NWIC SNAP Relief Intake Form

For households currently receiving or recently receiving SNAP benefits. Do not provide SSNs or EBT PINs.

Applicant information

Full name (as on ID): _____

Preferred name (optional): _____

Mobile number: _____

Email (optional): _____

Home address (street, city, state, ZIP): _____

Household size (number of people living with you and sharing food): _____

SNAP verification

Provide Copy of: recent SNAP award/benefit letter /app screenshot with name & date & state issued ID

SNAP case/client ID (if available): _____

State Issue ID: _____

Assistance request

Type of support (check one or more):

☐ Grocery gift card

☐ Check

☐ Other _____

Consent & certification

☐ I certify the information provided is true and I currently receive SNAP.

☐ I understand assistance is limited, one allocation per household while funds last, and duplicate requests may be denied.

☐ I consent to NWIC using this info only to verify eligibility and provide assistance. NWIC will not collect SSNs or EBT PINs.

Signature (type or sign full name): _____

Today's date: _____