \$

Other (4) \$


Other (5) \$


Resources

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.



Type of Resource	Declared Value
Savings or Checking (Stocks, Bonds etc)	\$100





Applicant Birthdate

Property

Enter any property owned by the household.

Apply for Benefits

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.

Apply for Benefits

Bought or Sold Resources

* Please select anyone who has bought, sold, traded, or given away any resources.

No one



Applicant
Birthdate

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)

SoonerCare


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.

Requesting Benefits

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.

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)

There is either an application or members currently receive Supplemental Nutrition Assistance Program (SNAP). Please contact OKDHS at 1-877-OKDHS-98 to add this person to the Supplemental Nutrition Assistance Program (SNAP)

SoonerCare

Education

Indicate the last level of education for each household member and if they are currently a student.

Apply for Benefits

Education

Please indicate the people that are currently attending school. This includes Elementary School, Jr. High, Mid-High, Middle School, High School, Vocational/Technical School, College, or Graduate School.

[More information about SNAP benefits and college students.](#)



Applicant
Birthdate

- <Nothing selected>
- None
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade
- GED
- Vocational School
- Some College
- Completed College
- Unknown

Is this person currently attending school?

Yes No

*What was the last grade they completed?

<Nothing selected> ▼

*If still attending school, name of school?

*Full or part time student?

Full-time Half-time

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.

* Who is incapacitated?

No one



Applicant
Birthdate



Applicant
Birthdate



Applicant
Birthdate



Applicant
Birthdate

Fleeing Felon

Apply for Benefits

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.”

No one



Applicant Birthdate



Applicant Birthdate



Applicant Birthdate



Applicant Birthdate

Person Completing Application

Who is completing this application?

Check the box under your name.

Apply for Benefits

Person Completing Application

* Please check below to indicate who is completing this application. If you are a contact person, authorized representative or have power of attorney for this person or household then check the 'Authorized Representative' checkbox.



Applicant Birthdate



Authorized Representative

SELECT →

Voter Registration

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.

Voter Registration

* If you are not registered to vote where you live now, would you like to apply to register to vote?

Yes

No

PICK 1

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.

[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](#)

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

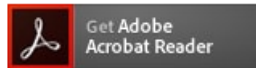
After reading the “Rights and Responsibilities” section of the application.

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.

Apply for Benefits

Attach Documents

You can attach documents to your application. Use the upper portion of the screen when you want to scan and upload a document, use the lower portion when you already have a file on your computer you want to upload. The max file size is 1MB. This is recommended to speed up the processing of your application or benefit review.

You may also email verification to live@okdhs.org or fax it to 1-405-325-7155.

Scan a New Document

Please fill out the comment box below to add comments to your scanned image.

Comments:

Please scan and upload your documents if you have any.

* File name:

Upload a Saved Document

Please upload your digital documents if you have any.

Comments:

Uploaded Documents

Below is a list of items that you have uploaded. If there is a remove button you can delete the document.

SKIP THIS STEP

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](#).

Application Submission Confirmation

Once submitted, the "Application Submitted" page will show your case number and the reference information for your application.

[Apply for Benefits](#)

Application Submitted

Thank you for using OKDHS Live!

You have been assigned **Case Number: H#####**. Please save this Code and use it in reference to your case.

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."

[See Your Application](#) [Click here to review the information you just entered.](#)

(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.

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

All support documents are due within 30 days of starting your application.

Template for Support Docs

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:

First & Last Name:	
My Date of birth: (Month/Day/Year)	
Last 4 digits of my SSN (social security number):	
Case Number:	
Reference Number:	
My Phone Number	

Please call me if you have any questions.

Thank you!

Submit documents by phone or computer

SNAP HOW TO:

Submit SNAP documents by phone

1



Open the "Camera" app on your smartphone

2

Take pictures of all of the documents you want to submit



3



Email (share via email) pictures of documents to SNAP@okdhs.org

4

Be sure to include:

Name, Date of Birth
Last 4 digits of SSN
Case Number
Reference Number



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

CONFIDENTIAL INFORMATION

This fax is to be sent to OKDHS 405-487-5843 ONLY.
Please do not include anyone else or any other agency.

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](#)