



Food Stamps

Application and Recertification Process

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PISGAH
LEGAL SERVICES



LEGAL AID
OF NORTH CAROLINA



charlotte center
for legal advocacy



AGENDA

- ✓ How to Apply for Food Stamps
- ✓ Application Processing and Timelines
- ✓ How to Report Changes
- ✓ How to Keep Benefits: Recertification



How to apply

FNS applications (DSS-8207) must be filed with the County DSS/FNS Office. The application can be submitted by the applicant or authorized representative:

Paper application ([DSS-8207](#)):

- In person
- Fax
- Mail

Online Application

• Through NC DHHS Epass -online public benefits application platform

If the FNS unit consists of ONLY SSI applicants and/or recipients, they may apply for FNS at an SSA office (FNS [450](#)).



Who Can Apply

- Any adult member of the household
- An Authorized Representative designated by household
- If there is no adult in the household, a legally emancipated minor can apply and sign the application



Legally emancipated minor

Individual 16+ yr old, granted adult status and released from parental control by court.



Authorized Representative

Both the adult member of FNS unit and a person chosen to be authorized rep, must sign and return to DSS office a [DSS-1688 Designation of Authorized Representative form](#).



Right to Apply

Every HH has the RIGHT to file an application on the same day they visit the FNS office during office hours.

The applicant does NOT have to be interviewed prior to filing the application and may file an incomplete application as long as it contains applicant's name, address, and is signed by an adult member of HH or HH's authorized rep!

The signing of the app protects the date of application (but still must be received in office).



Processing timelines



Application processing time for FNS is calculated from the date the application is filed.

DATE APPLICATION IS FILED is the earlier of:

- The date the interview occurs, if this is the same date application is signed; OR
- The date the signed application is received in office, if prior to interview (FNS [305.04](#))

***1st calendar day is the day after the day of application.**

****To receive expedited benefits in the month of application, HH has to be eligible for FNS in that month.**

HH w/o income/gross income <\$150mo and resources <\$100

Subject to expedited processing: must be processed by the 4th calendar day* so that EBT card can be received not later than 7th day from app date**

HH with Income

Processing application can take up to 30 days



Emergency Plan



Expedited Processing

- Processed to deliver emergency benefits
- The agency must process application by the 4th day from date of application to ensure HH has access to EBT card and FNS benefits no later than 7 calendar days from the date of application
- Eligibility criteria:
 - HH w/ < \$150 monthly gross income and HH's liquid resources not > \$100 total
 - HH w/ combined monthly gross income and liquid resources < HH's rent or mortgage and utilities (includes entitlement to SUA if appropriate)
 - Destitute HHs w/ 1 or more members who are migrant or seasonal farmworkers and liquid resources not > \$100 in total value

Required Information to Complete Your Application



You'll need the following information for each person in the household:

1. Identification for you or the head of the household (a driver's license, birth certificate, or other government-issued ID)
2. Social Security Numbers, birthdates and citizenship status for each person in the household
3. How much money each person has in cash, bank accounts, investments, retirement accounts, etc.
4. Your household's monthly bills, including childcare, child support, and disabled adult care
5. Medical bills for anyone over 60 or who is disabled
6. Proof of income for each person



Applicant responsibility

Application form

The application form must have a minimum required information and be signed by an adult HH member or HH authorized representative.

Interview w/ caseworker

Interview is required for application to be processed.
App will be denied on the processing due date if interview has not been done.


Verification of Eligibility

HH has primary responsibility for providing documentary evidence to support statements and resolve questionable information.






Mandatory Verification

- 
1. Identity
 2. Residency (Non-Categorical Eligible Households only)
 3. Citizenship/Alien Status
 4. Household Size/Composition
 5. Enumeration
 6. Gross Non-exempt Income.



Verification Process

- 
- Case worker should ASSIST HH obtain verification whenever assistance is requested.
 - The caseworker must accept any reasonable documentary evidence if verification adequately proves the information provided on the application.
 - **Verification Method Hierarchy:**
 - For income, the Electronic Verification (OVS) is required for all programs and all income types ([FNS 305](#))
 - If there is a discrepancy or if electronic verification is not available, the caseworker will request verification.
 - Verifications that reasonably establish eligibility should be accepted.
 - HH should make sure to verify expenses for deductions (e.g. rent and utilities)



- Failure To Provide Required Verification: FNS application will be denied if the FNS unit has failed to provide applicant-responsible verifications unless good cause for failure to provide is shown.
- The caseworker must send 2 requests for verification of information, using the DSS-8650, Notice of Information Needed, and allow at least 10 days to provide information. Must offer assistance in obtaining the requested information if needed.
- An application cannot be denied for failure to provide verification of deductions. DSS must process the application and determine benefits without the deduction.
- [FNS 440](#), Application Disposition





Approval/Denial

Approval

- Can be approved before processing deadline if all requirements have been met
- Must be approved not later than the 25th day for normal processing/4th day for expedited
- Approval notice, DSS-8551 will be mailed

Denial

- Procedural for failure to provide requested information
- Based on not meeting eligibility requirement.
- Can be denied as soon as found ineligible but not before required verification
- Denial notice, DSS-8551, will be mailed

Reopening of Application

- If applicant provides necessary verifications within 60 days from the original application date



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Keeping FNS Benefits





How To Keep Your Benefits

- Must report required changes during current certification period
- Must recertify food stamp benefits every 6 months (most recipients) or 12 months (elderly and people with disabilities)



BENEFITS



Reporting Changes

Change of Circumstance

During the Certification Period

Changes you must report:

- Income goes above the maximum gross income limit for your FNS/SNAP household size
- If your FNS/SNAP household includes an Able-Bodied Adult without Dependents (ABAWD), you must report if the ABAWD's work hours are reduced to under 80 hours per month
- If your FNS/SNAP household receives lottery or gambling winnings over \$4,250. You must report this change by the 10th of the month following the month you receive the winnings
- If you do not tell us about a change you are required to report, and you get FNS benefits you should not have received, you will have to pay those benefits back

CASEWORKER DESK REFERENCE (Effective January 1, 2026)

(Cost of Living (COLA) / Homeless Shelter Deduction/ Utility Expenses Effective October 1, 2025)

| FNSU SIZE | 130% MAX INCOME LIMITS | | 200% CATEGORICAL ELIGIBILITY MAXIMUM INCOME LIMIT | MAXIMUM ALLOTMENT | FOOD AND NUTRITION SERVICES DEDUCTIONS | | | |
|-------------------------------|------------------------|-----------------|---|-------------------|--|-------|------|-------|
| | Gross | Net | Gross | | Effective 10/01/2025 | SUA | BUA | TUA |
| 1 | \$1,696 | \$1,305 | \$2,610 | \$298 | \$637 | \$392 | \$42 | \$209 |
| 2 | \$2,292 | \$1,763 | \$3,526 | \$546 | \$699 | \$431 | \$42 | \$209 |
| 3 | \$2,888 | \$2,221 | \$4,442 | \$785 | \$768 | \$474 | \$42 | \$209 |
| 4 | \$3,483 | \$2,680 | \$5,360 | \$994 | \$837 | \$518 | \$42 | \$223 |
| 5 | \$4,079 | \$3,138 | \$6,276 | \$1,183 | \$912 | \$564 | \$42 | \$261 |
| 6 | \$4,675 | \$3,596 | \$7,192 | \$1,421 | \$912 | \$564 | \$42 | \$299 |
| 7 | \$5,271 | \$4,055 | \$8,110 | \$1,571 | \$912 | \$564 | \$42 | \$299 |
| 8 | \$5,867 | \$4,513 | \$9,026 | \$1,789 | \$912 | \$564 | \$42 | \$299 |
| Each Additional Member | (+\$596) | (+\$459) | (+\$918) | (+\$218) | Minimum Allotment = \$24 (for eligible 1 – 2-person FNSU's) | | | |



Epass Enhanced Account

Report changes in circumstances, such as changes in income or reduced work hours. Upload verification of change, e.g., new pay stubs.



Call your County Agency

Report any changes that will affect FNS benefits by calling your local DSS office.



Always safer to report to avoid potential fraud

Make sure to report DECREASE in income or INCREASE in deductions which could affect benefit levels!

Reporting Changes

Change of Circumstance

During the Certification Period

DSS should not act to the following changes during the certification period:

- Changes in medical expenses of households eligible for the medical deduction when the source is from a third party, unless the information is considered “verified upon receipt” (FNS 515.01 C) and does not require contact with the household
- A decrease in the household’s gross monthly income of less than \$50
- A change in income that is not expected to continue for at least one month beyond the month in which the change is reported



Recertification Process

- Normally, every 6 months, except for the elderly and disabled with unearned income (12 months)
- Notice of Expiration and Recertification form, [DSS-2435](#), is mailed in month 4 or 5, and a phone interview is scheduled
- If the recert form, verification, or interview is not completed, benefits stop without notice after 6 months
- The recert should be finished before the end of the recertification period



Epass Enhanced Account

Allows beneficiaries to update their information and access notices.



Provide requested information

Submit any requested documentation to avoid suspension of benefits.



Complete Interview

Answer the phone to complete your interview to avoid delays or suspension of benefits.

Enhance your ePASS account

An enhanced account lets you report changes and view case details online in addition to submitting applications. New applicants or current beneficiaries select here to unlock the FREE add-ons below. Existing beneficiaries can also contact their local DSS agency for assistance to enhance their account.



Receive eNotices



Receive electronic versions of Medical Assistance notices.



Tell us if anything has changed



Report changes to help us make sure you are getting the best coverage.



Renew your benefits



Recertify for Medical Assistance, Food and Nutrition Services (FNS), or Simplified Nutritional Assistance Program (SNAP).



Send us your documents



Upload documents for faster processing of your application or case.

Renew your SNAP benefits



Your SNAP renewal is due and we need information from you to continue benefits.

Renew your FNS benefits



Your FNS renewal is due and we need information from you to continue benefits.



What Information Needs to be Updated on DSS-2435 recert form:

DSS-2435 will ask for a report of:

- Changes to the household size
- Changes to the household income and assets
- Your expenses such as rent/mortgage, property tax, HOA dues, utilities, etc.
- About exemptions to work and ABAWD requirements and violations that disqualify from eligibility for benefits.





Next

- Pay attention to the DSS-2435 return timeline on the Notice of Expiration – if the form is returned before the needed date, it may need to be resubmitted
- Provide all paystubs from the last 30 days with the recertification form
- May require an interview with the caseworker before benefits can be recertified
- If request for information sent, provide before the deadline on the [DSS-8650](#) notice
- Wait for eligibility determination of food stamps benefits in the mail

Food and Nutrition Services (FNS) Notice of Information Needed

This letter is to let you know that we need you to provide more information to process your application for FNS benefits. We call this information proof. It proves that what you stated in your application is correct. We need this proof to help us decide if you can get FNS benefits. This letter lists what we need and what steps you should take to get it to us.

The items listed on this form are needed to complete your: Application Recertification Form Change

How can you give us the information we need? Choose the one that is easiest for you:

- By mail: You may mail copies of the documents to your local agency .
- In person: You may drop off copies of the documents at your local agency or either at the front desk or using the drop box near the entrance..
- By fax: You may fax the documents to _____.

If we don't receive this information by _____ your FNS benefits may be delayed, denied, reduced, or terminated.

Proof of Residency (Where you Live)

Proof of Identity (name): _____

Social Security numbers or proof of application for Social Security Number for (name): _____

Proof of Citizenship for (name): _____

Proof of Immigration Status for (name): _____

Authorized Representative form signed by (name): _____

Proof of all income received during the last 30 days for (name): _____

Proof of Self-Employment/Farm Income and itemized receipts of expenses for (name) _____ for the month(s) of _____ or Tax Forms for the year(s) of _____.

Odd jobs: Record showing date worked, who paid you, date paid, amount paid, and work-related expenses of all income received during the last 30 days for (name): _____

Current proof of: Social Security Veteran Benefits (VA) Workers Compensation Pension/Retirement

Disability Payments Child Support Alimony Interest Income Rent/Utility Assistance

Statement from anyone who gives you money every month.

Statement from anyone who pays rent to you each month.

Other: _____

DSS-8650 (Rev. 02/2024)



Best Practice Tips

Gather information

Have HH information ready for application, including DOBs, SSNs, income and HH expenses.
Golden rule: report the eligibility information upfront whenever possible.

Recertification

Know the timeline for the next recertification so you do not miss it! Seek help with recertification from your local Navigator if you need it. Sign and return DSS-2435 and verifications on time.

Interview

The call may come the same day app was submitted!
Make sure you answer all calls.

What happens if I missed the interview call?

If you missed the first scheduled interview, you are responsible to contact DSS to schedule the new interview.

Who should I contact, if I have issues.

You can contact any of the Legal Services organizations in your region. Your denial/termination notice should have their contact info.



NCDHHS



Application In Practice



Application Steps

Step 01

Head of Household and other household members information

Name, DOB, address, gender, marital status, SSN, immigration status, disabilities, applying for benefits?

Step 02

Current Benefits



Step 03

Work requirements and ABAWD screening questions



Step 04

Income and Assets questions



Step 05

Household bills and expenses



Step 06

Signature and date



<https://policies.ncdhhs.gov/document/dss-8207-application-for-food-and-nutrition-services/>
<https://epass.nc.gov/>

| Expedited Benefits | |
|--|--------|
| The following information will help us determine whether the applicant and the people in their home may be eligible for Food and Nutrition Services within seven days. | Amount |
| What is the household's total countable monthly gross income? | |
| What is the total household cash on hand/or in a bank? | |
| What are the total monthly shelter costs (rent or mortgage) that the household pays? | |
| What is the total monthly utility cost (heat, electricity, LP/Natural Gas, Water/Sewage, Garbage/Trash, Telephone/Cell Phone and Utility Excess (Public Housing). | |
| Is anyone in the home a migrant or seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete a – d If no, go to next section | |
| a. Did his/her job end recently? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| b. Did the only income received for the month of application end before today? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Will he/she receive \$25 or less from a new employer within 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Will his/her liquid resources such as cash, checking/savings be \$100 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

[< Back](#)

Expedited Food and Nutrition Services

What are expedited benefits? ▼

What do we need for expedited benefits? ▼

How do I know if my household is in an emergency situation? ▼

How much money will your household receive this month? ⓘ
For example: paycheck, SSI income, unemployment income, workers compensation

\$

How much cash and savings do you have today?

\$

How much do you pay a month for your housing costs?



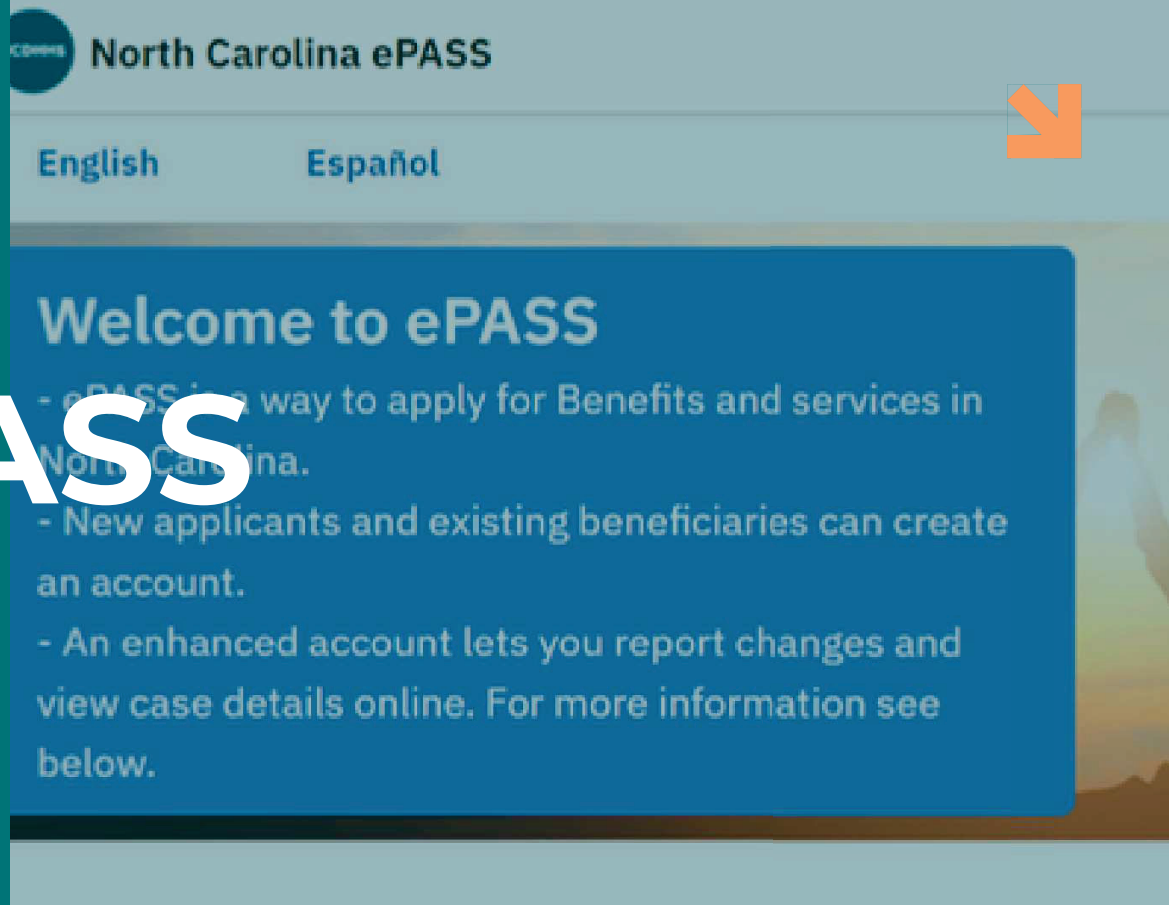
NCDHHS Policies and Manuals

Welcome to the North Carolina Department of Health and Human Services' repository for manuals, policies, procedures and forms!

NC ncdhhs.gov

<https://policies.ncdhhs.gov/document/dss-8207-application-for-food-and-nutrition-services/>

EPASS

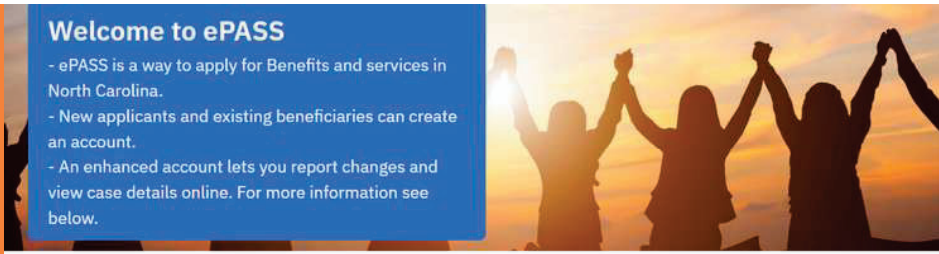




Without Creating an Epass Account

Welcome to ePASS

- ePASS is a way to apply for Benefits and services in North Carolina.
- New applicants and existing beneficiaries can create an account.
- An enhanced account lets you report changes and view case details online. For more information see below.



Looking for information on Medicaid Expansion? Select "Continue" for details and to start the application process.

[Continue](#)

Apply for benefits

Apply for Medical Assistance, Food & Nutrition Services, Energy Assistance or TANF - Work First.



Apply for FNS without an account

Apply for Food & Nutrition Services (FNS) without creating an account.



Apply for Energy Assistance

Apply for Energy Assistance (LIEAP/CIP).



Apply for Food & Nutrition Services without an account

You can apply for Food & Nutrition Services without creating an account.

You will not be discriminated against. To view the USDA nondiscrimination statement for FNS or to file a program complaint of discrimination, [click here](#).

If you choose this option, you will not be able to return to your application or review your application status. If you lose power or internet connectivity while you are applying, your application data will be lost.

To get started, please choose one of the following options below:

- Apply for Food & Nutrition Services without an account. I do not need to return to my application. I understand the risk of losing my application data if I lose power or internet connectivity.
- Create an account. I do not have an NCID account. That way I can return to my application if I need to.
- Log in. I already have an NCID account. If you are assisting someone with applying, please log in with that individual's NCID account.

Next

Creating an Epass Account

The screenshot displays the North Carolina ePASS website interface. At the top, there is a navigation bar with the 'ncdhs' logo, the text 'North Carolina ePASS', and links for 'Home', 'Apply', 'Sign up', and 'Log in'. Below this, there are language options for 'English' and 'Español'. The main content area features a blue box with the heading 'Welcome to ePASS' and a list of bullet points: '- ePASS is a way to apply for Benefits and services in North Carolina.', '- New applicants and existing beneficiaries can create an account.', and '- An enhanced account lets you report changes and view case details online. For more information see below.' To the right of this text is a background image of silhouettes of people holding hands against a sunset. Below the blue box, there is a blue navigation bar with a '< Home' link. The main content area on this page has the heading 'Welcome to ePASS' and the text 'To begin this process, you must create a new NCID account or log in with an NCID account that you already have.' Below this text are two buttons: a white 'Log in' button and a white 'Don't have an account? Sign up >' button.

ncdhs North Carolina ePASS

Home Apply Sign up Log in

English Español

Welcome to ePASS

- ePASS is a way to apply for Benefits and services in North Carolina.
- New applicants and existing beneficiaries can create an account.
- An enhanced account lets you report changes and view case details online. For more information see below.

< Home

Welcome to ePASS

To begin this process, you must create a new NCID account or log in with an NCID account that you already have.

Log in

Don't have an account? Sign up >

Create an NCID Account

An NCID account is required to log in to ePASS and submit applications. If you or the individual you are assisting does not have an NCID account you will need to create one.

For more information regarding applying for someone else as a representative, or applying for multiple individual households at the same time, please [click here](#).

Please select from the statements below:

When you make a selection, more text will display to help you determine what type of NCID account to create.

- I am applying for myself and/or my family.
- I am assisting someone with applying.
- I am applying on behalf of someone else as a representative.
- I am a community based organization/community partner assisting multiple individual households in applying.

Create NCID Account

Register User

* Desired Username

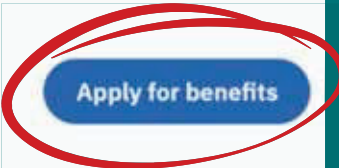
Prefix

* First Name

Middle Initial

Your account

Dashboard



Enhance your ePASS account

An enhanced account lets you report changes and view case details online in addition to submitting applications. New applicants or current beneficiaries select here to unlock the FREE add-ons below. Existing beneficiaries can also contact their local DSS agency for assistance to enhance their account.



Receive eNotices

Receive electronic versions of Medical Assistance notices.

Tell us if anything has changed

Report changes to help us make sure you

Renew your benefits

Recertify for Medical Assistance, Food and Nutrition Services (FNS), or

Apply for benefits

Food & Nutrition Services

Benefits can help feed your family with fresh and healthy groceries.

[Learn more](#) 

You will not be discriminated against. To view the USDA nondiscrimination statement for FNS or to file a program complaint of discrimination, [click here](#).

Medical Assistance

Benefits can provide free or low-cost health coverage for low-income people, families and children, pregnant women, the elderly, and people with disabilities.

[Learn more](#) 

Temporary Assistance for Needy Families (TANF - Work First)

Benefits can provide temporary assistance for families with minor children. Recipients may be required to participate in work activities to receive these benefits.

[Learn more](#) 

Apply

Enhance your ePASS account

What is an enhanced ePASS account?

Enhancing your ePASS account is a free service and will give you additional online access. You will be able to:

- Report a change
- Recertify for benefits
- Upload documents for faster processing
- View notices
- View messages from your caseworker
- View office contact details
- Appeal a decision

Why should I enhance my ePASS account?

When you enhance your ePASS account, you will be able to report updates and view case details online rather than making a phone call or physically coming into a DSS County office.

How do I enhance my ePASS account?

When you enhance your ePASS account we send your information to Experian to help us confirm your identity. Experian is a credit bureau that is able to verify the information you give us and cross matches it with your mobile phone number and/or email account. Enhancing your account does not impact your credit score and you will not incur any charges related to this credit inquiry.

What do I need to do to enhance my account?

You need to have a mobile phone number and/or email account and have the ability to receive a security code in the form of a text message and/or email.

Begin enhancing your account

You understand that by selecting 'Next' immediately following this paragraph, you are providing 'written instructions' to the North Carolina Department of Health and Human Services (NC DHHS) under the Fair Credit Reporting Act authorizing NC DHHS to obtain information from your personal credit profile or other information from Experian. You authorize NC DHHS to obtain such information solely to enhance your ePASS account.

Next

Getting started

Medical Assistance family is defined as

- You
- Your spouse
- Your children under 21 including stepchildren
- Any other person on the same federal income tax return (including any children over age 21 who are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

Food and Nutrition household is defined as

- Anyone that you buy, prepare or eat food with.

TANF - Work First household is defined as

- All children in the home under age 18.
- Any adults in the home responsible for their day-to-day care.

A **Representative** for Food and Nutrition Services is an individual designated by the Food and Nutrition Services (FNS) unit to apply for benefits. An **authorized representative** for Medical Assistance is someone who has written permission to help with this application, such as a family member or other trusted person. Some authorized representatives may have legal authority to make decisions for the applicant.

Who are you applying for? Required

- For myself and/or my family/household
- As a Representative for someone else
- As an Authorized Representative for someone else

Are you applying for Food and Nutrition Services? Required ?

Yes

Are you applying for TANF - Work First? Required ?

No

Are you applying for Medical Assistance? Required ?

No

Next

What you need to know

Applicants who are found ineligible for full Medicaid will be referred to the Federal Health Insurance Marketplace for a determination of eligibility for financial help to enroll in a Qualified Health Plan (QHP).

If you do not use ePASS for more than 30 minutes, your session will time out and you will be relocated to the ePASS Home Page. Any information that you completed will be saved.

Requirements for submitting an application

Information about Social Security Numbers, U.S. Citizenship and Immigration status

More information on Food and Nutrition Services


Need help?

Next

Expedited Food and Nutrition Services

What are expedited benefits? 

What do we need for expedited benefits? 

How do I know if my household is in an emergency situation? 

How much money will your household receive this month? 

For example: paycheck, SSI income, unemployment income, workers compensation

\$ 0

How much cash and savings do you have today?

\$ 0

How much do you pay a month for your housing costs?

For example: rent, mortgage

\$ 500

How much do you pay a month for your utilities?

For example: heat, electricity, gas, phone, water, sewer and trash removal

\$ 100

About you

What do we need to know about you?

We will ask you to provide your:

- Name
- Date of birth
- Social Security Number (Optional for individuals not seeking benefits)
- Address (if you have one)
- Contact details

Please Note: We will not share SSNs with the US Citizenship and Immigration Service(USCIS).

Why do we need to know about you?

The information you provide will be used to verify your identity, income, and citizenship status.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Next

Information about you

Your information

You will be designated as the primary contact for this application. ?

First name Required ?

Charlotte

Middle name ?

Last name Required ?

Advocacy

Suffix

--Please Select--

Date of birth ?

For example: MM/DD/YYYY

09/01/1967

Sex/Gender ?

Female

Your home address

Please provide an address if you have one.

Do you have a home/residential address? Required ?

Yes

Street 1 Required

123 Main St

Street 2

Apt/Suite

City Required

Charlotte

State Required

North Carolina

Zip Required

280212

County

Mecklenburg

Your contact information

How do you want us to contact you?

Post/Mail

What language do you prefer to speak in?

English

Phone number

704-123-4567

Type

Cell

Would you like to receive text messages from your caseworker regarding your application o

Message and data rates may apply. Message frequency varies. Reply HELP for help and STC [Policy](#).

Yes

Alternate phone number

Type

--Please Select--

Email address

For example: john.smith@gmail.com

test@ccla.com

More about Charlotte, age 58

Ethnicity and race

Your answers are voluntary and will have no effect on your receipt of benefits.

What is Charlotte's ethnicity?

What is Charlotte's race? Check all that apply. ?

Your answers are voluntary and will have no effect on your receipt of benefits.

American Indian/Alaska Native ?

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

Other

Social Security Number (SSN)

If you are applying for Medical Assistance you need to provide an SSN if you are below. Providing an SSN of non-applicants who have an SSN is not required for application.

People who apply for Food and Nutrition Services are required by the Food and Nutrition Services to provide an SSN.

If you are applying for TANF - Work First, you need to provide a SSN. If you do not have a SSN, you will need to provide a SSN.

Does Charlotte have an SSN? ?

What is Charlotte's SSN?

Sponsor information

Is Charlotte the sponsor of an immigrant?

Marital status

What is Charlotte's marital status?

Next

Household

What do we need to know about your household?

We will ask whether there are any other members of your household and details about each of them.

You will need your household member's:

- Name(s)
- Date(s) of birth
- Social Security Number(s), if they are applying for benefits
- Their relationships to you and each other

Please Note: We will not share SSNs with the US Citizenship and Immigration Service(USCIS).

Why do we need to know about your household?

This information is important in order to be sure that everyone in your household is getting the benefits that they might be eligible for.

How should I respond if I don't know the answer to a question?


If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Next

Who should you include in your application?


It's important to add the people in your household so we can check if they might be eligible for benefits.


Who should I include on my Food and Nutrition Services application? 

Who should I include on my Medical Assistance application? 

Who should I include on my TANF - Work First Services application? 

Who should I not include on my application(s)? 

Based on the conditions above, is there anyone else in your household? 

--Please Select-- 


Next

Who should you include in your application?


It's important to add the people in your household so we can check if they might be eligible for benefits.


Who should I include on my Food and Nutrition Services application? 

Who should I include on my Medical Assistance application? 

Who should I include on my TANF - Work First Services application? 

Who should I not include on my application(s)? 


Based on the conditions above, is there anyone else in your household? 


--Please Select-- 

Next

Where do you live?

How would you describe where Charlotte lives? Required

Home (living with own family) 

Is everyone in your household a resident of North Carolina? Required 

Yes 

Does anyone in your household room and board where they are provided food as part of the rent?

No 

Is everyone in your household who is seeking benefits a U.S. citizen or U.S. national? Required 

Yes 

Next

Household summary

You added the following people to your application. Take a look to make sure the information is correct. Also decide if you need to add, remove or make changes to the information.

 Review carefully because you will not be able to add any more household members after this point.

About primary applicant

| | | | | |
|--------------------|--|---------------------------------|------------------------|------------------------|
| Member name | Sex/Gender | Date of birth | Social Security Number | Change |
| Charlotte Advocacy | Female | 9/1/1967 | ***-**-6789 | |
| | Address | Mailing address (if applicable) | | |
| | 123 Main St, Charlotte, NC, 28212, Mecklenburg County | | | |

Household members

No information entered

 Add

Where you live

| | | | |
|--|--|--|------------------------|
| Household members who are a North Carolina resident. | Household members who are a U.S. citizen or U.S. national. | Household members who have supporting documentation. | Change |
| Charlotte Advocacy | Charlotte Advocacy | | |

Benefits

What do we mean by benefits?

Benefits typically refer to assistance or payments made by a government agency to an individual or household. Some of the more common types of benefits include:

- Medicare
- Social Security
- SSI
- Retirement
- Unemployment insurance
- Railroad retirement
- Work First/TANF
- Food and Nutrition Services/SNAP
- Medical assistance

We will ask for benefit information for everyone in your household.

Why do we need to know about your benefits?

Benefit information helps us determine what you and your household are eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Next

Benefits information

Does anyone in the household currently receive benefits?

For example: Medicare, Social Security, SSI, Retirement, Unemployment Insurance, Railroad Retirement

No



In the last four months, has anyone in the household received benefits in North Carolina or another state?

For example: Work First/TANF, Food and Nutrition Services/SNAP, Medical Assistance

No



Next

Income and money

What do we need to know about your income and money?

We will ask for information about income and money for everyone in your household. Depending on your income level, we may need to know about both your current and expected income. You may need:

- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Why do we need to know about your income and money?

Income information helps us see what benefits you or your household might be eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Next

Income information

Answer the questions for the types of income and money the household receives.

Does anyone in the household earn income from a job?

Do not include self-employment.

No

Does anyone in the household earn income from self-employment? [?](#)

No

In the last 30 days, has anyone in the household stopped working a job?

Yes

Please select the household members who have stopped working: Required

Charlotte, age 58

Does anyone in the household have any unearned income?

For example: Pension, Cash Contributions/Monetary Gifts, Child Support, VA Pension and Compensation, Court-Ordered Restitution.

No

Does anyone in the household have any educational scholarships that is used to pay room and board?

Educational scholarship is a grant or payment made to support a student's education. (as by a college or foundation)

No

Does anyone in the household earn income from their own business that rents properties?

For example: House rental company, apartment rental company, boat rental company.

No

Stopped work for Charlotte, age 58

What is the name of Charlotte's employer where they stopped working? Required

ABC Groceries

What was Charlotte's employment status? Required

Permanent Full-Time

Why did Charlotte stop working?

Beyond Control of Member

When did Charlotte start working?

For example: MM/DD/YYYY

01/01/2010

When did Charlotte stop working? Required

For example: MM/DD/YYYY

02/01/2026

When did Charlotte receive their last paycheck? [?](#)

For example: MM/DD/YYYY

02/15/2026

How many hours did Charlotte work in the past 30 days? Required

40

Additional household information

What else do we need to know about your household?

We might ask you for more information about:

- Disability
- Pregnancy
- Foster Care
- Adoption
- Medical needs
- Penalties and violations
- Programs and organizations
- Health insurance

If you answer yes to any of these questions, we will ask you to provide more information.

Why do we need to know more about your household?

Providing more information about these items helps us see what benefits you or your household might be eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Additional information for household members

Is any applicant blind? [?](#)

Is any applicant disabled? [?](#)

Is anyone in your household in a drug/alcohol treatment program?

Is anyone in your household unable to work due to a drug/alcohol addiction?

Is anyone in your household physically or mentally unfit for employment?

Is anyone in your household unable to work due to chronic homelessness?

Does anyone in your household provide care for an incapacitated person?

The incapacitated person can include people who live outside the household.

Pregnancy, Foster Care and adoption

Is anyone in your household pregnant?

Medical needs

Penalties and violations

Does anyone in your household meet any of the conditions below:

- Fleeing to avoid felony prosecution or fleeing from law enforcement
- Convicted of welfare fraud
- Convicted of controlled substance felony after August 22, 1996
- Convicted of violating conditions of probation or parole
- Convicted of trading benefits for guns, drugs, ammunitions, or explosives after August 22, 1996
- Convicted of buying or selling benefits \$500 or more after August 22, 1996
- Convicted of fraudulently receiving duplicate benefits in any State after August 22, 1996

Answer 'Yes' if anyone in your household meets the conditions above.

Has anyone in your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?

Is anyone in your household disqualified from Food and Nutrition Services in North Carolina or another state?

Programs and organizations

Is anyone in your household operating a home school for at least 30 hours per week?

No

Does anyone in the household take part in an official Refugee Employment Program?

No

Does anyone in the household volunteer or take part in a work training program?

No

Does anyone in the household have military status?

Military status includes servicemen in active duty, reserve, veterans, retired, non-military and military spouses and dependent children.

No

Did anyone in your household receive a Low Income Energy Assistance Program (LIEAP) check at their current address within the past 12 months?

No

Is anyone in the household receiving Section 8 or Housing and Urban Development(HUD) Assistance?

No

Has anyone in your household filed for bankruptcy?

No

Does anyone in your household have a Food and Nutrition Services EBT card from North Carolina?

No

Does anyone in your household currently attend high school, college, vocational or technical school?

No

Assets

What do we need to know about your household's assets?

If you answer yes to having any of the assets below, we will ask you to provide more information. For example, if you say that someone in your household has a vehicle, you will need to provide information about that vehicle.

We might ask you for more information about:

- Vehicles
- Burial plots
- Burial plans
- Property
- Liquid resources
- Life insurance
- Trusts
- Annuities
- Resource transfer

Why do we need to know about your household's assets?

Providing more information about these items helps us see what benefits you or your household might be eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Next

Resources information

Does anyone in your household have liquid resources? [?](#)

For example: Cash, checking account, savings account, stocks & bonds, etc.

Is anyone in your household a grantor, beneficiary or trustee of a trust? [?](#)

Is anyone in your household a beneficiary, owner or annuitant of an annuity? [?](#)

Has anyone in your household sold, traded, given away or transferred a resource in the last three months (if you are applying for Food and Nutrition Services) or five years (if applying for Medical Assistance):

[?](#)

Next

Expenses

What do we need to know about your household's expenses?

If you answer yes to having any of the expenses below, we will ask you to provide more information. For example, if you say that someone in your household has a utility expense, you will need to provide more information about that expense.

We might ask you for more information about expenses such as:

- Housing costs
- Utility expenses
- Medical expenses
- Child support expenses
- Dependent care expenses
- Legal guardian expenses
- Rental income expenses

Why do we need to know about your household's expenses?

Providing more information about these items helps us see what benefits you or your household might be eligible for.

How should I respond if I don't know the answer to the question?

If you don't have the information available at this time, you may be asked to provide it later.

If you get stuck at any point in the application, you can still submit what you have completed so far by selecting 'Options' / 'Save & Exit' to save and submit your application.

Next

Expenses information

Does anyone in your household pay for housing? [?](#) Required

Yes

Please select all of the household members who pay for housing: Required

Charlotte, age 58

Does anyone in your household have any medical expenses?

No

Does anyone in your household have utility expenses?

Yes

Please select all of the household members who have a utility expense: Required

Charlotte, age 58

Does anyone in your household pay child support for a child outside the household?

No

Does anyone in your household have dependent-care expenses?

For example: Babysitter, before/after school or extended day program, day camp, daycare

No

Does anyone in your household have expenses as a result of a rental property? [?](#) Required

No

Next

Housing expenses for Charlotte, age 58

What type of housing expense does Charlotte have? Required

Rent

How often does Charlotte pay the housing expense? Required

Monthly

How much is the housing expense? Required

\$ 500

When did Charlotte start paying this housing expense? Required

For example: MM/DD/YYYY

01/01/2020

Does any agency, organization (including Section 8) or person outside of the household contribute to Charlotte's payment of the housing expense? Required

No

Provider information

Who provides the housing that Charlotte pays the expense to? Required

For example: Rental company, landlord, mortgage company

123 Renters

Provider phone number:

888-123-4567

Other housing expenses

Does Charlotte have any other housing expenses? Required

No

Utility expenses for Charlotte, age 58

What type of utility expense does Charlotte have? Required

Electric

How often does Charlotte pay the utility expense? Required

Monthly

How much is the utility expense? Required

\$ 100

When did Charlotte start paying utility expense? Required

For example: MM/DD/YYYY

01/01/2020

Does any agency, person or organization (including Section 8) outside of the household contribute to Charlotte's payment of the utility expense? Required

No

Provider information

Who provides the utility that Charlotte pays the expense to? Required

Duke Energy

Provider contact information

Provider phone number:

888-997-4543

Other utility expenses

Does Charlotte have any other utility expenses? Required

No

Summary

Below is a summary of the information you have given us about your household. Please review to make sure that it is correct before continuing.

If a piece of information is incorrect, you can update it here. You can click 'Add', 'Change', or 'Remove' next to the piece of information you want to update.

About primary applicant

| | | | |
|--|---|---------------------------------------|------------------------|
| Household Member Charlotte Advocacy | Sex/Gender Female | Date of birth 9/1/1967 | Change |
| Social Security Number ***-**-6789 | Address 123 Main St, Charlotte, NC, 28212, Mecklenburg County | Mailing address (if applicable) -- | |

Household members

No information entered

Where you live

| | | | |
|--|--|--|------------------------|
| Household members who are a North Carolina resident. Charlotte Advocacy | Household members who are a U.S. citizen or U.S. national. Charlotte Advocacy | Household members who have supporting documentation. | Change |
|--|--|--|------------------------|

Sign & Submit

Please read the information below. Check the boxes to show your agreement.

You must also enter your name as an electronic signature. An electronic signature is required to complete the process and to submit your application to the Department of Social Services.

I know that the information on this application is needed to determine eligibility for help paying for health coverage and/or Medicaid/NCHC and Social Security Numbers will be checked against electronic databases, Internal Revenue (IRS), Social Security, Department of Homeland Security, consumer reporting agencies, financial institutions and/or other government agencies, and the local office to determine if the information is correct. If any of the information is incorrect, assistance may be denied, and I may be subject to criminal prosecution for knowingly providing incorrect information. I agree to report to the local office any changes in income, assets, or living arrangements as required.

- By checking this box, I understand that a change in my information could affect my eligibility for member(s) of my household and I must report these changes to the [local County DSS Office \(en Español\)](#).
- By checking this box, I/we authorize any person having custody or knowledge of the information relating to me or other household members to disclose any requested information, including confidential information other than protected health information, to any authorized agent of the Department of Human Services. I give permission to the local agency to get proof of what I have said from any person, business or other outside agencies, but not limited to: employers, banks, savings and loans, landlords, etc.
- By checking this box and typing my name below, I am electronically signing this application for assistance. I understand that my signature indicates that I have read the [Rights and Responsibilities \(en Español\)](#) and I am providing an authorization to release information. I understand that my electronic signature has the same legal effect and enforceability as my written signature. I understand that this application will be electronically submitted to the local Department of Social Services. Required
- By checking this box and typing my name below, under penalty of perjury, I have told the truth of the information on the application, including the information concerning citizenship and immigration status for all the members applying for benefits. Required

First Name Required

Middle Name

Last Name Required

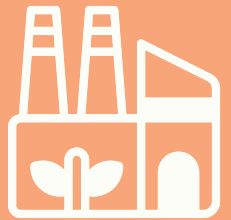
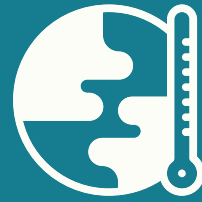


QUESTIONS?



Resources

- <https://policies.ncdhhs.gov/divisional-n-z/social-services/food-and-nutrition-services/fns-policies-manuals/> - DHHS FNS Manual
- <https://epass.nc.gov/> - online application and Epass Enhanced account
- https://policies.ncdhhs.gov/wp-content/uploads/DSS-8207-Application-for-Food-and-Nutrition-Services_12.22.2025.pdf - paper application
- <https://www.ncdhhs.gov/divisions/child-and-family-well-being/food-and-nutrition-services-food-stamps> - what you need to know about applying and recertifying your FNS benefits DHHS



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