



**You may be eligible for benefits assistance...  
and we can help you find out!**

Our communities are stronger when Meals on Wheels of Central Maryland and the Maryland Department of Human Services partner to provide benefit programs to homebound clients throughout the state. These programs include supplemental nutrition assistance (SNAP), health insurance, tax credits, and housing and utility assistance.

**More on the Supplemental Nutrition Assistance Program... it's a SNAP!**

SNAP and Meals on Wheels of Central Maryland work together to screen clients for benefits that help pay for home-delivered meals. As part of the screening process, you will be asked for information about yourself. Information is only shared with benefits agencies if you agree to apply for benefits.

**Want to see if you qualify for SNAP (food stamps) or any other programs?**

You will need to be screened to see if you qualify for SNAP. Meals on Wheels of Central Maryland can do the screening for you, but we need your signature first. **Read and sign the form on the back of this letter and hand it to your delivery driver, or mail it with your payment.**

Our client support staff will help:

- ✔ Screen for SNAP application eligibility
- ✔ Submit SNAP applications
- ✔ Follow-up on applications
- ✔ Assist with documentation

**For more information,  
call (410) 558-0827 or  
email [client@mowcm.org](mailto:client@mowcm.org)**

**SNAP Quick Facts**

- SNAP helps individuals with limited incomes afford to eat better
- Meals on Wheels of Central Maryland accepts SNAP as payment for food
- Seniors can deduct out-of-pocket medical expenses from income when applying for SNAP
- Most seniors who qualify don't even apply for benefits

**To grant permission for screening, read and sign form on back, then return to your driver/volunteer or mail with invoice**





## Authorization and Consent to Release Information

By signing my name below, I, \_\_\_\_\_, grant permission to Structured Employment Economic Development Corporation (Seedco), and its partnering Community-Based Organization \_\_\_\_\_, to give and share and make use of the following information about me with their employees, affiliates, subcontractors and partners in order to assist me in determining my eligibility for benefits offered by city and state agencies, the federal government and/or other non-profit organizations and other related benefits through Seedco's *EarnBenefits* Program:

Such information includes but is not limited to, the following:

1. my name and social security number, address and related personal information;
2. the name and social security number and related personal information of any of my dependents or household members;
3. whether or not I, or any of my dependents now receive any form of public benefits;
4. if so, how much I or my dependent(s) receive and when I, or my dependent(s) started getting them;
5. if I, or my dependent(s), was not approved to receive benefits, the reason for the denial or why no action was taken;
6. if I or my dependent(s) stopped receiving benefits, when the benefits stopped and why; and
7. Any information necessary to complete the application for a type of benefits for myself or a dependent or member of my household completely and accurately.

I give this permission so that Seedco, the Partnering CBOs, and their employees, affiliates, subcontractors and partners can pre-screen me and my dependent(s) for and assist me and my dependent(s) in obtaining public and other benefits using the *EarnBenefits* Program.

I give permission to local or state governmental benefits-determining agencies to discuss my application progress with Seedco and its affiliates in order to determine my application status and to provide me with records and information concerning me, including but not limited to whether benefits were approved or denied, that may be under the custody and control of such local or state governmental benefits-determining agencies.

I understand that Seedco, the Partnering CBO, their employees, and affiliates shall keep any information confidential and will not reveal or give it to anyone else without my permission. I also understand that Seedco shall make reasonable efforts to ensure that its other partners in the *EarnBenefits* Program keep any information confidential and will not reveal or give it to anyone else without my permission.

I understand and agree that Seedco and its affiliates may use this information for research and reporting purposes. However, my personal information will not be revealed except as required by the lawful order or requirement of a governmental agency or court of competent jurisdiction, or as otherwise required by law.

I further certify that any information I provide will be true and accurate to the best of my knowledge.

By signing my name below I also certify that I have read this consent form or someone has read it to me. This consent will be effective unless and until I end it in a writing signed by me.

Sign Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_