For Food Stamps, if the request is by letter or telephone, the date applied is the date the IM-1 is received. If the request is by a third person, the date applied is the date of request because the third person is the authorized representative.

DCN - Enter the DCN of the applicant. The client may not have two DCN numbers. If two are found, use the lower one.

Soc. Sec. No. - Enter the verified social security number for the applicant. (If a verified social security number cannot be obtained at the time the IM-1 is signed, this space should be left blank and should not delay registering the application. The verified number can be submitted at the time the application is approved or rejected.)

Date of Birth - Enter in a 2 digit figure for the month, day, and year of the birth of the applicant, for example: "06-04-46", "09-12-46", "12-07-47".

Race/Sex - Enter the appropriate numeric Race Code and alpha Sex Code.

    1. White
    2. Black/African American
    4. American Indian/Alaskan Native
    5. Asian
    6. Native Hawaiian/Pacific Islander
    7. Multi Racial (computer generated when two codes are entered)
    U - Unable to determine
    M - Male
    F - Female

Name of Spouse - For husband, enter first and middle name; for wife, enter first and maiden name. Enclose name in parenthesis if spouse is dead or not living in the home. If none, enter "none".

Soc. Sec. No. of Spouse - Enter the SSN of the spouse, if applicable.

Date of Birth of Spouse - Enter the date of birth of the spouse, if applicable.

No. of Temporary Assistance Children - Enter "N/A" for all categories except Temporary Assistance. For Temporary Assistance enter the number of children for whom application is being made.

No. of GR Persons - Enter "N/A" for all categories except GR. For GR enter the number of persons in the household for whom application is being made.

No. of Food Stamp Persons - Enter the total number in household for whom Food Stamp application is being made.

Received By - Enter the name of the worker accepting the application on this line.

Enter the caseload number. The load number is a five-digit number assigned by the county. Enter the worker number which is a five-digit number assigned in State Office. Enter the supervisor number of the worker taking the application.

These numbers will be used on the pending applications reports.

OPEN CASE - (Adding Persons)

Enter "X" in box if Temporary Assistance is being received by claimant but application is adding an individual to the case. The first and last names of the individual for whom this "Adding Persons" application is being made and the type of assistance will be entered in the lines immediately following this item.

Cross Reference - Enter names and case numbers of other applications and cases in this household; also those of closely related persons. Enter the name of the adult in the Food Stamp household who is the case name.