

Rhode Island Department of Human Services

SNAP Delay Form

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____ @ _____

Best way to reach you Phone Mail E-mail

What Date did you Apply for SNAP? (month/day/year) _____ / _____ / _____

Did you apply online or at a field office? Online Field Office

If you applied at a field office, at which location did you apply?

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Middletown | <input type="checkbox"/> Providence | <input type="checkbox"/> Warwick |
| <input type="checkbox"/> Pawtucket | <input type="checkbox"/> Wakefield | <input type="checkbox"/> Woonsocket |

Full Social Security Number or RIBridges Case Number _____

If your address has changed since you applied for SNAP, please give us the address you used when you applied as it will help us look up your case more quickly.

Address when I applied _____

City _____ State _____ Zip Code _____