

Request Form for Food Supplement Extension

(For people between the ages of 18 to 50)

You can use this form if you are losing or have lost your Food Supplement benefits because of the 3-month time limit.

- You must be between the ages of 18-50 to use this form. You must fit into one of the groups below to keep getting benefits.

Section 1: Please provide your information below.

Name: _____

Address: _____

Phone Number: _____

Social Security Number or DHHS ID Number: _____

Signature

Date Mailing This In

Section 2:

Check all that apply to you

1. I am working at least 20 hours per week on average.

*Attach last 4 pay stubs or a signed and dated letter on employer's letterhead with anticipated weekly hours and pay per hour.

2. I am physically or mentally unable to work 30 hours or more per week,

*Attach Medical Exemption form or letter from medical or behavioral health professional explaining why you are not able to work 30 or more hours per week.

3. I am taking care of a child under age 18 who lives with me.

* Please explain who you are providing care for and what you do.

4. I am caring for an adult with a disability. (The adult does not need to live with you.)

*Please tell us who you are caring for and what you do for the person.

5. I am pregnant.

*It would help if you could give us a doctor's note or other document showing that you are pregnant.

6. I am in a work training program.

*Please tell us what training program you are in and the hours that you attend the program each week.

7. I am in a substance abuse program.

*What is the name of the program you are in and when did it start?

8. I go to school at least half (½) time.

* What school do you go to and how many hours do you go to school a week?

9. I am getting unemployment benefits or I have applied for unemployment.

10. I get disability benefits from a private source or through the government, such as Social Security, SSI, Veterans, Maine State Disability, etc.

*What benefit do you get? _____

11. I am doing volunteer work OR General Assistance workfare.

*Please give us a signed and dated letter from the place that you do your volunteer work or General Assistance workfare. The letter needs to be on their letterhead and tell us how many hours a month, on average, you are doing this work. The letter must be given to us after you have done the work, not before you have done the work. You will need to do this each month.

Section 3:

Mailing Instructions: Please staple everything together. Then mail this form and any supporting information to:

**Maine Department of Health and Human Services
Office of Family Independence
114 Corn Shop Lane
Farmington, ME 04938**

Please keep a copy of everything! Make sure that your ID or Social Security Number is on every document that you send in.

Contact DHHS if you have not heard anything within thirty (30) days of mailing this form in.

If you have any questions about this form or get denied Food Supplement benefits, contact either Maine Equal Justice Partners at 1-866-626-7059 or your local office of Pine Tree Legal Assistance (numbers are listed at www.ptla.org/contact-us).