

To: Food Stamp Eligibility Worker

Hardship Card

Enclosed is my application for the Food Stamp Program. Please consider the following request(s) for my interview.

- I would like to submit my preferred date(s) and time(s) for a **phone interview** with my ET for the following reason(s):
OR
- I would like to submit my preferred date(s) and time(s) for an **office interview** with my ET for the following reason(s):
 - Elderly (over 60)
 - Lack access to transportation
 - No access to childcare
 - Disabled
 - Drop off/pick up children at school
 - Other _____
 - Medical reasons
 - Attend school
 - Inflexible work schedule
 - Caretaker for ill family member

Preferred interview time(s): Mornings (AM) Afternoons (PM)
 Monday Tuesday Wednesday Thursday Friday

I can be contacted at: (_____) _____ Home; (_____) _____ Cell

Signed: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

See Reverse for Opt-Out Request

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Food Stamp Program "Opt Out" Request Form



Please accept this form as a request to opt out from the Food Stamp Program (FSP) and only receive Food Stamp benefits for all other eligible household members. I understand that by opting out, the income and resources of the person(s) will count towards the household eligibility but will not receive any Food Stamp benefits. By opting out, the household will not be required to submit information about their sponsor for the FSP.

The following household member(s) request to opt out:

_____	_____	_____	_____
Print Name	Date of Birth	Signature	Date
_____	_____	_____	_____
Print Name	Date of Birth	Signature	Date



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