

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 waive the face to face interview with my eligibility worker for the following reason(s):

- Elderly (60 years of age or older)
- Disabled
- Other hardship (Describe: _____)

I am unable to appoint an authorized representative to act on my behalf at this time. I understand that a phone interview will be conducted.

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

I would like to submit my preferred date(s) and time(s) for my face to face interview for the following reason(s):

Reason:

- Medical reasons
- Caretaker for ill family member
- Lack access to transportation
- Drop off/pick up children at school
- Attend school
- Inflexible work schedule
- No access to childcare
- Other _____

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

Signed: _____ **Date:** _____

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

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