

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Applicant/Participant Name: \_\_\_\_\_

Center: \_\_\_\_\_

## **Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice / AFIS Freedom Referral**

### **Supplemental Nutrition Assistance Program (SNAP)**

If you are applying for or are in receipt of SNAP benefits and are in need of a photo identification card, you will be sent to the Automated Finger Imaging System (AFIS) operator for a photograph only. The photograph will appear on your Common Benefit Identification Card (CBIC). This is the card you use to redeem your benefits.

### **Cash Assistance Program**

If you are applying for or receiving regular or emergency Cash Assistance and you are an adult (18 years of age or older) or you are the head of household, you must enroll in the AFIS to be finger imaged. This information will be compared with other active computer files in order to assist in determining your household's eligibility for assistance and to prevent duplicate participation. If you are an adult applying for/receiving Medicaid benefits and your Medical Assistance Identification card must contain a photo image, you are required to enroll in AFIS in order to have your photograph taken only. Family Health Plus and Family Planning Benefit applicants/participants are exempt from all AFIS requirements. Please bring identification with you to the Finger Imaging Unit.

AFIS will capture your finger images and take your photograph quickly and easily. These images and photographs will be stored and matched against those of other applicants/participants. At the same time that we finger image you, we will record your signature electronically so that we can issue you a Common Benefit Identification Card (CBIC). You will need this card to redeem your benefits.

### **Cash Assistance AFIS Freedom**

Under the AFIS Freedom initiative, you can visit the Job Center nearest you, or any Job Center citywide (refer to the AFIS Directory [**W-519N**]) to comply with finger imaging requirements. Please bring identification with you to the Finger Imaging Unit.

### **The following individuals are exempt from finger imaging:**

- Supplemental Nutrition Assistance Program Applicants/Participants
- Individuals who are not applying for or receiving Cash Assistance and who are not legally responsible for any other household member who is applying for or receiving Cash Assistance.
- Individuals physically unable to comply with this requirement because of an injury or disability. However, if the condition is temporary, an appointment to return for finger imaging must be made.
- Applicants/Participants under 18 years of age unless they are the head of household.
- SSI recipients who are applying for a one-shot deal Emergency Assistance to Adults (EAA) grant (only if all members of the household are in receipt of SSI).
- Congregate Care Facility residents.
- Homebound applicants/participants.

**Failure to comply with the finger imaging requirement will result in a Cash Assistance case denial/closing. Failure to comply with finger imaging will not affect your eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits.**

**Cash Assistance Only**

- I am exempt from finger imaging because I meet one of the exemption criteria mentioned on **page 1**.
- I do **not** agree to be finger imaged. I am applying/seeking recertification for Cash Assistance and realize that, by not agreeing to be finger imaged, I will become ineligible and my case will be rejected or closed as appropriate.

Applicant's/Participant's Signature

Date

**Report to Finger Imaging Unit, \_\_\_\_ Floor** Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Applicant/Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Registry Number/Case Number: \_\_\_\_\_ DOB: \_\_\_\_\_ CIN: \_\_\_\_\_

Sex:  Male  Female

**AFIS Freedom**

**Instructions to the AFIS Operator**

**Finger Imaging Referral**  Applicant  Participant **Case Type:** \_\_\_\_\_

Job Center Number: \_\_\_\_\_

Worker's Name: \_\_\_\_\_ Worker's Telephone Number: \_\_\_\_\_

Finger Image, Photograph, and Signature

Applicant/Participant imaged under CIN \_\_\_\_\_ please transfer to CIN \_\_\_\_\_  
To transfer an AFIS image from one CIN to another, you must contact the HRA AFIS Helpdesk and provide them with the CIN the applicant/participant is imaged under and the CIN the image should be transferred to. (Complete a Finger-Imaging Routing Slip [W-519C] and place it in the designated basket to be returned to the Worker.)

Photograph and Signature Only (Payee Only CA Applicants/Participants)

Identification Only (Please verify identity)

**Photo Identification - SNAP and Medicaid only**

Photograph and Signature Only for Medicaid or SNAP Applicants/Participants