

Date Signed Application  
Received in  
Local Department  
**MUST BE DATE STAMPED**

**MARYLAND DEPARTMENT OF HUMAN RESOURCES  
FAMILY INVESTMENT ADMINISTRATION**

**APPLICATION PART II: Eligibility Determination Document For One Person**

**PLEASE PRINT ALL ANSWERS**

<input type="checkbox"/> <b>I wish to apply for:</b> <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other, list: _____		<input type="checkbox"/> <b>I am currently receiving:</b> <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Medical Assistance: ID# _____ <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other, list: _____		Do you have unpaid medical bills now? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>1. IDENTIFYING INFORMATION</b>				
Last Name	First Name	Middle Name	Jr., III, etc.	Maiden/Other Name
What language do you speak?			Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you visually impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you hearing impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>2. ADDRESS Where do you live?</b>				
Number	Street	Apt No.	Floor No.	Telephone Number
City		State	Zip Code + 4	Number where you can be reached during the day
<b>3. MAILING ADDRESS (IF DIFFERENT)</b>				
Number	Street	Apt. No.	Floor No.	Telephone Number
P.O. Box	City	State	Zip Code + 4	
<b>4. PREVIOUS ADDRESSES</b>				
Number	Street	City	State	Zip Code + 4
When did you live there?	From	To	Did you own this home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5. AUTHORIZED REPRESENTATIVE (IF DESIRED)</b>				
First Name	Middle Name	Last Name	Jr., III, etc.	
Number	Street	City	State	Zip Code + 4
Telephone Number		Relationship to you		
Check what you want the representative to do:				
<input type="checkbox"/> Complete interview for you <input type="checkbox"/> Cash your check <input type="checkbox"/> Receive your notices <input type="checkbox"/> Sign your application <input type="checkbox"/> Cash your Food Stamps <input type="checkbox"/> Receive your Medical Assistance Card				
<b>FOR WORKER USE ONLY</b>	LDSS Office	Programs Applied For / Receiving		Assistance Unit ID's
	Worker's Name			Client ID
	Application/Redetermination Date			