

ABBREVIATIONS/ACRONYMS

<b>ACP</b>	Address Confidentiality Program
<b>ADAPT</b>	Application Benefit Delivery Automation Project
<b>ADH</b>	Administrative Disqualification Hearing
<b>APECS</b>	Automated Program to Enforce Child Support
<b>ATP</b>	Authorization to Participate
<b>BEERS</b>	Benefit Exchange Earnings Report
<b>BENDEX</b>	Beneficiary Data Exchange
<b>CSR</b>	Customer Service Representative
<b>DCSE</b>	Division of Child Support Enforcement
<b>DMV</b>	Department of Motor Vehicles
<b>DRS</b>	Disqualified Recipient Subsystem
<b>DSNAP</b>	Disaster Supplemental Nutrition Assistance Program
<b>EBT</b>	Electronic Benefits Transfer
<b>EW</b>	Eligibility Worker
<b>FIPS</b>	Federal Information Processing Standard
<b>FmHA</b>	Farmers Home Administration
<b>FNS</b>	Food and Nutrition Service
<b>GR</b>	General Relief – Unattached Child
<b>HUD</b>	Department of Housing and Urban Development
<b>IDA</b>	Individual Development Account
<b>IEVS</b>	Income Eligibility Verification System
<b>INA</b>	Immigration and Naturalization Act
<b>INS</b>	Immigration and Naturalization Service
<b>IPV</b>	Intentional Program Violation
<b>IRS</b>	Internal Revenue Service
<b>LIHEAP</b>	Low Income Home Energy Assistance Program
<b>NA</b>	Nonassistance
<b>ORR</b>	Office of Refugee Resettlement
<b>PA</b>	Public Assistance
<b>PIN</b>	Personal Identification Number
<b>POS</b>	Point-of-Sale
<b>QA</b>	Quality Assurance
<b>SAVE</b>	Systematic Alien Verification for Entitlement
<b>SDX</b>	State Data Exchange
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SNAPET</b>	SNAP Employment and Training Program
<b>SOLQ-I</b>	State Online Query - Internet
<b>SPIDeR</b>	Systems Partnering in a Demographic Repository
<b>SSA</b>	Social Security Administration
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>SVES</b>	State Verification Exchange System
<b>TANF</b>	Temporary Assistance for Needy Families
<b>USDA</b>	United States Department of Agriculture
<b>USCIS</b>	United States Citizenship and Immigration Services

ABBREVIATIONS/ACRONYMS

<b>VA</b>	Veterans Administration
<b>VaCAP</b>	Virginia Combined Application Project
<b>VDSS</b>	Virginia Department of Social Services
<b>VEC</b>	Virginia Employment Commission
<b>WIA</b>	Workforce Investment Act

Unless otherwise defined in specific chapters of this manual, terms defined in this section will apply whenever the term is used.

Administrative Disqualification Hearing (ADH) - An administrative disqualification hearing is an impartial review by a hearings officer of a household member's actions to determine whether or not the member committed an Intentional Program Violation (IPV).

Application - The official request for SNAP benefits. An application may be classified as an initial or new application, a reapplication, or a recertification. See also entries for the application classifications.

Disabled Person - The definition of a disabled person that follows must be used for the:

- Determination of group home eligibility;
- Allowance of medical expenses;
- Allowance of unlimited shelter expenses
- Use of net-only income limits in determining income eligibility;
- Evaluation of conditionally-eligible immigrants;
- Allowance of the \$3,000 resource limit;
- Allowance of a 24-month certification period; and
- Exemption from 6-month interim reporting requirements.

A disabled person is one who:

- a. Is certified to receive or is actually receiving Supplemental Security Income (SSI) benefits or disability or blindness payments under one of the following titles of the Social Security Act:
  1. Title I, Grants to States for Old Age Assistance and Medical Assistance for the Aged;
  2. Title II, Federal Old Age, Survivors, and Disability Insurance Benefits;
  3. Title X, Grants to States for Aid to the Blind;
  4. Title XIV, Grants to States for Aid to the Permanently and totally Disabled; or,
  5. Title XVI, Supplemental Security Income for the Aged, Blind and Disabled.

This includes SSI presumptive disability payments (regular SSI Benefits for a three-month period paid to persons who will most likely meet SSI disability criteria), and SSI emergency advance payments (a single \$100 SSI payment provided to persons who appear to meet the SSI eligibility criteria who are considered in need of immediate assistance).
- b. Is certified to receive or receives an Auxiliary Grant.
- c. Is certified to receive or receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221 of the Social Security Act.

10/09

VOLUME V, PAGE 2

- d. Is certified to receive or receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible to receive Medicare by the Railroad Retirement Board; or Section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used under Title XVI of the Social Security Act.
- e. Is a veteran with a service-connected or nonservice-connected disability rated or paid as total (100%), or is considered in need of regular aid and attendance or permanently housebound under Title 38 of the U.S. Code.
- f. Is a surviving spouse of a veteran and considered in need of aid and attendance or permanently housebound or a surviving child of a veteran and considered to be permanently incapable of self-support under Title 38 of the U. S. Code.
- g. Is a surviving spouse or child of a veteran and entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death under Title 38 of the U. S. Code and has a disability considered permanent under the Social Security Act. For the purpose of this chapter, "entitled" means those veterans' surviving spouses and children who are receiving the compensation or benefits stated or have been approved for such payments, but are not receiving them.

For any household member claiming a permanent disability that is questionable, i.e., not apparent to the EW under this item of the definition of disability, the household shall, at the local agency's request, provide a statement from a physician or licensed or certified psychologist to assist the local agency in making a disability determination.

- h. Is a recipient of disability related medical assistance under Title XIX of the Social Security Act.
- i. Is a recipient of Federal Employee Compensation Act (FECA) payments for permanently disabled employees who opt for FECA benefits in lieu of Civil Service Retirement benefits. Temporary FECA payments to people temporarily injured on the job do not satisfy the definition of disability.

A less restrictive definition of disability is used for other policies such as the work requirement, work registration, and student identification and eligibility.

Disqualified Recipient Subsystem (DRS) - A nationwide central database of persons who have committed Intentional Program Violations (IPV).

Homeless Household - A household that lacks a fixed and regular nighttime residence or a household whose primary nighttime residence is:

- a. A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or emergency shelter);
- b. A halfway house or similar institution that provides temporary residence for individuals who would otherwise be in an institution;

- c. A temporary accommodation in the residence of another. (Temporary is defined here as having been in the home for not more than 90 days as of the date of application); or
- d. A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., as a park, bus station, hallway, lobby or similar places).

Initial or New Application - The first application for SNAP benefits filed in a locality by a household. If the household subsequently moves to another locality, the first application taken in the new locality is also a new application.

Intentional Program Violation (IPV) - An intentional program violation consists of any action by an individual of having intentionally:

- a. Made a false or misleading statement to the local agency, orally or in writing, to obtain benefits to which the household is not entitled. An IPV may exist for an individual even if the agency denies the household's application;
- b. Concealed information or withheld facts to obtain benefits to which the household is not entitled; or
- c. Committed any act that constitutes a violation of the Food and Nutrition Act, SNAP regulations, or any State statutes relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP access devices.

An IPV is also any action where an individual knowingly, willfully and with deceitful intent uses SNAP benefits to buy nonfood items, such as alcohol or cigarettes, uses or possesses improperly obtained access devices, or trades or sells access devices.

Migrant Farm Worker - A farm worker who had to travel for farm work and who was unable to return to the permanent residence within the same day. See also Seasonal Farm Worker.

PA Case - A public assistance (PA) SNAP case is any case in which all household members receive or are authorized to receive income from the Temporary Assistance for Needy Families (TANF), **General Relief – Unattached Child** (GR) or Supplemental Security Income (SSI) Program. Any case that contains at least one member who does not receive TANF, **GR - Unattached Child** or SSI is a nonassistance (NA) SNAP case. "Authorized to receive" income includes instances when approved benefits are not accessed, are suspended or recouped, or are less than the minimum amount for the agency to issue a payment.

Households that receive TANF Diversionary Assistance payments will be considered a PA case for as long as the diversionary assistance is intended to cover. The month after the diversionary assistance period of ineligibility expires will be when the PA status ends.

A PA case also includes a case in which any member receives or is authorized to receive a service from a program funded by the TANF block grant. Service programs must derive more than 50 percent of their funding from the TANF block grant or from state funds intended to meet the Maintenance of Effort (MOE) for TANF funding. (The VIEW Transitional Payment is

state-funded to meet the MOE obligation.) These programs must be for the purposes of:

- a. assisting needy families;
- b. promoting job preparation, work and marriage;
- c. preventing or reducing out-of-wedlock pregnancies, provided the program imposes a 200 percent of poverty income guideline; or
- d. promoting two-parent families, provided the program imposes a 200 percent of poverty income guideline.

A child removed from the TANF grant because of noncompliance with school attendance requirements continues to be a PA recipient, for SNAP purposes, as long as the TANF case status remains active.

A case will be a PA unit as long as each household member derives some income from TANF, **GR - Unattached Child** or SSI or at least one person receives a TANF service, which benefits the entire household. A case will also be a PA case as long as the PA income counts toward SNAP eligibility or benefit amount, such as in the case of the Noncompliance with Other Programs policy of Part XII.D.

Reapplication - A reapplication is processed as an initial or new application. A reapplication is:

- a. An application that is filed after an adverse or negative action. An adverse or negative action is a denial of an application or termination of an ongoing case.
- b. An application filed when more than a calendar month has elapsed after the last certification end date.

Recertification - The term recertification may refer to an application or the process of renewing eligibility and entitlement to benefits. A recertification application is an application filed before the certification end date or in the calendar month after the certification end date, provided the application does not follow an action to close the case.

Seasonal Farm Worker - An individual employed by another in agricultural work of a seasonal or other temporary nature. This includes employment on a farm or ranch performing fieldwork such as planting, cultivating or harvesting, or employment in related activities such as canning, packing, seed conditioning or related research, or processing operations.

Trafficking - The buying or selling Electronic Benefits Transfer (EBT) cards or benefits for cash or consideration other than eligible food; or for the exchange of firearms, ammunition, explosives, or controlled substances.

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
Adequate Notice	<a href="#">14.E</a>
exceptions to sending notice	<a href="#">14.D</a>
Administrative Disqualification Hearings (ADH)	
attendance at ADH	<a href="#">19.R(1)</a>
conduct of the ADH	<a href="#">19.R</a>
implementation of ADH decision	<a href="#">19.T</a>
initiation of the ADH	<a href="#">19.P</a>
introduction to ADH	<a href="#">19.O</a>
notification of ADH decision	<a href="#">19.S</a>
responsibility of agency	<a href="#">19.R(4)</a>
responsibility of hearing officer	<a href="#">19.R(2)</a>
rights of household	<a href="#">19.R(3)</a>
scheduling the ADH	<a href="#">19.Q</a>
Advance Notice of Proposed Action	<a href="#">14.D</a>
exceptions to sending notice	<a href="#">14.D</a>
Aliens (See Immigrants)	<a href="#">7.F</a>
Allotment Reduction to Repay Claim	<a href="#">17.F(1)</a>
Allotment Tables	<a href="#">23.B</a>
Appeals (See Hearings)	
Application Processing	<a href="#">2.A</a>
agency action	<a href="#">2.B</a>
after application date	<a href="#">2.B(3)</a>
at initial contact	<a href="#">2.B(1)</a>
on application filing date	<a href="#">2.B(2)</a>
availability of form	<a href="#">2.B</a>
categorical eligibility	<a href="#">2.G(3)</a>
certification notices	<a href="#">2.I</a>
contacting wrong locality	<a href="#">2.B(5)</a>
contacting other states	<a href="#">2.E(3)</a>
delays in processing	<a href="#">2.F</a>
filing	<a href="#">2.B</a>
household cooperation	<a href="#">2.C</a>
new application (definition)	<a href="#">Definitions</a>
online applications	<a href="#">2. Appendix II</a>
prior participation in another locality	<a href="#">2.E(3)</a>
prorating benefits	<a href="#">13.D</a>
reapplication (definition)	<a href="#">Definitions</a>
recertification (definition)	<a href="#">Definitions</a>
reinstatements	<a href="#">2.F(5)</a>
time standards	<a href="#">2.E</a> ; <a href="#">5.C</a>
use of same application for two decisions	<a href="#">13.A</a>
verification requirements	<a href="#">3.A</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
withdrawing	<a href="#">2.B(4)</a>
Authorized Representatives	
documentation and control	<a href="#">2.H(4)</a>
group living arrangements	<a href="#">2.H(6)</a>
making application	<a href="#">2.H(1)</a>
restrictions on appointment	<a href="#">2.H(3)</a>
treatment centers	<a href="#">2.H(5)</a>
using benefits	<a href="#">2.H(2)</a>
Battered Women's Shelters	<a href="#">7.C</a>
Benefit Use	<a href="#">1.C</a>
Boards	
cost of doing business	<a href="#">12.B(2)</a>
definition of	<a href="#">6.B(1)</a>
income from	<a href="#">12.B(1)</a>
making boarder determination	<a href="#">6.B(2)</a>
Calculating Benefits for Large Households	<a href="#">23.A</a>
Cancellation of Benefits	
definition of	<a href="#">21.B(2)</a>
operating procedures	<a href="#">21.E</a>
Categorical eligibility	<a href="#">2.G(3)</a>
Certification Notices	
initial and reapplication	<a href="#">2.I(1)</a> ; <a href="#">4.B</a>
recertification	<a href="#">2.I(2)</a> ; <a href="#">4.B</a>
Certification Periods	<a href="#">4.A</a>
adjusting periods for Transitional Benefits	<a href="#">4.D(3)</a>
lengthening periods	<a href="#">4.D(2)</a>
shortening periods prohibited	<a href="#">4.D(1)</a>
Changes During Certification Period	
agency action on changes	<a href="#">14.A(2)</a>
changes in public assistance	<a href="#">14.A(3)</a>
failure to report changes	<a href="#">14.A(5)</a>
mass changes	<a href="#">14.A(4)</a>
pending applications	<a href="#">14.B</a>
reduction due to disqualification	<a href="#">14.A(6)</a>
required to report	<a href="#">14.A(1)</a>
termination due to disqualification	<a href="#">14.A(6)</a>
time frame for reporting changes	<a href="#">14.A.</a>
Child Support Expense	<a href="#">10.A(6)</a>
verification of	<a href="#">3.A(1)</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
Citizenship	<a href="#">7.F</a>
verification of	<a href="#">7.F(3)</a> ; <a href="#">3.A</a>
Claims/Overissuances	
calculating claim amount	<a href="#">17.C</a>
changes in household composition	<a href="#">17.I</a>
delinquency	<a href="#">17.J</a>
discharged through bankruptcy	<a href="#">17.P</a>
establishing	<a href="#">17.D</a>
general description	<a href="#">17.A</a>
initiating collection	<a href="#">17.E</a>
methods of collecting	<a href="#">17.F</a>
offsetting restored benefits	<a href="#">16.B(5)</a> ; <a href="#">17.F(5)</a>
submission of payments	<a href="#">17.Q</a>
terminating collection	<a href="#">17.K</a>
types of claims	<a href="#">17.B</a>
Collateral Contacts	<a href="#">3.A(3)</a>
Combined Application Project	<a href="#">2. Appendix III</a>
Computation of Gross and Net Income	<a href="#">13.C</a>
Contract Income	<a href="#">12.F</a>
Cooperation of Household	<a href="#">2.C</a>
Day Care Providers	<a href="#">12.A(7)</a>
Deductions	
child support	<a href="#">10.A(6)</a>
dependent care	<a href="#">10.A(3)</a>
earned income	<a href="#">10.A(2)</a>
evaluating expenses that result in deductions	<a href="#">13.B</a>
homeless shelter allowance	<a href="#">10.A(7)</a>
medical	<a href="#">10.A(5)</a>
shelter	<a href="#">10.A(4)</a>
standard	<a href="#">10.A(1)</a>
verification of	<a href="#">10.B</a> ; <a href="#">3.A.(1)</a>
Dependent Care Expense	<a href="#">10.A(3)</a>
verification of	<a href="#">3.A(1)</a>
Destitute	
definition of	<a href="#">5.F</a>
Disability	
definition of	<a href="#">Definitions</a>
verification of	<a href="#">3.A(1)</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
Disaster SNAP Benefits	<a href="#"><u>20</u></a>
Disclosing Information	<a href="#"><u>1.H</u></a>
Disqualified Persons	
allowable deductions	<a href="#"><u>12.E(3)</u></a>
income of	<a href="#"><u>12.E(2)</u></a>
eligibility/benefit level	<a href="#"><u>12.E(4)</u></a>
nonhousehold members	<a href="#"><u>6.C(2)</u></a>
resources of	<a href="#"><u>12.E(1)</u></a>
Documentation	<a href="#"><u>3.C</u></a>
Drug/Alcohol Treatment Centers	
authorized representatives	<a href="#"><u>2.H(5)</u></a>
participation in Food Stamps	<a href="#"><u>7.C(1)</u></a>
residents of	<a href="#"><u>7.C(1)</u></a>
responsibilities of	<a href="#"><u>6.E(1)</u></a>
Earned Income	<a href="#"><u>11.C</u></a>
deduction	<a href="#"><u>10.A(2)</u></a>
Educational Benefits	<a href="#"><u>11.F(16)</u></a>
Ethnic Codes	<a href="#"><u>1.F</u></a>
Excluded Income	<a href="#"><u>11.F</u></a>
Expedited Services	
certification procedures	<a href="#"><u>5.E</u></a>
checklist	<a href="#"><u>24</u></a>
entitlement to	<a href="#"><u>5.A</u></a> ,
identifying expedited households	<a href="#"><u>5.B</u></a>
migrants and seasonal farm workers	<a href="#"><u>5.A(2)</u></a> ; <a href="#"><u>5.F</u></a>
processing standards	<a href="#"><u>5.C</u></a>
verification procedures	<a href="#"><u>5.D</u></a>
Expenses (See Deductions)	
Family Based Social Services Policy	<a href="#"><u>1.J</u></a>
FIPS Codes	<a href="#"><u>1.APPENDIX I</u></a>
Forms	<a href="#"><u>24</u></a>
Foster Care Children	<a href="#"><u>6.A</u></a>
Fraud Claims (See Intentional Program Violation Claims)	

2/11

VOLUME V, PAGE 5

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
Gross Income Limits	<a href="#">11.A</a>
Group Living Arrangements	
authorized representatives	<a href="#">2.I(6)</a>
eligibility of residents	<a href="#">7.C(3)</a>
responsibilities of	<a href="#">6.E(2)</a>
Head of Household	<a href="#">6.D</a>
Hearings	
administrative disqualification hearings	<a href="#">19.O</a>
conference with client	<a href="#">19.E</a>
decision implementation	<a href="#">19.N</a> ; <a href="#">19.T</a>
definitions	<a href="#">19.A(2)</a>
denial/dismissal of request for	<a href="#">19.I</a>
duties of hearing officer	<a href="#">19.L</a>
events of	<a href="#">19.K</a>
participation during appeal process	<a href="#">19.F</a>
procedure	<a href="#">19.J</a>
request for	<a href="#">19.C</a>
responsibilities of hearing authority	<a href="#">19.H</a>
right of appeal	<a href="#">19.B</a>
role of DSS Commissioner	<a href="#">19.A(1)</a>
summary of facts	<a href="#">19.G</a>
time limit for requesting	<a href="#">19.D</a>
History of SNAP	<a href="#">1.B</a>
Home Visits	<a href="#">3.A(3)</a>
Homeless Households	
Definition of	<a href="#">Definitions</a>
Shelter Standard	<a href="#">10.A(7)</a>
Households	
eligibility and benefit levels	<a href="#">13.A</a>
children in foster care	<a href="#">6.A(3)</a>
composition	<a href="#">6.A</a> ; <a href="#">13.A(1)</a>
general criteria	<a href="#">6.A(1)</a>
individuals frequently away from home	<a href="#">6.A(6)</a>
required household members	<a href="#">6.A(2)</a>
Identity	
verification of	<a href="#">3.A(1)</a> ; <a href="#">5.D</a>
IEVS (Income Eligibility Verification System)	<a href="#">3.F</a>
advance notice requirements	<a href="#">14.D</a>
Immigrants	
conditionally eligible	<a href="#">7.F(2)</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
eligible immigrants	<a href="#">7.F(1)</a>
qualified	<a href="#">7.F(2)</a>
reporting illegal immigrants	<a href="#">7.F(5)</a>
sponsored	<a href="#">12.C</a>
verification of	<a href="#">3.A</a> ; <a href="#">7.F(2)</a>
In	Kind Benefits
<a href="#">11.F(3)</a>	
Income	
anticipating income	<a href="#">13.A(3)</a>
contract income	<a href="#">12.F</a>
converting income to monthly amounts	<a href="#">13.A(3)</a>
countable	<a href="#">11.B</a>
earned income	<a href="#">11.C</a>
educational income	<a href="#">11.F(16)</a>
eligibility standards	<a href="#">11.A</a>
excluded household members' income	<a href="#">11.G</a>
excluded income	<a href="#">11.F</a>
military	<a href="#">11.D</a>
unearned income	<a href="#">11.E</a>
verification of	<a href="#">3.A(1)</a>
Income Eligibility Verification System (IEVS)	<a href="#">3.F</a>
advance notice requirements	<a href="#">14.C</a>
Interim Report Filing	
exemptions from filing	<a href="#">14.C(1)</a>
report filing	<a href="#">14.C(2)</a>
Issuance of Benefits	<a href="#">1.C</a>
Interviews	<a href="#">2.D</a> ; <a href="#">4.C(3)</a>
Joint Ownership of Property	<a href="#">9.C</a>
Joint Processing	<a href="#">2.G</a>
Legal Aid Projects	<a href="#">19,APPENDIX I</a>
Loans	<a href="#">11.F(5)</a>
verification of	<a href="#">3.A(1)</a> ; <a href="#">3.D</a>
Lump Sums	<a href="#">11.F(9)</a>
Medical Expenses/Deduction	<a href="#">10.A(5)</a>
evaluating expenses	<a href="#">13.B(4)</a>
verification of	<a href="#">3.A</a> ; <a href="#">3.D</a>
Migrants and Seasonal Farm workers	

2/11

VOLUME V, PAGE 7

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
definition of	<a href="#">Definitions</a>
destitute definition	<a href="#">5.F</a>
expedited criteria	<a href="#">5.A</a>
Military Income	<a href="#">11.D</a>
Net Income Limits	<a href="#">11.A</a>
Nondiscrimination	<a href="#">1.E</a>
complaints	<a href="#">1.E(1)</a>
public notification	<a href="#">1.E(2)</a> ; <a href="#">1.I</a>
Nonfinancial eligibility criteria	<a href="#">7.A</a>
Nonhousehold Members	<a href="#">6.C</a>
Notice of Expiration	<a href="#">4.C(1)</a> ; <a href="#">24.</a>
Notice to Client of Eligibility, Denial or Pending Status	<a href="#">1.J</a> ; <a href="#">4.B</a>
Odd Supplemental Allotments (\$1, \$3, and \$5)	<a href="#">14.F</a> ; <a href="#">23.A</a>
Opportunity to participate	<a href="#">2.E(1)</a>
Overissuance (See Claims)	
Parental Control	<a href="#">6.A(2)</a>
Participation in More Than One Unit	<a href="#">6.A.</a>
Personnel	<a href="#">1.D</a>
Posters and Pamphlets	<a href="#">1.I</a>
Principal Wage Earner	<a href="#">6.D</a>
Processing Standards	
delays	<a href="#">2.F</a>
denying application	<a href="#">2.E(2)</a>
expedited	<a href="#">5.C</a>
normal	<a href="#">2.E</a>
opportunity to participate	<a href="#">2.E(1)</a>
prior participation in another locality	<a href="#">2.E(3)</a>
recertification	<a href="#">4.C(5)</a>
Program Information Activities	<a href="#">1.I</a>
Proration of Benefits	<a href="#">13.D</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
Prudent Person Concept	<a href="#">1.K</a>
Public Assistance SNAP Case	<a href="#">Definitions</a>
Public Assistance Penalty Income	<a href="#">12.D</a>
Purpose of SNAP	<a href="#">1.A</a>
Quality Assurance Reviews	<a href="#">26.A</a>
cooperation with review	<a href="#">2.C</a>
Questionable Information	<a href="#">3.A(2)</a>
Racial Codes	<a href="#">1.F</a>
Recertification	
household failure to act	<a href="#">4.C(6)</a>
interviews	<a href="#">4.C(3)</a> ; <a href="#">4.C(6)</a>
mandatory review for 24	month period
<a href="#">4.C(8)</a>	
processing standards	<a href="#">4.C(2)</a> ; <a href="#">4.C(5)</a>
timely application	<a href="#">4.C(2)</a> ; <a href="#">4.C(5)</a>
verification requirements	<a href="#">3.D</a>
Reduction, Suspension or Cancellation of	
Benefits	<a href="#">21.C</a> ; <a href="#">21.D</a>
definitions	<a href="#">21.B</a>
operating procedures	<a href="#">21.E</a>
Reduction, Termination due to	
Disqualification	<a href="#">14.A(6)</a>
Reinstatements	<a href="#">2.F(5)</a>
Rental Property Income	<a href="#">11.C(2)</a> ; <a href="#">11.E(6)</a>
Replacement	
benefit replacement	<a href="#">18.B</a>
EBT card	<a href="#">18.A</a>
card replacement fee	<a href="#">18.A(3)</a>
crediting fee	<a href="#">18.A(4)</a>
food destroyed in a disaster	<a href="#">18.C</a>
Request for Contact	<a href="#">14.A(2)</a> ; <a href="#">24</a>
Residency	<a href="#">7.B</a>
verification of	<a href="#">3.A(1)</a>
Residents of Institutions	<a href="#">7.C</a> ; <a href="#">6.E</a>
eligible residents	<a href="#">7.C(1)</a>

SUBJECT

PART.CHAPTER(SUBPART)

Resources

exempt resources

[9.D](#)

handling of exempt funds

[9.E](#)

joint bank accounts

[9.C](#)

limits

[9.B](#)

nonexempt resources

[9.C](#)

transfer of resources

[9.F](#)

value of

[9.A](#)

verification of

[3.A\(1\)](#)

Responsibility for Obtaining Verification

[3.B](#)

Restoration of Lost Benefits

changes in household composition

[16.E](#)

computation of

[16.B](#)

disputed amount

[16.G](#)

general description

[16.A](#)

method of restoring

[16.C](#)

offsetting against overpayment

[16.B\(5\)](#)

record keeping

[16.F](#)

restoring benefits to households not residing  
in the

locality

[16.D](#)

Retention of Cases When Households Leave  
Locality

[14.A\(7\)](#)

Retention of Records

[1.G](#)

SAVE

[7.F\(3\)](#); [7 APPENDIX II](#)

Seasonal Farm worker (See also Migrant  
Farm worker)

definition of

[Definitions](#)

Self

employment Income

allowable costs for day care providers

[12.A\(7\)](#)

allowable costs of producing

[12.A\(5\)](#)

averaging

[12.A](#); [12.F](#)

boarders

[12.B](#)

capital gains

[12.A\(4\)](#)

costs not allowed

[12.A\(6\)](#)

definition of

[12.A\(1\)](#)

depreciation

[12.A\(9\)](#)

determining monthly income

[12.A\(3\)](#)

net loss from farming or fishing

[12.A\(8\)](#)

Shelter Expenses/Deduction

[10.A\(4\)](#)

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
verification of	<a href="#">3.A(1)</a>
Shelters for Battered Women and Children	<a href="#">7.C</a>
Sick Pay as Income	<a href="#">11.C(1)</a>
SNAP Employment and Training Program	SNAPET (Also see Work Registration)
<a href="#">8.A: 25</a>	
appeals/hearings	<a href="#">25.J</a>
assessment	<a href="#">25.C</a>
changes/transfers	<a href="#">25.G</a>
contracts	<a href="#">25.H</a>
local plans	<a href="#">25.L</a>
program components	<a href="#">25.D</a>
referral	<a href="#">25.B</a>
sanctions	<a href="#">25.I</a>
social/supportive services	<a href="#">25.E</a>
statistics and reporting	<a href="#">25.K</a>
volunteers	<a href="#">25.F</a>
Social Security Numbers	
ending disqualification	<a href="#">7.G(5)</a>
failure to comply	<a href="#">7.G(3)</a>
good cause for noncompliance	<a href="#">7.G(4)</a>
obtaining a number	<a href="#">7.G(2)</a>
requirements for participation	<a href="#">7.G(1)</a>
verification of	<a href="#">3.A(1)</a>
Strikers	
definition of	<a href="#">7.D(1)</a>
determining eligibility:	initial certification
<a href="#">7.D(2)</a>	ongoing cases
<a href="#">7.D(3)</a>	changes in status
<a href="#">7.D(4)</a>	
Students	
definition of	<a href="#">7.E(1)</a>
earnings of children	<a href="#">11.F(8)</a>
educational income	<a href="#">11.F(16)</a>
exemptions	<a href="#">7.E(2)</a>
income, resources of ineligible students	<a href="#">11.G</a>
Supplemental Allotments	<a href="#">14.A(2)</a>
Suspension	<a href="#">14.A(2)</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
Telephone Expense as a Shelter Cost	<a href="#">10.A(4)</a>
Training Allowances as Income	<a href="#">11.C(3)</a>
Transfer of SNAP Cases	
exceptions	<a href="#">14.A(8)(b)</a>
receiving agency	<a href="#">14.A(8)(d)</a>
transferring agency	<a href="#">14.A(8)(e)</a>
Transitional Benefits for Former TANF Recipients	
benefit calculation	<a href="#">12.H(2)</a>
eligibility	<a href="#">12.H(1)</a>
procedures	<a href="#">12.H(3)</a>
Underpayments (See Restoration)	
Unearned Income	<a href="#">11.E</a>
Utility Standard	<a href="#">10.A(4)</a>
VaCAP (Virginia Combined Application Project)	<a href="#">2. Appendix III</a>
Vendor Payments	<a href="#">11.F(3)</a>
Verification	
at application	<a href="#">3.A</a>
changes during certification period	<a href="#">3.E</a> ; <a href="#">14.A(2)</a>
checklist	<a href="#">3.A(4)</a> ; <a href="#">24</a>
expedited	<a href="#">5.D</a>
Interim Report	<a href="#">14.A(8)</a>
mandatory	<a href="#">3.A(1)</a>
questionable information	<a href="#">3.A(2)</a>
recertification	<a href="#">3.D</a> ; <a href="#">4.C</a>
responsibility for obtaining	<a href="#">3.B</a>
sources of	<a href="#">3.A.(3)</a>
Virginia Combined Application Project (VaCAP)	<a href="#">2. Appendix III</a>
Voluntary Quit	
at application	<a href="#">8.B(3)</a>
determination of	<a href="#">8.B(2)</a>
ending disqualification	<a href="#">8.B(6)</a>
exemptions from provisions	<a href="#">8.B(1)</a>
for participating households	<a href="#">8.B(4)</a>
good cause	<a href="#">8.B(7)</a>
household composition changes after	<a href="#">8.B(5)</a>

<u>SUBJECT</u>	<u>PART.CHAPTER(SUBPART)</u>
sanction	
sanction periods for	<a href="#">8.C</a>
verification of	<a href="#">8.B(8)</a>
Voter Registration	<a href="#">2. Appendix I</a>
Wages as Income	<a href="#">11.C(1)</a>
held by an employer	<a href="#">12.G</a>
Work Reduction	
at application	<a href="#">8.B(3)</a>
determination of	<a href="#">8.B(2)</a>
ending disqualifications	<a href="#">8.B(6)</a>
exemptions from provisions	<a href="#">8.B(1)</a>
for participating households	<a href="#">8.B(4)</a>
good cause	<a href="#">8.B(7)</a>
household composition changes after	<a href="#">8.B(5)</a>
sanction	
sanction periods for	<a href="#">8.C</a>
verification of	<a href="#">8.B(8)</a>
Work Registration	
exemptions from	<a href="#">8.A(1)</a>
method and frequency of	<a href="#">8.A(2)</a>
noncompliance with	<a href="#">8.A(4)</a>
sanction periods for	<a href="#">8.C</a>
Work Requirement	
general provisions	<a href="#">15.A</a>
exempt localities	<a href="#">15. Appendix 1</a>
exemptions from	<a href="#">15.B</a>
regaining eligibility	<a href="#">15.C</a>

PART I	INTRODUCTION	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	PURPOSE OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	1
B.	HISTORY OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM	1
C.	BENEFIT ISSUANCE AND USE	1-2
D.	PERSONNEL AND OFFICE OPERATIONS	3
E.	NONDISCRIMINATION	3
	1. Discrimination Complaints	4-5
	2. Public Notification	5
	3. Annual Training	5
	4. Reasonable Accommodations	5-6
F.	COLLECTION OF RACIAL/ETHNIC GROUP DATA	6
G.	RETENTION OF RECORDS	6-7
H.	DISCLOSURE OF INFORMATION	7-8
I.	PROGRAM INFORMATIONAL ACTIVITIES	8
	1. Booklets/Pamphlets	8-9
	2. Posters	9
	3. Other Required Activities	9
J.	<b>STRENGTHENING FAMILIES INITIATIVE</b>	9-10
K.	PRUDENT PERSON CONCEPT	10
L.	PRE-APPLICATION ELIGIBILITY DETERMINATION/ DISCUSSION PROHIBITED	10
APPENDIX I	FIPS CODE DIRECTORY	1
<b>APPENDIX II</b>	<b>VIRGINIA DEPARTMENT OF SOCIAL SERVICES PRACTICE MODEL</b>	<b>1-2</b>

#### A. PURPOSE OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

A goal of the Supplemental Nutrition Assistance Program (SNAP) is to reduce hunger and increase food security. The Program permits low-income households to have a more nutritious diet through normal channels of trade by increasing the food purchasing power for eligible households. The Program also provides food when there is a disaster.

This manual provides SNAP certification procedures for Virginia. The Virginia Electronic Benefits Transfer (EBT) Policy and Procedures Guide provides guidance for the issuance of EBT cards to eligible households.

#### B. HISTORY OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The Food Stamp Program started in four Virginia localities (Lee, Wise, Dickenson and the City of Norton) during the pilot phase of its development before the establishment of the permanent program on a national basis. Through requests to operate the Program from local governing bodies, more than 70 localities in Virginia expanded the Program by June 1974. President Nixon signed the Farm Bill into law in August 1973 that required nationwide implementation of the Food Stamp Program effective July 1, 1974. Nationwide implementation of the Food Stamp Program eliminated the Surplus Commodity Program which was an alternate food program available to localities.

The Food Stamp Act of 1964 authorized the Food Stamp Program on a permanent basis. The Food Stamp Act of 1977 and subsequent amendments amended the 1964 Act and is the basis of the current Supplemental Nutrition Assistance Program. Provisions of the Food, Conservation and Energy Act of 2008 renamed the Food Stamp Act of 1977, as amended, to the Food and Nutrition Act of 2008 and renamed the Food Stamp Program as the Supplemental Nutrition Assistance Program (SNAP).

The U.S. Department of Agriculture administers SNAP nationally through the Food and Nutrition Service (FNS). In Virginia, local departments of social services operate the Program at the county/city level under the supervision of the Virginia Department of Social Services.

#### C. BENEFIT ISSUANCE AND USE

Eligible households receive SNAP benefits electronically. Households receive a plastic EBT card with a magnetic stripe and use a personal identification number (PIN) to access the benefits.

The local agency must inform eligible households how to access their benefits through EBT, **note when benefits will be available**, and **explain** the proper use of the benefits, as described in this chapter. The agency must also assist households who have difficulty in accessing their SNAP benefits, such as households comprised of elderly or disabled members, homeless households or those without a fixed mailing address. For example, the agency might assist an elderly person who is housebound in finding an authorized representative who might access the household's benefit account and shop for groceries on behalf of the household. To ensure timely participation,

the agency should issue a vault card to Address Confidentiality Program participants who elect to use a substitute mailing address. See Part VII.B.

When households reapply for benefits or renew their eligibility, the EW must determine through discussion with the household if another EBT card is needed.

The Cardholder, the Case Name or authorized representative, should sign the EBT card upon receipt. Eligible households may use the EBT card at any retail store or other food vendor authorized by USDA to accept SNAP benefits. Authorized retailers may display a sign indicating authorization that reads, "We accept SNAP Benefits" or similar language, or that displays the QUEST logo.

In certain circumstances, eligible households may use SNAP benefits to purchase meals through:

- nonprofit meal delivery services, such as Meals-On-Wheels, or feeding sites for the elderly;
- authorized drug addiction and alcoholic treatment and rehabilitation centers;
- certain group living arrangements;
- shelters for battered women and children; and
- authorized nonprofit establishments that feed homeless persons and restaurants authorized to accept SNAP benefits.

Households may purchase any food or food product for human consumption with SNAP benefits. Households may also purchase seeds and plants for use in gardens to produce food for the personal consumption by the eligible household.

Households may not use SNAP benefits to purchase or pay for the following:

- alcoholic beverages or tobacco;
- hot foods ready for immediate consumption or food to eat on the store's premises;
- pet foods, soap products, paper products, or other non-food items usually available in a grocery store; or
- to pay back grocery bills.

During the certification interview, the EW should advise the applicant to separate eligible items from ineligible ones at the checkout counter, when making purchases using SNAP benefits, unless the store is electronically programmed to identify eligible and ineligible items. The household should also advise the cashier beforehand of the intent to use SNAP benefits if electronic programming is not available to denote SNAP benefits or when the household will use EBT in conjunction with other payment methods.

Field offices for the USDA are responsible for authorizing retailers to accept SNAP benefits and are responsible for ensuring compliance of SNAP regulations by retailers. The Richmond Field Office (637) is responsible for Virginia localities. Contact information is:

Food and Nutrition Service, USDA  
1606 Santa Rosa Road, Suite 129  
Richmond, Virginia 23229

Telephone: (804) 287-1710  
Fax: (804) 287-1726

D. PERSONNEL AND OFFICE OPERATIONS (7 CFR 272.4(a))

The local agency must provide qualified employees necessary to take prompt action on all applications. Local agency employees who certify households for participation in the Supplemental Nutrition Assistance Program must meet the same personnel standards as those used by the local agency for personnel who certify applicants for benefits under the federally aided public assistance programs. Only qualified local agency employees may conduct the interview of applicant households required by Part II.D and determine the household's eligibility or ineligibility and the level of benefits. In addition, only authorized employees or agents of the state or local agency, or a local issuing agency may have access to EBT cards or the EBT administrative terminal.

The local agency must provide timely, accurate, and fair service to SNAP applicants and participants. Each local agency must establish office procedures and operations that accommodate the needs of the populations it serves. Populations with special needs may include households with elderly or disabled members, homeless households, households with members who are not proficient in English, and households with members who work during normal office hours.

E. NONDISCRIMINATION

Federal law and the Virginia Human Rights Act, Virginia Code §2.2-2632 et seq., bar discrimination on the basis of age, race, sex, disability, religious creed, national origin, and political belief. The following civil rights laws apply for SNAP:

- The Age Discrimination Act of 1975, 42 U.S.C. §6101 et seq.
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794
- The Americans with Disabilities Act of 1990, 42 U.S.C. §12101 et seq.
- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000d et seq.

Virginia has established procedures to ensure fair and equitable treatment of applicants and recipients of public assistance. The local department of social services must assure that no person will be subjected to discrimination on the grounds of age, race, color, sex, disability, religious creed, national origin, or political belief.

Key Principles

Compliance with these laws assures that equal opportunity exists for persons with disabilities to benefit from all aspects of public assistance programs, including access to the proper support services to enable such individuals to work and to keep their families healthy, safe and intact.

“Individualized treatment” and “effective and meaningful opportunity” are two key principles that underlie the bar on discrimination against people with disabilities.

Individualized Treatment

“Individualized treatment” requires that individuals with disabilities be treated on a case-by-case basis consistent with facts and objective evidence. Individuals with disabilities must not be treated on the basis of generalizations and stereotypes.

### Effective And Meaningful Opportunity

“Effective and meaningful opportunity” means that individuals must be afforded meaningful access to SNAP so that individuals with disabilities benefit from and have meaningful access to SNAP to the same extent as individuals who do not have disabilities.

### Legal Requirements

In order to implement these two principles, the following legal requirements must be met:

- Ensure equal access through the provision of appropriate services to people with disabilities.
- Modify policies, practices and procedures to provide such equal access.
- Adopt nondiscriminatory methods of administration in the program.

### Applicability to All Staff, Contractors, Vendors at the State and Local Levels

In compliance with the federal laws, Virginia does not discriminate against people with disabilities in SNAP. This policy applies to all Department of Social Services state and local staff. The policy also applies to agencies and entities contracted with for services. State and local agencies must ensure that contractors and vendors do not subject recipients to discrimination.

### Definition Of A Person With A Disability

Federal law protects individuals with a “disability” This term is defined to mean a person who has a physical or mental impairment that substantially limits one or more of the major life activities of that individual, a person who has a record of such impairment, or a person who is being regarded as having such impairment. See Definitions for a detailed definition for SNAP applicability.

1. Discrimination Complaints - People who believe that they were subject to discrimination may file a complaint by calling **(866) 632-9992** (voice). **(800) 877-8339 (Federal Relay Service)**, or **(800) 845-6136 (Spanish)**, or by writing:

U.S. Department of Agriculture  
Director, Office of **Civil Rights**  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410

State and local social services agencies must accept all written or verbal complaints of discrimination, log the complaint and forward them within five work days to the Department of Agriculture address above or below and to the Virginia Department of Social Services.

Civil Rights/EEO Director  
USDA - Mid-Atlantic Region  
300 Corporate Boulevard  
Robbinsville, NJ 08691-1598  
Telephone – (609) 259-5123

Civil Rights Program Administrator  
Virginia Department of Social Services  
801 East Main Street  
Richmond, Virginia 23219-2901

If the individual making the complaint does not put the complaint in writing, the person receiving the complaint must do so. Complaints must be accepted even if the information specified below is not complete. Advise the complainant of the program's restrictions on disclosure of information. A complaint must be filed no later than 180 days from the date of the alleged discrimination. Whenever possible, the complaint should include the following:

- a. Name, address, and telephone number or other means of contacting the person alleging discrimination.
  - b. The location and name of the organization or office that is accused of discriminatory practices.
  - c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.
  - d. The basis for the alleged discrimination (age, sex, race, religion, color, disability, national origin, or political belief).
  - e. The names, addresses, telephone numbers, and titles of persons who may have knowledge of the alleged discriminatory acts.
  - f. The date or dates on which the alleged discriminatory actions occurred or, if continuing, the duration of the actions.
2. Public Notification - Requirements for displaying a nondiscrimination poster are addressed in Part I.I.
  3. Annual Training – All persons who interact with SNAP applicants and participants and those who supervise such staff must participate in annual civil rights training. This training is available online through the VDSS Knowledge Center.
  4. Reasonable Accommodations - The worker must consider whether a person may have a disability, and how a person's disability may affect the person's ability to comply with rules, fill out forms, attend appointments, etc. If it is determined that a person has a disability that affects the ability to comply with program rules or procedures, the worker has the authority to make reasonable modifications to program rules, requirements and procedures to ensure that the person with a disability receives full and meaningful access to SNAP benefits.

Evidence of disability of a household member, including any indications that a household member may have a disability, and all requests for reasonable accommodations must be documented in the case file.

## Examples

Ms. A applies for SNAP. She has a learning disability and is unable to complete the application. As a reasonable accommodation, staff assists her to complete the application.

Ms. B is not able to come to the office due to the nature of her disability. Staff arranges to obtain the information by phone.

Ms. C missed repeated appointments. It is determined that she has a mental illness that prevents her from organizing information and keeping track of appointments. The staff phones her on the morning of an appointment to help her to remember to keep the appointment.

## F. COLLECTION OF RACIAL/ETHNIC GROUP DATA

Local agencies must record the race and ethnicity of each household.

<u>The racial categories are:</u>	
White	Asian
Black or African American	American Indian or Alaskan Native
Native Hawaiian or other Pacific Islander	
<u>The categories for ethnicity are:</u>	
Hispanic or Latino	Not Hispanic or Latino

Applications for SNAP benefits ask the applicant to identify the racial and ethnic categories for each member. The applicant may select more than one category for race. The worker must advise the applicant that the information is voluntary, that it will not affect eligibility or benefit level, and that the reason for the collection of this information is to ensure that there is no discrimination with regard to the receipt of SNAP benefits.

When the applicant does not voluntarily provide the information, the worker must code the data based on observation. If a telephone interview is conducted or the worker is unable to determine the racial or ethnic categories, the worker must leave the field blank. The State Agency must report the racial and ethnic data annually to USDA.

## G. RETENTION OF RECORDS (7 CFR 272.1(f))

SNAP documents must be maintained for a minimum of three years from the month of the last benefit issuance or benefit determination of ineligibility. Some records require a longer retention period. The retention period is dependent on the record type and activity related to the record. Annual systematic purging of material unrelated to legal, fiscal, administrative, or program administration is recommended.

10/09

VOLUME V, PART I, PAGE 7

1. Certification records must be retained for three years from the end of the certification period or other case action. Certification records may include any material that documents the basis for an allotment, the determination of eligibility, or the establishment of a claim. Records needed to support claims collection activity or long-term eligibility determinations or disqualifications must be kept longer than three years. Certification records may also include the authorization and issuance of a vault EBT card or authorization for crediting the card replacement fee back to an EBT account.
  - a. Records related to claims must be kept for three years after a claim is repaid or is administratively closed.
  - b. Records that support investigation of a suspected Intentional Program Violation must be kept until the case has been resolved if the investigation was initiated during the normal three-year retention period for certification actions.
  - c. Records about Intentional Program Violation disqualifications must be kept for the life of the individual or until FNS notifies that the record is no longer needed.
  - d. Records to document work registration, voluntary quit, or work reduction violations must be retained for the life of the individual who caused the violation or until the person reaches age 60, whichever occurs first.
2. Issuance or administrative records must be retained for a three-year period. The three-year period may be from the month the federal obligation is paid, from the period of final resolution of the issuance billing process or three years from the creation of the record. These records include EBT records.
3. Administrative cost records must be maintained for three years from the date the annual financial status report. These records include fiscal and statistical records, supporting documents, negotiated contracts and any other document related to administrative costs. These records must be retained beyond three years if a claim, litigation or audit is initiated before the end of the three-year period. In these instances, the records must be retained until the claim, litigation, or audit has been resolved.

H. DISCLOSURE OF INFORMATION (7 CFR 272.1(c), 272.1(d))

Use or disclosure of information obtained from SNAP applicant households exclusively for the Supplemental Nutrition Assistance Program is restricted to the following:

1. Persons directly connected with the administration or enforcement of the provisions of the Food and Nutrition Act or regulations, other federal assistance programs, or federally assisted State programs which provide assistance, on a means-tested basis, to low income individuals. This includes the Office of the Inspector General (OIG) and the Statewide Automated Child Welfare Information System (SACWIS);
2. Employees of the Comptroller General's Office of the United States for audit examination authorized by any other provision of law;

10/09

VOLUME V, PART I, PAGE 8

3. Local, state, or federal law enforcement officials upon a written request to investigate an alleged violation of the Food and Nutrition Act or regulations. The written request must include the identity of the individual requesting the information and the authority to do so, the violation being investigated, and the identity of the person on whom the information is requested.
4. Law enforcement officials upon notification that an individual is fleeing prosecution or imprisonment, is in violation of parole or, that an individual has information needed to conduct an investigation of a felony or parole violation. The individual's address, Social Security number, and photograph, if available, must be disclosed upon written request. (The agency may not disclose scheduled appointment dates or times.)
5. The parent locator service to assist in the Child Support Enforcement Program under Title IV-D, upon request; and
6. Persons directly connected with the verification of immigration status of aliens applying for SNAP benefits through SAVE to the extent the information is necessary to identify the individual for verification purposes.

If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf, the household representative must be allowed to review material and information contained in the case file, during normal business hours. The agency may withhold confidential information, however, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

All local offices of the Department of Social Services must maintain state regulations and manuals that affect the public for examination by the public on regular workdays during regular office hours.

#### I. PROGRAM INFORMATIONAL ACTIVITIES (7 CFR 272.5)

SNAP information must be available to applicant and recipient households. Program information includes the rights and responsibilities of households. This information may be conveyed through publications, telephone hotlines, and face-to-face contacts.

##### 1. Booklets/Pamphlets

- a. *Virginia Social Services – Benefit Programs* information pamphlet - Applicants may receive this pamphlet at the time of each new application. The EW may provide the pamphlet the pamphlet at each reapplication or recertification if the household no longer has a copy of the pamphlet.
- b. *Appeals and Fair Hearings* pamphlet – Local agencies may provide this pamphlet with adverse action notices to reduce or terminate benefits or when applications are denied.

- c. *Virginia EBT Questions and Answers* pamphlet and the EBT wallet card – The local agency or the EBT vendor must provide EBT materials to EBT card recipients upon the initial or replacement issuance of the EBT card. The local agency must provide these EBT materials upon request after the issuance of the EBT card.

2. Posters

These posters must be prominently displayed where SNAP applications are taken:

- a. "And Justice for All"
- b. "Your SNAP Rights"

3. Other Required Activities

- a. The agency must provide an explanation of household rights when applicants request information about the Supplemental Nutrition Assistance Program. The agency may provide a verbal explanation or it may provide the *Know Your Rights When Applying for SNAP Benefits* flyer if the applicant is able to read and comprehend the form in English.
- b. The agency must complete the *SNAP - Hotline Information* form and provide it to each applicant on the day the applicant files a new application, a reapplication, or a late recertification application.
- c. The local agency must make an effort to answer general or specific questions related to the Supplemental Nutrition Assistance Program from persons expressing an interest in applying for program benefits. The agency may refer callers to appropriate agency personnel, and if those persons are not available, the agency must arrange to return the call. If it is not possible to return the call, the agency must advise the caller to return the call at a prearranged time when the appropriate personnel will be available to answer the questions.

J. **STRENGTHENING FAMILIES (SFI) INITIATIVE**

**SFI is a system-wide initiative that focuses on reducing non-marital births, connecting and reconnecting fathers with their children, and encouraging the maintenance and formation of safe, stable, intact, two-parent families. Through the alignment of resources, policies, and processes and the implementation of specific strategies, this initiative aims to reduce poverty and improve the well-being of the children and families served by strengthening them at every point of client contact.**

Benefit programs are designed to provide income support benefits to assist families who are unable to provide the necessities of life and maintain minimum standards of health and well-being through their own efforts. Gathering relevant information about a family's situation and assessing that information against the eligibility for benefit programs are the basis for making the eligibility

determinations. This process also includes an assessment of need for service programs and other resources to assist the family, which includes following the Practice Model **contained in Appendix II of Part I**. If other needs exist, the eligibility worker must refer the family for appropriate services or resources within the agency or community.

#### K. PRUDENT PERSON CONCEPT

This manual provides guidelines for the Supplemental Nutrition Assistance Program. The policies are often broad to allow certification staff sufficient flexibility to make reasonable judgments in evaluating individual household circumstances to determine SNAP eligibility and benefit level.

It is not possible to have every potential situation observed in managing a caseload addressed in this manual so the eligibility worker must determine what is reasonable, i.e., the prudent person concept. The eligibility worker must exercise reasonable judgment based on experience, knowledge of the program and logic. The prudent person concept does not eliminate or replace eligibility requirements or actions. The worker must sufficiently document the case file to allow supervisory staff, appeals officers, reviewers, and colleagues to be able to understand case actions as well as to permit self-review.

#### L. PRE-APPLICATION ELIGIBILITY DETERMINATION/DISCUSSION PROHIBITED

SNAP eligibility policy must be applied to the facts of a specific application submitted by a household; the interview with the household based on the submitted application; and any additional information supplied by an applying household. Prior to receipt of an application, local agency employees must not provide advice or answers to hypothetical situations from applicants, potential applicants, or, those acting on behalf of others. Until a complete application is received by the local agency, an interview is conducted, and verifications are received, the local agency cannot be sure it has all the relevant facts. It is appropriate, however, to explain program eligibility criteria.

10/09

VOLUME V, PART I, APPENDIX I, PAGE 1

## FIPS CODE DIRECTORY

<u>Code</u>	<u>Locality</u>	<u>Code</u>	<u>Locality</u>	<u>Code</u>	<u>Locality</u>
001	Accomack	083	Halifax	171	Shenandoah
003	Albemarle	085	Hanover		Shenandoah Valley
005/	Alleghany	087	Henrico	015	Augusta
560	Clifton Forge	089/	Henry	790	Staunton
580	Covington	690	Martinsville	820	Waynesboro
007	Amelia	091	Highland	173	Smyth
009	Amherst	093	Isle of Wight	175	Southampton
011	Appomattox	095	James City	177	Spotsylvania
013	Arlington	097	King and Queen	179	Stafford
017	Bath	099	King George	181	Surry
019	Bedford	101	King William	183	Sussex
515	Bedford City	103	Lancaster	185	Tazewell
021	Bland	105	Lee	187	Warren
023	Botetourt	107	Loudoun	191	Washington
025	Brunswick	109	Louisa	193	Westmoreland
027	Buchanan	111	Lunenburg	195	Wise
029	Buckingham	113	Madison	197	Wythe
031	Campbell	115	Mathews	199/	York
033	Caroline	117	Mecklenburg	735	Poquoson
035	Carroll	119	Middlesex	510	Alexandria
036	Charles City	121	Montgomery	520	Bristol
037	Charlotte	125	Nelson	540	Charlottesville
041/	Chesterfield	127	New Kent	550	Chesapeake
570	Colonial Heights	131	Northampton	590	Danville
043	Clarke	133	Northumberland	620	Franklin City
045	Craig	135	Nottoway	630	Fredericksburg
047	Culpeper	137	Orange	640	Galax
049	Cumberland	139	Page	650	Hampton
051	Dickenson	141	Patrick	670	Hopewell
053	Dinwiddie	143	Pittsylvania	680	Lynchburg
057	Essex	145	Powhatan	683	Manassas
059/	Fairfax County	147	Prince Edward	685	Manassas Park
600	Fairfax	149	Prince George	700	Newport News
610	Falls Church	153	Prince William	710	Norfolk
061	Fauquier	155	Pulaski	720	Norton
063	Floyd	157	Rappahannock	730	Petersburg
065	Fluvanna	159	Richmond County	740	Portsmouth
067	Franklin County	161	Roanoke County	750	Radford
069	Frederick	163/	Rockbridge	760	Richmond City
071	Giles	530	Buena Vista	770	Roanoke City
073	Gloucester	678	Lexington	800	Suffolk
075	Goochland	165/	Rockingham	810	Virginia Beach
077	Grayson	660	Harrisonburg	830	Williamsburg
079	Greene	167	Russell	840	Winchester
081/	Greensville	169	Scott		
595	Emporia				

### **Virginia Department of Social Services Practice Model**

*The Virginia Department of Social Services Practice Model sets forth our standards of professional practice and serves as a values framework that defines relationships, guides thinking and decision-making, and structures our beliefs about individuals, families, and communities. We approach our work every day based on various personal and professional experiences. While our experiences impact the choices we make, our Practice Model suggests a desired approach to working with others and provides a clear model of practice, inclusive of all agency programs and services, that outlines how our system successfully practices. Central to our practice is the family. Guided by this model, we strive to continuously improve the ways in which we deliver programs and services to Virginia's citizens.*

#### **1. All children, adults and communities deserve to be safe and stable.**

- Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and community partners and across all programs and services.
- Every adult has the right to live and work in a safe environment. We value all programs that address domestic and family violence and the abuse, neglect, and exploitation of older or incapacitated adults.
- We value individual and family strengths, perspectives, goals, and plans as central to creating and maintaining a safe environment. The meaningful engagement and participation of children, adults, extended family, and community stakeholders is a necessary component of assuring safety.
- When legal action is necessary to ensure the safety of a child and/or an adult, we use our authority with respect and sensitivity.
- Individuals are best served when services are person-centered, family-focused and community-based and aim to preserve the family unit and prevent family disruption.

#### **2. All individuals deserve a safe, stable and healthy family that supports them through their lifespan.**

- We believe mothers, fathers, and children thrive in safe, stable, healthy families. We value family structures that support the best interests of children; however, we believe that children do best when raised in intact, two-parent families.
- Both parents should be actively involved in the lives of their children, even if they are not the primary caregiver.
- Healthy, lifelong family connections are crucial to the development of children, the stability of the family and the support of infirm, dependent or aging adults. Through the services we provide, we seek out, promote, and preserve these healthy ties to family members and to others in the community to whom the family is connected or who may provide support.

**3. *Self-sufficiency and personal accountability are essential for individual and family well-being.***

- Family members support each other in ways the social services system cannot. We value the intra-family resources and supports that are available within the context of any family as a pathway to self-sufficiency and personal accountability.
- We believe employment, training, and education are keys to self-sufficiency. We believe in employment and training programs that remove barriers and create opportunities for individuals and families.
- Individuals and families face unique challenges that impact their ability to maintain self-sufficiency. We value all programs and services that assist individuals and families to regain and maintain self-sufficiency and achieve personal accountability.
- Both custodial and noncustodial parents should provide necessary financial resources to support their children.
- We believe that parents and caregivers serve as role models in teaching the importance of self-sufficiency and personal accountability.
- We support asset development strategies to help individuals and families weather short-term emergencies and improve long-term stability.

**4. *All individuals know themselves best and should be treated with dignity and respect.***

- All programs and services should be culturally and linguistically sensitive to all individuals.
- Individuals and families are empowered when they have access to information and resources.
- We support programs for vulnerable populations including children, the elderly, and individuals with disabilities.
- The measure of success differs with every individual. We strive to understand children, adults, and families within the context of their own values, traditions, history, and culture.
- The voices of children, individuals, and families are heard, valued, and included in decision-making processes related to programs and services.

**5. *When partnering with others to support individual and family success, we use an integrated service approach.***

- Cooperation, coordination and collaboration within and outside of the social services system are essential to providing the most comprehensive services to families. We are committed to working across programs, divisions, agencies, stakeholder groups, and communities to improve outcomes for the children, individuals, families, and communities we serve.
- Through the development of policies, procedures, standards, and agreements across systems, we will share information, solve problems, and overcome barriers.
- We value prevention networks that link effective public and private programs and community-based organizations that identify individuals and families before they need services.

- We believe in partnering across programs and systems in order to provide a full array of services along the continuum of care. We are committed to working within and outside of the social services system to identify and address service gaps.

**6. *How we do our work has a direct impact on the well-being of the individuals, families, and communities we serve.***

- Children, individuals and families deserve trained, skillful professionals to engage and assist them. We hire, develop and maintain a workforce that aligns with our practice model.
- Clear expectations, effective supervision, leadership and proper resource supports are critical for the workforce to do their job effectively.
- We believe in creating and maintaining a supportive working and learning environment with accountability at all levels.
- We value the provision of high-quality, timely, efficient, and effective services. We believe relationships and communication should be conducted with honesty, transparency, integrity, empathy, and respect within and outside of our social services system.
- The collection and sharing of accurate, outcome-driven data and evidence-based information is a critical part of how we continually learn and improve. We use data to inform, manage, improve practice, measure effectiveness and guide decisions.
- Continuous quality improvement is fundamental to our work.

PART II APPLICATION/PROCESSING

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	APPLICATION PROCESSING	1
B.	FILING AN APPLICATION	1
	1. Agency Action for the Initial Contact	1-2
	2. Agency Action for the Application Filing Date	2
	3. Subsequent Action Required After Filing an Application	3
	4. Withdrawing an Application	3
	5. Contacting the Wrong Locality	3
C.	HOUSEHOLD COOPERATION	3-4
D.	INTERVIEWS	4-6
E.	NORMAL PROCESSING STANDARD	6
	1. Opportunity to Participate	6-7
	2. Denying the Application	7
	3. Processing Cases with Prior Participation in Another Locality	7
	Contacts with Other States	7
F.	DELAYS IN PROCESSING	8
	1. Determining Cause	8-9
	2. Delays Caused by the Household	9
	3. Delays Caused by the Local Agency	10
	4. Delays Beyond 60 Days	10
	5. Reinstatements	11
G.	JOINT PROCESSING AND CATEGORICAL ELIGIBILITY OF PA CASES	11
	1. Applications for TANF or GR and SNAP Benefits	11-13
	2. Applications for SSI and SNAP Benefits	13-15
	3. Categorical Eligibility for Certain PA Households	15-17
	4. Application Processing for Categorically Eligible PA Cases	17-19
	5. Categorical Eligibility and Benefit Level	19
H.	AUTHORIZED REPRESENTATIVES	20
	1. Making Application	20
	2. Using SNAP Benefits	21
	3. Restrictions on Appointment	21-22
	4. Documentation and Control	22
	5. Drug Addict/Alcohol Treatment Centers	23
	6. Group Living Arrangements	23

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
I.	CERTIFICATION NOTICES	24
1.	Initial and Reapplications	24
2.	Recertifications	24
APPENDIX I	Voter Registration	1-3
<b>APPENDIX II</b>	The Combined Application Project	1-4

A. APPLICATION PROCESSING

Application processing includes filing and completing an application form, interviewing, and verifying certain information. The local agency must act promptly on all applications and provide SNAP benefits retroactive to the month of application to households that complete the application process and are eligible. An application may be an initial application, a reapplication, or a recertification.

This chapter contains the responsibilities of households and local agencies in the application process. Expedited service is available to households in immediate need. See Part V for instructions regarding expedited service processing.

B. FILING AN APPLICATION (7 CFR 273.2(c)(1))

Households must file an application for SNAP benefits with the local social services agency **in the locality where the household resides. Households may file applications** in person, by mail, by fax, or online. Households may also file the application through an authorized representative. The application and instructions are contained in Part XXIV.

The date the local agency receives the application will determine the length of time a local agency has to deliver benefits. For a resident of a public institution who jointly applies for SSI and SNAP benefits before the release from the institution however, the SNAP application filing date will be the date of the applicant's release from the institution.

Each household has the right to file an application form on the same day it contacts the local agency during office hours. The local agency must document the application filing date by recording on the application the date on which the local agency received the application. For joint SSI and SNAP applicants who file before leaving the institution, the application filing date the agency must record is the date of the applicant's release from the institution.

Households must normally apply for SNAP benefits for all persons who reside together and who purchase and prepare food together. In some instances, households may choose to exclude certain persons from the application process to avoid providing identifying information about these individuals. Such an instance might include a household with certain immigrant members who want to avoid the receipt of benefits in connection with their immigration status. Another example would be sponsored immigrants who elect not to give information about their sponsors as required in Part XII.C. Households may classify certain members as "nonapplicants" and omit providing Social Security numbers, immigration status and immigration control numbers. If an applicant classifies a mandatory household member as a nonapplicant, as per Part VI.A.2 (spouse, parent, child), the EW must determine the eligibility of the remaining household members using the income and resources of the nonapplicant in the same manner as disqualified members (Part XII.E.2.b). If the nonapplicant is not a mandatory household member, the EW must not count any of the income or resources of the excluded person.

1. Agency Action for the Initial Contact

When a household contacts the local agency and expresses an interest in obtaining SNAP benefits, the agency must take the following steps:

- a. The agency must provide an application upon request or, if contacted by telephone, advise the household that it may obtain the form in the office or that it is available by mail. The agency must mail the application the same day it receives the telephone request.
- b. The agency must encourage households to file applications on the same day they contact the agency or when households indicate food insecurity. The agency must encourage telephone callers to return the completed application to the agency as soon as possible by mail, in person, by fax, or online.
- c. The agency must explain that the processing time and the amount of benefits the household will receive, if the household is eligible, will depend on the application date.
- d. The agency must explain that separate rules exist for the Supplemental Nutrition Assistance Program and other programs so that the household should apply even if other programs have limitations on the receipt of benefits.

The agency may get information from potential applicants that indicates probable ineligibility. The agency may not deny persons who contact the local agency before they file an application nor may the agency discourage households from filing applications for SNAP benefits. Persons who express an interest in SNAP benefits must have an opportunity to apply and, if determined ineligible, receive a written denial notice.

2. Agency Actions for the Application Filing Date

Once an applicant files an application, completed with at least the applicant's name, address, and signature, the local agency must:

- Determine the household's entitlement to expedited service processing.

The agency should screen for the expedited entitlement while applicants are present in the agency when possible. If the applicant is not present in the agency, agency staff must review the application on the day of receipt to determine the entitlement to expedited service processing.

If the applicant did not sufficiently complete the application to allow the expedited screening, the agency must attempt to contact the household by telephone if the application contains a number. If the agency cannot contact the household within the seven days to obtain the necessary information, the EW must process the application under normal processing policies until further contact with the household allows a delayed screening for expedited processing to take place.

- Complete the *SNAP - Hotline Information* form and provide it to any household that files a new application, a reapplication, or a late recertification application.

3. Subsequent Actions Required After Filing An Application

Once the agency receives an application, that contains at least the applicant's name, address and signature, the agency must advise the applicant that the agency must conduct an interview before certification. The agency must also advise the household that the interview may be conducted by telephone and provide the interview scheduling hours for the agency.

4. Withdrawing An Application

The household may voluntarily withdraw its application at any time before the **certification interview or a formal or informal** determination of eligibility. The local agency must document the case file as to the reason for withdrawal, if the household provides a reason, and that the agency made contact with the household to confirm the withdrawal. If the household makes the withdrawal in person or submits a written note from a responsible household member, the agency needs no further confirmation. The agency must advise the household of its right to reapply at any time after the withdrawal. The EW must send the Notice of Action to deny the application.

5. Contacting The Wrong Locality

Note: The case transfer procedures of Part XIV.A.8 do not apply to this section.

If a household contacts the wrong local agency, the agency must give the household the address and telephone number of the appropriate office. The agency must also offer to forward the household's application by mail or courier to the appropriate office that same day if the household completed enough information on the application to file. The agency must offer to forward the application, by fax or other means, the next day as long as the application gets to the receiving agency the same day. The agency must inform the household that the filing date and the processing standards will not begin until the appropriate office receives the application.

If the household mails its application to the wrong office, the agency must mail the application to the appropriate office on the same day. The agency may forward the application the next day by fax or any other means as long as the application gets to the receiving agency the same day. The normal processing time standards described in Part II.F do not begin until the correct office receives the application, except when the Social Security Administration forwards the application and the household meets the expedited processing entitlement, as noted in Part II.H.2.b.

C. HOUSEHOLD COOPERATION (7 CFR 273.2(d))

If the household refuses to cooperate with the local agency in completing the application process, the EW must deny the application at the time of refusal. For the EW to determine that the household refused to cooperate, the household must be able to cooperate but clearly demonstrate that it will not take required actions that it can take to complete the application process.

Example

An applicant files an application. The EW notifies the applicant of the interview requirement and schedules an interview. The applicant must refuse the interview and not merely fail to appear for the interview in order for the EW to deny the application for refusal to cooperate.

If there is any question as to whether the household failed to cooperate or refused to cooperate, the EW must not deny the household for refusal to cooperate and the EW must assist the household, as appropriate.

The household will also be ineligible if it refuses to cooperate in any subsequent review of its eligibility, including reviews generated by reported changes and at recertification. Once denied or terminated for refusal to cooperate, the household may reapply but will not be eligible until its members cooperate with the local agency. In addition, the household will be ineligible if the members refuse to cooperate for a subsequent review of its eligibility as part of a quality control review. If the EW closes a household's case for refusal to cooperate with a quality control review, the household will not be eligible again until it cooperates with the quality control reviewer if the household reapplies before the end of the quality control reporting year (generally January 21), regardless of the original sample month.

The household will not be ineligible when a person outside the household fails to cooperate with a request for verification. The agency may not consider disqualified or ineligible people excluded from the Supplemental Nutrition Assistance Program as nonhousehold members. See Part VI.C.

D. INTERVIEWS (7 CFR 273.2(e)(1) and (3))

All applicant households, including those submitting applications by mail, fax, or electronically, must have an interview with a qualified eligibility worker before initial certification, certification based on a reapplication, or for recertification. The individual interviewed may be the head of household, spouse, any responsible member of the household, or an authorized representative. For the purposes of this manual, responsible household member means a household member 18 years of age or older who has sufficient knowledge of the household's circumstances to provide any necessary information. The applicant may bring anyone to the interview as desired.

The certification interview may occur by telephone or may occur in the local agency SNAP office or other mutually acceptable site if the household requests a face-to-face interview or if the worker determines a face-to-face interview is warranted for the household. (The agency does not need to document the reason a telephone interview was conducted or why an in-office interview was held.) The interview may take place in the applicant's home provided the EW arranges for the visit in advance as per Part III.A.3.

The interviewer must not simply review the information that appears on the application, but must explore and resolve with the household unclear and incomplete information. At the same time, the EW must make the applicant feel at ease. The interview must include:

1. An explanation of basic program procedures, including the local agency's responsibilities and **application processing time frames**. Include an explanation of the issuance process and use of SNAP benefits, as outlined in Part I.C.
2. An explanation of the options available to the household and the advantages and disadvantages of each choice. Include an explanation that the utility standard, homeless shelter standard and medical standard deductions will be used, if appropriate, unless the household opts to use actual amounts. If actual amounts are used, discuss the choice to have expenses averaged or counted only in the month billed.
3. A **verbal and written** explanation of the household's rights and responsibilities. **Include an explanation of the consequences if these responsibilities are not met.** Include an explanation of the consequences of voluntarily quitting employment.
4. An explanation that the agency may receive information through the Income and Eligibility Verification System (IEVS) or that the agency will access other computer systems. The agency will use and verify the information. Information that the agency receives may affect the household's eligibility and benefit level.
5. A discussion of appropriate collection actions for households that owe outstanding payments on claims.

In all instances, the agency must respect the household's right to privacy; the EW must conduct the interview as a confidential discussion of household circumstances. The scope of the interview may not extend beyond the examination of household circumstances that directly relate to the determination of household eligibility.

If an EW does not conduct the interview on the day the applicant files an application, the agency must schedule an interview. For applications and reapplications, the local agency must schedule interviews as promptly as possible to ensure eligible households receive an opportunity to participate within seven days, if expedited, or within 30 days after the household files an application. The agency should schedule the interview no later than 20 days after the application filing date for households that are not entitled to expedited processing. The EW must allow households a minimum of 10 days to provide information after the interview is scheduled.

If the household does not respond to the scheduled telephone interview or fails to appear for the scheduled office interview, the local agency must send the household the *Missed Interview Notice*. The notice advises the household to reschedule the interview and that the agency will deny the application if the household does not reschedule the interview. The agency needs to send the notice after the first missed interview appointment only.

The agency must deny the application on the 30<sup>th</sup> day after the application filing date if the household does not request another interview. If the household requests a second interview during the initial 30-day period, the agency must not deny the application. If the household is eligible for benefits, the agency must issue prorated benefits from the application date.

The agency must not deny the application on the 30<sup>th</sup> day if the agency has not scheduled the interview before the 30<sup>th</sup> day. In addition, the agency must not deny the application on the 30<sup>th</sup> day if the agency has not allowed the household a minimum of 10 days after the interview to supply

verification or needed information to process the application.

For agencies with walk-in systems for interviewing, the agency must assign a specific period for the applicant to appear for the interview if the applicant elects not to complete the interview on the day of the contact. The agency must schedule an interview even if the agency otherwise advises of the full range of interview hours available. As indicated above, the EW must send the *Missed Interview Notice* if the interview does not occur when scheduled. The agency must deny the application on the 30th day after the application filing date if the applicant misses the interview and does not reschedule the interview. See Part IV.C.3 for interview time frames for the recertification process.

The agency may request a certified household appear for an in-office interview during the certification period in order to clarify the household's circumstances. The agency may not require an interview however. See Part XIV.A.2 for a discussion of the agency's required actions on changes.

E. NORMAL PROCESSING STANDARD (7 CFR 273.2(g)(1); 274.1)

The filing date of an application is the day the appropriate SNAP office receives an application. The minimal information an application needs is the applicant's name, address, and a signature by either a responsible member of the household or the authorized representative of the household. The local agency must provide eligible households that complete the initial application process an opportunity to participate, as soon as possible, but not later than 30 calendar days following the application filing date.

The 30-day processing standard does not apply for residents of public institutions who apply jointly for SSI and SNAP benefits before their release from the institution. For these applicants, the agency must provide an opportunity to participate as soon as possible, but not later than 30 calendar days from the applicant's release from the institution.

The processing standards for households entitled to expedited service are in Part V. The processing standards for the recertification process are in Part IV.C.

The agency may not impose application procedures or processing standards of other programs on SNAP applicants.

1. Opportunity to Participate (7 CFR 273.2(g))

A household must receive the EBT card, the agency must authorize benefits and the vendor must post authorized benefits to the account in order for the household to have an opportunity to participate timely.

Example

A household files an application on July 15. If the household is eligible, the agency must give the household an opportunity to participate by August 14. If August 14 falls on a Sunday, the EW must process the case by Friday, August

5 so that the household may receive the EBT card by mail by Saturday, August 13 or authorize the issuance of a vault card that the Case Name or authorized representative could pick up before August 14. Additionally, the SNAP benefits must be posted to the EBT account.

2. Denying the Application (7 CFR 273.2(g)(3))

The agency must send a *Notice of Action* to deny an application if households are ineligible for benefits. The agency must send the denial notice as soon as possible, but not later than 30 days following the application date. Part XXIV contains a copy of the *Notice of Action* and instructions.

3. Processing Cases with Prior Participation in another Locality

When a household indicates on the application or during the interview that it had been certified in another locality or State, for either the month of application or the prior month, the EW must establish the household's current status with the prior agency. The EW must establish and document the effective date of case closure with the prior agency.

The new locality may not issue duplicate benefits for any months covered by the application if the agency can establish that the household or any of its members are still active in the prior locality.

Contacts with Other States

For applications filed by persons who are certified for SNAP benefits in another state, if otherwise eligible, the Virginia agency must issue benefits if the agency can establish that the household did not participate in the other state. If the agency is not able to establish whether a household or a household member participated in the other state, the agency must accept the household's statement regarding participation. If there is reason to consider a household's statement questionable, the agency must resolve the questionable information before the case is approved. For households entitled to expedited service however, the agency must postpone resolution of this questionable information so that benefit delivery is not delayed beyond the expedited processing time.

The agency must follow-up with the other state agency to determine if the household participated in the other area. Allow sufficient time for the agency to determine if the household participated in the other state. If duplicate participation occurs for any months in question, the Virginia agency must file a claim for any benefits the household received while it also received benefits from the other state.

For household members who are subject to the Work Requirement, the agency must also address participation in another state towards the number of countable months if there is an indication from the application or interview that the member may have received SNAP benefits during the current 36-month period.

F. DELAYS IN PROCESSING

If the local agency does not determine a household's eligibility and provide an opportunity to participate within 30 days following the date the application was filed, the local agency must take the following action:

1. Determining Cause (7 CFR 273.2(h)(1))

The local agency must determine who caused the delay using the following criteria:

- a. A delay must be considered the fault of the household if the household failed to complete the application process even though the local agency took all required action to assist the household. The local agency is required to take the following actions before a delay can be considered the fault of the household:
  - 1) For households that failed to complete the application, the local agency must have offered, or attempted to offer, assistance in its completion.
  - 2) If one or more members of the household failed to register for work, as required in Part VIII.A, the local agency must have informed the household of the need to register and given the household at least 10 days from the date of notification to register these members.
  - 3) In cases where verification is incomplete, the local agency must have provided the household with a statement of required verification and offered to assist the household in obtaining required verification, and allowed the household sufficient time to provide the missing verification. Sufficient time will be at least 10 days from the date of the local agency's initial request for the particular verification that was missing.
  - 4) For households that failed to appear for an interview, the local agency must have scheduled an interview within 30 days following the date the household filed the application. If the household failed to appear for the interview, and the household does not request that the agency reschedule another interview until after the 20th day but before the 30th day following the application filing date, the household must appear for the interview, bring verification and register members for work by the 30th day; otherwise, the delay will be the fault of the household. If the agency must allow the household additional time to provide information or verification, the delay will be the fault of the household. If the household failed to appear for the interview and requests another interview to occur after the 30th day following the date of application, the delay will be the fault of the household. If the household missed the scheduled interview and misses the one it requested, the household must request another interview and any delay will be the fault of the household.

- b. Delays that are the fault of the local agency include, but are not limited to, those cases where the local agency failed to take the actions described in items 1-4 above.
- c. In some situations, a case file is complete except for a household member's failure to comply with an eligibility requirement that results in disqualification for noncompliance (e.g. failure to register for work). In such situations the EW must:
  - 1) Ensure that the household had at least 10 days to comply. If the household did not have that timeframe, consider the delay agency-caused and hold the application in pending status for an additional 30 days.
  - 2) If an individual must be disqualified, instead of the entire household, process the case for the remaining household members. Consider the disqualification imposed with the effective date of the initial allotment. If the entire household must be disqualified (e.g., the head of the household failed to register for work, or the household simply has one member), extend the pending status of the case an additional 30 days, as client delay.

2. Delays Caused By The Household (7 CFR 273.2(h)(2))

If by the 30th day the local agency cannot take any further action on the application because of the household's delay, the household will lose its entitlement to benefits for the month of application. In addition to the loss of benefits for the month of application, the agency must prorate benefits from the date the household completes its final task for processing the application. The local agency, however, must give the household an additional 30 days to take any required action.

The local agency must send the household the *Notice of Action* to extend the pending status of the application. The agency must send the pending notice **on** the 30<sup>th</sup> day following the application filing date, **unless the 30<sup>th</sup> day is a weekend or holiday**. The notice must advise the household of the outstanding actions the household must take to complete the processing of the application. The agency does not need to take any further action, including sending an additional notice, after the agency sends the notice if the household fails to take the required action within 60 days following the application filing date.

The local agency may include in the notice a request that the household must report all changes in circumstances since it filed its application.

If the household was at fault for the delay in the first 30-day period, but the agency finds the household eligible during the second 30-day period, the local agency must provide benefits from the day the household completes the final required action or provides the last verification. The household is not entitled to benefits for the month of application when the delay was the fault of the household. Once the household furnishes the information necessary to determine its eligibility, it is the agency's obligation to process the case during the second 30-day period.

3. Delays Caused by the Local Agency (7 CFR 273.2(h)(3))

Whenever a delay in the initial 30-day period is the fault of the local agency, the local agency must take immediate corrective action. The local agency may not deny the application if it caused the delay, but must notify the household that the agency is still holding the application. The EW must send the *Notice of Action* to notify the household of the extended pending status of the application **on the 30<sup>th</sup> day** following the application filing date, **unless the 30<sup>th</sup> day is a weekend or holiday**. The *Notice of Action* must also notify the household of any action it must take to complete the application process.

If the agency finds the household eligible during the second 30-day period, the agency must provide the household benefits retroactive to the month of application. If, however, the household is ineligible, the local agency must deny the application. Once the household furnishes the information necessary to determine its eligibility, it is the agency's obligation to process the case during the second 30-day period.

4. Delays Beyond 60 Days (7 CFR 273.2(h)(4))

If the local agency is at fault for not completing the application process by the end of the second 30-day period, and the case file is otherwise complete, the local agency must continue to process the application. If the household is eligible and the local agency was at fault for the delay in the initial 30 days, the household must receive benefits retroactive to the month of application. If, however, the initial delay was the household's fault, the household will receive benefits retroactive only to the day the household completes the final action needed to process the application.

If the local agency was at fault for not completing the application process by the end of the second 30-day period, but the case file is not complete enough for the EW to determine eligibility the local agency must deny the case and notify the household to file a new application. The agency must also advise the household of its possible entitlement to benefits lost as a result of the agency-caused delays.

If the household provides the necessary information and the agency determines the household eligible for the previous 60-day period, the household must receive benefits retroactive to the month of application if the local agency was at fault for the delay in the initial 30 days. If, however, the initial delay was the household's fault, the household will receive benefits retroactive only to the day the household completes the final action needed to process the application.

If the household is at fault for not completing the application process by the end of the second 30-day period, the local agency must deny the application. The agency must advise the household to file a new application if it wishes to participate. If the household was at fault the first 30 days also, the household would have been sent the Notice of Action to extend the pending status of the application. The local agency does not need to take any further action at the end of the second 30 days if the initial delay is the fault of the household.

If the local agency was at fault the first 30 days, the agency must send the Notice of Action to deny the application. The household is not entitled to any lost benefits, even if the delay in the initial 30 days was the fault of the local agency.

5. Reinstatements

The agency must return applications denied incorrectly because of agency error to pending status if the action date is within 60 days from the date of application. After the 60th day, the application must remain denied. The agency must encourage the household to file a new application and determine entitlement to lost benefits, if appropriate. In determining whether to reinstate the pending status within the first 60 days, the agency should consider the nature of the error and the amount of time that has passed which might affect the reliability of the information provided.

Ongoing cases incorrectly closed due to agency error may be reinstated to the certification period at the time of the closure only if the case was correct as of the effective date of the closure. The agency may reinstate the case either before the effective date of the closure or in the month following the closure.

Whenever the agency needs to reinstate an application or ongoing case, agency records must reflect this change. Reinstating cases, as described in this chapter, is only appropriate when an agency error caused the erroneous denial or termination.

G. JOINT PROCESSING AND CATEGORICAL ELIGIBILITY OF PA CASES

This chapter contains requirements for joint processing that apply to SNAP applicants who are also applying for Temporary Assistance for Needy Families (TANF), **General Relief – Unattached Child** (GR), or Supplemental Security Income (SSI). This chapter also contains procedures for categorical eligibility for SNAP benefits for these public assistance (PA) households. See the PA Case definition in Definitions for program descriptions needed to qualify as a public assistance program.

1. Applications for TANF or GR and SNAP Benefits (7 CFR 273.2(j))

The local agency should encourage households in which all members are applying for TANF or GR – **Unattached Child** to apply for SNAP benefits at the same time. The agency must regard all applications for TANF and GR – **Unattached Child**, except those on which the household indicates that it does not want SNAP benefits, as applications for SNAP benefits. If the household's intention to apply for SNAP benefits is unclear, the local agency must determine at the interview or through other contact with the household if the household wants the application processed for SNAP purposes. The EW must base SNAP eligibility and benefit levels solely on SNAP eligibility criteria and certify the household according to the notice, procedural and timeliness requirements of this manual.

The local agency must not discourage households from applying for SNAP benefits even when there might be encouragement or inducements to avoid dependence on other public assistance programs or benefits.

The local agency must conduct a single interview at initial application for both the public assistance programs and SNAP purposes. The agency must not have different

eligibility workers interview households entitled to joint processing or otherwise subject them to two interviews to obtain the benefits of both programs. Following the single interview, separate workers may process the applications for public assistance and SNAP benefits to determine eligibility and benefit levels. Note however, the SNAP out-of-office interview overrides the requirement for a single interview when a household wants to have a telephone interview for SNAP, in accordance with Part II.D, but a face-to-face interview is needed for the PA eligibility determination.

The EW must follow the verification procedures described in Part III.A for eligibility factors that are needed to determine the household's SNAP eligibility. For eligibility factors needed to determine both PA and SNAP eligibility, the EW must use the PA verification rules. The local agency may not delay processing the SNAP application if, at the end of seven days or 30 days following the application date, as appropriate, the agency has sufficient verification to meet SNAP requirements but does not have sufficient verification to meet the PA verification rules.

Because of differences between PA and SNAP application processing procedures and timeliness standards, the EW may need to determine the SNAP eligibility before determining the household's eligibility for PA payments. The EW may not delay acting on the SNAP application simply because the PA application is pending. The EW may not deny the SNAP application because of the pending PA application if the household is otherwise eligible for SNAP benefits.

Inclusion of the initial PA payment in the SNAP benefit calculation depends on whether the EW knows the date of receipt and amount of the PA payment when the SNAP application is approved. If the EW can anticipate the amount and the date of receipt of the PA payment, the worker may include the income in computing the allotment for the month(s) the worker anticipates the payment.

The EW must not count as income any portion of initial PA payments that cover previous months. While the retroactive payment does not count as income, the money must count as a resource.

If the EW factors in the PA payment in the SNAP benefit calculation at the time of initial certification, the Notice of Action must reflect the varying allotments. When the EW cannot anticipate the PA payment at the time of initial certification, the EW should note on the Notice of Action that the benefits may be reduced or terminated without another notice once the PA payment is included in the SNAP determination. If the notice did not inform the household of the potential impact, the agency must provide an advance notice if the SNAP benefit is reduced or terminated as a result of the counting the PA payment.

If the EW denies the PA application, the household does not need to file a new SNAP application. The EW must determine or continue the SNAP eligibility based on the original applications filed jointly for PA and SNAP purposes. The EW must use any other documented information obtained after the application if it is relevant to SNAP eligibility or level of benefits.

If the EW approves the TANF application after the SNAP certification period begins, the EW may lengthen the SNAP certification period to coincide with the scheduled TANF case review. See Part IV.D.2. for a discussion about lengthening the certification period and the limitations on this process.

2. Application for SSI and SNAP benefits

Households that consist solely of SSI applicants or recipients may apply for SNAP benefits at the Social Security Administration (SSA) Office. SSA personnel will accept SNAP applications at each SSA office. Households must report that there is no SNAP application pending and that they are not current SNAP participants, unless the application is for recertification.

The SSA office and the local social services agency must take the following actions:

- a. Whenever a member of a household consisting only of SSI applicants or recipients transacts business at an SSA office, the SSA office must inform the household of its right to apply for SNAP benefits at the SSA office without going to the local social services office. SSI applicants and recipients may apply at the local social services office if they choose to do so.

SSA staff must complete joint SSI and SNAP applications for residents of public institutions applying for benefits before their release from the institution. In such cases, the date of the SNAP application will be the date of release from the institution. If SSA or the household does not notify the local agency of the applicant's release date, the agency must restore benefits to the applicant back to the date of release.

- b. Within one working day after receipt of a signed application, the SSA office must complete and forward the SNAP application to the local agency along with a transmittal form. The local agency must make an eligibility determination and provide an opportunity to participate within thirty days following the date the SSA office received the signed application. If the household is entitled to expedited service however, the processing time standards will begin on the date the correct local agency receives the application.
- c. The local agency may not subject the household to an additional interview. In addition, the local agency may not contact the household in order to obtain additional information unless:
  - 1) the application is improperly completed;
  - 2) mandatory verification is missing;
  - 3) information received is questionable as determined by the local agency; or,

- 4) it is necessary to discuss options available to the household, e.g., the use of the utility standard or actual bills, the choice to have expenses averaged or counted only in the month billed.

Even when the agency needs additional information, the agency may not require the applicant to appear at the local agency to finalize the eligibility determination for the application taken at the SSA office.

- d. The SSA office must refer persons who are not entitled to joint processing to the local social services agency.
- e. The SSA office must prescreen all applications for entitlement to expedited services on the day the SSA office receives the application. SSA must mark "expedited processing" on the first page of all applications that appear to be entitled to such processing. The SSA office must inform households that appear to meet the expedited service criteria that the household may receive the benefits sooner if the household applies directly with the local social service agency. The household may take the application from SSA directly to the local social service agency.

The local agency must prescreen all applications received from the SSA office for entitlement to expedited service on the day the correct agency receives the application. The local agency must certify all SSI households entitled to expedited services in accordance with Part V except that the expedited service processing time standard will begin on the date the correct agency receives the application.

- f. The local agency must ensure that households whose SNAP applications are forwarded by the SSA office are not already participating in the program in any Virginia locality.
- g. If the SSA office takes the SSI application or re-determination by telephone from a member of a pure SSI household, SSA must also complete the SNAP application during the telephone interview. In these cases, the SNAP application must be mailed to the applicant for signature. The household may return the application to the SSA office or to the local agency. If the SSA office receives the application, SSA will forward the application to the social services agency. The local agency may not require the household be interviewed again and the agency may not contact the household in order to obtain additional information except for those reasons indicated in item c. above.
- h. SSA must send information to SSI recipients being re-determined for SSI by mail to inform them of the right to file a SNAP application at the SSA office (if they are members of a pure SSI household) or at their local social service agency. SSA must also notify SSI recipients of their right to an out-of-office SNAP interview performed by the local agency if the household is unable to appoint an authorized representative.

- i. If the SSA office sends the application to the wrong agency, the local agency must forward the application to the correct agency within one working day. The incorrect mailing will not affect processing time standards except as indicated in Item b above, when the household is entitled to expedited processing.
- j. Recertification - Any household that may apply at the SSA for initial certification has the right to recertify at the SSA office also, regardless of whether the application for initial certification was taken at the SSA office. SSA will interview the applicant, obtain any readily available verification, complete a transmittal form, and send this material to the local agency.

In order to be eligible for uninterrupted benefits, however, applicants must file the recertification application at the SSA office on or before the date on the *Notice of Expiration*.

The local agency may not re-verify information obtained and documented by SSA unless the information is questionable or insufficient.

3. Categorical Eligibility for PA Households (7 CFR 273.2 (j)(2))

- a. Any household in which all members receive or are authorized to receive a cash payment from the TANF, GR – **Unattached Child** or SSI Program is eligible for SNAP benefits regarding income and resources. Any household in which at least one person receives or is authorized to receive services funded through the TANF block grant also will be categorically eligible regarding income and resources. See the PA Case in Definitions. Eligibility for SNAP benefits does not apply if the entire household:

- is residing in an institution;
- is disqualified for any reason from receiving SNAP benefits; or
- fails to meet nonfinancial criteria, as addressed in Part VII.

Residents of public institutions who jointly apply for SSI and SNAP benefits before release from the institution will not be categorically eligible when SSA determines potential SSI eligibility before the release. These individuals will be categorically eligible when SSA makes a final SSI determination and the individual leaves the institution.

Eligibility and SNAP benefits determinations will be based on information provided by households. Categorically eligible households are subject to the same verification requirements as other households. However, categorically eligible households meet the following eligibility factors without additional verification:

- Resource limits;
- Gross and net income limits;

- Social Security number information;
- Sponsored alien information, provided information exists in the PA case; or
- Residency.

If any of the following factors are questionable, the EW must verify that the household that is categorically eligible:

- Contains only members that are TANF, GR – **Unattached Child**, or SSI recipients or that at least one member receives a TANF-funded service;
- Meets the household definition in Part VI.A;
- Includes all persons who purchase and prepare food together in one SNAP household, regardless of whether or not they are separate units for the public assistance program purposes; and,
- Includes no persons as provided in Part II.G.3.b below.

For purposes of determining categorical eligibility, any household in the TANF program that is suspended for TANF or that is entitled to zero benefits under the TANF program will be a TANF household.

Categorical eligibility will continue at recertification even if a TANF review is not completed.

- b. Households in which all members receive TANF, SSI, or GR – **Unattached Child income** or at least one member receives a TANF-funded service will not be categorically eligible if:

1. Any member who would normally participate with the household has been disqualified for an intentional program violation;
2. The head of household failed to comply with work registration or employment and training requirements; or
3. The head of the household voluntarily quits or reduces work without good cause. (Part VIII.B)

The agency must handle these households using all normal SNAP rules and procedures.

- c. A disqualified or ineligible person who resides with the household and who would normally be included with the household for SNAP participation will not cause the remainder of the household to lose categorical eligibility, as long as the remainder of the household meets the definition in Part II.G.3.a of this chapter. The remaining household is eligible if the disqualified or ineligible person is

excluded because the person is:

1. an ineligible alien (Part VII.F.);
2. an ineligible student (Part VII.E.);
3. a resident of a nonexempt institution (Part VII.C.);
4. disqualified for failure to apply for a social security number (Part VII.G);
5. disqualified for violating probation or parole or for fleeing prosecution or imprisonment (Part VI.C.2.f);
6. disqualified because of a felony drug conviction (Part VI.C.2.g);
7. ineligible because of failure to comply with a work registration or employment and training requirement by a person other than the head (Part VIII); or
8. ineligible because of the work requirement (Part XV)

For purposes of work registration, the agency must apply the exemptions in Part VIII.A.1 to individuals in categorically eligible households. Individuals who are not exempt from work registration are subject to the other requirements in Part VIII.A.

4. Application Processing for PA Cases

Once the TANF, GR – **Unattached Child**, or SSI application is approved, the household is categorically eligible if conditions of Part II.G.3 are met.

In order to determine if a household will be eligible due to its status as a PA household, the local agency may delay the SNAP eligibility determination within the normal timeliness standards of Part II.E. The processing delay may occur as long as the household is not entitled to expedited service processing and it appears to be categorically eligible but it might otherwise be denied due to factors which will not be relevant once the PA application is approved.

The agency must ensure that the denied application of a potentially categorically eligible household is easily retrievable. The *Notice of Action* to deny the SNAP application must inform the household to notify the SNAP worker if its PA benefits are approved.

The local agency must reevaluate any denied application, filed jointly, or pending simultaneously for SNAP and PA benefits, whenever the household requests it or the agency becomes aware of the household's approval for PA benefits. The local agency may not require the client to come to the office for another interview but, must use any available information to update the application that was denied. The local agency may contact the household by mail or telephone to determine any changes in circumstances.

If the applicant amends the application, the household must initial and date any changes, and re-date and re-sign the application.

Except for residents of public institutions who apply jointly for SSI and SNAP benefits before to their release from the institution, any categorically eligible household determined eligible for TANF, SSI or GR – **Unattached Child benefits** within the 30-day SNAP processing time must be provided benefits back to the date of the SNAP application. The agency may not provide SNAP benefits for a month a household is ineligible for PA benefits unless the household is eligible for SNAP benefits as a NA case.

Households that become categorically eligible after the SNAP application is denied or during the extended pending period are eligible for SNAP benefits retroactive to the PA benefit effective date or the SNAP application date, whichever is later. Residents of public institutions who apply jointly for SSI and SNAP benefits before their release from the institution are eligible for benefits from the date of their release from the institution.

#### Examples

- a. A household files a joint application for TANF and SNAP benefits on 11/15. The household has bank accounts with balances that total \$4200. Because of the difference between the TANF and SNAP Programs in the evaluation of resources, the household would be ineligible for SNAP benefits as a NA household but, categorically eligible if TANF was approved.

- 1) Suppose TANF eligibility is determined on 12/4, with the first money payment issued for December.

Because the household was determined eligible for TANF within the 30-day SNAP application processing timeframe and was not determined ineligible for TANF for November, the household is considered categorically eligible back to 11/15, the date of the SNAP application.

- 2) Suppose as of 12/15, a determination on the TANF application has not been made because of exceptions to the 30-day TANF processing period. The agency may deny the SNAP application on the 30th day, keeping it easily retrievable, or issue a *Notice of Action* to extend the pending for an additional 30 days while awaiting a decision on TANF eligibility.

TANF is approved on 12/20, with the first money payment issued for December.

The household is eligible for SNAP benefits retroactively to December 1, the first month the households receives TANF benefits. December 1 is the later of the effective date of the TANF approval or the SNAP application date.

- b. A client applies for SSI on 11/10. He does not want to apply for SNAP benefits at that time. On 12/3 he changes his mind and files a SNAP application. He would be ineligible for SNAP benefits according to NA standards.

- 1) Suppose SSI determines the household eligible for a money payment on 12/30.

Because the household was determined eligible for SSI within the 30-day SNAP application processing time frame, the household is categorically eligible back to 12/3, the date of the SNAP application.

- 2) Suppose as of 1/2, the SSI determination is pending. The agency chooses to deny the SNAP application on the 30th day.

On 2/9, the household informs the agency that SSA approved SSI benefits retroactive to November. The agency reinstates the original SNAP application and provides SNAP benefits back to 12/3. That date is the later of the SSI effective date or the SNAP application date.

5. Categorical Eligibility and Benefit Level

Once the agency determines a household's entitlement to SNAP benefits, the EW must determine the benefit level. Other eligibility factors described in this manual apply to categorically eligible households in determining the benefit amount. The agency must prorate benefits for the initial month based on the application date. The following additional criteria apply:

- a. Any one- or two-person household is entitled to at least \$16, regardless of net SNAP income, except when benefits for the initial month prorate to less than **\$10**. There will be no issuance in this instance.
- b. Any household of four or more receive benefits if its net income entitles it to a benefit of \$2.00 or more on the appropriate allotment table, even if its net SNAP income is above the maximum for its household size.
- c. The agency must deny or terminate any categorically eligible household entitled to zero SNAP benefits. **In this instance, in ADAPT, use denial or discontinue code 25 which is "Other" and complete the notice text box as "You will not receive any SNAP benefits because the benefit amount is \$0 (zero)."**

H. AUTHORIZED REPRESENTATIVES (7 CFR 273.2(n))

The head of the household, spouse or any other responsible member of the household may designate an authorized representative to act on behalf of the household in applying for SNAP benefits or in using SNAP benefits. In the event that the only adult living with a household is classified as a nonhousehold member (as defined in Part VI.C.), that individual may be the authorized representative for the minor household members. If households designate employers, growers, crew chiefs, etc. as authorized representatives for farm workers or when any single authorized representative has access to a large number of EBT cards, the EW should exercise caution to assure that the household freely requested the help of the authorized representative; the authorized representative is accurately stating the household's situation; and the authorized representative is properly using the SNAP benefits.

1. Making Application

When the head of the household or the spouse cannot file an application, another household member may apply or the household may designate an adult nonhousehold member as the authorized representative for that purpose. The head of the household or the spouse should prepare or review the application whenever possible, even though another household member or the authorized representative will actually be interviewed. The local agency must inform the household that the agency will hold the household liable for any overissuance that results from erroneous information given by the authorized representative, except as specified in Part II.H.5 regarding participation by residents of drug addict/alcoholic treatment and rehabilitation centers.

Households may designate adults who are nonhousehold members as authorized representatives for certification purposes only under the following conditions:

- a. The head of the household, spouse, or another responsible member of the household may designate the authorized representative in writing; and,
- b. The authorized representative is an adult who is sufficiently aware of relevant household circumstances.

The EW may determine on a case-by-case basis the frequency with which the agency requests the written designation at a subsequent recertification. The EW may request the household's written designation at the recertification application as often as necessary.

Upon written authorization by the household, the representative must receive copies of all correspondence sent to the household itself. This will include all notices, e.g. *Notice of Action*, *Notice of Expiration*, etc. The agency must send the notices to the representative as long as the representative named on the authorization remains the household's authorized representative unless the written authorization specifies an ending date.

2. Using SNAP Benefits

The authorized representative may use SNAP benefits to purchase food for the household's consumption. The household will give its implied consent to the representative for access to the EBT account as long as the household does not withdraw access to the account by the representative, either by naming another representative or by canceling the representative's access.

3. Restrictions on Appointment

Certain individuals may not serve, as an authorized representative for a household unless the agency determines there is no one else to assist the household in this capacity. Restrictions apply to the designation of the following individuals as authorized representatives:

- a. Local agency employees;
- b. Retailers authorized to accept SNAP benefits;
- c. Individuals disqualified for an intentional program violation;
- d. Homeless meal providers, for homeless recipients.
- e. Previously named representatives who knowingly provided false information about a household's circumstances or improperly used the household's SNAP benefits.

Local agency employees who certify households or who update the EBT administrative terminal or retailers who accept SNAP benefits may not act in any capacity as an authorized representative without a determination by the local agency director that no one else is available to serve. The agency must file the specific written approval of the local agency director in the case file.

Individuals who are disqualified for an intentional program violation may not act as authorized representatives during the disqualification period unless the disqualified individual is the only adult member of a household able to act on its behalf. The local agency must determine that no one else is available to serve. The local agency must determine separately whether the household needs such an individual to apply on behalf of the household, to obtain benefits, and to use the benefits for food for the household.

Example

A household has found an authorized representative to obtain its benefits each month but it has not been able to find anyone to purchase food regularly with the benefits. If the local agency is also unable to find anyone to purchase the food, the disqualified member may do so.

Homeless meal providers may not act as authorized representatives for homeless SNAP households.

4. Documentation and Control

The local agency must ensure that the household properly designate authorized representatives. The household's case file must contain the name of the authorized representative. A household may have any number of authorized representatives to apply on its behalf but may have only one representative to receive its benefits through EBT.

If households designate employers, such as those that employ migrant or seasonal farm workers, as authorized representatives or that a single authorized representative has access to a large number of benefit access devices or coupons, the local agency must exercise caution to assure that:

- a. The household has freely requested the assistance of the authorized representative;
- b. The household's circumstances are correctly represented; and
- c. The authorized representative is properly using the household's benefits.

The local agency may disqualify an authorized representative from serving as a representative for SNAP purposes for up to one year. In order for the agency to disqualify a representative, the agency must have evidence that an authorized representative misrepresented a household's circumstances, knowingly provided false information pertaining to the household, or improperly used SNAP benefits. The local agency must send a letter to the affected household and the authorized representative thirty days before the disqualification date.

- This letter must include at a minimum:
- The proposed action;
- The reason for the proposed action;
- The household's right to request a fair hearing (Note: The authorized representative being disqualified may not request a hearing. Only the household may do so.);
- The telephone of the office; and,
- If possible, the name of the person to contact for additional information.

The provision to disqualify an authorized representative is not applicable in the case of drug and alcoholic treatment centers and group homes that act as the authorized representative for their residents.

5. Drug Addict/Alcoholic Treatment Centers (7 CFR 273.2(n)); 7 CFR 273.11)(e))

Narcotic drug addicts or alcoholics who regularly participate in a drug or alcoholic treatment program on a resident basis may elect to participate in the Supplemental Nutrition Assistance Program. The treatment center must be a private, nonprofit organization or institution or a publicly operated community mental health center, under Section 300x-21 et. seq. of U.S. Code Title 42 (formerly Part B of Title XIX of the Public Health Service Act). See Part VII.C.2.

Residents must apply and be certified through the use of an authorized representative who must be an employee of and designated by the treatment center. The resident household, however, should assist in completing the application and should sign the application along with the authorized representative, prior to certification, if possible.

The treatment center representative will receive an EBT card on the household's behalf. The center must spend the SNAP benefits for food prepared by and/or served to the addict/alcoholic. The household may not directly access the SNAP benefits in the EBT account while residing in the treatment center. See Part VI.E for additional information about residential treatment centers.

6. Group Living Arrangements

Residents of public or private nonprofit settings for blind or disabled individuals may elect to participate in the Supplemental Nutrition Assistance Program. An appropriate agency of the state or locality must certify group living arrangements using regulations based on under Section 1616(e) of the Social Security Act.

Residents of group living arrangements may apply and be certified three ways:

- a. through the use of an authorized representative employed and designated by the facility;
- b. through the use of an authorized representative selected by the resident; or
- c. on their own behalf.

If residents want to apply for themselves, the facility must determine if they are physically and mentally capable of managing their affairs.

In a single facility, there may be a combination of application methods used. For example, the facility may have some residents using authorized representatives and some applying on their own behalf.

The local agency must determine the eligibility of residents of group living arrangements who apply through the use of the facility's authorized representative as one-person households. Household composition provisions of Part VI.A will determine household size if residents apply on their own behalf.

See Part VI.E for additional information about group living arrangements.

I. CERTIFICATION NOTICES (7 CFR 273.10(g))

1. Initial and Reapplication

The local agency must provide applicants with a *Notice of Action* when the EW makes a determination on each application but, no later than 30 days after the date of the initial application or reapplication. The *Notice of Action* will inform an applicant household that its application has been approved, denied, or is to be held pending. The EW may not dispose of applications for failure to complete the interview earlier than the 30<sup>th</sup> day following the filing date. If the 30<sup>th</sup> day falls on a weekend or holiday, the worker must send the denial notice no earlier than the first business day after the 30<sup>th</sup> day.

2. Recertification

The local agency must provide households that have filed an application by the 15th of the last month of their certification period with a *Notice of Action* by the end of the current certification period. The local agency must provide households with a *Notice of Expiration* to initiate the recertification process. The local agency must provide households that have received a *Notice of Expiration* at the time of certification and have applied within the prescribed time frames, with a *Notice of Action* not later than 30 days after the date of the household's initial opportunity to obtain its last allotment. Part IV.C describes the recertification procedures.

See Part XXIV for a sample of forms and instructions.

The National Voter Registration Act of 1993 (NVRA) requires local social services agencies offer each applicant for TANF, SNAP benefits, and Medicaid an opportunity to apply to register to vote at initial application and at each review of eligibility. Voter registration application services must also be provided any time a change of address is reported to the local agency in person. Local agency staff must provide the same degree of assistance in completing voter registration applications as is done in completing applications for assistance.

A. Prohibitions

Local social services agencies and agency staff are prohibited from making any statements or taking any action that:

1. seeks to influence customers' political preferences;
2. displays any political preference or party affiliation;
3. discourages individuals from applying to register to vote; or
4. leads individuals to believe that a decision to register or not to register has any impact on their eligibility for assistance or the benefit level that they are entitled to receive.

B. Voter Registration Services

Each local social services agency, including satellite offices, must provide the following services:

1. distribute voter registration application forms for completion by customers at the agency or to be taken for registration by mail;
2. assist customers in completing the voter registration application form unless such assistance is refused;
3. ensure that spaces of the voter registration application are completed, including identifying the locality name on the reverse side of the form;
4. complete the agency certification form;
5. make brochures about amendments to the Virginia constitution available for distribution; and
6. accept voter registration application forms for transmittal to the local general registrar.
  - a. Each completed registration application must be submitted to the local registrar every Friday or on the last working day before Friday if Friday is a holiday. Envelopes with completed registration forms must be marked with an "A" in the upper left corner and the number of registration forms in the envelope.

- b. Registration applications that are mailed to customers or that were obtained from the local agency must be forwarded to the registrar if the completed forms are returned to the agency.
- c. The voter registration application may be mailed to the State Board of Elections by customers at the expense of the customer.

Voter registration application services are not required to be offered when an individual indicates that he/she is currently registered to vote in the locality and there is a completed agency certification form in the customer's case record indicating the same, and the customer has not moved from the address maintained when the registration occurred.

C. Certification

Each customer must be provided the "Certification of Virginia Voter Registration Agency Certification" form at each application or review.

- 1. Customers who refuse to check the appropriate box on the certification form or refuse to sign the form will be considered to have declined the opportunity to register to vote.
- 2. The worker must sign and date each certification form and complete the appropriate box.
- 3. Certification forms must be retained in the agency case record in accordance with records retention guidelines.
- 4. The bottom of the certification form must be completed when registration applications are mailed with applications for assistance and when an authorized representative files the application on behalf of the household.

D. Individuals Required to be Offered Registration Services

Voter registration services must be offered to an individual who is:

- 1. A member of the TANF or medical assistance unit or SNAP household;
- 2. 18 years of age or who will be 18 by the time of the next general election; and
- 3. Present in the office at the time of the interview or when a change of address is reported.  
(Note that a registration application must be sent upon request for mail-in purposes for address changes that are not reported in person.)

Individuals accompanying the customer to the local agency who is not a member of the assistance unit or household, including payees and authorized representatives, will not be offered voter registration services by the local agency. A registration application must be provided to the person upon request for mail-in purposes. When an authorized representative is applying on behalf of another, the local agency must offer a mail-in application and the bottom

of the certification form is to be completed accordingly.

The voter registration application must be mailed to an applicant with the application for assistance if a subsequent face-to-face interview will not be required. When an in-office interview is held, voter registration services must be provided at the time of the interview.

### THE COMBINED APPLICATION PROJECT

The Virginia Combined Application Project (VaCAP) is a demonstration project that is designed to increase SNAP participation among single, elderly Supplemental Security Income (SSI) recipients who live alone and have no earned income. Participation in this group has historically been lower than desired, often attributed to the cumbersome application process and low benefit level.

This project will:

- Identify potentially eligible non-participating SSI recipients;
- Produce a simplified, pre-filled, system-generated application;
- Provide simplified processing procedures for local agencies; and
- Provide a standardized benefit based on high or low shelter costs.

#### A. The Pre-Application Process

1. ADAPT will match against the State Data Exchange (SDX) monthly after cutoff to identify potentially eligible clients who
  - a. Receive SSI;
  - b. Do not currently receive SNAP benefits;
  - c. Live in Virginia;
  - d. Are elderly (age 65 or older);
  - e. Are single, divorced, widowed, or separated;
  - f. Live alone or purchase and prepare alone; and
  - g. Have no earned income.
2. ADAPT will generate an application and will pre-fill the application with the following elements:
  - a. Name
  - b. Date of Birth
  - c. Address
  - d. SSI amount received
3. The Virginia Department of Social Services will mail the application to the household with a postage-paid envelope and the address of the local social services department.

B. The Application Process

1. Upon receipt of the simplified VaCAP application, the household must:
  - a. Correct the preprinted information, if necessary;
  - b. Specify the shelter amount to reflect rent or mortgage and utility expenses;
  - c. Sign the application; and
  - d. Return the application to the appropriate local agency.
2. If the application is complete, the local agency must:
  - a. Process the application;
  - b. Enter the case into ADAPT;
  - c. Send the Notice of Action to approve the case; and
  - d. Issue an EBT card to the household, if necessary.
3. For incomplete applications, the local agency must take the following actions:
  - a. No signature - The local agency must return the application to the household for signature.
  - b. Shelter expense information not provided – The local agency must process the application with the lower shelter amount.
4. If the household does not return the application, ADAPT will generate a second application the following month. No additional applications will be mailed if the second application is not returned.
5. The interview requirement has been waived.

C. ADAPT

An application is determined to be VaCAP by fields on ASCASE, AECASE, and AERESI in ADAPT.

ASCASE

The Interview Held field must be "V" for VaCAP.

AECASE

The Interim Reporting field must be "00."

AERESI

The FOR SNAP fields must be completed as follows:

- Select one of the shelter expense entries;
- Enter "N" in the Bypass VaCAP field; and
- Enter "V" in the Interview Held field.

D. Benefit Level

Benefits for participants in the VaCAP demonstration are not calculated using the process outlined in Part XIII.C. Participants will receive:

- High benefit - \$100 - shelter expenses total \$500 or above.
- Low benefit - \$80 - shelter expenses total \$499 or less.

E. Issuance of Benefits

VaCAP benefits will not be prorated. The household will receive a full month's benefit beginning the first of the month the application is received in the appropriate local agency.

F. Certification periods

The certification period for all VaCAP applications will be three years.

G. Recertification

VaCAP participants will receive a combined expiration notice and an application to recertify for VaCAP. The Virginia Department of Social Services will mail the recertification application to participants in the month before the certification period expires. Participants must complete the application and return it to the local social services department for processing. A report of VaCAP recertification applications mailed each month is available through Option 18 in ADAPT.

H. Change Reporting

- a. VaCAP households are not required to report changes. The Social Security Administration will report changes in SSI eligibility through the SDX. ADAPT will automatically close VaCAP cases and generate notices when certain changes are reported through the SDX. These changes include the institutionalization or death of the SSI recipient.
- b. If a project participant reports a change that affects the household's eligibility for VaCAP or the benefit amount, the worker must act on the change.

I. Conversion

There is no conversion to the VaCAP project.

1. Move from the regular SNAP benefits - The household may request closure of the regular SNAP case. The household may subsequently apply for VaCAP upon receipt of the computer-generated application.
2. Move to regular SNAP benefits - The household may request closure of the VaCAP case in order to re-apply to the regular, ongoing program. The worker should evaluate whether this would be beneficial to the household and provide the household the information.

PART III	VERIFICATION/DOCUMENTATION	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	VERIFICATION	1
1.	Mandatory Verification at Initial Application/Reapplication	1
	Residency	1
	Identity	1
	Gross Nonexempt Income	2
	Citizenship and Immigration Status	2
	Shelter Expenses	2-3
	Dependent Care Expenses	3
	Resources	3
	Loans	3
	Medical Expenses	3-4
	Social Security Numbers	4
	Disability	5
	Child Support Payments	5-6
2.	Verification of Questionable Information	6
3.	Sources of Verification	6-8
	Documentary Evidence	6-7
	Collateral Contacts and Home Visits	7-8
4.	Checklist of Needed Verifications	8
B.	RESPONSIBILITY FOR OBTAINING VERIFICATION	8-9
C.	DOCUMENTATION	10
D.	VERIFICATION AT RECERTIFICATION	10-11
E.	VERIFICATION DURING THE CERTIFICATION PERIOD	12-13
F.	INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS)	14
APPENDIX I	SUGGESTED CLIENT LETTER ON SSN UPDATE	1

A. VERIFICATION

Verification is the use of third party information or documentation to establish the accuracy of statements on the application or Interim Report. Households have at least ten days to provide required verification.

1. Mandatory Verification at Initial Application/Reapplication (7 CFR 273.2(f))

Local agencies must verify the following information before certification for households initially applying and for reapplications:

a. Residency

**Applicants must establish that they reside in the Virginia locality in which they apply for SNAP benefits. See Part VII.B. Verification of residency is not needed when obtaining proof cannot reasonably be accomplished. Such instances may include homeless households, migrant farm worker households, households newly arrived in a locality, or participants in the Address Confidentiality Program which is available to domestic violence victims.**

Where possible, verification of residency may often be accomplished in conjunction with verifying other items such as identity. If the agency cannot verify residency when verifying other information, the agency must use a collateral contact or other readily available documentary evidence. Verification may include statements from migrant service agencies or camp officials, letters from the people with whom the household is staying, hotel check-in receipts, day care enrollment forms, and health clinic records for the family. The agency must accept any document or collateral contact that reasonably establishes the applicant's residency. Households do not have to provide a specific type of verification.

b. Identity

Applicants must verify the identity of the person making the application. When an authorized representative applies on behalf of a household, the agency must verify the identity of both the authorized representative and the head of the household. The agency may verify identity through readily available documentary evidence, including DMV inquiries through SPIDeR, or through a collateral contact, if no other source is available. Acceptable documentary evidence includes, but is not limited to, a driver's license, work or school ID, ID for health benefits or assistance or social services program, a voter registration card, wage stubs, a Social Security card or card stub issued by the Social Security Administration (SSA), or a birth certificate. The agency must accept any documents that reasonably establish the applicant's identity. Households do not have to provide a specific type of verification.

For drug or alcoholic treatment center residents, the authorized representative may be the resident's collateral contact for purposes of verifying the resident's identity and residency.

c. Gross Nonexempt Income

The agency must verify gross nonexempt income for each household member before certification. The process of verifying income includes establishing the onset and termination of income.

d. Citizenship and Immigration Eligibility

The applicant must declare in writing the citizenship or immigration status of all household members. Immigrants must present documentation for local agencies to determine if they are eligible immigrants as defined in Part VII.F. To establish eligibility for immigrants, applicants may need to establish:

- 1) the date of admission;
- 2) the date USCIS granted the status;
- 3) a military connection;
- 4) battered status;
- 5) presence in the U.S. on August 22, 1996;
- 6) the number of work quarters; or
- 7) tribal membership.

While awaiting acceptable documentation, the immigrant in question is ineligible, but the agency must determine the eligibility of any remaining members except in the instance when a member disputes the SSA report of countable work quarters to establish eligibility. The member may participate for six months during the SSA investigation. See Part VII.F.3.

The agency may verify the validity of an immigrant's documents through an automated or manual system for the U.S Citizenship and Immigration Services (USCIS). The procedures for the Systematic Alien Verification for Entitlements (SAVE) Program verification system are in Appendix 2 of Part VII.

The agency must not verify the citizenship of household members unless the information provided by the household is questionable. See Part VII.F.4 for suggested forms of verification and the procedures to verify citizenship.

e. Shelter Expenses

Households must declare their shelter costs in order to receive a deduction for such expenses. Households must also declare their responsibility for heating or cooling expenses or their responsibility for telephone costs **for entitlement** to use

the standard utility allowance or the telephone standard, respectively. The local agency must verify shelter expenses only if the information presented by the household is questionable.

NOTE: Recipients of Low-Income Home Energy Assistance payments are entitled to the utility standard even if they do not incur direct utility costs as long as they received the assistance at the current residence.

The local agency must not verify the shelter expenses of homeless households that qualify for the Homeless Shelter Allowance unless the claim is questionable. See Part X.A.7.

f. Dependent Care Expenses

Households may declare dependent care expenses for a child or other household member that are needed to allow a household member to work, to look for work, or to be in a job training program. See Part X.A.3. The local agency must verify the expense only if the information presented by the household is questionable.

g. Resources

Applicants must declare the amount of their liquid resources at each application. Unless the declared amount is questionable or the household fails to declare an amount, the agency must not request verification of resources.

When verification is requested, the agency may obtain verification of liquid resources through checking and savings account statements, clearances sent to banks and savings institutions, credit union statements, etc.

h. Loans

The agency must verify all monies a household receives that the household reports as loans.

i. Medical Expenses

The local agency must verify the amount of any medical expenses that may be deductible, including expenses that the household expects to incur during the certification period **in order to get the medical standard deduction or to claim actual expenses.** The agency must also verify amounts for reimbursement of medical costs, such as a reimbursement from an insurance company for a hospital bill. The agency must obtain verification before initial certification if the household indicates the existence of a deduction for a household member who is 60 years of age or older or disabled. **For the medical standard deduction, the household must verify that eligible members incur more than \$35 a month in allowable medical expenses. Households that incur more than \$175 a month in medical expenses may opt out of the medical standard deduction and verify and claim**

**actual expenses. Any** expenses that are anticipated but not verified at certification will be allowed if verification is provided during the certification period **for households claiming actual expenses or the verification establishes entitlement to the medical standard deduction.**

j. Social Security Numbers (7 CFR 273.2(f)(1)(v))

The local agency must verify the Social Security number (SSN) of all household members reported by the household by submitting them to the Social Security Administration (SSA) through SOLQ-I. The agency, however, must not delay certification of an otherwise eligible household solely to verify a Social Security number even if the 30-day processing period has not expired. As soon as the agency completes all other steps necessary to certify a household, except for verification of the Social Security number, the agency must certify the household.

When the SOLQ-I inquiry indicates that SSA is unable to verify the SSN provided by the client, the EW must contact the household to determine if the information the household provided is correct and obtain the correct information, as appropriate. If the information the agency has is correct, but the information SSA has is incorrect, the agency must notify the household that it must resolve the discrepancy with the SSA.

If the household fails to provide the necessary information that would allow the verification of an SSN, the household member for whom the number is unverified is ineligible.

If a household must provide information or documentation to the local agency or the SSA, the household must complete the action before the next recertification or show good cause why it was unable to do so.

If a household claims it cannot complete required actions for reasons beyond its control, the EW must verify the household's inability to cooperate. For example, a household may claim it cannot verify a name change because fire destroyed official records. The EW must verify this claim to the point he/she is satisfied the claim is accurate, i.e., documentation of the name change no longer exists. In these cases an SSN match cannot be accomplished since SSA records cannot be corrected without the missing documentation. If the EW verifies that the household is unable to provide the information needed to verify the SSN, the household member will remain eligible. The case file must adequately document the household's inability to provide the information.

Conversely, if the EW is unable to substantiate the household's claim that it cannot provide the information, the household member will be ineligible.

Appendix I to this chapter contains suggested language for a form that the EW may give to clients who must provide SSA with information or documentation to complete the verification process.

k. Disability (7 CFR 273.2(f)(1)(viii))

Whether the stricter or more relaxed definition of disability is evaluated, disability status of individual household members must be established. If a household fails to verify disability when necessary, the individual in question is not considered disabled.

Work Registration, Student Identification, Work Requirement

A statement from a licensed medical provider is sufficient for the less restrictive standards for these policy areas. Receipt of temporary or permanent disability payments may also be used.

Separate Household Status for Elderly, Disabled Persons

For elderly, disabled persons who are unable to purchase and prepare meals separately, the agency must first determine the disability and then establish that these persons are unable to purchase and prepare meals because of the disability. The Social Security Administration's list of disability conditions may be used for this evaluation.

If it is obvious that the individual could not purchase and prepare meals because of the disability, the agency must consider the individual disabled even if the disability is not specifically mentioned on the SSA list. If the disability is not obvious, the EW must verify the disability by a statement from a licensed medical provider or licensed or certified psychologist, along with a statement that, in the doctor's opinion, the disability prevents the individual from purchasing and preparing meals.

Disabled for Determining Eligibility for Group Homes, Medical Expenses, Unlimited Shelter Expenses, Net Income Standards, 24-month Certification Periods, Resource Eligibility, Immigration Eligibility

Verification of this evaluation of disability, as noted in Definitions, will usually be determined by receipt of or approval for certain income sources or benefits. For example, approval for or receipt of a disability check from the SSA, including SSI, verifies disability.

l. Child Support Payments

A household member's legal obligation to pay child support, the obligated amount of support to be paid, and the amount of child support actually paid must be verified in order to allow a deduction.

Documents which may be used to verify the household's legal obligation to pay child support and the obligated amount include a court or administrative order, or a legally enforceable separation agreement. The actual payment of support may be verified through such methods as cancelled checks, withholding statements from wages or unemployment compensation, statements from custodial parents about direct payments or payments made to third parties, or payment records of the Division of Child Support Enforcement. Documents used to verify legal obligation

to support do not constitute verification of what is actually being paid. Therefore, separate verification of the obligation and actual payment must be obtained, unless the information is obtained through APECS.

2. Verification of Questionable Information (7 CFR 273.2(f)(2))

Local agencies must not verify any other factors of eligibility prior to certification unless they are questionable and affect a household's eligibility or benefit level. To be considered questionable, the information on the application must be:

- a. inconsistent with statements made by the applicant;
- b. inconsistent with other information on the application or previous applications; or
- c. inconsistent with any other information received by the local agency.

When determining if information is questionable, the local agency must base the decision on each household's individual circumstances. **For example**, a household's report of paid expenses that exceed its income may be grounds for a determination that further **explanation and possibly** verification is required. This circumstance alone may not be grounds for a denial. The local agency must explore with the household how it is managing its finances; whether the household receives excluded income or has resources, and how long the household has managed under these circumstances.

If the agency needs verification to resolve questionable information, the local agency must document why it considered the information questionable. The documentation must also include the verification the agency used to resolve the questionable information.

The definition of questionable information contained in this chapter applies to all references of questionable information throughout this manual.

3. Sources of Verification (7 CFR 273.2(f)(4))

Documentary Evidence

Local agencies must use documentary evidence as the primary source of verification. Documentary evidence means written confirmation of a household's circumstances. Examples include wage stubs, rent receipts, and utility bills. The EW is responsible for determining if the evidence provided is sufficient to determine eligibility. Evidence is sufficient if the agency can derive correct information about the element from the evidence provided. For example, the EW may use the Year-to-Date totals on pay stubs to establish a missing amount.

Although documentary evidence is the primary source of verification, acceptable verification is not limited to any single type of document. The agency may obtain the

information through the household or other sources. The local agency must use alternate sources of verification such as collateral contacts and home visits whenever the EW cannot obtain documentary evidence.

To verify residency, a collateral contact, as well as documentary evidence, will serve as a primary source of verification.

When attempts to verify countable income are unsuccessful, the EW must determine an amount to be used for SNAP purposes based on the best available information. The agency may use the household's statement if alternate sources of verification are not available or are uncooperative with the household and the agency.

Example

A farm owner refuses to verify a tenant's income. The local Migrant Seasonal Farmworker's Association (MSFA) or Agriculture Stabilization and Conservation Service (ASCS) may be able to provide information as to what the household member might expect to receive.

Where information from another source contradicts statements made by the household, the household must have an opportunity to resolve the discrepancy prior to an eligibility determination and within the maximum time limits described in Part II.F.

Example

A farm owner reports that the applicant, a tenant farmer, earned a specified amount from the sale of a crop. The applicant reports that this amount is incorrect. If there is no one else to verify the income, and the applicant himself is unable to do so, the agency could use an estimate provided by the Agriculture Stabilization and Conservation Service (ASCS).

Collateral Contacts and Home Visits

A collateral contact is a verbal confirmation of a household's circumstances by a person outside of the household. The person supplying the information may be either in person or over the telephone. Before approval of the initial application/reapplication, the local agency may select a collateral contact only if the household fails to designate one or designates one that is unacceptable to the local agency. Examples of acceptable collateral contacts include employers, landlords, social service agencies, migrant service agencies, and neighbors of the household who are able to provide accurate third party verification. If the local agency designates a collateral contact, the agency may not make the contact without prior written or oral notice to the household. At the time of this notice, the agency must inform the household that it has the following options:

- a. Consent to the contact;
- b. Provide acceptable verification in another form; or,
- c. Withdraw its application.

If the household refuses to choose one of these options, the agency must deny the application in accordance with the normal procedures for failure to verify necessary information.

When the EW contacts the collateral contact, the EW must not disclose that the household applied for benefits or share any of the information provided by the household. In addition, the EW may not suggest wrongdoing by the household. The EW may disclose to the collateral contact only that information the contact needs to supply the information the agency seeks.

Systems of records to which an agency has routine access are not collateral contacts and, therefore, the household does not need to designate them. Examples include APECS, BENDEX, SDX, VEC, or the SOLQ-I inquiry system.

Before approval of the initial application/reapplication, home visits may serve as verification but only if the agency cannot obtain documentary evidence. The EW must schedule the visit in advance with the household for a time that is acceptable to the household.

Upon approval of the application, the requirements for selection of a collateral contact by the household and advance notification of the collateral contact or home visit no longer apply when deemed necessary for the investigation of a possible overissuance. Documentation is necessary before making the collateral contact or home visit as to the information received that indicates the possibility of an overissuance. For example, after the agency approves an application, the agency may make a home visit without advance notification if an anonymous caller identified an additional household member. The investigation may be to evaluate the possibility of an overissuance that already occurred or to prevent an overissuance from occurring in the future.

Home visits deemed necessary for front-end or preventative investigations are not subject to advance notification and scheduling requirements with the household. Inconsistencies in a household's circumstances may warrant preventative investigations.

4. Checklist of Needed Verifications

The agency must provide a checklist that informs each applying household of the verifications the agency needs to process the application and the date by which the household must provide information. The agency must provide the checklist for each new application, reapplication and recertification application filed.

B. RESPONSIBILITY FOR OBTAINING VERIFICATION (7 CFR 273.2(f)(5))

The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. Unless verification is readily available to the household, the household is not responsible for providing verification of reported unearned income for which verification is accessible to the local agency through systems of records. These records include APECS, SOLQ-I, and the VEC inquiry of

unemployment benefits. The agency should access the SDX system only as an alternate method when an applicant's Social Security Number is not available or when the SOLQ-I record is unavailable. The screener must document the case record to note why the SDX system was used and why SOLQ-I was not used.

In addition to using certain information systems to verify income, the agency must review all systems available to determine the accuracy of information presented on applications for SNAP benefits. This screening of systems for each household member must take place before the approval of all applications. Systems that must be evaluated include those listed above, and VEC for employment. The agency may need to use either the household member's name or Social Security number to conduct the screenings. The agency must resolve discrepancies noted between the completed application and automated reports before the approval of the application.

The local agency must assist the household in obtaining requested verifications provided the household is cooperating with the agency as outlined in Part II.C. The agency may access the Work Number, for example, to verify earned income, if the employer is affiliated with the Work Number, and the household either does not have other verification available or requests assistance in obtaining the information. Households may supply documentary evidence in person, through the mail, by facsimile or other electronic means, or through an authorized representative. The household must provide information during the normal business hours for the local office. Information received after the normal business hours is counted as being received the next day. The local agency may not require the household to present verification in person at the local office. The agency must accept any reasonable documentary evidence provided by the household. The focus of the agency must be primarily on how adequately the verification proves the statements on the application.

Whenever a collateral contact must substitute for documentary evidence because documentary evidence is not available, the local agency must generally rely on the household to provide the name of a collateral contact. The household may request assistance in designating a collateral contact. The local agency is not required to use a collateral contact designated by the household if the collateral contact cannot provide accurate third party verification. When the collateral contact designated by the household is unacceptable, the eligibility worker must ask the household to designate another collateral contact or the eligibility worker will designate the collateral contact. The eligibility worker is responsible for obtaining verification from acceptable collateral contacts.

The eligibility worker may contact only those persons designated as collateral contacts with the permission of the household. In the absence of documentary evidence and any other source of verification, the eligibility worker must determine the amount to use for certification purposes based on the best available information.

In instances when outside knowledge of an application for SNAP benefits may jeopardize the employment or safety of the applicant household, the agency must determine that that verification source is unavailable. Examples include an employer or a migrant worker's crew leader who may discourage participation in the Supplemental Nutrition Assistance Program, in which case, the eligibility worker must use another source.

C. DOCUMENTATION (7 CFR 273.2(f)(6))

The eligibility worker must document case files to support eligibility, ineligibility, and benefit level determinations. The documentation must be sufficiently detailed to permit a supervisor or reviewer to determine the reasonableness and accuracy of the determination. The documentation must also indicate that the household received all available options to which it is entitled. At a minimum, the eligibility worker must document the following:

1. The reason for withdrawal of an application, if the household provides a reason and confirmation of the withdrawal. (Part II.B.4.)
2. Details regarding refusal to cooperate. (Part II.C.)
3. The reason the eligibility worker considered information questionable and the information used to resolve the questionable information. This should include an evaluation of the household's actual expenses, if allowing the utility or telephone standard causes the expenses to exceed the income. This evaluation should address if there are unreported sources of income or resources when the income is insufficient to allow the household to meet its financial obligations. (Part III.A.2.)
4. The reason the eligibility worker considered an alternate source of verification (a collateral contact or home visit) necessary. Note that in verifying residency, a collateral contact is a primary source of verification. (Part III.A.3.)
5. The reason the eligibility worker rejected a collateral contact and requested an alternate or why the agency designated the collateral contact. (Parts III.A.3 and III.B.)
6. A statement that the use of actual utility costs, **actual medical expenses, or actual homeless shelter expenses** was a decision made by the household. (Part X.A.)
7. Results of record/information systems reviews for pending applications. (Part III.B.)
8. An explanation as to why the household could not reasonably verify residency, e.g., the household has just recently arrived in the locality. (Part III.A.1.a.)
9. Whenever the agency must verify earned income, the eligibility worker must verify and document the rate and frequency of pay. The eligibility worker must determine the payment cycle and document on what day(s) the household member receives pay and when the wages earned during a pay period are available.
10. The number of hours, period and place of employment or other activity used to regain eligibility for the work requirement. (Part XV.C.)

D. VERIFICATION AT RECERTIFICATION (7 CFR 273.2(f)(8))

At recertification, the eligibility worker must verify eligibility factors to determine a household's continued eligibility for SNAP benefits and the amount of benefits to which the household is

eligible. In most instances, the eligibility worker must verify only the elements that have changed since the last verification. The eligibility worker must not verify unchanged information unless the information is incomplete, inaccurate, or inconsistent.

In addition to the verification requirements for recertification applications, the eligibility worker must monitor all available information systems for all household members as addressed in Part III.B.

Households must supply requested verifications to allow the eligibility worker to anticipate income and expenses properly for the new certification period. Generally, the eligibility worker must request information from the month before the last month of certification. For households that file recertification applications after the certification period ends or in the month before the last month of certification, the eligibility worker must request verification that reasonably will reflect the first month of the new certification period.

The following chart lists items the eligibility worker must verify at recertification.

Verification at Recertification

Earned income	Verify amount.
Unearned income	Verify changes in the source or the amount if changed by more than \$50.
Medical expenses: Medical standard deduction used during previous certification period	Household must declare monthly expenses of \$35 or more. Verify only if questionable.
Medical standard deduction was not used during previous certification period	Household must verify monthly expenses of \$35 or more.
Actual expenses exceeding \$175 per month	Verify any previously unreported or recurring expenses if changed by more than \$25. Verify any expenses reasonably expected to be incurred in the certification period.
Child support expense	Verify new obligation if the obligation changed. Verify the amount paid.
Work hours or other work activity hours of an individual subject to the work requirement who is not receiving time-limited benefits because of a work activity	Verify the number of work hours, hours in a work program, or volunteering is a weekly average of 20 hours or more. Verify that the number of hours assigned for the SNAPET work experience component is met.

In addition to the items above, the agency must address the following items:

- ♦ Change in alien status;
- ♦ Change in loans;
- ♦ Change affecting entitlement to utility and/or telephone standard;
- ♦ Identity of the person filing the recertification application if this person's identity had not previously been verified;
- ♦ Change in residency;
- ♦ Newly obtained Social Security numbers;
- ♦ Incomplete, inaccurate, or inconsistent items; or
- ♦ Questionable information, as defined in Part III.A.2.

E. VERIFICATION DURING THE CERTIFICATION PERIOD

The provisions of this chapter do not apply to changed elements reported through the Interim Report (Part XIV.C.2.c) nor do they apply when verification is not routinely required. The verification requirements addressed here are not dependent on whether a household is required to report the change. The eligibility worker must address changes, as outlined in Part XIV.A.2, and may need to verify the information regardless of whether the household is required to report the change. See Part XIV.A.1 for reporting requirements.

1. Impact on the Benefit Level

During the certification period, households may need to verify information if household circumstances change. For changed information that is unrelated to the Interim Report, households must verify elements that cause benefits to increase. The benefit amount for the first month after the change may reflect the reported change without verification, if the verification is unavailable.

The eligibility worker must obtain verification of the change before the household can receive the second issuance of benefits that reflects the change. If the household does not provide verification within 10 days of the verification request, the eligibility worker must change the allotment back to the original amount certified before the change was entered. The eligibility worker does not have to issue an advance notice if benefits revert to the original level because of the lack of verification as long as the previous notice advised the household that this would happen at the time of the increase.

For changes that result in a decrease in the amount of benefits or that cause no change in the amount of benefits, the eligibility worker must act on the change with or without verification of the change. If the eligibility worker does not verify the changed element at the time of handling the change, the agency must verify the element in conjunction with processing the Interim Report, if applicable, but not later than for the next recertification.

2. Verification Requirements

The eligibility worker must verify the following elements if changes are reported:

- Earned income. Verify the new amount.
- Unearned income if the source changed or the amount changed by more than \$50 since the last verification.
- Number of hours worked or performed for a work activity for persons subject to the work requirement.
- Voluntarily reported medical expenses to show the household is eligible for the medical standard deduction.

- Voluntarily reported medical expenses if the amount changed by more than \$25 since the last verification **for households that are claiming actual medical expenses**. If the EW learns of a change in medical expenses, from a source other than the household, the EW must act on the change if the expense is verified upon receipt and if the EW can make the change without additional information or verification from the household. If the change requires additional information from the household, the EW may not act on the change during the certification period.
- The legal obligation to pay child support or the amount actually paid.

In addition to verifying changed elements that may affect the benefit amount, the agency must address other changes when changes occur, but no later than at recertification, for elements such as:

- Residency
- Identity (if the person whose identity was verified is no longer a household member)
- Immigrant status
- Money received that is reported as a loan

The agency must request verification for any changes where the information provided is questionable, as defined in Part III.A.2, or for information that is incomplete, inaccurate, or inconsistent. The local agency cannot require verification of other changes, except as indicated here, but the agency may seek clarification or explanations of the household's circumstances.

When attempts to verify mandated items are unsuccessful because someone outside the household fails to cooperate with the household or the local agency, the EW must determine the information to be used for SNAP purposes based on the best available information. The agency must explore alternate sources of verification available.

F. INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) (7 CFR 273.2(f)(9))

The Income Eligibility Verification System (IEVS) provides information by running matches of the client population against the files of other state and federal agencies. These include:

- the Social Security Administration for earnings information from the Benefit Exchange Earnings Records (BEERS);
- the Virginia Employment Commission for new hire information; and
- the Internal Revenue Service for unearned income, such as interest income (RES).

The purpose of the matches is to determine whether available information is known to local social services departments.

Information from IEVS matches is considered unverified. Prior to taking action to terminate, deny or reduce benefits, agencies must independently verify the amount of the asset or income involved, and whether the asset or income is or was accessible to the household.

The agency must obtain independent verification of information obtained from IEVS by contacting the household and/or the appropriate source of the income or resource. If the agency opts to contact the household, informally contact the household, informing of the information received, and requesting that the household respond within 10 days. If the household fails to respond in a timely manner, the agency must follow up on the information at recertification or the interim evaluation if the electronic record is still available. If the report indicates that the household would be over the allowable gross income level, the agency must send the Request for Contact, as allowed by Part XIV.A.2.d.

The agency may contact the appropriate source of the information. Once independent verification is provided, either by the household or source, the agency must properly notify the household of the action it intends to take and provide the household with an opportunity to request a fair hearing prior to any adverse action.

10/09

VOLUME V, PART III, APPENDIX I, PAGE 1

SUGGESTED CLIENT LETTER ON SSN UPDATE

Case number  
Case name  
Case address  
Date

Dear \_\_\_\_\_

We have attempted to verify the Social Security number for \_\_\_\_\_  
through an online system for the Social Security Administration, (SSA). Information from that  
system shows that the number you provided is not the same as what we have in your  
assistance record.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please take verification of your \_\_\_\_\_ to the SSA office nearest you  
to have this information corrected.

Please have the representative at the SSA Office complete the bottom of this page to verify that  
you have completed this requirement.

Return this form to the Department of Social Services by: \_\_\_\_\_

EW's Signature

\_\_\_\_\_  
To Be Completed By Social Security:

\_\_\_\_\_, has provided the Social Security Administration  
with the information/documentation necessary to update the records on this individual.

\_\_\_\_\_  
Signature of SSA Representative

\_\_\_\_\_  
Date

TRANSMITTAL #1

PART IV CERTIFICATION PERIODS/RECERTIFICATION

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGE</u>
A.	CERTIFICATION PERIODS	1-2
	1. Assigning a Certification Period	1
	2. Maximum Certification Periods	1-2
B.	NOTICE OF ELIGIBILITY, DENIAL OR PENDING STATUS	2
C.	RECERTIFICATION	3
	1. Notice of Expiration	3-4
	2. Timely Application for Recertification	4
	3. Recertification Interviews	4-5
	4. Time Frames for Providing Verification At Recertification	5
	5. Agency Action on Timely Applications for Recertification	6
	6. Household Failure to Act	6
	a. Failure to File a Timely Application	6-7
	b. Failure to Participate in an Interview	7
	c. Failure to Provide Verification	7
	7. Early Filing of Recertifications	8
	8. Mandatory Review of Eligibility for 24-Month Certification Periods	8
D.	Changing the Length of the Certification Period	8
	1. Shortening Certification Period	8-9
	2. Lengthening Certification Period	9
	3. Adjusting Certification Periods for Transitional Benefits	9

A. CERTIFICATION PERIODS (7 CFR 273.10(f))

The local agency must assign a certification period once the agency determines that a household is eligible to participate in the Supplemental Nutrition Assistance Program. A certification period is the period of time within which a household is eligible to receive benefits. Certification periods vary depending on the particular circumstances of the individual household. No household may have a certification period of more than twelve (12) months, except for households comprised of elderly or disabled members as discussed in Section 2 below.

1. Assigning A Certification Period

All certification periods are based on calendar months. At initial application and reapplication, the first month in the certification period is normally the month of application. At recertification, the first month in the certification period is the month following the last month in the previous certification period. The beginning date of the certification period will generally be the filing date of the application for initial applications, reapplications, and recertification applications filed after the previous certification period expired.

The agency does not need to assign the same certification period at each new certification. Rather, the agency must assign a period for each household based on individual circumstances and household characteristics at the time of consideration.

Eligibility for benefits will cease at the end of each certification period. Participation may not continue beyond the end of the certification period without a new determination of eligibility. The household must receive written notification that the benefit period is ending. The agency may use the *Notice of Expiration* or the *Notice of Action and Expiration* for this purpose depending on the length of the certification period and the timing of the application approval. Time frames for providing the *Notice of Expiration* for the end of the certification period are described in Part IV.C.

2. Maximum Certification Periods

The maximum amount of time a household may have as a certification period is dependent on a household's circumstances as shown below. The EW should assign a shorter period than listed if an applicant household's circumstances do not warrant the maximum period. The EW must take into account anticipated changes or other factors that may affect eligibility when setting the certification period. The minimum certification period for all households will be one month.

The month when a household receives a partial month's allotment or receives no allotment because of proration will count toward the allowable maximum period.

<u>Period</u>	<u>Household Characteristics</u>
24 months	<ul style="list-style-type: none"><li>Households in which all members are 60 years of age or older or all members are disabled, as defined in Definitions, may have a certification period up to 24 months as long as there is no earned income in the household. These households must file an Interim Report of their circumstances by the 12<sup>th</sup> month to receive benefits for the final 12 months of the certification period. See Part IV.C.8 and Part XIV.B.</li></ul>
up to 6 months	<ul style="list-style-type: none"><li>Households with unstable circumstances may have a certification period of up to six months depending on individual household circumstances. This may include households with members who are homeless or migrant/seasonal farm workers, as defined in Definitions.</li></ul>
5 months	<ul style="list-style-type: none"><li>Households that receive Transitional Benefits for former TANF recipients may receive frozen benefits for five months. Note that ongoing households must have their certification periods lengthened or shortened to the five-month limit. See Parts <b>XII.H</b> and IV.D.3 for a discussion of Transitional Benefits.</li></ul>
12 months	<ul style="list-style-type: none"><li>All other households not addressed above may have a certification period of 12 months and must file an Interim Report of their circumstances by the sixth month. See Part XIV.B.</li></ul>

**B. NOTICE OF ELIGIBILITY, DENIAL OR PENDING STATUS (7 CFR 273.10(g)(1))**

Each household must receive a written decision made on its application at initial application, recertification and reapplication. There are three types of action that the agency may take on an application:

1. the agency may find the household eligible for benefits;
2. the agency may find household ineligible; or
3. the agency cannot determine the household's eligibility within the required time frame and the case remains pending.

The agency must send the *Notice of Action* to inform the household of the disposition of its application, recertification or reapplication. The agency may use the *Notice of Action and Expiration* to inform the household of the approval of the application in the last month of certification. The forms and instructions are in Part XXIV. The agency may provide the Appeals and Fair Hearings pamphlet for denied applications.

### C. RECERTIFICATION

Each household may apply for recertification before the expiration of the certification period in which it is currently participating.

The EW must base eligibility for recertification on circumstances anticipated for the month following the expiration of the current certification period. The same anticipated circumstances must be the basis for the level of benefits for the recertification period.

The local agency must complete the application process if the household meets all the requirements and finishes the necessary processing steps in a timely manner, as defined in this chapter, and approve or deny timely applications for recertification prior to the end of the household's current certification period. The agency must provide eligible households an opportunity to participate by the first of the month following the end of its current certification period.

A household may not receive benefits beyond the end of its certification period unless the household recertifies or unless the agency opts to extend the certification period to match a TANF or Medicaid review period. See Part IV.D for information and limitations on lengthening certification periods.

The joint processing requirements of Part II.H.1 apply to recertification applications. Expedited service processing provisions of Part V apply to recertification applications filed during the month after the previous certification period ends.

The remainder of this chapter describes the processing requirements for recertification applications and the timeframes for each.

#### 1. Notice of Expiration (7 CFR 273.14(b))

The local agency must advise the household that the certification period is about to expire and that a new application is necessary to establish further entitlement. The agency must send the *Notice of Expiration* form to notify households of the end of the certification period. See Part XXIV for the form and instructions.

Except as noted below, households must receive the *Notice of Expiration* no later than the last day of the next to the last month of the current certification period, but not earlier than the first day of the next to the last month of the current certification period. When the agency mails the *Notice of Expiration*, allow two days for delivery in addition to the postmark date. Regardless of when the agency assigns the interview date, the recertification application will be timely if the household files the application by the 15th calendar day of the last month of certification.

TANF or GR households whose applications are jointly processed for SNAP and TANF or GR benefits in accordance with Part II.G.1 need not receive a *Notice of Expiration* if they have already filed an application for the PA re-determination and recertification for SNAP benefits by the time the *Notice of Expiration* would have to be provided.

If the agency approves an application in the last month of the certification period, the agency must give (or mail, if the applicant is not present) the *Notice of Expiration* to the household at the time of certification. These instances include households that the agency certified only for the month of application and those that the agency assigned a two-month certification period only for including benefits retroactive to the month of application. The household has 15 calendar days from the date of the notice to file a timely application for recertification. The agency may use the *Notice of Action and Expiration* in place of the *Notice of Expiration* and the *Notice of Action* for these households.

2. Timely Application for Recertification (7 CFR 273.14(c))

Timely applications for recertification are:

- a. Households certified in the last month of the certification period, have 15 calendar days from the issuance of the *Notice of Expiration* to file a timely application for recertification. This section applies to households the agency certifies for the month of application only or for a two-month certification period to include benefits retroactive to the month of application.

Example

Date Application Filed: July 20

Date Certified and benefits issued and available: August 12

Certification Period: July 20 to August 31

Date Notice of Expiration must be mailed: August 12

Date Application must be filed in order for the household to be assured of uninterrupted benefits: August 29 (August 12 plus 15 days plus 2 days for mailing)

- b. Applications filed by households that submitted completed applications by the 15th day of the last month of the current certification period are timely applications for recertification.

Any household that does not timely file its application for recertification will lose its right to uninterrupted benefits. The agency must approve or deny the application by the 30th day after the filing date as long as the household has at least 10 days to provide all needed verifications.

NOTE: For households entitled to file applications for recertification at the SSA office under the provisions of Part II.G.2, the application filing date will be the date the SSA receives the signed application.

3. Recertification Interviews (7 CFR 273.14(b)(3))

A household that receives a *Notice of Expiration* must participate in an interview scheduled by the local agency for a date that is on or after a timely application date, to retain its right to uninterrupted benefits. The interview the agency schedules may be face-to-face, by telephone, or by a prearranged home visit.

The agency must schedule interviews for timely filed recertification applications to allow households sufficient time (at least 10 days) to provide necessary verifications to protect the household's right to uninterrupted benefits. However, an interview is still timely if the agency conducts it by the last date the household can provide necessary verifications in order to receive uninterrupted benefits.

The local agency may schedule an interview for a date **before the last month of the certification period**. The agency may not deny the household, however, if the household has not yet filed an application. The agency may not deny the household if the household fails to appear for the interview or is not available for a telephone interview scheduled before the last month of the certification period.

If the agency does not provide the interview date with the Notice of Expiration, or by some other means before the household files its recertification application, the agency must schedule an interview when the household files an application. If the household misses this scheduled interview, the agency must mail the *Missed Interview Notice* form to indicate that the household missed the interview. If the household does not reschedule the interview, the agency must deny the application at the end of the processing period.

If the agency schedules an interview on the *Notice of Expiration*, or by some other means, prior to receiving a timely application, the agency must take no other action if the household misses that interview. If the household files a timely application, the agency must schedule another interview and give uninterrupted benefits as long as the household provides all necessary verifications before the certification period expires.

If the household files its application for recertification in a timely manner, but due to its fault, is not interviewed in a timely manner, then the household will lose its right to uninterrupted benefits. The agency must take action on the application by the 30th day from the day the application was filed as long as the household has been given at least 10 days to provide needed verifications.

For households that file untimely recertification applications, the agency must schedule interviews to allow households sufficient time (at least 10 days) to provide necessary verifications by the 30-day processing standard.

4. Time Frames for Providing Verification at Recertification  
(7 CFR 273.14(b)(4))

The household must provide verifications necessary to process a timely recertification application within 10 calendar days of the agency's request or by the last day of the certification period, whichever is later. If the household does not provide verification timely, the household will lose its right to uninterrupted benefits.

The agency must approve or deny the application by the 30th day after the filing date as long as the household has had at least 10 days to provide the verification requested.

5. Agency Action on Timely Applications for Recertification  
(7 CFR 273.14(d))

If a household filed a timely application for recertification as allowed by Part IV.C.2, had an interview as allowed by Part IV.C.3, and provided requested verifications within the time frames given in Part IV.C.4, the local agency must provide uninterrupted benefits to the household.

The time standards for providing uninterrupted benefits are as follows:

- a. A household certified in the last month of its certification period must get a notice of the eligibility or ineligibility, and be provided an opportunity to participate no later than 30 calendar days after the date the household had an opportunity to obtain its last SNAP benefit.
- b. Any other household must have the *Notice of Action* to approve or deny the case mailed by the last day of the current certification period. An eligible household must have an opportunity to participate by the first day of the first month of the new certification period.

The agency must provide an opportunity to participate within five working days after a household supplies any missing verification if the agency is unable to process a timely filed application by the normal processing period because of the 10-day time frame for providing verification. The agency may not prorate benefits if the household provides requested information within the 10-day period.

If the agency is unable to process a timely application in enough time to give uninterrupted benefits, the agency must give the household an opportunity to participate the next working day after determining the household eligible. The household must receive a full month's allotment for the first month of the new certification period.

6. Household Failure to Act (7CFR 273.14(e))

A household that submits a timely application for recertification and meets all other required processing steps must have the right to receive uninterrupted benefits, as defined in Part IV.C.5. A household that fails to participate in an interview (Part IV.C.3), or to submit any required verifications (Part IV.C.4), will lose its right to uninterrupted benefits, as long as the failures occur after the deadline for filing a timely application (Part IV.C.2).

a. Failure to File a Timely Application

A household that fails to file a timely application for recertification but files an application during the last month of certification, must have an opportunity to participate within 30 calendar days after the application filing date, if eligible. The local agency must determine a household's eligibility and allow at least 10 days for the household to provide needed verification.

The local agency must assess a household's entitlement to expedited service processing whenever a household files an application for recertification during the month after the certification period expires. If the household is eligible for benefits, the local agency must provide an opportunity to participate within seven calendar days of the application filing date. If the household is not entitled to expedited processing, the agency must determine eligibility and provide benefits within 30 calendar days.

b. Failure to Participate in an Interview

A household that submits a timely recertification application but who is not interviewed timely has no entitlement to uninterrupted benefits. The local agency must, at a minimum, provide an eligible household with an opportunity to participate within 30 calendar days after the application filing date. The local agency must send the *Missed Interview Notice* if the household misses the scheduled interview.

Example

A household files a timely recertification application on January 14. The household misses its scheduled interview set for the 14<sup>th</sup> so the EW sends the *Missed Interview Notice*. The household reschedules and participates in an interview on February 2. The agency must act on the application by February 13, as long as the household has had at least 10 days to provide necessary verifications.

c. Failure to Provide Verification

If a household submits a timely recertification application but submits required verifications untimely, the agency must provide an opportunity to participate by the 30th day after the application filing date. Untimely means that the household did not provide the information within 10 days of the request date or by the last day of the certification period, whichever is later.

Example

A household files a timely application for recertification on the 12th of the month and attends its interview the same day. The household provides all needed verifications by the 25th. The agency must provide uninterrupted benefits to the household since the household met all the timeliness standards.

If the household does not provide needed verification until the second of the following month, the agency must act by the 12th of the following month (30 days after the application filing date).

7. Early Filing of Recertifications

If a household files an application for recertification more than two calendar months before the end of the current certification period, the agency must deny the application as a duplicate application on file. If the household files the application so that the 30th day following the filing is before the end of the current certification period, the agency must extend the processing time for the case from 30 days to the end of the current certification period.

8. Mandatory Review of Eligibility for 24-Month Certification Periods

The EW must review eligibility for households certified up to 24 months during the certification period. The review must take place anytime a case has a certification period that is over 12 months. The EW must conduct a review of the household's eligibility during the eleventh month of certification.

The Virginia Department of Social Services will send households an Interim Report form to complete the review. The EW must note the frequency for sending the Interim Report in ADAPT to initiate the review process.

The EW must assess the returned Interim Report form for completeness and must use the information submitted on the report to determine the household's eligibility. If the household fails to submit a completed Interim Report or to submit required verification or information, the household's case will automatically close at the end of the 13<sup>th</sup> month of the certification period unless the EW takes action to close the case earlier based on the information presented on the Interim Report. In addition, ADAPT will suspend benefits for the 13<sup>th</sup> month to ensure completion of the interim review. See Part XIV.C for a discussion of the Interim Report process.

D. CHANGING THE LENGTH OF THE CERTIFICATION PERIOD

1. Shortening Certification Periods

Once the agency determines a household eligible for benefits, the agency must establish the number of months the household may receive benefits before the household must file another application and have the eligibility process begin again. A certification period may range from one month to 24 months in length. Once the agency establishes the certification period, the agency may not shorten the period to initiate the recertification process. The agency may shorten the certification period only for households due Transitional Benefits.

If the agency determines that the household is not eligible for benefits because of changed circumstances, the agency must send an adverse action notice (*Notice of Action* or *Advance Notice of Proposed Action*) to close the case. If the agency is unable to determine the household's eligibility because of suspected changes in the household's circumstances, the agency must send the household the *Request for Contact* form to request information from the household. The household will have ten days to respond to the agency request for contact and submission of information.

The agency must send an adverse action notice to terminate benefits if the household does not respond timely or completely to the *Request for Contact* form. If the household responds timely and completely and the response causes the household to be eligible for a lesser amount of benefits, the agency must send an adverse action notice to reduce the benefits. See Part XIV.A for other information on handling changes.

2. Lengthening Certification Periods

At its option, the local agency may lengthen a household's certification period to align the SNAP certification period with the review period established for the Medicaid or TANF Programs. The original period and the extended period together may not exceed the 24- or 12-month limits as addressed in Part IV.A.2. The agency must send the household a *Notice of Action* to advise of the revised certification period.

3. Adjusting Certification Periods for Transitional Benefits

In most instances, when a household's TANF grant terminates, the EW must switch the household's SNAP eligibility to the Transitional Benefits component. A household may receive Transitional Benefits for a maximum of five months. The EW must shorten the certification period so that the original certification period will expire at the end of five months if more than five months remain in the original period at the time of the conversion. If there are fewer than five months left in the original certification period at the time of the conversion to Transitional Benefits, the EW must lengthen the certification period to allow for a five-month period. The EW must use the *Notice of Action* to notify the household of the reassigned certification period and the amount of the benefits at the time of the conversion to Transitional Benefits. See Part **XII.H**.

PART V	EXPEDITED SERVICES	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	ENTITLEMENT TO EXPEDITED SERVICES	1
B.	IDENTIFYING HOUSEHOLDS NEEDING EXPEDITED SERVICES	1
C.	PROCESSING STANDARDS	2
	Out-of-Office Interviews	2
D.	VERIFICATION PROCEDURES FOR EXPEDITED SERVICES	3
E.	CERTIFICATION PROCEDURES FOR EXPEDITED SERVICES	3-5
F.	DESTITUTE MIGRANT OR SEASONAL FARMWORKER HOUSEHOLDS	5-6

A. ENTITLEMENT TO EXPEDITED SERVICE (7 CFR 273.2(i)(1))

The following households are entitled to expedited services:

1. Households with less than \$150 in monthly gross income, provided their liquid resources (e.g. cash on hand, checking and savings accounts, savings certificates, and lump sum payments as described in Part IX.C) do not exceed \$100;
2. Migrant or seasonal farm worker households who are destitute, as defined in Part V.F, provided their liquid resources do not exceed \$100;
3. Households whose combined monthly gross income and liquid resources are less than the household's incurred monthly rent or mortgage, and utilities, regardless of how or if the household pays the expenses. If the household indicates it incurs separate heating or cooling costs or that it receives Low Income Home Energy Assistance Program benefits, the agency should use the utility standard, unless the household chooses to use actual costs.

Exempted resources and excluded income are not considered in making the expedited determination. The penalty PA income for noncompliance and income that has been averaged, such as self-employment, contract, etc., will count however.

Expedited services processing will apply at initial application, reapplication or for households that file recertification applications during the month after the certification period expires.

B. IDENTIFYING HOUSEHOLDS NEEDING EXPEDITED SERVICE

The local agency must design its application procedures to identify households eligible for expedited service once the household files an application. **The local agency must screen all applications except recertification applications that are filed timely.** The agency must designate personnel to screen applicants as they contact the agency to request assistance or to review applications for entitlement if the applicant is not in the agency to allow the screening. If the applicant is not in the agency and the applicant failed to complete the application sufficiently for the agency to screen successfully, the agency must attempt to contact the household by telephone **or e-mail** if **such contact information** is on the application.

If the local agency discovers that a household is entitled to expedited service after the initial screening failed to identify entitlement, the local agency must provide expedited service to the household within the processing standards described in Part V.C. The local agency **must document expedited screening results for all applications except recertification applications that are filed timely. Methods to document the screening include: the *Expedited Service Checklist*, case narrative/ADAPT comments screens, or the expedited sections of the *Request for Assistance* or the *Application for Benefits*.**

C. PROCESSING STANDARDS (7 CFR 273.2(i)(3)(i))

For households entitled to expedited service, except those households entitled to a waiver of the office interview, the local agency must make SNAP benefits available to the household no later than seven calendar days after the application filing date. For residents of public institutions who apply for SSI and SNAP benefits before release from the institution, the SNAP application filing date is the date the applicant is released from the institution. Eligible households that apply after the 15<sup>th</sup> day of the month must also receive benefits for the month following the month of application by the seventh day.

If the agency discovers that a household is entitled to expedited service after the application date, the agency must determine eligibility and provide benefits within seven calendar days of the discovery date.

Eligible households that provide all information needed to process the expedited application within seven calendar days following the date of application are entitled to receive benefits within seven calendar days following the date of application. If the household provides the information after the seventh day following the date of application, the agency has seven calendar days to process the application, beginning with the date the household provides the information. If the household does not provide requested information by the 30th day, the agency must send the household a notice to extend the processing of the case for an additional 30 days. The agency must inform the household of the normal verification standards that the household must now meet in order to determine eligibility. Procedures for verifying information used to determine eligibility are in Part V.D.

Out-of-Office Interviews (7 CFR 273.2(i)(3)(iii))

If the agency arranges an out-of-office interview for a household that is entitled to expedited service, the agency must conduct the interview and complete the application process within the expedited service standards. Day One of the processing period is the calendar day following the application date. If the local agency conducts a telephone interview and must mail the application to the household for signature, the expedited standards will not include any mailing time involved. Mailing time will only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.

Example

A household submits an application by mail reporting no income or resources but leaves a significant number of questions on the application blank. The local agency receives the application on Thursday, December 2. The EW conducts a telephone interview on Monday, December 6, completes the remainder of the application, and verifies the identity of the household through a collateral contact. The EW mails the application back to the client to be signed again on December 6.. The agency receives the re-signed application on Monday, December 13.

The agency must provide the household with its EBT card and have benefits posted by Friday, December 17. The period Monday, December 6 through Monday, December 13, inclusive, is considered mailing time and does not count in determining the expedited processing standard.

D. VERIFICATION PROCEDURES FOR EXPEDITED SERVICE (7 CFR 273.2(i)(4)(i); 273.2(i)(4)(ii))

To expedite the certification process, the local agency must postpone all verifications required by Part III.A, except the identity of the applicant, if the agency is unable to obtain verifications within the allowable processing time. The agency may verify the identity of the applicant through a collateral contact or readily available documentary evidence.

The agency must make all reasonable efforts to verify the household's residence, income statement (including a statement that the household has no income) and all other mandatory verifications within the expedited processing standards. Verification may be obtained through collateral contacts or readily available documentary evidence before certification. The agency may not delay benefits beyond the expedited processing standards solely because these eligibility factors have not been verified however.

The local agency should attempt to obtain as much additional verification as possible but should not delay the certification of households entitled to expedited service if the local agency determines that it is unlikely that other verification can be obtained within the expedited period.

Once the household has supplied the name of an acceptable collateral contact or has asked the local agency for assistance in locating such a contact, the agency must promptly contact the collateral contact or otherwise assist the household in obtaining the necessary verification. If the household is unable to provide documentary evidence or the name of a collateral contact, the EW must assist the household in obtaining suitable verification.

Households entitled to expedited service must furnish a Social Security number for each person or apply for one for each person by the postponed verification deadline. Household members who are unable to provide the required Social Security number or who do not have one prior to the verification deadline may continue to participate only if they satisfy the good cause requirements specified in Part VII.G.4.

Once the applicant verifies identity, the agency must not delay benefits beyond the delivery standard defined in Part V.C.

E. CERTIFICATION PROCEDURES FOR EXPEDITED SERVICE (7 CFR 273.2(i)(4)(iii))

Households that are certified on an expedited basis and that have provided all necessary verifications as required must have a normal certification period. The length of the certification period and benefit delivery date is determined by the application date.

1. If verification was postponed, and the application was filed on the 1st through the 15th of the month, the local agency may certify the household for the month of application only; or assign a normal certification period to those households whose circumstances would otherwise warrant a longer certification period. In either case, however, benefits may not continue past the month of application if verification continues to be postponed, even if the household is not entitled to an allotment for the month of application because benefits prorated to less than \$10.

If certified only for the month of application, the local agency must send the *Notice of Expiration* as required by Part IV.C. The household must reapply and complete the verification requirements that were postponed. If a certification period of longer than one month is assigned, the local agency must notify the household in writing that no further benefits will be issued until the postponed verification is completed. The notice must also include information that the household must provide the postponed verification by the 30th day following the date of application or the household's case will be closed.

Additionally, the notice must advise the household that if verification results in changes in the household's eligibility or level of benefits, the local agency will act on those changes without an advance notice.

In instances when the household is not entitled to an allotment for the month of application, a determination of ineligibility must be made and the denial notice sent within seven days of the application date. If an eligibility determination can be made for the month following the month of application, that determination must also be made within seven days. If eligible, benefits for the month following the month of application must be issued by the normal issuance cycle however. Verifications must be obtained before benefits may be issued.

2. The agency must certify a household that applies on or after the 16th day of the month for at least the month of application and the next month or assigned a longer certification period, if circumstances warrant it. The agency must issue prorated benefits to the household for the month of application and the second month's full benefit within the expedited processing time if the household is eligible to receive benefits. The household must receive benefits for the second month at the time of certification regardless of whether verifications have been postponed.

The household must submit postponed verifications no later than the last day of the month following the month of application. The agency must notify the household in writing that the case will be closed if the household does not complete postponed verification by the end of the second month. The household must receive benefits for the third month by the first day of the month, or by the seventh working day, whichever is greater.

In instances when the household is not entitled to benefits for the month of application, the household must receive benefits for the month following the month of application, if eligible, within seven days of the application date.

3. There is no limit to the number of times a household can be certified under expedited procedures, as long as, prior to each expedited certification, the household either completes the verification requirements that were postponed at the last expedited certification; or, was certified under normal processing standards since the last expedited certification.

A household must reapply if the agency closes the case because of the household's failure to provide postponed verifications within the 30 days allowed. If the agency is aware that this is a second expedited application, the household will have seven days following the application date to provide the postponed verifications from the prior application regardless of how long it has been since the prior application. If the household does not provide verifications within the seven days, then the agency must process the reapplication under normal processing guidelines.

The second application must have the same case name as the first expedited application for which the verifications were postponed. If the second application is filed in another locality, then the household may provide the postponed verification to either locality.

A household that requests expedited service but is not entitled to it must have the application processed under normal processing guidelines.

F. DESTITUTE MIGRANT OR SEASONAL FARMWORKER HOUSEHOLDS (7 CFR 273.10(e)(3))

Migrant or seasonal farmworker households may have little or no income at the time of application and may be in need of immediate food assistance, even though they receive income at some other time during the month of application. The local agency must use the following procedures to determine when households in these circumstances may be considered destitute and, therefore, entitled to expedited service and special income calculation procedures:

1. Households will be considered destitute and must be provided expedited service when the only income for the month of application was:
  - a. received prior to the date of application; and,
  - b. was from a terminated source.

For migrant workers, the grower, corporation or company is considered the source of income. The crew leader is not considered the source of income. A migrant who moves from one grower, corporation or company is considered to have moved from a terminated income source to a new source. A change of crops, unless it involves a change in growers, is not considered a new source of income.

If income is received on a monthly or more frequent basis, it is considered as coming from a terminated source if it will not be received again from the same source during the balance of the month of application or during the following month.

If income is normally received less often than monthly, however, the nonreceipt of income from the same source in the balance of the month of application or in the following month is inappropriate to use as a guideline to determine whether or not the income is terminated. For households that normally receive income less often than monthly, the income is considered as coming from a terminated source if it will not be received in the month in which the next payment would normally be received.

2. Households whose only income for the month of application is from a new source are considered destitute and must be provided expedited service if income of more than \$25 from the new source will not be received by the 10th calendar day after the date of application. These households may expect to start receiving income from a new job.

Income which is normally received on a monthly or more frequent basis is considered to be from a new source if income of more than \$25 has not been received from that source within 30 days prior to the date the application was filed.

If income is normally received less often than monthly, however, it is considered to be from a new source if income of more than \$25 was not received within the last normal interval between payments.

3. Households may receive both income from a terminated source prior to the date of application, and income from a new source after the date of application. They will still be destitute if:
  - a. they receive no other income in the month of application; and,
  - b. income of more than \$25 from the new source will not be received by the 10th day after the date of application.
4. Destitute migrant or seasonal farmworker households must have their eligibility and level of benefits calculated for the month of application by considering only income which is received between the first of the month and the date of application. Any income from a new source that is anticipated after the day of application must be disregarded.
5. Some employers provide travel advances to cover the travel costs of new employees who must journey to the location of their new employment. To the extent that these payments are excluded as reimbursements, receipt of travel advances will not affect the determination of when a household is destitute. However, if the travel advance is, by written contract, an advance on wages that will be subtracted from wages later earned by the employee, rather than a reimbursement, the wage advance will count as income. Nevertheless, the receipt of a wage advance for the travel costs of a new employee will not affect the determination of whether subsequent payments from the employer are from a new source of income, nor whether a household shall be considered destitute.

Example

A household applies on May 10 and received \$50 as a wage advance for travel from the new employer on May 1. There is a written contract that this is an advance on wages. Other wages from the employer will not start until May 30. The household is considered destitute. The May 30 payment must be disregarded, but the wage advance received prior to the date of application will count as income.

6. A household's source of income is its employer. The source of income is considered to be the grower for whom the migrant is working at a particular point in time, not the crew chief. A migrant who travels with the same crew chief but moves from one grower to another grower has moved from a terminated source of income to a new source of income.

PART VI HOUSEHOLD COMPOSITION

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	THE HOUSEHOLD CONCEPT	1
	1. General Criteria	1
	2. Required Household Members	2
	3. <b>Individuals</b> in Foster Care	2
	4. Special Consideration for Elderly and Disabled People	3
	5. Residing Together Determinations	3-4
	6. Household Membership of Those Frequently Away from Home	4
B.	BOARDERS	5-7
	1. Those Eligible to Participate	5
	2. Making Boarder Determinations	5-7
C.	NONHOUSEHOLD MEMBERS	7-8
D.	HEAD OF HOUSEHOLD	9-10
	1. Household Designation	9
	2. Agency Designation	9
	3. Principal Wage Earner as Head	9-10
E.	HOUSEHOLDS IN INSTITUTIONS	
	1. Drug Addiction and Alcohol Treatment Centers	10-13
	2. Group Living Arrangements	13-16
	3. Shelters for Battered Women and Their Children	17

A. THE HOUSEHOLD CONCEPT

The EW must determine the composition of the SNAP household. This chapter describes those who may or may not qualify as household members, and the designation of head of household. For the month of application, the household membership as of the day of application is evaluated, including those persons frequently away from home who are included in the household under the provisions of Part VI.A.6.

No one is permitted to receive SNAP benefits as a part of more than one household in the same month, except for residents of a shelter for battered women and children who were members of a household containing the person who had abused them.

1. General Criteria (7 CFR 273.1(a))

A household is composed of one of the following individuals or groups of individuals, provided they are not residents of an institution, except as specified in Part VII.C, or are not boarders, except as specified in Part VI.B:

- a. An individual living alone.
- b. An individual living with others who customarily purchases and prepares food for home consumption separate and apart from the others. This includes a disabled individual, who is not a required household member, living with others whose food is purchased and prepared separately by someone else.

If an individual has insufficient income and resources to contribute to the purchase of food, certify the individual as a separate household if the individual intends to purchase and prepare food separately, if eligible for SNAP benefits.

- c. A group of individuals living together for whom food is customarily purchased in common and for whom meals are customarily prepared from this food supply by or for all members of the group for home consumption.

Unless there is evidence that contradicts a household's statement, accept the household's word on which household members customarily purchase and prepare meals together, and which members constitute the household for SNAP purposes. Contradictions could include situations where an individual living with others claims to purchase and prepare food apart from the others, but previously the person had been part of the household of the others. Verification in this situation may consist of a signed statement from the applicant and a responsible member of the other household attesting to the separate eating arrangements.

In cases of those without sufficient income and resources who state their intent to purchase and prepare food separate from others in the home after certification, a signed statement may be requested at recertification to verify that the intended separation took place, if the information is questionable.

2. Required Household Members (7 CFR 273.1(a)(2))

The following individuals living with others or groups of individuals living together must be considered as one SNAP household, even if they do not customarily purchase food and prepare meals together:

- a. A spouse of a member of the household. Spouse refers to either of two individuals who would be defined as married to each other under applicable state law, or are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople.
- b. Children under 18 years of age who are under the parental control of an adult household member other than their parents. For the purpose of this provision, children must be financially or otherwise dependent on a household member. Parental control will be assumed to exist if an adult household member has legal custody of a child.
- c. Children 21 years of age or younger who live with natural or adoptive parents, unless parental rights have been terminated, or stepparents, unless ties have been severed through divorce.

In the event a child lives in the home with an adult who has parental control (b) and a parent (c), only one SNAP household will exist.

3. Individuals in Foster Care

Households containing **individuals** in foster care have the option of including **individuals in foster care** as part of the household or excluding them. This option takes precedence over other guidelines for determining household composition. If the **individual** is not included as a member of the foster family's SNAP household however, the foster **individual** may be considered a SNAP household member of any other household in which the individual lives **for a portion of the month**. A foster care service plan must exist that allows the **individual** to be a part of another household on a temporary basis, such as a plan that allows weekend visits to the home of the biological parents or prior custodian.

The foster care payment will be counted as income to the foster household if the household elects to count the foster **individual** as a member of the household for SNAP purposes. The payment is excluded as income if the foster family does not include the foster **individual** in its request for SNAP benefits. If the foster **individual** is included in any other SNAP household, only direct payments from the foster care grant from the foster family to the **individual** or other SNAP household would count as income to that household.

**An individual** in foster care and residing with others may not be considered as a separate SNAP household. Foster **individuals** may only receive SNAP benefits as a part of another household in which they live, **including a spouse or children living with them**. The restrictions described in this section do not apply to persons assigned to the Independent Living Program.

4. Special Consideration for Elderly and Disabled People (7 CFR 273.1(a)(2)(ii))

Although a group of individuals living together and purchasing and preparing meals together constitutes a single household under the provision of Part VI.A.1.c, an otherwise eligible member of such a household who is 60 years of age or older, (as well as the spouse of such an individual and children under the age of 18 for whom parental control is exercised) who is unable to purchase and prepare meals because he or she suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease-related, severe, permanent disability may be a separate household. However, the gross income of the remaining household members may not exceed 165% of the Federal Poverty Income Guidelines as listed below:

<u>Household Size</u>	<u>165% Limit</u>	<u>Household Size</u>	<u>165% Limit</u>
1	<b>\$1,536</b>	6	<b>\$4,259</b>
2	<b>2,081</b>	7	<b>4,803</b>
3	<b>2,625</b>	8	<b>5,348</b>
4	<b>3,170</b>	each additional	
5	<b>3,714</b>	members	<b>+\$545</b>

Do not count the income of the elderly, disabled person and his or her spouse for this calculation. The elderly, disabled person is responsible for obtaining the cooperation of the other individuals in providing necessary income information to the local agency.

The key factor in determining whether or not a disability would qualify a household for separate status under this provision is inability to purchase and prepare meals. In the majority of cases, someone with a disability considered permanent under the Social Security Act could be assumed to be incapable of purchasing and preparing meals. However, because the assessment of disability under the Social Security Act, as well as other disability programs, is based on an inability to work, eligibility workers should not, in every case, automatically assume the disability constitutes an inability to purchase and prepare meals.

No specific verification is required if it is obvious to the EW that the person in question could not purchase and prepare his or her own meals; however, when the inability to purchase and prepare meals is not obvious to the EW, the EW should request a statement from a physician that the person is unable to purchase and prepare his or her meals.

Note: This section does not apply to elderly, disabled individuals whose food is usually purchased and prepared separately from others by someone else.

5. Residing Together Determinations

In some situations, it may become difficult to determine whether persons required to participate together actually reside together. Factors to consider in determining whether persons reside together include, but are not necessarily limited to, the following:

- a. If the persons live in separate, identifiable units, separate households probably exist;

- b. If the persons share common facilities such as a kitchen and/or a bathroom, separate households probably do not exist; and,
- c. If the dwelling is constructed as a single-family home, separate households probably do not exist. If the dwelling is constructed as a multi-family structure (e.g., a duplex, apartment building), separate households exist, in all likelihood.

Examples

- 1) A 20-year-old woman lives in two rooms in her parents' basement. She has a bed, sofa, refrigerator, hotplate, etc., but uses the kitchen and bathroom in her parents' home. All persons must participate together since this is a single-family dwelling and common facilities are shared.
- 2) Individuals live together in the same house. One person lives in an apartment in the basement. The apartment contains a kitchenette and bathroom along with other living space. Since the apartment is a separate, identifiable dwelling unit, the individuals are not considered as living together.
- 3) Individuals live in separate rooms in a hotel, but must share a bathroom down the hall. Since they live in separate, identifiable units, they are not required to participate together even though they share common facilities.

These types of situations require careful case-by-case evaluation, and the EW must take care not to impose rigid guidelines, such as requiring a separate unit to have a kitchen, or requiring separate units within one dwelling to have separate entrances. Document how the decision to consider persons residing together or not was determined in these types of situations.

6. Household Membership of Those Frequently Away From Home

Use the following guidelines to determine household membership when an individual is frequently away:

- a. If an individual spends at least 15 days per month in the home and otherwise meets the definition of a household member, as described in Part VI.A.1 and Part VI.A.2, consider the individual a household member.
- b. If the individual spends fewer than 15 days per month in the home, the applicant may choose whether to include the individual as a household member, provided the individual otherwise meets the definition of a household member and is not certified for SNAP benefits elsewhere. If the individual who is frequently away is the spouse of a household member, consider the individual as a household member unless the household can present an address to document where the spouse resides the rest of the month.

If the applicant excludes an individual who is frequently away from the home, that individual may not participate as a separate household at the same address if the individual is a required household member, as described in Part VI.A.2.

B. BOARDERS (7 CFR 273.1(c))

1. Those Eligible to Participate

An individual residing with a household and paying reasonable compensation to the household for lodging and meals is considered a boarder.

Boarders in commercial boarding houses are ineligible to participate in the Program. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. A commercial establishment, located in an area without licensing requirements, that offers meals and lodging for compensation with the intention of making a profit will also be classified as a commercial boarding house. The number of boarders residing in the house is not a determining factor.

Other boarders are ineligible to participate in the program independent of the household providing the board. They may participate as members of the household providing the board at that household's request. If boarders are excluded, their income and resources will not be considered available to the household providing the board.

The household with which the boarder resides (including the household of the proprietor of a boarding house) may participate in the Program, if they meet all the eligibility requirements for participation.

2. Making Boarder Determinations

If an applicant household identifies any individual in the household as a boarder, apply the following conditions to determine if boarder status shall be granted. Boarder status will not be granted to any of the following:

- a. The spouse of a member of the household;
- b. Children under 18 years of age under parental control of a member of the household;
- c. Children under 22 years of age living with their natural, step- or adoptive parents as long as parental rights have not been terminated or severed through divorce;
- d. Persons paying less than a reasonable monthly payment for meals.

10/09

VOLUME V, PART VI, PAGE 6

- 1) An individual furnished both meals and lodging but paying less compensation than a reasonable amount, will be considered a member of the household that provides the meals and lodging.

Only direct money payments (cash, check, money order) to the household will be used in making this evaluation. In no event may SNAP benefits be paid for meals and be credited toward the monthly payment. If payment for meals alone cannot be distinguished from payment for lodging and meals, the full payment amount will be used to make the determination.

- 2) A reasonable monthly payment must equal or exceed the following amounts if the boarder takes two meals or less per day in the home.

Number of boarders being considered as a separate household	Minimum monthly payment required This is two-thirds of the maximum benefit amount, rounded down to the nearest whole dollar amount, for each household size indicated.
1	\$133
2	244
3	350
4	445
5	528
6	634
7	701
8	801

- 3) A reasonable monthly payment must is equal or exceed the following amounts if the boarder takes more than two meals per day in the home.

Number of boarders being considered as a separate household	Minimum monthly payment required This is the maximum benefit amount for each household size indicated.)
1	\$ 200
2	367
3	526
4	668
5	793
6	952
7	1,052
8	1,202

If a single board payment is made for more than one boarder, all boarders for whom the payment is made must be considered as a single household.

Example

A mother and daughter board with another household. The mother pays board to the landlord for herself and her daughter. The mother and daughter must be considered as one household if their board payment is equal to or greater than the required minimum monthly payment.

In instances where an individual is furnished only meals (lodging is not provided), the individual is considered a member of the household where most of the meals are taken, not as a boarder.

If the status is questionable, boarder status may be verified by obtaining a signed statement from the boarder and the person to whom the board is paid, attesting to the arrangement and the compensation provided.

C. NONHOUSEHOLD MEMBERS (7 CFR 273.1(b))

1. The following individuals residing with the household will not be considered household members in determining eligibility or the benefit allotment.
  - a. Roomers: Individuals to whom a household furnishes lodging for compensation but no meals;
  - b. Boarders: Individuals provided meals and lodging for compensation as outlined in Part VI.B;
  - c. Live-in attendants: Individuals who reside with a household to provide medical, housekeeping, childcare, or other similar personal services. To "reside with the household" means that the individual takes a majority of his meals in the home. Dependents of a live-in attendant will be considered as members of the live-in attendant's household. A person cannot be a live-in attendant in his or her own home.
  - d. Ineligible students: Students who are 18 years of age or older and enrolled at least half-time in an institution of higher education who fail to meet the special eligibility criteria outlined in Part VII.E.
  - e. Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

Example

The applicant household shares a house with another family to save on rent. The two groups do not purchase and prepare food together. The members of the other family are not members of the applicant's household.

- f. **Individuals** in foster care that the household opts to exclude from the SNAP unit.

Roomers, live-in attendants and individuals who share living quarters may participate as separate households, if otherwise eligible. Ineligible students, boarders, and individuals in foster care cannot participate as separate households.

Nonhousehold member status will not be granted to roomers, boarders, live-in attendants, or other individuals who meet the relationship criteria of Part VI.A.1 of this manual, merely because of their roomer, boarder, or live-in attendant status.

2. The following individuals residing with the household will be excluded from the household when determining the household's size for the purposes of assigning a benefit level to the household or of comparing the household's monthly income with the income eligibility standards. The income and resources of these excluded members, however, will be considered available to the remaining household members in accordance with Part XII.E. These persons may not participate in SNAP as separate households.

- a. Ineligible Aliens: Individuals who do not meet the citizenship requirement or hold eligible alien status (Part VII).
- b. SSN Disqualified: Individuals disqualified for failure to provide a Social Security Number (Part VII).
- c. Fraud Disqualified: Individuals found guilty of committing an intentional program violation against the Supplemental Nutrition Assistance Program by a court of law or an Administrative Disqualification Hearing (ADH), or individuals who signed waivers to an ADH (**Part XIX**).
- d. Individuals disqualified for noncompliance with employment program requirements (Part VIII).
- e. Individuals who are fleeing prosecution of felony offenses or imprisonment for felony convictions, or persons who are violating conditions of probation or parole. Individuals must have knowledge of an outstanding warrant in order to consider them "fleeing." Individuals must have an opportunity to document that they have satisfied the warrant.
- f. Individuals convicted in federal or state court of felony offenses that occurred after August 22, 1996, related to the distribution of a controlled substance.

Individuals similarly convicted of offenses for possession or use of a controlled substance will not be disqualified if they are complying or have complied with periodic screenings, treatment programs, or other obligations assigned by the court. The client's statement will be used to document compliance with the assigned activities.

- g. Individuals who receive benefits for a three-month period and who subsequently fail to regain eligibility under the Work Requirement (Part XV).

D. HEAD OF HOUSEHOLD (7 CFR 273.1(d))

The head of the household is designated when applications are filed, whether at initial application, reapplication or recertification. The designation of the head will be made either by the household or by the local agency. Under certain circumstances, as described in Part VI.D.3, the head will be defined as the principal wage earner. Whether designated by the household or by the agency, the head must be identified in the case file at the time of certification or household change.

Other than sanctions for violations described in Part VI.D.3, no special requirements are to be imposed on the household or its head. The agency may not, for example, require that the head appear at the certification office to apply for benefits rather than another responsible household member.

1. Household Designation

Whenever an application is filed, the household may identify on the application a household member to be the head. Households with parent-child combinations may also designate the head whenever there is a change to the household's composition. The person selected as the head must be included on the *Notice of Action* at the time of certification or household composition change.

The household may select as head a household member who is an adult parent of children living in the household, an adult who has parental control of a minor child living in the household, or any other adult member. For an adult parent to be selected, there must be at least one natural, step-, or adopted child of any age in the SNAP household unit with an adult parent. For an adult with parental control to be selected, there must be at least one child under 18 years of age who is supervised or otherwise dependent on an adult living in the SNAP household.

2. Agency Designation

If households fail to designate the head by the 30th day for new applications or reapplications or by the verification deadline for recertification applications, the local agency must determine the head. The agency must also designate the head if the household's adult members do not agree with the selection made by the applicant.

The designation by the agency will remain in effect through the certification period or until the head leaves the household.

3. Principal Wage Earner as Head

Unless the household has selected an adult parent or adult with parental control as head as specified in Part VI.D.1, the principal wage earner will be considered the head of household when evaluating noncompliance with work registration. The principal wage earner must also be considered in determining whether a household member voluntarily quit a job or reduced work hours to less than 30 hours per week.

The principal wage earner is the household member who had the most earned income in the two months prior to the month of the registration noncompliance, job quit, or work reduction. Excluded household members, as defined in Part VI.C.2, are evaluated in determining the principal wage earner. The income used in this evaluation must involve 20 hours or more per week or provide the equivalent of 20 hours multiplied by the federal minimum wage.

The principal wage earner identified will not be applicable if the person who caused the violation lives with a parent or person fulfilling the role of a parent. The principal wage earner designation also will not apply if a parent or person fulfilling that role is registered for work or is exempt from work registration because the parent or person fulfilling the role of a parent is:

- a. subject to and participating in any work requirement under Title IV of the Social Security Act such as the PA Employment Services Program (Part VIII.A.1.c);
- b. receiving unemployment compensation benefits or is registered for work to receive these benefits (Part VIII.A.1.f); or
- c. employed or self-employed and working a minimum of 30 hours weekly or is receiving weekly earnings at least equivalent to 30 hours multiplied by the federal minimum wage.

If there is no principal source of earned income in the household, the household member documented in the case file as the head at the time of the violation will be considered the head of the household.

## E. HOUSEHOLDS IN INSTITUTIONS

Residents of certain institutions are eligible for SNAP benefits. This chapter contains special provisions for households residing in eligible institutions. See Part VII.C for a list of eligible institutions and Part II.I for requirements and allowances for authorized representatives for institutionalized households.

### 1. Drug Addiction and Alcohol Treatment Centers

Residents of treatment and rehabilitation programs for persons addicted to narcotic drugs or alcohol, including the children of these persons residing in the centers with the parents, may receive SNAP benefits as individual households. The treatment center must be a private, nonprofit organization or institution or a publicly operated community mental health center, under Part B of Title XIX of the Public Health Service Act.

Before certifying treatment center residents for SNAP benefits, the local agency must establish that the center meets Public Health Service Act criteria even if the center is not certified under Part B of Title XIX of the Public Health Service Act. The local agency

must also determine if the Food and Nutrition Service (FNS) has certified the facility as a retailer and whether the center has a Point-of-Sale (POS) device in order to use SNAP benefits at the institution.

In order to get SNAP benefits, residents of treatment centers must apply and participate through a designated employee of the center. The household must freely choose to apply for benefits. The resident household should assist in completing the application and should sign the application along with the authorized representative before certification, if possible. Normal SNAP certification notices and procedures apply to households that reside in eligible treatment centers except for the requirement that residents must apply through a representative of the center.

a. Accessing and Using SNAP Benefits

In order to access SNAP benefits, each household or representative must have an EBT card. Eligible household residing in drug or alcohol treatment centers must participate in the Program through an authorized representative. The authorized representative will receive an EBT card to use on behalf of the household. The client may not possess an active EBT card while a resident of the treatment center.

Treatment center representatives must use the SNAP benefits for food prepared by or served to the resident addict/alcoholic. If the treatment center has a POS device, the authorized representative must use each individual household's EBT card to access one-half of the monthly benefit **according to the household's assigned benefit issuance date (1<sup>st</sup>, 4<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>)**. If the treatment center does not have a POS device, the authorized representative must use each resident's EBT card at the grocery store and access up to one-half the benefit amount **by the 10<sup>th</sup> day of each month**. The treatment center may access the second half of the benefits on or after the 16<sup>th</sup> of each month if the resident remains in the center as of the 16<sup>th</sup> day of the month.

If the household leaves the treatment center before the 16<sup>th</sup> day of the month, the household is entitled to one-half of the allotment for the month. If the household leaves the treatment center on or after the 16<sup>th</sup> of the month, the household will not receive any portion of the benefits directly.

b. Responsibilities of the Treatment Center

The treatment center must notify the local agency of changes in the household's income or other household circumstances and upon the departure of the addict or alcoholic from the treatment center. When the resident leaves the facility, the treatment center must provide the resident with the EBT card for the "Primary Cardholder," if the card is available. This is not the card used by the authorized representative. Once the household leaves the treatment center, the center may no longer act as that household's authorized representative.

The center should return the authorized representative's EBT card to the local agency when the resident leaves the facility.

The center must provide the household with a *Change Report* Form to report to the local agency the individual's new address and other circumstances after leaving the center, if possible. The center must also advise the household to report the address change to the local agency within 10 days.

Each treatment and rehabilitation center must submit a certified list of residents who are currently participating in the Program to the local social services agency. This list must include a statement that the information provided is correct and must be signed by a representative of the center. The center must submit the list at least monthly, although local agency officials may request a more frequent list.

c. Penalties

The treatment center is responsible for any misrepresentation or fraud that it knowingly commits in the certification of center residents. As an authorized representative, the treatment center must be knowledgeable about household circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The organization or institution is liable for all losses or misuse of SNAP benefits accessed or used on behalf of resident households and for any overissuance of benefits that occur while the households are residents of the treatment center.

The treatment center may be penalized or disqualified if an administrative or judicial determination establishes that SNAP benefits were misappropriated or used for purchases that did not contribute to a certified household's meals. The treatment center may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

d. Local Agency Responsibilities

The local agency must ensure that applicants that reside in alcohol or drug treatment centers apply for SNAP benefits through a designated employee of the treatment center. The agency may not process an application signed only by such a resident or conduct the interview without the authorized representative. The treatment center must receive certification notices and instructions on accessing SNAP benefits through EBT.

The local agency should provide the treatment center with blank *Change Report* forms that the center or household could complete to report changes, including when the household leaves the center. The agency must take prompt action to remove the authorized representative when the household leaves the treatment center upon learning of the address change.

The local agency must receive a monthly list of residents from the treatment center. The agency may require the treatment center submit the list semimonthly. The local agency must review the list to ensure that only those residents listed are participating as residents of that institution. The agency must resolve any discrepancies immediately between the list submitted by the center and the agency's certification record.

In addition to reviewing the lists of residents in the treatment facility, the local agency must conduct periodic random on-site visits to the center. This review is to assure the accuracy of the listings and that the local agency's records are consistent and up-to-date.

The local agency must promptly notify the Regional Office for the Virginia Department of Social Services when there is reason to believe that a treatment center is misusing SNAP benefits in its possession. The Virginia Department of Social Services must transmit the local agency's findings to USDA. The local agency must not act however, until USDA provides instructions.

2. Group Living Arrangements

Disabled or blind individuals who reside in group living arrangements may be eligible for SNAP benefits. See Part VII.C for specific criteria. Unlike residents of drug or alcohol treatment centers, residents of group living may apply on their own behalf; through the use of an authorized representative of the resident's own choice; or through the use of an authorized representative employed and designated by the facility.

How residents of group living arrangements apply will determine the household size. For instance, if a resident files an individual application or through a personal authorized representative, the local agency must evaluate household composition based on who purchases and prepares food together but, residents who apply through the use of the facility's authorized representative, will be one-person households, regardless of the eating arrangements.

a. Participating in the Group Living Arrangement

The group living arrangement may purchase and prepare food that eligible residents will consume on a group basis, if residents normally obtain their meals at a central location, e.g. a dining hall, as part of the group living arrangement services, or if meals are prepared at a central location for delivery to the individual residents.

If residents purchase and/or prepare food for their own consumption, as opposed to communal dining, the group living arrangement must ensure that each resident's SNAP benefits are used for meals intended for that resident.

If residents retain use of their own SNAP benefits, then they may either use the benefits to purchase meals prepared for them by the facility, if group home is authorized by FNS, or purchase food to prepare meals for their own consumption.

If the facility is acting as the authorized representative for the resident, the SNAP benefits may be handled in any of the following ways:

- 1) The facility may spend the benefits, prepare and serve the food to the resident;

- 2) Spend the SNAP benefits and allow the resident to prepare the food; or
- 3) Allow the resident to use some or all of the benefits on his or her own behalf.

If the resident applied on his own behalf, the resident may provide the SNAP benefits to the facility to purchase food for meals served either communally or individually for eligible residents. The eligible resident may also use the SNAP benefits to purchase and prepare food for individual consumption or to purchase meals prepared and served by the group living arrangement.

b. Accessing and Using SNAP Benefits

In order to access SNAP benefits, each household or representative must have an EBT card. Residents of group living arrangements will receive an EBT card. If the household has an authorized representative, the representative will also receive an EBT card to use on behalf of the household.

The household or authorized representative must use SNAP benefits for food prepared by or served to the resident. If the group home has a POS device, at the beginning of each month, the household or authorized representative must use the individual household's EBT card to access one-half of the monthly benefit. If the group home does not have a POS device, the household or authorized representative must use each resident's EBT card at the grocery store. If the authorized representative is a representative of the group home, the representative may access up to one-half the benefit amount at the beginning of each month. The group home representative may access the second half of the benefits on or after the 16<sup>th</sup> of each month if the resident remains in the group home as of the 16<sup>th</sup> day of the month.

If the household leaves the group home before the 16<sup>th</sup> day of the month, the household is entitled to one-half of the allotment for the month. If the household leaves the group home on or after the 16<sup>th</sup> of the month, the household will not receive any portion of the benefits directly.

c. Responsibilities of the Group Living Arrangement

If a representative of the group living arrangement acts as an authorized representative, the group living arrangement must notify the local agency of changes in household circumstances and when the individual leaves the group living arrangement.

Once the household leaves the group home, the center may no longer act as the household's authorized representative.

The center should return the authorized representative's EBT card to the local agency when the resident leaves the facility.

The group home must provide the household with a *Change Report* form to report to the local agency the individual's new address and other circumstances after leaving the group home, if possible. The group home must also advise the household to report the address change to the local agency within 10 days.

Each group living arrangement must submit a certified list of residents who are currently participating in the Program to the local social services agency. This list must include a statement that the information provided is correct. A representative of the center must sign the report and submit the list at least monthly, although local agency officials may request a more frequent list.

**d. Penalties**

When a group living arrangement acts as the household's authorized representative the following additional responsibilities are applicable:

1. The group living facility is responsible for any misrepresentation or fraud that it knowingly commits in the certification of the facility's residents. As an authorized representative, the group living arrangement must be knowledgeable about household circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The group living arrangement is liable for any losses or misuse of SNAP benefits accessed or used on behalf of resident households and for all overissuances that occur while the facility is acting as the household's authorized representative.
2. The facility may be penalized or disqualified if an administrative or judicial determination finds that SNAP benefits were misappropriated or used for purchases that did not contribute to a certified household's meals. The group home may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

These provisions do not apply when the resident household applied on its own behalf.

**e. Local Agency Responsibilities**

The local agency must certify eligible residents of group living arrangements using the same provisions that apply to all other households. Before certifying any residents of a particular facility, the agency must verify that the group living arrangement is authorized by FNS-USDA to accept SNAP benefits or is certified by an appropriate agency of the state or locality, including that agency's determination that the center is a nonprofit organization.

Before certifying group home residents for SNAP benefits, the local agency must establish that the group living arrangements meets Section 1616(e) of the Social Security Act criteria, even if the group home is not certified under Section 1616(e)

of the Social Security Act. The local agency must also determine if the Food and Nutrition Service (FNS) has certified the facility as a retailer and whether the group home has a Point-of-Sale (POS) device in order to use SNAP benefits at the group home.

The local agency should provide the group living arrangement with blank *Change Report* forms so the group living arrangement or household could complete to report changes, including when the household leaves the group living arrangement. The agency must take prompt action to remove the authorized representative when the household leaves the group living arrangement upon learning of the address change.

The local agency must receive a periodic list of residents from the group living arrangement. The agency may establish the frequency of receiving the resident lists. The local agency must review the list to ensure that only those residents listed are participating as residents of that institution. The agency must resolve any discrepancies immediately between the list submitted by the group living arrangement and the agency's certification record.

In addition to reviewing the lists of residents in the group living arrangement, the local agency must conduct periodic random on-site visits to the center. This review is to assure the accuracy of the listings and that the local agency's records are consistent and up-to-date.

The local agency must promptly notify the Regional Office for the Virginia Department of Social Services when there is reason to believe that a group living arrangement is misusing SNAP benefits. The Virginia Department of Social Services must transmit the local agency's findings to USDA. The local agency must not act however, until USDA provides instructions.

**f. FNS Authorization**

FNS may authorize group living arrangements as a retail food store. A state or local agency must appropriately certify these facilities. If the facility loses its certification, FNS may withdraw its approval at any time

If FNS disqualifies a facility as a retail food store, the local agency must suspend its authorized representative status for the same period. If a facility loses its certification to use SNAP benefits through wholesalers or its certification from the appropriate State or local agency, residents will not be eligible to participate except those who have applied on their own behalf. Residents who will be ineligible are not entitled to the *Advance Notice of Proposed Action*, but they must receive a written notice explaining the termination and the effective date.

3. Shelters for Battered Women and Their Children

a. Determination of Acceptable Shelter Status

Before certifying residents of shelters for battered women, the local agency must determine that the shelter for battered women and children meets the definition of Part VII.C.1.d. of this manual. The agency must maintain documentation to support the determination to show that the shelter meets the criteria.

If a shelter has authorization by FNS to use SNAP benefits, the shelter will meet the criteria and will need no further determination by the local agency.

b. Special Eligibility Considerations

Many shelter residents will have recently left a household containing the person who abused them. The former household may be certified for participation in the program and its certification may be based on a household size that includes the women and children who have just left. Shelter residents who are included in such certified households may, nevertheless, apply for and, if otherwise eligible, participate in the Program as separate households if the previously certified household that includes them also contains the person who abused them.

Shelter residents who are included in such certified households may receive an additional allotment as a separate household only once a month. The local agency must certify shelter residents who apply as separate households solely based on their income and resources and the expenses for which they are responsible. The agency must not consider the income, resources, and expenses of their former household in certifying these applicants. Jointly held resources must be considered inaccessible for battered women and children if access to the value of the resource depends on the agreement of a joint owner who still resides in the former household.

Room payments to the shelter are allowable shelter expenses.

Local agencies must take prompt action to ensure that the former household's eligibility or allotment reflects the change in the household's composition.

PART VII NONFINANCIAL ELIGIBILITY CRITERIA

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	NONFINANCIAL ELIGIBILITY CRITERIA	1
B.	RESIDENCY	1-2
C.	RESIDENTS OF INSTITUTIONS	2
	1. Definition of a Resident of an Institution	2
	2. Eligible Institutional Residents	2-3
D.	STRIKERS	3
	1. Definition of a Striker	3
	2. Determining Striker Eligibility At Initial Certification	4
	3. Determining Striker Eligibility for Ongoing Cases	4
	4. Changes in Striker Status	4
E.	STUDENTS	5
	1. Definition of a Student	5
	2. Student Exemptions	5-6
F.	CITIZENSHIP AND ELIGIBLE IMMIGRANTS	7
	1. Eligibility of Immigrants	7-8
	2. Conditional Eligibility of Immigrants	8-9
	3. Verification of Immigrant Status	9-11
	4. Verification of Citizenship	11-12
	5. Reporting Illegal Immigrants	12
G.	SOCIAL SECURITY NUMBERS	12
	1. Requirements for Participation	12
	2. Obtaining a Social Security Number	13
	3. Failure to Comply	13
	4. Determining Good Cause	13-14
	5. Ending Disqualification	14
APPENDIX I	SSA Quarters of Coverage Verification Procedures for Legal Immigrants	1-2
APPENDIX II	Systematic Alien Verification for Entitlement Programs	1-4

A. NONFINANCIAL ELIGIBILITY CRITERIA

Participation in the Supplemental Nutrition Assistance Program is based on both financial and nonfinancial eligibility criteria. This chapter contains a discussion of most of the nonfinancial eligibility criteria. A household will meet the nonfinancial eligibility criteria if it:

1. Resides in the locality of application; (7 CFR 273.3) (Part VII.B.)
2. Resides in a noninstitutional setting or in an eligible institution; (7 CFR 273.1(b)(7)(vi)) (Part VII.C.)
3. Contains no persons currently on strike unless the household would have been eligible before the strike; (7 CFR 273.1(g)(1)) (Part VII.D.)
4. Contains a student enrolled in an institution of higher education who meets certain special eligibility requirements; (7 CFR 273.5) (Part VII.E.)
5. Contains citizens of the United States or eligible aliens (7 CFR 273.4) (Part VII.F.)
6. Registers for work, unless otherwise exempt (7 CFR 273.7). (Part VIII.A.)
7. Does not have a primary wage earner who voluntarily quits or reduces work without good cause (7 CFR 273.7(n)) (Part VIII.B.)
8. Provides Social Security numbers for household members (7 CFR 273.6(a)(1)). (Part VII.G.)

The presence of cooking facilities is not a criterion for determining SNAP eligibility.

B. RESIDENCY (7 CFR 273.3)

Residence is defined as physical presence in a locality with the intent to remain either temporarily or permanently.

Households do not have to live in the locality for a particular length of time in order to get SNAP benefits, nor do they have to have any intent of staying any length of time. Persons vacationing in an area cannot be considered as residents.

Households must reside in the locality in which they apply for SNAP benefits. Households do not have to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility. Migrant campsites, motels, or other temporary shelters meet the residency requirements. Households may live in vehicles, such as cars, buses, or trucks, etc. Other individuals may live on the street. As long as households maintain a physical presence in the locality, they will meet residency requirement. Households may not participate in more than one locality at a time.

**Participants in the Address Confidentiality Program (ACP) must declare they reside in the locality in which they apply for SNAP benefits. The ACT authorization card will establish participation in that program. Participants may use the substitute mailing address (P.O. Box 1133, Richmond, VA 23218-1133) and the assigned authorization code as the address**

**for SNAP purposes. The substitute mailing address is not relative to the physical address.**

See Part III.A and D for a discussion of the verification of residency.

Note: The local agency may choose to keep an ongoing case in active status during a temporary move from the locality. This policy is discussed in Part XIV.A.7.

**C. RESIDENTS OF INSTITUTIONS (7 CFR 273.1(b)(7)(vi))**

Except for the institutions listed in this section, residents of institutions will not be eligible for SNAP benefits.

**1. Definition of a Resident of an Institution**

Individuals will be considered residents of an institution when the institution provides them with the majority of their meals (over 50% of three meals daily) as a part of its normal service, whether or not the meal service is mandatory. In instances where meal service is optional, individuals will not be considered residents of the institution unless they participate in the meal plan. Residents who do not receive a majority of their daily meals from the institution may be eligible for benefits if all other eligibility factors are met.

Residents of public institutions who apply for SSI before their release from an institution under the Social Security Administration's Prerelease Program for the Institutionalized may apply for SNAP benefits at the same time they apply for SSI. For these applicants, the filing date of the SNAP application will be the date of release of the applicant from the institution.

**2. Eligible Institutional Residents**

Residents of following facilities may receive SNAP benefits:

- a. Residents of any federally subsidized housing for the elderly.
- b. Narcotic drug addicts or alcoholics or the children of these individuals who reside at a facility or treatment center under the supervision of a drug or alcoholic treatment and rehabilitation program.

A drug or alcoholic treatment and rehabilitation program means a program leading to rehabilitation conducted by a private, nonprofit organization or institution or a publicly operated community health center under Section 300x-21 et. seq. of U.S. Code Title 42; meets the criteria that would make it eligible to receive funds under Section 300x-21 et. seq. of Title 42, even if it does not actually receive funds from that source; provides treatment and rehabilitation of drug addicts or alcoholics to further the purposes of Section 300x-21 et. seq. of Title 42; or is authorized as a retailer by the FNS.

The treatment program must present information or documentation to show that it meets the eligibility criteria. See Part VI.E for additional information about treatment centers.

- c. Disabled or blind individuals who are residents of a public or private, nonprofit residential setting that serves no more than sixteen residents. These group living arrangements must be certified by an appropriate agency of the state or locality under Section 1616(e) of the Social Security Act and regulations based on it. See Part VI.E for a discussion of this group living arrangement.
  - d. Women or women with their children temporarily residing in a shelter for battered women and children. A shelter for battered women and children means a public or private nonprofit residential facility that serves battered women and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered women and children.
  - e. Residents of public or private nonprofit shelters for homeless persons.
- D. STRIKERS (7 CFR 273.1(g)(1))
1. Definition of a Striker
- a. For SNAP purposes, a striker is defined as:
    - 1) Anyone involved in a strike; or,
    - 2) Anyone involved in a concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement); or,
    - 3) Anyone involved in any concerted slowdown (or other concerted interruption of operations by employees).
  - b. Examples of non-strikers include:
    - 1) Employees whose workplace is closed by an employer in order to resist demands of employees, e.g., lockout.
    - 2) An individual who would have been exempt from work registration on the day prior to the strike, other than those exempt solely on the grounds that they are employed at the struck plant, e.g., the individual may be the caretaker of a child under 6 years of age and, therefore, would not be affected by the striker provisions.
    - 3) Employees unable to work as a result of striking employees, e.g., striking newspaper pressmen preventing newspapers from being printed and, consequently, truck drivers are not working because there are no papers to deliver.
    - 4) Employees who are not part of the bargaining unit on strike who do not want to cross a picket line due to fear of personal injury or death.

2. Determining Striker Eligibility at Initial Certification

Households with striking members (this does not include individuals exempt from work registration) shall be ineligible to participate unless the household was eligible immediately prior to the strike. This means that the EW must determine the household's income as though the household applied on the day before the strike for all individuals in the household on that date. Do not account for changes between this date and the date of application in the eligibility determination. For example, if an individual was in the home on the day before the strike, receiving \$100 per month, and on the date of application this individual is no longer in the home, eligibility must still be based on this individual being in the home and the income he or she was receiving. Also, in considering the striker's income as though the household applied on the day before the strike, if the striker was absent from work for one week due to sickness, for example, a full month's income is still to be counted. Normal verifications must be obtained (FNS Policy Memo 82-4).

If the household would have been ineligible had they applied the day before the strike, deny the application.

If the household would have been eligible had they applied the day before the strike, the EW must compare the striking member's income before the strike to the striker's current income. Add the higher of the two to the current income of members who are not on strike that is anticipated to determine the household's eligibility at the time of application.

Use only current resources in determining resource eligibility.

Strikers who are eligible are subject to the work registration requirements of Part VIII.A.

3. Determining Striker Eligibility for Ongoing Cases

If a member of a currently certified household becomes involved in a strike, the definition of a striker described in Part VII.D. is still applicable. The household containing a person defined as a striker shall not receive an increased allotment as the result of a decrease in income of the striking member(s). The EW shall compare the striker's income before the strike to the striker's current income and add the higher of the two to the countable income of nonstriking members.

Use only current resources in determining resource eligibility.

Strikers who are eligible are subject to the work registration requirements in Part VIII.A.

4. Changes in Striker Status

If a striker officially terminates employment with the struck employer, he/she will no longer be considered a striker. The employer or other acceptable sources must verify an official termination.

If a striker accepts temporary employment with the intent of returning to his struck job once the strike ends, he is still considered a striker.

E. STUDENTS (7 CFR 273.5)

1. Definition of a Student

For the purposes of this chapter, the term student refers to a person who is enrolled at least halftime in an institution of higher education. The term student will refer to a person who is:

- a. is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment; or,
- b. is enrolled in a regular curriculum at a college or university that offers degree programs, regardless of whether a high school diploma is required.

Once a student enrolls in an institution of higher education, the enrollment will continue through all normal periods of class attendance, vacation, and recess unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).

Enrollment begins on the first day of the school term of the institution of higher education.

2. Student Exemptions (7 CFR 273.5(b))

To be eligible for SNAP benefits, students, as identified above, must meet special criteria listed below. The resources of students who are not eligible are not considered in determining the eligibility or benefit level of other household members. See Part XI.G for evaluating the income of ineligible students.

An eligible student must meet at least one of the following criteria:

- a. Be 17 years of age or younger or, age 50 or older;
- b. Be mentally or physically unfit;
- c. Be employed for **an average** of 20 hours per week **or 80 hours per month** and be paid for such employment;
- d. Be employed in a self-employed business for **an average** of 20 hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours;
- e. Be participating in a state or federally financed work-study program during the regular school year;
- f. Be responsible for the care of a dependent household member under the age of six;
- g. Be responsible for the care of a dependent household member who is age six

through age eleven where the local agency has determined that adequate child care is not available to enable the student to both attend class and satisfy the 20 hour per week work requirement or participate in work study;

- h. Be a full-time student and a single parent or caretaker who is responsible for the care of a dependent household member who is under age 12;
- i. Be receiving benefits from the TANF Program;
- j. Be participating in a work incentive program under Title IV of the Social Security Act, i.e. Virginia Initiative for Employment Not Welfare (VIEW) Program;
- k. Be participating in an on-the-job training program; or,
- l. Be assigned to or placed in an institution of higher education through:
  - 1) Programs under the Workforce Investment Act (WIA);
  - 2) SNAP Employment and Training (SNAPET);
  - 3) A program under Section 236 of the Trade Act; or,
  - 4) An employment and training program operated by state or local governments where one or more of the program's components are comparable to SNAPET components.

Students paid or subsidized for in-class hours are not considered employed during that time so such class attendance would not make a student eligible under the minimum 20 hour per week work requirement. In addition, the exemption for on-the-job training is valid only for the period the person is being trained by the employer.

In evaluating a student's eligibility based on the work-study provision, note that the student must be approved for work-study at the time of the application for SNAP benefits. In addition, the work-study must be approved for the school term and the student must anticipate actually working during the school term. This exemption will begin either the month the school term starts or the month the work-study is approved, whichever is later. The student's exemption is not to continue beyond the month the school term ends or when it becomes known that a work-study assignment has been refused nor, is the exemption continued between terms when there is a break of a full month or more, unless the student is participating in work-study during the break.

In evaluating whether adequate childcare is not available for children who have reached the age of 6 but are not yet 12, the following guidelines have been developed. If:

- a. There is no licensed day care facility available; or
- b. The student cannot afford the day care; or
- c. There is no reliable or reasonable transportation to the day care provider,

then it is probably likely that adequate child care is not available. Note, however, that even if these factors exist, adequate childcare is deemed available if the student has arranged for day care.

## F. CITIZENSHIP AND ELIGIBLE IMMIGRANTS

Only U.S. citizens and certain immigrants are eligible for SNAP benefits. Based on the household's written declaration on the application, the local agency must determine if each household member is a citizen or an immigrant. If a member is an immigrant, the local agency must determine if that member is an eligible immigrant. The sponsored immigrant policies described in Part XII.C must also be evaluated for eligible immigrants who have sponsors.

### 1. Eligibility of Immigrants

The following categories of immigrants are eligible for SNAP benefits:

- a. A refugee admitted under Section 207 of the Immigration and Nationality Act (INA).  
  
Afghan and Iraqi Special Immigrant visa holders must be evaluated as refugees.  
  
Individuals who are victims of human trafficking must also be evaluated as refugees. This designation may include the minor children, spouse, parents, or the unmarried minor siblings of the trafficking victim. These refugees must present a letter from the Office of Refugee Resettlement (ORR) or present a T visa that certifies or documents the status.
- b. An immigrant granted asylum under INA Section 208.
- c. An immigrant living in the U.S. and for whom deportation is being withheld under INA Section 243(h) or Section 241(b)(3).
- d. A Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980. This designation may include refugee or parole status.
- e. An Amerasian immigrant as documented by the I-94 or other forms with notations of AM1, AM2, AM3, AM6, AM7, or AM8.
- f. Lawful permanent resident immigrants who have worked for 40 qualifying quarters of coverage under Title II of the Social Security Act are eligible for SNAP benefits. Quarters of work for jobs not covered by Title II of the Social Security Act may be credited toward the qualifying minimum. For quarters after December 1996, no federal means-tested public benefits may be received to count as a qualifying quarter. For this provision, public benefits are TANF, SSI, Medicaid and SNAP benefits. This provision also includes Nutritional Assistance Program benefits from Puerto Rico, American Samoa, and the Northern Mariana Islands.

Quarters earned by the spouse of the permanent resident immigrant during the marriage, provided they are still married to each other, may be counted. Quarters

earned by parents, including step- or adoptive parents, of a permanent resident immigrant before the alien turns 18, may be counted toward the qualifying minimum for the immigrant, including any quarters earned prior to a child's birth.

- g. Native Americans entitled to cross the border of the United States into Canada or Mexico. This group comprises persons born in Canada to whom INA Section 289 applies or members of an Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act.
- h. Highland Laotians and Hmong tribe members who are lawfully residing in the United States and who were part of a Highland Laotian or Hmong tribe between August 5, 1964 and May 7, 1975 when such tribes assisted U.S. personnel. The unmarried dependent children, spouse, and the surviving spouse who has not remarried of tribal members are also eligible.

**Immigrants who originally had an exempt status (items a-e) but, who subsequently gain permanent resident status are eligible for SNAP indefinitely, before and after their status adjustment.**

2. Conditional Eligibility of Immigrants

- a. The following categories of immigrants are eligible for SNAP benefits provided they also meet a qualified category in subsection b:
  - 1. An individual who has been in the U.S. as a qualified immigrant for five years or more from the date of entry in the country or from the date of a change in the immigration status. The five-year period may or may not be a consecutive period as temporary absences from the U.S. of less than six months will not affect the status if there is no intention of abandoning U.S. residency. Absences of periods of more than six months will be presumed to be an interruption unless the resident is able to show intent to resume U.S. residency. If there is an interruption in residency, the EW must consider the amount of time in the U.S. before and after the interruption.
  - 2. Veterans with honorable discharges for reasons not related to alien status and persons who are on active duty in the Armed Forces of the United States, other than training. To be an eligible veteran, one must have served a minimum of 24 months or the period for which the person was called to active duty. The term veteran includes military personnel who die during active duty served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

The spouse or unmarried dependent child of a veteran or person on active duty is also eligible. The surviving spouse of a deceased veteran or of an individual who died while on active duty is also eligible. Eligibility of the surviving spouse is allowed provided the spouse has not remarried and that the marriage was for at least one year, or that they were married before the end of a 15-year period following the end of the period of military service in which the injury or disease was incurred or aggravated; or, that they were married for any period if a child was born of the marriage or was born before the marriage.

3. An individual who receives payments or assistance for blindness or disability, as defined in Definitions.
  4. An individual lawfully residing in the U.S. on August 22, 1996 and who **was born on or before August 22, 1931.**
  5. A child under 18 years of age lawfully residing in the U.S.
- b. A qualified immigrant is one who is:
1. a lawful permanent resident;
  2. a refugee admitted under INA Section 207;
  3. a person granted asylum admitted under INA Section 208;
  4. one whose deportation is being withheld under INA Section 243(h) or 241(b)(3);
  5. a parolee admitted under INA Section 212(d)(5) and the status is granted for at least one year;
  6. a conditional entrant admitted under INA Section 203 as in effect as of April 1, 1980;
  7. a battered spouse or child, as established by INS and the agencies providing benefits that a substantial connection exists between the battery and the need for benefits;
  8. a Cuban or Haitian entrant; or
  9. an Amerasian immigrant.
3. Verification of Immigrant Status

Verification of immigrant status is mandatory for initial applications and as new household members are added. While awaiting acceptable verification, except as noted below, the immigrant whose status is unverified is ineligible but the eligibility of any remaining household members must be determined. The income and resources of the immigrant whose status is unverified is considered available in determining the eligibility of any remaining members, as described in Part XII.E. If verification of eligible status is later received, the agency must treat this as a reported change in household size.

Verification of the number of qualifying quarters an immigrant may directly or indirectly claim access for SNAP purposes will primarily be available from the Social Security Administration (SSA). Verification of the quarters of coverage may be accessed through the State Verification Exchange System (SVES). If verification is not obtained through SVES or, in some instances, from SSA directly, the household will be responsible for supplying proof of the amount of past wages to document the quarters earned. The household will also be responsible for providing proof if the SSA information is contested by the household or is incomplete.

In instances when the number of countable quarters verified by SSA is in dispute, an immigrant will be allowed to receive SNAP benefits for up to six months while working with SSA to resolve the issue.

As with other mandatory verifications, verification of immigration status may be postponed for households entitled to expedited service processing. However, the household member must claim to be of an eligible immigrant category before participation is allowed for the first month.

Documentation from the U.S. Citizenship and Immigration Services (USCIS) or other sources that the EW determines constitutes reasonable evidence of immigrant status is acceptable. If an immigrant does not have proof of the immigration status, the local agency must advise the household to contact USCIS to obtain verification. Form G-845S in Appendix II of this Part may be used to obtain information from USCIS when evidence presented is not clear or the applicant cannot provide information.

Documentation provided by the household may be submitted to USCIS for validation through the Systematic Alien Verification for Entitlement Programs (SAVE) system. The SAVE procedures are outlined in Appendix II of Part VII. The use of SAVE is optional for SNAP eligibility determinations.

Immigration documentation includes, but is not limited to, the forms listed below.

- a. Resident Alien Card, Form I-551: This form, called the green card, is issued to immigrants admitted for permanent residence.

A foreign passport or USCIS documents, other than the I-551, will be acceptable proof of permanent residency if it has the endorsement: "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence. Valid until \_\_\_\_\_. Employment Authorized."

- b. Arrival - Departure Record, Form I-94: This form is issued by USCIS to persons who may or may not be eligible for SNAP benefits. Eligible aliens with I-94s must have certain INA Sections or terms listed on the forms. INA Sections 207, 208, or 243(h) or terms, such as refugee or asylum, on the I-94 reflect eligible alien status.
- c. Employment Authorization Document, Forms I-688B or I-766: These forms are issued to persons who may or may not be eligible for SNAP benefits

The I-688B will be sufficient verification for these citations:

<u>Citation</u>	<u>Status</u>
274a.12(a)(1)	Lawful permanent resident
274a.12(a)(3)	Refugee
274a.12(a)(5)	Asylum
274a.12(a)(10)	Deportation Withheld

The I-766 will be sufficient verification if annotated with the following:

A3	Refugee
A5	Asylum
A10	Deportation withheld

- d. Documents such as the Employment Authorization Card, Form I-688A or the Fee Receipt, Form I-689 may be used with other verification to establish alien eligibility. These forms alone do not provide ample verification of eligible alien status.

4. Verification of Citizenship

Citizenship must not be verified unless the household's statement that one or more of its members are U.S. citizens is questionable. If questionable, the household must be asked to provide acceptable verification. Acceptable forms of verification include:

- a. birth certificates
- b. religious records
- c. voter registration cards
- d. certificates of citizenship or naturalization provided by USCIS, including passports

General appearance of the applicant, foreign accent, inability to speak English, employment as a migrant farm worker, or a foreign sounding name are not sufficient reasons, in and of themselves, to consider information about citizenship questionable.

If the above forms of verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, the local agency must accept a signed statement from someone who is a U.S. citizen which declares, under penalty of perjury, that the member in question is a U.S. citizen. The signed statement must contain a warning of the penalties for helping someone commit fraud, such as: "If you intentionally give false information to help this person get SNAP benefits, you may be fined, imprisoned, or both."

The member whose citizenship is in question is not allowed to participate until proof of U.S. citizenship is obtained. Until proof of U.S. citizenship is obtained, the member in question will have his or her income, less a pro rata share, and all of his other resources considered available to any remaining household members. (See Part XII.E.)

If the agency reduces or terminates a household's benefits within the certification period because one or more of its members is disqualified as an ineligible alien, the local agency must issue the *Advance Notice of Proposed Action* to inform the household that the individual is disqualified, the reason for the disqualification, the eligibility and benefit level of the remaining members, and the actions the household must take to end the disqualification, if applicable.

All persons born in the Commonwealth of Puerto Rico, American Samoa, Guam, Mariana Islands, and the U.S. Virgin Islands are U.S. citizens or nationals.

5. Reporting Illegal Aliens (7 CFR 273.4(b))

The local agency must report to the USCIS any individual who the agency "knows" to be in the United States in violation of the Immigration Nationality Act. The household must present a Final Order of Deportation in order for the local agency to "know" that the person is in violation to make the report to the USCIS. In no other instance may the agency make the report to the USCIS.

If a household member presents a Final Order of Deportation issued by USCIS or by the Executive Office of Immigration Review, the local agency director must report to USCIS. The report must include the individual's:

- name
- address
- other identifying information

The agency must send the report to:

Director  
Policy Directives and Instructions Branch  
U.S. Citizenship and Immigration Service  
425 I Street, N.W.  
Room 4034  
Washington, D.C. 20535  
ATTN: USCIS No 2070-00

G. SOCIAL SECURITY NUMBERS (7 CFR 273.6)

1. Requirements for Participation

An applicant must provide the local agency with the Social Security number (SSN) of each household member, or apply for a number before certification. This provision applies to participating or applying households.

During the eligibility interview, the agency must explain to the applicant or participant that refusal or failure without good cause to provide or apply for an SSN will result in disqualification of the individual for whom the number is not obtained.

If an individual has more than one SSN, the agency must request and the household must provide all the numbers.

2. Obtaining a Social Security Number

For individuals who provide the SSN before certification or at any other time, the agency must record the SSN and verify it according to Part III.A.1.j.

For individuals who do not have a SSN, those who do not know if they have a number, those who are unable to find and therefore cannot provide their number or those whose numbers appear questionable, the agency must direct the household to submit Form SS-5, Application for a Social Security Number, to the Social Security Administration (SSA). The agency must advise the household where to file the application for an SSN and discuss what evidence will be needed to obtain an SSN. Evidence needed includes a U.S. public record of birth established before age five or other verification of birth, such as religious records whose validity is not questionable, or hospital records, if they can be verified by the SSA. While religious and hospital records will entitle the individual to an SSN, further proof of birth is required by the SSA to establish eligibility for Social Security benefits.

If the household is unable to provide proof of application for the number for a newborn when the child is first added to the case, the household must provide the number or proof of application at its next recertification or within six months, whichever is later. If the household is unable to provide the number or proof of application within the time allowed, the agency must determine if good cause provisions exist.

The agency must advise the household that proof of the application for an SSN from SSA will be required prior to certification, and suggest that the household member ask the SSA for proof of the application for an SSN. The "Receipt for Application for a Social Security Number" may be used for this purpose. The local agency may also devise a form for this purpose; however, the local agency must consult with the Regional SNAP Consultant before using such a form.

3. Failure to Comply (7 CFR 273.6(c))

If the local agency determines that a household has refused or failed to show good cause to provide the number or apply for a number, the individual without the SSN is disqualified from receiving SNAP benefits. The disqualification applies only to the individual for whom the SSN is not provided, not the entire household. Part XII.E contains instructions for the treatment of income and resources of the disqualified household member.

4. Determining Good Cause (7 CFR 273.6(d))

In determining if good cause exists for failure to comply with the requirement to provide an SSN, the local agency must consider information from the household member and SSA.

Good cause for failing to apply for a number includes documentary evidence or collateral information that the household has made every effort to supply SSA with the necessary information to complete an application for an SSN. Good cause does not include delays

due to illness, lack of transportation or temporary absences, because SSA makes provisions for mailing in applications for the SSN. If a household can show good cause why an application for an SSN has not been completed, the member in question is allowed to participate for one month in addition to the month of application for SNAP benefits. Good cause for failure to apply must be shown monthly thereafter for such a household member to continue to participate.

If the household is unable to obtain the documents required by SSA in order to apply for an SSN, the eligibility worker shall assist the individual in obtaining these documents.

5. Ending Disqualification (7 CFR 273.6(e))

Once a person has been disqualified for refusal or failure to provide an SSN or apply for an SSN, the disqualified member must provide an SSN before eligibility can be established.

### SSA Quarters of Coverage Verification Procedures for Legal Immigrants

Individuals who are not citizens of the U.S. may be eligible for SNAP benefits depending on their immigration status. (See Part VII.F.1.) One of the eligible classes requires that the immigrant must be credited with 40 quarters of work. This appendix contains the process for determining the number of qualifying quarters with which an individual can be credited.

To determine the number of quarters available to an eligible immigrant household member, the EW must obtain answers to the following questions:

1. How long has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) lived in the U.S.?
2. How many years has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) commuted to work in the U.S. from another country before coming to the U.S. to live, or worked abroad for a U.S. company or in self-employment while a legal resident of the U.S.?

*(If the total number of years to both questions is less than 10 years, the agency does not need to ask question 3 because the 40-quarter standard cannot be met.)*

3. In how many of the years reported in answer to question 1, did the applicant, the applicant's spouse, or the applicant's parent earn money through work?

*(To determine whether the applicant's earnings were sufficient to establish "quarters of coverage" in those years, the agency should refer to the income chart included in this appendix.)*

If the answer to question 3 is 10 years or more, the EW must verify, from USCIS documents or other documents, the date of entry into the country for the applicant, spouse and/or parent. If the dates are consistent with having 10 or more years of work, an inquiry through SVES must be made.

Information received through SVES will not report earnings for the current year and possibly not the last year's earnings. The household must provide verification of earnings through pay stubs, W-2 forms, tax records, employer records, or other documents, if the quarters of this period are needed to qualify for assistance.

If the household believes the information from SSA is inaccurate or incomplete, beyond the current two-year lag period, advise the household to provide verification to the SSA to correct the inaccurate income records.

In evaluating the verification received directly from the household or through SVES, the EW must exclude any quarter, beginning January 1997 in which the person who earned the quarter received TANF, SSI, Medicaid or SNAP benefits. This evaluation also includes benefits from the Nutritional Assistance Program from Puerto Rico, the Northern Mariana Islands, or American Samoa.

## Establishing Quarters

The term “quarter” means the 3-calendar-month period that ends with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called “quarters of coverage”) are earned by working at a job or as a self-employed individual. A maximum of 4 credits can be earned each year.

Credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	1995	\$630	\$2520
1979	\$260	\$1040	1996	\$640	\$2560
1980	\$290	\$1160	1997	\$670	\$2680
1981	\$310	\$1240	1998	\$700	\$2800
1982	\$340	\$1360	1999	\$740	\$2960
1983	\$370	\$1480	2000	\$780	\$3120
1984	\$390	\$1560	2001	\$830	\$3320
1985	\$410	\$1640	2002	\$870	\$3480
1986	\$440	\$1760	2003	\$890	\$3560
1987	\$460	\$1840	2004	\$900	\$3600
1988	\$470	\$1880	2005	\$920	\$3680
1989	\$500	\$2000	2006	\$970	\$3880
1990	\$520	\$2080	2007	\$1000	\$4000
1991	\$540	\$2160	2008	\$1050	\$4200
1992	\$570	\$2280	2009	\$1090	\$4360
1993	\$590	\$2360	2011	\$1120	\$4480
1994	\$620	\$2480	<b>2012</b>	<b>\$1130</b>	<b>\$4520</b>

If a quarter for the current year is included in the computation, use the current year amount as the divisor to determine the number of quarters available.

For quarters earned before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual's net earning from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

### Systematic Alien Verification for Entitlements Program

Section 121 of the Immigration Reform and Control Act of 1986 (IRCA), Public Law 99-603, required a system for verifying the immigration status of immigrants who apply for certain types of benefits. The Systematic Alien Verification for Entitlements (SAVE) Program was developed to prevent the issuance of benefits to ineligible immigrants. The use of SAVE is optional by local agencies for determining SNAP benefits. . **If a local agency elects to use SAVE however, the agency must ensure compliance with training, security, client notification and other requirements, as outlined for SAVE at <http://spark.dss.virginia.gov/divisions/bp/> .**

Immigrants must present documentation of their immigration status before eligibility can be determined for SNAP benefits. Part VII.F outlines the categories of eligible immigrants. Once the household provides documentation, the agency may determine the validity of the documents by comparing the information submitted with current immigration records maintained by the United States Citizenship and Immigration Service (USCIS). The process described in this appendix may also be used to obtain information about an immigrant's sponsor to satisfy the requirements of Part XII.C.

Verification is obtained through two processes:

1. Primary verification – online access by authorized personnel to immigration files by logging on at <https://www.vis-dhs.com/WebOne/vislogin.aspx?JS=YES>.
2. Secondary verification - a manual procedure completed in addition to or in place of primary verification via Form G-845S.

If an agency elects to use SAVE to validate the verification provided by the household **for SNAP**, verification for immigrants with permanent status should not be resubmitted through SAVE once information has been obtained through SAVE. SAVE should be accessed periodically for immigrants with a temporary or conditional status if an agency elects to use SAVE.

#### Primary Verification

Primary verification is the online access to immigration records. Local workers must attempt the online method before attempting the manual, paper-trail method of secondary verification unless circumstances listed in the Secondary Verification section exist.

Information obtained through SAVE should be compared with the original immigration document. If discrepancies are noted, initiate the secondary verification process. The local agency must not take any negative action on the basis of the automated verification only.

#### Secondary Verification

The following circumstances require that the local agency skip online procedures and perform secondary verification when:

- Items presented as documentation appear altered or counterfeit;
- Documents have no Alien Registration Number (A-Number);

- Documents contain an A-Number in the A60 000 000 or A80 000 000 series;
- The document presented is any other form of USCIS fee receipt;
- The document presented is Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is over one year old.
- The document presented is a receipt for an application for a replacement document for a qualified status as listed in Part VII.F.1.g.
- Additional information is needed regarding sponsorship status or for the name and address of the sponsor(s).
- Documentation is needed to substantiate the status as a victim of abuse.
- Expired documents are presented and the immigrant has a physical or mental disability that prevents new documents from being obtained from USCIS.

In addition to the situations above, secondary verification should also occur when there is a discrepancy in the records, when there is no USCIS file for the individual or when the online response is "Institute Secondary Verification."

#### Secondary Verification Procedures

1. Complete the top portion of form G-845S, Document Verification Request. Separate forms must be completed for each immigrant. A copy of the form follows this section.
2. Staple readable copies (front and back) of original immigration documents to the upper left corner of form G-845. Copies of other documents used to make the initial immigrant status determination must also be submitted. Other documentation could include marriage records or court documents that indicate the identity or immigration status of the holder.
3. Retain a copy of the completed G-845S in the case record. Mail completed forms to:  

U.S. Citizenship and Immigration Service  
**10 Fountain Plaza, 3<sup>rd</sup> Floor**  
**Buffalo, NY 14202**  
Attn: Immigration Status Verification Unit
4. While awaiting the secondary verification from USCIS, do not take any negative action against the case or individual on the basis of immigration status.
5. Upon receipt of the G-845S, compare the information with the case record. If eligibility of the immigrant is confirmed, file the G-845S in the case record. Appropriate action to reduce or terminate benefits must be taken if the verification proves an individual's ineligibility.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

SAVE

**G-845S, Document  
Verification Request**

**Section A. To Be Completed by the Submitting Agency**

**To:** U.S. Citizenship and Immigration Services (USCIS)

6. Verification Number

**From:** Typed or Stamped Name and Address of Submitting Agency

**Attn:** Immigration Status Verification Unit

**(USCIS may use above address with a No. 10 window envelope)**

1. Alien Registration Number or Form I-94 Number

2. Applicant's Name (Last, First, Middle)

3. Nationality

4. Date of Birth (mm/dd/yyyy)

5. U.S. Social Security Number

7. Photocopy of Document Attached

(If printed on both sides, attach a copy of the front and back.)

Other Information Attached (Specify documents.)

8. (Benefit)	(Your Case Number)
<input type="checkbox"/> TANF	
<input type="checkbox"/> Education Grant/Loans/Workstudy	
<input type="checkbox"/> Food Stamps	
<input type="checkbox"/> Housing Assistance	
<input type="checkbox"/> Medicaid/Medical Assistance	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Employment Authorization	
<input type="checkbox"/> Other (specify)	

9. Name of Submitting Official

10. Title of Submitting Official

11. Date (mm/dd/yyyy)

12. Telephone Number ( )

**Section B. To Be Completed by USCIS**

**USCIS RESPONSES: From the documents or information submitted and/or a review of our records, we find that:**

1. ☐ This document appears valid and relates to a **Lawful Permanent Resident alien** of the United States.
2. ☐ This document appears valid and relates to a **Conditional Resident alien** of the United States.
3. ☐ This document appears valid and relates to an alien **authorized employment** as indicated below:
  - ☐ a. Full-Time
  - ☐ b. Part-Time
  - ☐ c. No Expiration (Indefinite)
  - ☐ d. Expires on (Specify mm/dd/yyyy below):
4. ☐ This document appears valid and relates to an alien who has an **application pending** for: (Specify USCIS benefit below)
5. ☐ This document relates to an alien having been **granted asylum/refugee status** in the United States.
6. ☐ This document appears valid and relates to an alien **paroled** into the United States pursuant to Section 212 of the I&N Act.
7. ☐ This document appears valid and relates to an alien who is a **Cuban/Haitian entrant**.

8. ☐ This document appears valid and relates to an alien who is a **conditional entrant**.
9. ☐ This document appears valid and relates to an alien who is a **nonimmigrant**. (Specify type or class below)
10. ☐ This document appears valid and relates to an alien **not authorized employment** in the United States.
11. ☐ Continue to process as legal alien. USCIS is searching indices for further information.
12. ☐ This document is not valid because it appears to be: (Check all that apply)
  - ☐ a. Expired
  - ☐ b. Altered
  - ☐ c. Counterfeit

**USCIS Stamp**



---

---

Comments
----------

- |   |
|---|
| <input type="checkbox"/> 13. No determination can be made from the information submitted. Please obtain a copy of the original alien registration documentation and resubmit. |
| <input type="checkbox"/> 14. No determination can be made without seeing both sides of the document submitted. (Please resubmit request.)                                     |
| <input type="checkbox"/> 15. Copy of document is not readable. (Please resubmit request.)   |

"PRUCOL"
----------

**For Purposes of Determining Only. If Alien Is Permanently Residing Under Color of Law!**

- |  |
|--|
| <input type="checkbox"/> 16. USCIS is actively pursuing the removal of an alien in this class/category.                  |
| <input type="checkbox"/> 17. USCIS is not actively pursuing the removal of an alien in this class/category at this time. |
| <input type="checkbox"/> 18. Other.  |

---

Instructions
--------------

1. Submit copies (*front and back*) of alien's original documentation.
2. Make certain a *complete return address* has been entered in the "From" portion of the form.
3. The Alien Registration Number (A-number) is the letter "A" followed by a series of seven, eight or nine digits. The number found on Form I-94 may also be recorded in the block. (Check the front and back of the Form I-94 document. If the A-number appears, record that number when requesting information, instead of the longer admission number, because the A-number refers to the most integral record available.)
4. If Form G-845 is submitted without a copies of the applicant's original documentation, it will be returned to the submitting agency without any action taken.
5. Address this verification request to the local office of U.S. Citizenship and Immigration Services.

PART VIII EMPLOYMENT SERVICES AND VOLUNTARY QUIT/WORK REDUCTION

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGE</u>
A.	WORK REGISTRATION AND SNAP EMPLOYMENT AND TRAINING	1
1.	Exemption from Work Registration	1-3
2.	Frequency of Registration for Work	3
3.	Method of Registration for Work	3
B.	VOLUNTARY QUIT/WORK REDUCTION	4
1.	Exemptions from Voluntary Quit/Work Reduction Provisions	4
2.	Determination of Voluntary Quit/Work Reduction	5
3.	Voluntary Quit/Work Reduction at Application	5-6
4.	Voluntary Quit/Work Reduction for Participating Households	6-7
5.	Changes in Household Composition after a Sanction Has Been Determined	7
6.	Ending Voluntary Quit/Work Reduction Disqualification	7-8
7.	Good Cause	8-10
8.	Verification	10
C.	Sanction Periods for Noncompliance	11

A. WORK REGISTRATION AND SNAP EMPLOYMENT AND TRAINING

The EW must evaluate and record each household member's work registration status based on the exemption criteria in Part VIII.A.1. This information must be recorded in ADAPT. The information must be reviewed and updated as needed at recertification.

The EW must explain to the applicant the work registration requirements and the consequences of a mandatory registrant voluntarily quitting a job or reducing work hours without good cause. The EW should encourage participation in SNAP Employment and Training (SNAPET), if applicable.

Work registration status information in ADAPT is used to register participants for the SNAPET component. SNAPET is operated through 22 local social services departments. Participation in SNAPET is voluntary.

1. Exemption from Work Registration

The following persons are exempt from the work registration requirement:

- a. Any household member who is younger than 16 years of age or who is 60 years of age or older.
- b. Any household member 16 or 17 years of age who is not the head of the household as defined in Part VI.D.
- c. Employment Service Registrants. This exemption only applies to TANF recipients who participate in the Virginia Initiative for Employment not Welfare (VIEW) Program.
- d. A parent/caretaker of a child under 6. Accept the client's statement unless the information given is questionable. The registration requirement must be fulfilled at the next scheduled recertification following the child's 6th birthday, unless otherwise exempt.

In two-parent situations, only one parent may receive the exemption for the children. If more than one family unit exists in the SNAP household, only one adult per family unit may receive the exemption.

When persons who are not siblings are present in the SNAP household, the EW must determine, through client statement, which adults in the home exert parental control over which children for purposes of determining the exemption.

Examples

- 1) A household consists of a married couple and their 4-year old son. Mr. X is disabled and receiving SSI. He is exempt based on his disability. Mrs. X is exempt on the basis of the child under 6.
- 2) A household consists of a married couple and two children, ages 2 and 4. Either parent is exempt on the basis of the children under 6. The other parent must be registered for work if no other exemption exists.

- 3) A household consists of two adult sisters, each of whom has a child under 6. Each sister is exempt.
- e. An attendant for an incapacitated person. The incapacitated person is not required to be a SNAP household member. Accept the client's statement unless the information given is questionable.
- f. Applicants for and recipients of unemployment benefits in Virginia. Since persons who apply for unemployment benefits in Virginia (for Virginia benefits) are automatically registered for work for SNAP purposes, no additional registration is necessary except for persons who are on strike. Persons on strike who have applied for, but are not receiving unemployment benefits, are not registered for work by the Virginia Employment Commission (VEC) and, therefore, do not meet this exemption.

If the exemption claimed is questionable, the EW must verify the information with the appropriate VEC Office. Persons who have applied for unemployment benefits in another state and are not yet receiving the benefit however, are not automatically exempt from work registration. The EW must contact the other state to determine if registration for work occurred when the application for unemployment benefits was filed. Persons who have filed an interstate claim in Virginia against the state they have recently left are exempt.

- g. Participants in a drug or alcoholic treatment and rehabilitation program. Accept the client's statement unless the information given is questionable.
- h. Persons employed for cash wages, in any amount, or self-employed and working a minimum of 30 hours per week. This includes migrant and seasonal farm workers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days. In determining whether an applicant is working a minimum of 30 hours per week, fluctuating work hours may be averaged. Since this exemption is tied to a weekly figure, the period for averaging should also be tied to a weekly figure. The number of weeks to be averaged cannot exceed either the length of the certification period or the twelve-month work registration period. The average may be based on any number of weeks less than either of these two periods which will allow a reasonable approximation of the number of hours worked per week. Accept the client's statement unless the information given is questionable.
- i. Persons working less than 30 hours per week, but earning at least the equivalent of the federal minimum wage multiplied by 30 hours.
- j. Persons who are obviously physically or mentally incapacitated. When disability is not obvious or the individual does not attend the eligibility interview or other office visit, proof of the disability may be established by the approval for or receipt of disability benefits. See Definitions. Also, approval for or receipt of benefits such as TANF, GR, Medicaid, or Workers Compensation based on a disability which has been verified by that program will be considered as proof of disability. Other individuals claiming a disability exemption must substantiate such disability by a

medical statement from a licensed medical provider or licensed or certified psychologist or by approval for or receipt of benefits upon verification of same, such as an insurance company.

- k. A student, enrolled at least half-time in an institution of higher education, who meets the special eligibility criteria of Part VII.E.
- l. Other persons enrolled, at least half-time in any recognized school or training program, including summer school.

NOTE: Placement in a school or training program by the SNAPET will not exempt a person from work registration.

2. Frequency of Registration for Work

The EW must register all household members who are not exempted from the work registration requirements at the time of application or reapplication, and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification.

If a household member who is subject to the time-limited benefits of Part XV loses the exemption status within the certification period because of a change in the number of work hours, the EW must register that household member when the change is reported. The EW must explore with the household whether an exemption to the work registration requirements exists.

Household members who lose their exemptions due to a change in circumstances that is not subject to the reporting requirements of Part XIV.A must register for work at the household's next recertification.

3. Method of Registration for Work

The method of registration will be accomplished as follows:

- a. Initial Application and Reapplication – The EW must complete the ESP/VIEW/SNAP ADAPT screen. Registration information will be forwarded to the SNAPET worker.
- b. Every twelve months thereafter - The EW must complete the ESP/VIEW/SNAP ADAPT screen.
- c. Changes in Work Registration Information - The EW must record changes to the work registration status in ADAPT within 10 days from the date the change becomes known to the EW. Changes include noting that an individual is no longer required to be registered.

The EW must notify the SNAPET Worker, through the ESP Communication Form, when there are changes in household or individual circumstances that affect

registration or compliance with SNAPET requests such as conversion of the SNAP case to transitional benefits.

- d. Recertification - At each recertification, the EW must evaluate each household member to determine the work registration status of each member. The EW must record the registration or exemption on the ESP/VIEW/SNAP ADAPT screen for each member.

## B. VOLUNTARY QUIT AND WORK REDUCTION (7 CFR 273.7(j))

An individual who quits a job of 30 hours or more per week or who reduces the work effort so that less than 30 hours per week remain after the reduction is not eligible for SNAP benefits unless the person is exempted from work registration requirements, as outlined in Part VIII.A.1., or unless good cause can be documented for the quit or reduction. If the person is the head of the household, as defined in Part VI.D, the entire household is ineligible for SNAP benefits. The length of time the individual or household is ineligible will be determined by the number of previous violations for this Part that have been incurred by the individual. The disqualification periods are listed in Part VIII.C.

At the time of application, the local agency must explain to the applicant the consequences of a household member quitting a job or reducing the number of hours worked without good cause and of the consequences of a person joining the household as its head if that individual has voluntarily quit a job or reduced the hours worked.

The *SNAP Sanction Notice for Noncompliance with a Work Requirement* must be sent to provide information when a case is negatively affected when one voluntarily quits a job or reduced the hours worked without good cause.

### 1. Exemptions from Voluntary Quit and Work Reduction Provisions

Most persons who are exempt from the work registration provisions in Part VIII.A.1 at the time of the quit or work reduction will be exempt from the voluntary quit and work reduction provisions. Voluntary quit and work reduction provisions will apply to TANF recipients who are exempted from the work registration provisions because of their registration with Employment Services and persons who are exempted because of employment (Part VIII.A.1.(c and h)),.

For applicants, if the quit or work reduction occurred before the date of application, evaluate work registration on the date of application to determine whether the household is exempt from voluntary quit or work reduction provisions. If the quit or work reduction occurred after the date of application, but before the case was processed, evaluate work registration status on the day of the quit or work reduction to determine whether the household is exempt from voluntary quit or work reduction provisions.

For participating households, evaluate the household member's work registration status on the day of the quit or work reduction to determine whether the household is exempt from voluntary quit or work reduction provisions.

2. Determination of Voluntary Quit or Work Reduction

When a household files an application for participation or when a participating household reports the loss of a source of income or reduced income, the local agency must determine whether any household member quit a job or purposefully reduced the number of hours worked.

a. Voluntary quit provisions apply if:

- 1) the employment involved 30 hours or more per week or provided weekly earnings at least equivalent to the federal minimum wage multiplied by 30 hours;
- 2) the quit occurred within 60 days prior to the date of application or any time thereafter; and
- 3) the quit was without good cause.

b. Work reduction provisions apply if:

- 1) the employment involved more than 30 hours per week;
- 2) fewer than 30 hours per week exist after the reduction;
- 3) the reduction occurred within 60 days prior to the date of application or any time afterwards; and
- 4) the reduction was without good cause.

Changes in employment status that result from ending a self-employment enterprise or resigning from a job at the demand of the employer do not count as voluntary quit for purposes of this chapter. Changes in employment status will also include situations in which renewal contracts are not offered or a decision is made not to reenlist in the military. Failure to accept a renewal offer of a contract with comparable terms will count as voluntary quit.

An employee of the federal, state or local government who participates in a strike against that government and is dismissed from the job because of participation in the strike, will be considered to have voluntarily quit the job without good cause.

If an individual quits a job, secures new employment at comparable wages or hours, and is then laid off, or through no fault of his own loses the new job, the earlier quit will not form the basis of a disqualification.

3. Voluntary Quit or Work Reduction at Application

Upon a determination that a household member voluntarily quit employment or reduced the work effort, the local agency must determine if the quit or reduction was for good cause, as defined in Part VIII.B.7.

For an applicant household, if the quit or reduction was without good cause, the household's application must be denied and a sanction imposed in accordance with Part VIII.C. The sanction period will be from the date of the quit or work reduction. The local agency must provide the household with a *Notice of Action* to deny the application. The notice must inform the household of the proposed disqualification period, its right to reapply at the end of the disqualification period, and of its right to a fair hearing. For voluntary quits or work reductions that occur after the date of application but before the application is processed, the household may be eligible for benefits for the period of time prior to imposition of the sanction. See Part XIII.D.2. for information on prorating benefits in these situations.

An application filed in the last month of disqualification must be used for the denial of benefits in the remaining month of disqualification and for certification for any subsequent month(s), if all other eligibility criteria are met.

4. Voluntary Quit or Work Reduction for Participating Households

If the local agency determines that a member of a participating household voluntarily quit a job or voluntarily reduced the work effort without good cause while participating in the program, or discovers a quit or reduction that occurred within 60 days prior to application for benefits or between application and certification, and the individual is not otherwise exempt from work registration at the time of the action, the individual or household will be disqualified. The local agency must provide the household with an Advance Notice of Proposed Action within 10 days after the determination of a quit or reduction. The notice must include the particular act of noncompliance committed, the proposed period of ineligibility, and it must specify that the household may reapply at the end of the disqualification period. The period of ineligibility will be assigned according to Part VIII.C and will run continuously beginning with the first of the month after all normal procedures for taking adverse action have been followed.

If a voluntary quit or work reduction occurs in the last month of a certification period, or is discovered in the last month of the certification period, the procedure the agency follows depends on whether or not a recertification application is filed.

If a recertification application is filed by the end of the certification period, the household shall be denied or the individual will be disqualified beginning with the day after the certification period ends.

If the household does not apply for recertification by the end of the certification period, establish a claim for benefits received for up to the number of months for the penalty, beginning the first of the month after the month in which the quit or reduction occurred. If there are fewer than the number of months for the penalty from the first of the month after the quit or work reduction occurred to the end of the certification period, the claim is filed and the household remains ineligible for the balance of the disqualification period. If no claim is warranted, the household is ineligible for the number of months for the penalty, beginning with the first month following the end of the certification period.

Example

Certification period ends March 31. The agency discovers on March 4 that a quit or work reduction occurred January 22. This is the second violation incurred by the household member.

- a. A recertification is filed March 15. Deny the recertification for three months, from April through June.
- b. No recertification is filed by March 31. Establish a claim beginning February 1, the first of the month following the quit.

There are two months from February to March, the last month of the certification period. Consider the period of ineligibility to extend through April to complete the three month period of ineligibility.

Each household has a right to a fair hearing to appeal a termination or reduction of benefits due to a determination that the household's head or other household member voluntarily quit a job or reduced the work effort without good cause. If the participating household requests a hearing and receives continuation of benefits and the local agency determination is upheld, the disqualification period shall begin the first of the month after the hearing decision is rendered.

5. Changes in Household Composition After a Sanction Has Been Determined

A sanction will follow an individual who voluntarily quit or reduced employment when the person leaves the household of which he/she was a member when the quit or reduction occurred. The sanction will follow such a member who joins another participating household as its head if the original sanction period has not yet expired. The *Advance Notice of Proposed Action* must be sent to close the case if the household is currently certified. If the individual files an application alone or with persons who are not receiving SNAP benefits, the application must be denied if the original sanction period has not yet expired. The new household remains ineligible for the remainder of the sanction period. If an individual who voluntarily quit or reduced work joins a new household and is not its head, the individual remains disqualified for the balance of the sanction period.

If a participating household reports the addition of a person who quit a job within 60 days of the report, and that individual meets the definition of the head of the household, voluntary quit provisions must be evaluated.

6. Ending a Voluntary Quit or Work Reduction Disqualification

Following the end of the disqualification period, a household may reapply and be eligible for SNAP benefits.

Eligibility may be reestablished during a disqualification period and the household is allowed to resume participation if the member who caused the disqualification leaves the household.

Eligibility may also be reestablished if the violator becomes exempt from the work registration requirements under Part VIII.A.1 except for TANF Employment Services Program registration (Part VIII.A.1.c) or application for or receipt of Unemployment Compensation (Part VIII.A.1.f).

A household determined ineligible because of a voluntary quit may reestablish eligibility if a new and otherwise eligible member joins as its head, provided the original head has left the household.

If the member who caused the disqualification leaves the household or becomes exempt from work registration before the effective date of the case closure or while an application is still pending, the agency must reestablish eligibility without requiring another application, provided the household is otherwise eligible. For currently eligible households, the action to reestablish the case may be taken in the month following the effective date of the closure as long as the member left before the effective date.

#### Example

- a. The head of household quit a job without good cause on May 2. The agency takes action to close the case effective May 31. On May 27 the household reports that the individual who quit the job has left the household. The case must be reestablished without requiring a new application.
- b. The head of household reduced the number of hours worked without good cause on May 2. On June 3, the household reports that the head left the household that morning. The household must reapply.

For pending applications, the application must be denied for the period of time the disqualification is appropriate, and certified from the date the disqualification can end.

For applications that have already been denied, a reapplication is needed.

If a sanctioned household splits into more than one household, the sanction will follow the member who caused the disqualification.

#### 7. Good Cause

Good cause for leaving employment may include but is not limited to the provisions of Part VIII.A.4.f or the following:

- a. Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin, or political beliefs;
- b. Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;

- c. Enrollment of the head of household or other individual required to register at least half-time in any recognized school, training program, or institution of higher education that requires the household member to leave employment;
- d. Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program, or institution of higher education in another county or similar political subdivision that requires the household to move and thereby requires the head of household or other individual required to register for work to leave employment;
- e. Resignations by persons under the age of 60 that are recognized by the employer as retirement;
- f. Acceptance of a bona fide offer of employment of 30 hours or more a week or in which the weekly earnings are equivalent to the federal minimum wage multiplied by 30 hours by the head of household or other individual required to register. Good cause will also include acceptance of such employment which, because of circumstances beyond the control of the household member, subsequently either does not materialize or results in employment of less than 30 hours a week or weekly earnings of less than the federal minimum wage multiplied by 30 hours;
- g. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm labor or construction work. There may be some circumstances where households will apply for SNAP benefits between jobs, particularly in cases where work may not yet be available at the new job site. Even though employment at the new job site has not actually begun, the quitting of the previous employment will be considered as good cause if it is part of the pattern of that type of employment.
- h. Leaving a job because of other circumstances beyond the member's control, such as, illness, illness of another household member requiring the presence of the person claiming good cause, a household emergency, or the unavailability of transportation.
- i. Employment which is considered unsuitable by not meeting the following criteria:
  - 1) The employment pays less than the federal minimum wage or, if the employment does not fall under federal guidelines, pays less than 80% of the federal minimum wage.
  - 2) The employment is on a piece-rate basis and earnings are expected to be less than the federal minimum wage or, if the employment does not fall under federal guidelines, pays less than 80% of the federal minimum wage.
  - 3) The employment would require joining, resigning from, or refraining from joining any legitimate labor organization.

- 4) The work offered is at a site subject to a strike or lockout at the time of the offer, unless the strike has been enjoined under the Taft-Hartley Act or an injunction has been issued under Section 10 of the Railway Labor Act.
- 5) The employment would be hazardous to the registrant's safety and/or health.
- 6) The registrant is physically or mentally unfit to perform the employment, as documented by a medical statement provided by a physician or licensed or certified psychologist or information from another reliable source.
- 7) Daily travel to and from work will exceed two (2) hours round trip, exclusive of time necessary to transport children to and from a child care facility. Employment will not be considered suitable if the distance to the place of employment prohibits walking and neither public nor private transportation is available to transport persons to the job site.
- 8) Working hours or the nature of the employment would conflict with the registrant's religious convictions, beliefs or observations.

It is the responsibility of the EW to investigate any allegations of employment unsuitability. The case record must contain the facts regarding a determination of unsuitable employment, the date of substantiation and the method of securing the information.

8. Verification

To the extent that the information given by the household is questionable, local agencies must request verification of the household's statements. The primary responsibility for providing verification rests with the household. If it is difficult or impossible for the household to obtain documentary evidence in a timely manner, the local agency must offer assistance to the household to obtain the needed verification. Acceptable sources of verification include, but are not limited to, the previous employer, employee associations, union representatives, farm worker service organizations, and grievance committees or organizations. Whenever documentary evidence cannot be obtained, the local agency must substitute a collateral contact. The local agency is responsible for obtaining verification from acceptable collateral contacts provided by the household.

If the household and the local agency are unable to obtain requested verification from these or other sources about the cause for the quit or work reduction, , the household will not be sanctioned. This may include instances when the employer cannot be located or when the employer refuses to address requests about the job quit.

### C. SANCTION PERIODS FOR NONCOMPLIANCE

Individuals or entire households will be barred from receiving SNAP benefits for periods when household members quit a job or reduce work efforts without good cause. Only the person who quits or reduces work will be disqualified unless that person is the head of the household. See Part VI.D to determine the head of household. The disqualification procedures of Part XII.E must be followed to attribute income and resources to the remaining household members. The entire household will be ineligible for the sanction period for the time listed below if the person who quit or reduced work is the head of household.

The duration of the disqualification period is dependent on the number of times the household member fails to comply. For each act of noncompliance by an individual, the length of the disqualification is increased. Violations by one household member must not be added to actions by another member to determine the sanction period.

The individual or household sanction periods are:

	Participating Household Voluntary Quit/Reduction	Applying Household Voluntary Quit/Reduction
Violation 1	One month	30 days
Violation 2	Three months	90 days
Violation 3 or more	Six months	180 days

For applying households, the penalty period is assessed from the day of the quit or work reduction.

The sanction period must be served before the individual or household regains eligibility except in instances when an individual who causes the action leaves the household or becomes exempt from work registration and related requirements. After the sanction period has been served, eligibility may be regained by the individual or household for voluntary quit or work reduction violations.

See Part XIII.D.2 for a discussion of prorating benefits for households that reapply before the sanction period expires.

PART IX	RESOURCES	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	RESOURCES	1
B.	RESOURCE LIMITS	1
C.	NONEXEMPT RESOURCES	1-2
D.	EXEMPT RESOURCES	3-7
E.	HANDLING OF EXEMPT FUNDS	8
F.	TRANSFER OF RESOURCES	8-10

A. RESOURCES (7 CFR 273.8)

Only liquid assets will count in determining the eligibility of households except for determining the net worth of incorporated businesses. Households must report all countable resources held by its members at the time of application and any the members expect to receive during the certification period. The eligibility worker must document the assets in sufficient detail. The household's available resources at the time of the interview will determine whether or not the assets are below the maximum allowable resource limit.

B. RESOURCE LIMITS

The household's total nonexempt resources may not exceed:

- **\$3,250** if the household has at least one member who is 60 years of age or older or a member who is disabled, as defined in Definitions.
- **\$2,000** if the household does not have a member who is 60 years of age or older or one who is disabled, as defined in Definitions.

The resource limits do not apply to categorically eligible PA households or members. See Part II.H.3.

C. NONEXEMPT RESOURCES

Resources used to determine eligibility include:

1. Liquid assets, such as, but not limited to:
  - a. Cash on hand. This provision includes money that remains on an income debit card, such as the EPPICard for TANF or DCSE, after the month the income is deposited when such a card is not otherwise connected to an account as addressed in b below.
  - b. Money in accounts. "Account" means a contract of deposit of funds between a depositor and a financial institution. This includes checking accounts, savings accounts, certificates of deposit, share accounts (i.e., credit union accounts), or like arrangements.
  - c. Stocks or bonds.
  - d. Lump sum payments, such as income tax refunds, rebates or credits, lump sum insurance settlements, refunds of security deposits on rental property or utilities, retroactive lump sum SSA, Public Assistance, Railroad Retirement benefits, or other payments.

Lump sum payments also include gambling winnings, and accumulated vacation, sick, or severance pay of terminated employees received in one installment.

- e. Funds in a trust or transferred to a trust except as stated in Part IX.D.9.d.
- f. Earned income tax credits count two months after the month of receipt regardless of whether the payments were received as a tax refund or periodically throughout the year. Earned income tax credits are excluded as a resource for the month of receipt and the following month.

NOTE: When determining the amount of nonexempt liquid resources to count, especially bank accounts, do not consider any amount that would count as income for the same month.

Example

An applicant deposited his Social Security check into a checking account. The resource amount of the checking account would be the account balance minus the amount of the deposit.

Presume that joint bank accounts belong to the parties in proportion to their net contributions during the lifetime of all parties. A joint account between persons married to each other belongs to each party equally (half and half) however. Except for persons married to each other, each party's net contribution to the account may be established by signed statements from all parties if the verbal claim is questionable. If the parties can establish that they intended a different ownership arrangement, that ownership arrangement prevails over the above presumption.

Example

A household member's name is listed on her elderly mother's savings account. Both the household member and her mother sign statements that the daughter has not contributed any money to the account. The account is not a resource to the client.

If parties married to each other are divorced by final decree, ownership of a joint account is proportional to their net contributions unless the divorce decree specifies otherwise.

- 2. That portion of the liquid resources of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be those of the alien according to procedures established in Part XII.C.2.
- 3. Business resources of self-employment arrangements. The EW must assess the business structure to determine countable resources. Determine the number of business owners and whether the business is incorporated. For arrangements that are not incorporated, assess liquid resources as belonging to the business owners in proportion to their ownership percentage. For businesses that are incorporated, calculate the company's net worth by adding all business resources such as accounts, cash, inventory, vehicles, buildings, etc. and subtract all business liabilities/debts/expenses. Apply each owner's share of the net worth toward the resource maximum. Note that limited liability companies (LLC) are not incorporated so the resources belong to the company owners.

D. EXEMPT RESOURCES

Resources that will not count in determining eligibility include:

1. Real property, regardless of acreage.
2. Mobile homes, regardless of lot ownership.
3. Vehicles.
4. Household goods, such as furniture and appliances, and personal effects, such as clothing and jewelry. All tools are exempt, whether or not they are essential to the employment or self-employment of a household member.
5. Burial plots. In addition, the value of bona fide funeral agreements is exempt.
6. Cash value of life insurance policies.
7. Money in pension or retirement plans. This exemption includes plans authorized under the Internal Revenue Code or funds in a Federal Thrift Savings Plan account. This exemption includes Individual Retirement Accounts, 401(k), 403(b), and KEOGH plans. Money withdrawn from an exempt fund will count as income when it is withdrawn unless lump sum provisions of Part XI.F.9 apply.
8. The contract amount for land, buildings, and vehicles, sold on an installment basis.

Examples

- a. An applicant sells a piece of land for \$3,000. The applicant continues to hold the deed while the buyer pays \$100 per month. The \$3,000 selling price is exempt, but the \$100-payment counts as income.
- b. An applicant sells a car for \$1,900 (which is its "Blue Book" value), but continues to hold title to the car while the buyer pays \$75 per month. The monthly payment of \$75 will count as income.
9. Resources whose cash value is not accessible to the household, such as, but not limited to:
  - a. Security deposits on rental property or utilities.
  - b. Property in probate. For example, any property inaccessible to the household until there is a judicial determination concerning the validity of a will.
  - c. Some profit sharing programs. For example, a program that makes money available to the employee only when necessary to allow the employee to pay excessive medical expenses is exempt.
  - d. Irrevocable trust funds. These are any funds in a trust or transferred to a trust, and the income produced by that trust to the extent that it is not available to the

household provided that the following four criteria are met:

- 1) The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;
- 2) The trustee administering the fund is either:
  - a) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member; or,
  - b) An individual appointed by the court who has court imposed limitations placed on the use of the funds which meet the requirements of this chapter;
- 3) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and,
- 4) The funds held in irrevocable trust are either:
  - a) Established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or
  - b) Established with funds of a person outside the household.

If the trust arrangement does not meet the four conditions listed above, the household must initiate court action to establish inaccessibility within the application processing timeframes for determining eligibility. Until the court renders a decision, the trust is available to the household.

10. Governmental payments designated for the restoration of a home damaged in a disaster, if the household is subject to legal sanctions in the event the funds are not used as intended. These types of payments include:
  - a. The Department of Housing and Urban Development or through the Individual and Family Grant Program.
  - b. The Small Business Administration as disaster loans or grants.
11. Resources that have been prorated as income for self-employed persons will not count as a resource. This includes profits from the annual sale of crops.
12. Resources of nonhousehold members, including ineligible students. See Part VI.C.1 for a list of these persons. The resources of disqualified household members will count however. (See Parts VI.C.2 and XII.E.)

13. Resources excluded by law. (Admin. Notice A-39-97). This includes:

- a. Benefits received from the supplemental food program for the Women, Infants and Children program (WIC) (P.L. 100-435).
- b. Reimbursements from Title II of the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970. (P.L. 91-646, Section 216).
- c. Earned income tax credits excluded as follows:
  1. Federal earned income tax credits received as a lump sum or as payment for the month of receipt and the next month.
  2. Federal, state or local earned income tax credits for 12 months from receipt if the individual receiving the tax credit was receiving SNAP benefits when the tax credit was received and provided that the household continuously participates during the 12-month period. In determining the 12-month period, temporary breaks of one month or less will not be considered as nonparticipation.
- d. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(3) of the School Lunch Act.
- e. Energy Assistance payments, including payments from the Low Income Home Energy Assistance Program (i.e., the Virginia Fuel Assistance Program), CSA payments, HUD and FmHA utility reimbursements. (P.L. 99-425).
- f. Financial assistance from a program funded in whole or in part under Title IV of the Higher Education Act and the Bureau of Indian Affairs, as amended. Exclude also any money incurred or issued through the U.S. Department of Education or received under the Carl D. Perkins Vocational and Applied Technology Education Act (P.L. 99-498 and 100-50).
- g. Payments to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts, under the Wartime Relocation of Civilians Act (P.L. 100-383).
- h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation. (P.L. 101-201 and 101-239).
- i. All compensation from the Alaska Native Claims Settlement Act and amendments (P.L. 92-203 and 100-241).
- j. Payments authorized under the Disaster Relief Act of 1974, as amended (P.L. 100-707) and the Disaster Relief and Emergency Assistance amendments of 1988. The President must declare the disaster or emergency. This exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations.

Payments through the Federal Emergency Management Agency (FEMA) to property owners under the National Flood Insurance Act of 1968 to reduce risks of flood damage are excluded. Most funds from FEMA are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for a homeless household, are not excluded.

k. The following payments to or land of Indian tribes:

- Indian land held jointly with the tribe or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs.
- Payments under the SAC and Fox Indian claims agreement (P.L. 94-189).
- Payments received by certain Indian tribal members for submarginal land held in trust by the United States (P.L. 94-114, Section 6).
- Payments received from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
- Payments received by the Confederate Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation from the Indian Claims Commission (P.L. 95-433, Section 2).
- Payments from the Maine Indian Claims Settlement Act of 1980 to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet (P.L. 96-420, Section 9c).
- Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).

Per capita interests in trust or restricted lands under the Indian Tribal Judgment Fund Use (P.L. 93-134 and 97-458).

- Payments to the Chippewa Tribes: Turtle Mountain, Red Lake, Mississippi, Lake Superior, Saginaw or White Earth (P.L. 97-403, 98-123, 99-146, 99-264, 99-346, and 99-377).
- Payment to the Blackfeet, Grosventre, and Papago Tribes (P.L. 97-408).
- Payments to the Assiniboine Tribes (P.L. 98-124, Section 5 and 97-408).
- Payments to the Seneca Nation (P.L. 101-503).
- Payments to the Puyallup Tribe (P.L. 101-41).
- Payments, except for per capita payments over \$2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, and the Miccosukee Tribe of Florida and the independent Seminole Tribe of Florida (P.L. 101-277).

10/09

VOLUME V, PART IX, PAGE 7

- Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).
- I. Resources of SSI recipients. The agency does not need to make a separate evaluation of resources for SNAP purposes for a household in which all members are SSI recipients. The agency must evaluate the resources of household members who do not receive SSI.  
  
Resources of TANF recipients. The agency does not need to make a separate evaluation of resources for SNAP benefits for a household in which all members receive TANF income or any member receives a TANF-funded service. See PA Case in Definitions for the TANF Program requirements.
- m. Amounts paid to individuals under the Radiation Exposure Compensation Act for injuries or death resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada and Utah (P.L. 101-426).
- n. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).
- o. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with congenital spina bifida and payments to children of female Vietnam veterans who are born with certain birth defects (P.L. 104-204 and P.L. 106-419).
- 14. HUD retroactive tax and utility cost subsidy payments issued pursuant to the settlement of Underwood v. Harris, for the month in which payment was received and the following month.
- 15. Resources under a lien.
- 16. Money in individual development accounts (IDA). These exempt funds may be in the form of a trust, trust account or a custodial account. The owner of the account must be a current or former TANF recipient or one who is ineligible for TANF as long as the person's income is less than 200 percent of the federal poverty guidelines. Funds in the account are exempt as long as they are not withdrawn. The account will remain exempt if the household withdraws the funds and uses the money to pursue post-secondary education, to purchase a house, to start a business or to meet an emergency need approved by the sponsoring agency. In Virginia, the accounts are called the Virginia Individual Development Account (VIDA) and Assets for Independence Account (AFIA).
- 17. Money in an escrow account established by the Family Self-Sufficiency Program through the U.S. Department of Housing and Urban Development.
- 18. Money in educational accounts. These accounts include Coverdell Savings accounts and qualified tuition accounts (Internal Revenue Codes 529 and 530).

E. HANDLING OF EXEMPT FUNDS (7 CFR 273.8(f))

1. **Liquid assets that are exempt from consideration, as outlined in Chapter D, that are** kept in a separate and identifiable account from nonexempt funds remain exempt as a resource for an unlimited time.
2. Exempt funds kept in an account along with other nonexempt funds remain exempt for six months from the date the funds are commingled. After six months from the date the funds are commingled, all funds in the commingled account are countable as a resource.

Example

A two-person household has a savings account with a balance of \$900. The household receives a payment of \$1,200 from the Individual and Family Grant Program (IFG) in January. If the household places the IFG funds in a separate and identifiable account, the IFG funds will remain exempt indefinitely. If the household deposits these funds in the savings account containing \$900, however, the IFG funds will remain exempt for only six months from the date they are commingled with the nonexempt funds.

If the funds are commingled in January, the total amount in the account as of July will count towards the resource level.

3. Funds exempted under Part IX.D.11 will retain the exemption as a resource for the full period over which they have been prorated as income, even if commingled with nonexempt funds.

Example

A self-employed farmer receives a \$1,000 payment that is prorated as income over 10 months. This money is deposited in the household's regular checking account with other nonexempt funds. Any portion of the payment that remains in the checking account will be exempt as a resource for the full 10-month period over which the income is prorated. After the 10-month period, any part of the payment remaining in the account with the nonexempt funds will count a resource.

4. Where a resource is exempt because of its use by or for a household member, the exemption will also apply when the resource is used by or for a disqualified person whose resources count as part of the household's resources. This could include the work-related equipment essential to the employment of an ineligible alien household member or disqualified person, as allowed under Part IX.D.4, or burial plots for ineligible alien or disqualified household members, as allowed under Part IX.D.5.

F. TRANSFER OF RESOURCES (7 CFR 273.8(i))

At the time of application, households must provide information about any resources transferred during the three-month period immediately preceding the date of application. The EW must

assess any resource transfer by a household member or disqualified person whose resources count to the household. If resources have knowingly been transferred during this period in order to qualify or attempt to qualify for SNAP benefits, the household will be disqualified from participation in the program for up to one year from the date of discovery of the transfer.

Example

A client transferred resources on November 20 to be eligible for SNAP benefits. The household filed an application the following February 21. Since the transfer occurred more than three months before the application date, there would be no disqualification because of the transfer.

Disqualification will also apply if the household acquires resources after being certified and then knowingly transfers the resources to avoid going over the maximum resource limit.

The following transfers will not affect eligibility:

1. Resources that would not affect eligibility; e.g., exempt personal property such as furniture, or nonexempt funds, such as money that, when added to other household nonexempt resources, totals less at the time of transfer than the resource limit.
2. Resources transferred between members of the same SNAP household, including ineligible aliens and disqualified persons whose resources count to the household.
3. Resources transferred for reasons other than qualifying for SNAP benefits. For example, a parent placing funds into an educational trust fund.

If the local agency establishes that an applicant household knowingly transferred resources to qualify for or to attempt to qualify for SNAP benefits, the EW must send the household the *Notice of Action* to deny the application. The notice must explain the reason for denial and the length of the disqualification. The disqualification period will begin in the month of application. If the household is participating at the time the transfer is discovered, the EW must send an *Advance Notice of Proposed Action* or *Notice of Action* to explain the reason for closure and length of disqualification. The disqualification period will be effective with the first allotment to be issued after the advance notice period has expired, unless the household has requested a fair hearing and continued benefits.

If the agency learns that the person who transferred the resources that resulted in disqualification left the household, eligibility for remaining household members can be determined without regard to the rest of the disqualification period. The disqualification period will follow the member who improperly transferred the resources however.

Example

A nine-month disqualification is imposed on January 3 for the period January through September. The household reapplies June 12, and the member who transferred a bank account is no longer a household member. Eligibility for the rest of the household can be evaluated from the date of the reapplication on June 12.

The length of the disqualification is based on the amount by which nonexempt transferred resources, when added to other nonexempt resources, exceed the allowable resource limit.

Example

A household has \$3,400 in a savings account. In an attempt to become eligible for SNAP benefits, the household transferred \$1,500 from the bank account to someone outside the SNAP household. The resource limit for this household is \$2,000. The amount of the transferred resource used in determining the length of the disqualification period will be \$1,400.

The following chart is used to determine the disqualification period:

Amount in Excess of the Resource Limit	Period of Disqualification
\$.01 to \$249.99	1 month
\$250 to \$999.99	3 months
\$1000 to \$2999.99	6 months
\$3000 to \$4999.99	9 months
\$5000 or over	12 months

PART X INCOME DEDUCTIONS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	INCOME DEDUCTIONS	1
	1. Standard Deduction	1
	2. Earned Income Deduction	1
	3. Dependent Care Expense	1-2
	4. Shelter Expense	2-6
	5. Medical Expenses	6-8
	Allowable Expenses	6-8
	Disallowed Expenses	8
	6. Child Support Deduction	8
	7. Homeless Shelter Allowance	8-9
B.	VERIFICATION OF DEDUCTIONS	9

**A. INCOME DEDUCTIONS (7 CFR 273.9(d))**

Financial eligibility of a household is based on gross or net income as described in Part XI.A. Benefit level is based on net income which is defined as the total of all countable income, both earned and unearned, after the appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Virginia Energy Assistance Program (fuel assistance) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. Participants of the Low-Income Home Energy Assistance Program (the Virginia Energy Assistance Program) are entitled to have actual utility expenses considered or to have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income. The EW must assess each potential deduction and use the allowable standard amounts unless the household elects to use actual amounts or is not entitled to use the standard.

**1. Standard Deduction (7 CFR 273.9(d)(1))**

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-3 members	<b>\$149</b>
4 members	<b>\$160</b>
5 members	<b>\$187</b>
6 or more members	<b>\$214</b>

**2. Earned Income Deduction (7 CFR 273.9(d)(2))**

Each household with countable earned income may have an earned income deduction. Twenty (20) percent of the countable gross earnings will be deducted.

The earned income deduction is not allowed when determining the amount overissued if the basis for the claim is because the household failed to report earned income timely.

**3. Dependent Care Expense (7 CFR 273.9(d)(4))**

This dependent care expense is allowed only if it is necessary for a household member to accept or continue employment, seek employment, comply with employment and training requirements, or attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent.

See Part III.A for verification requirements of dependent care expenses. Verification is needed only if the household's declaration is questionable. Acceptable forms of verification include a signed statement from the provider, receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter is allowable after all other deductions have been determined. The EW must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction up to **\$469** per month except as noted below. The adjusted net income is determined by subtracting the standard deduction, earned income deduction, dependent care deduction, child support deduction, homeless shelter standard and medical deduction from the total gross income.

The allowable deduction for shelter may not exceed **\$469** except for households that contain a member who is 60 years of age or older or who is disabled, as defined in Definitions. Households with an elderly or disabled member may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the adjusted net income.

In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments except as noted in item e below. See Parts XI.F.3 and XIII.B for a discussion of vendor payments. Note the special provisions in section 7 for assessing shelter costs for homeless households.

- a. Rent, mortgage, loan payments, or other continuing charges leading to ownership of a home, mobile home, or other type of shelter are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.
- d. Repair costs that result from a fire or flood or a similar disaster are allowable provided the household will not receive reimbursement or assistance from some other source such as insurance or private or public relief agencies. The disaster does not have to be a presidential declaration but can be personal, such as a fire damaging only one home.

- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if the Virginia Energy Assistance Program covers the costs by a vendor payment.

In some situations the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives Low Income Home Energy Assistance Program benefits at the current residence.

Number of Persons	Utility Standard
1 - 3	<b>\$277</b>
4 or more	<b>\$348</b>

Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, whether or not each unit is applying for or receiving SNAP benefits. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to receive SNAP benefits.

#### Example

A three-person SNAP unit lives in a house with another person. The SNAP unit and the other person each pay half of the heating costs. The SNAP unit's standard utility allowance is **\$174**, i.e. **\$348** (based on total number of persons in the home being 4 or more) divided by 2 (the number of units contributing to heating costs). The SNAP unit may opt to use **\$174** as its utility costs, or may use its actual utility expenses.

Only those households that receive Low Income Home Energy Assistance payments for its current residence or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The SNAP household pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The SNAP household is not entitled to the utility standard since there is no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A SNAP household cuts its own wood. This wood is free, but the household incurs expenses for gas and oil for the chain saw. The household may not use the utility standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.

If a household incurs a utility expense such as electricity or gas that includes heating or cooling along with other uses, e.g., cooking or lights, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives Low Income Home Energy Assistance payments. Actual costs of utilities incurred by households not entitled to the utility standard are allowable expenses.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge may not claim the utility standard unless they receive Low Income Home Energy Assistance Payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a Low Income Home Energy Assistance payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

Examples

- 1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.

- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

Each household must receive a thorough explanation of the options available in considering utility expenses. The household may switch between use of the standard and actual costs only at the time of certification. If the household moves while certified, the household may switch from one to the other. If the household initially chose to use actual utility costs but the utility standard was allowed because the household failed to declare costs or verify questionable information timely, the household may not switch to actual costs until recertification once the verification is provided.

- f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for a basic telephone service, or an established percentage of such an expense, the household must use a telephone standard of \$43, or the appropriate percentage of the standard.

The agency must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

#### Example

Two SNAP units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

- g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.
- h. One-time deposits for utilities, telephones, housing, etc., will not count as shelter costs.
- i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home in question for SNAP purposes.

- j. Verification requirements for shelter expenses are addressed in Part III.A. Verification is needed only if the household's declaration is questionable. Receipts or statements from the provider are sources of acceptable verification if such proof is needed.

5. Medical Expenses (7 CFR 273.9(d)(3))

The cost of medical expenses incurred by elderly or disabled household members, excluding special diets, is allowed as a deduction for those households when the cost exceeds \$35 a month. If the cost is \$35 or less, no deduction is allowed.

A medical standard deduction of \$140 has been established. Households must verify that eligible members incur more than \$35 in allowable medical expenses per month to get the medical standard deduction. Households that incur more than \$175 in allowable medical expenses per month may opt out of using the standard deduction. These households may verify and claim all their medical expenses and have them evaluated as allowed by Part XIII.B.4. **Households may switch between the medical standard and actual costs only at the time of certification except when the household was not previously entitled to the standard.**

The \$35-limit applies to the entire household and is not applied individually to the expenses of members who may be entitled to a deduction.

Persons who are 60 years of age or over or who are disabled, as described in Definitions, may be eligible for the medical deduction. An individual must be elderly or disabled when the medical expense is incurred.

Spouses or other persons receiving benefits as a dependent of the eligible individual are not entitled to the medical deduction.

a. Allowable expenses include:

- 1) Medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.
- 2) Hospitalization or outpatient treatment, nursing care, and nursing home care. Costs for persons who were household members immediately prior to entering a State recognized facility (nursing home or hospital), will also be allowed.
- 3) Prescriptive drugs, when prescribed by a licensed practitioner, and other over-the-counter medication (including insulin, aspirin, antacids, etc.) which is approved by a licensed practitioner. Cost of medical supplies, sick room equipment (including rental) or other prescribed equipment.

- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are not allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
  - If a Medicaid application is pending when the SNAP benefit application is approved, the Medicare premium is allowed as a medical expense.
  - If a Medicaid application has already been approved when the SNAP benefit application is approved, the Medicare premium is not allowed as a medical expense.
  - If Medicaid information is not in ADAPT, the eligibility worker is not obligated to remove the Medicare premium from an ongoing SNAP benefit case once the Medicaid application is approved.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aid, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the local agency must treat the cost as a medical expense.
- 11) Telephone fees for amplifiers and warning signals for disabled persons

and costs of typewriter equipment for the hearing impaired. (These costs may not be entered as shelter costs.)

The expenses listed above are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

b. Disallowed Expenses:

Only those costs listed above will be considered as a medical expense. Any portion of the cost that is reimbursable by insurance policies or covered by Medicaid will not be given as a deduction until the household verifies the portion of the cost that is its responsibility.

Example

A household consists of one member who is 64 years old. This 64 year old incurs allowable medical expenses of \$200 a month. Insurance policies reimburse the household \$100 a month for the expenses. Disallowing the first \$35 a month, the monthly medical deduction for this household is \$65.

6. Child Support Deduction

Child support payments paid by a household member to an individual or agency outside the household are deductible. Payments to a third party on behalf of a child, including payments to obtain health insurance for the child, in accordance with the support order, will also be included in the deduction. A deduction for amounts paid toward arrearages will be allowed.

**Administrative fees charged by an employer to collect support through wages are allowable.**

The legal obligation to pay child support, the amount of support obligated, and the amount of support actually paid must be verified before the deduction is allowed. The allowable deduction may not exceed the monthly obligated amount unless the amount paid includes an amount in arrears.

Alimony or spousal support payments made to or for a nonhousehold member may not be included in the child support deduction.

7. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is \$143 per month. This standard is not calculated as part of the shelter expense deduction described in section 4 of this chapter.

To be eligible for the homeless shelter allowance, a household must incur or reasonably expect to incur shelter costs during a month. Homeless households that incur no shelter costs during the month and anticipate none are not eligible for the shelter allowance.

**Accept the household's declaration of expenses unless the declaration is questionable. If the EW determines that verification is needed but the** household has difficulty in obtaining traditional types of verification of shelter costs, the EW must use prudent judgement in determining if verification is adequate.

Example

A homeless individual claims to have incurred shelter costs for several nights at a hotel. The costs reported are reasonable. The EW may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction (Part X.A.4) in which case, the household may or may not receive an actual deduction.

B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the local agency must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the unverified expenses being claimed. If the expense cannot be verified within 30 days of the date of application, the local agency must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification **of its questionable shelter expenses** by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty-day processing standard because the local agency failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, on the 30th day from the date that the initial application or reapplication was filed, the worker must send the household the Notice of Action to extend the pending status of the case. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See Part II.G.2.). If the lack of verification is the fault of the agency, and the household is eligible, the household is entitled to benefits retroactive to the month of application. (See Part II.G.3.). If a recertification application is filed, verification time frames at recertification (Part IV.C.4) will apply and the ability to extend the pending status of the application is not allowed.

PART XI	INCOME	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	INCOME ELIGIBILITY STANDARDS	1
B.	COUNTABLE INCOME	1
C.	EARNED INCOME	2-3
D.	SPECIAL INCOME OF MILITARY PERSONNEL	3-4
E.	UNEARNED INCOME	4-7
F.	EXCLUDED INCOME	8-18
G.	INCOME OF EXCLUDED HOUSEHOLD MEMBERS	18

**A. INCOME ELIGIBILITY STANDARDS (7 CFR 273.9(a))**

To be eligible for SNAP benefits, the countable gross monthly income of households may not exceed the monthly income limits shown below in Chart #1. The gross income limits of Chart #1 do not apply to households with at least one member who is 60 years of age or over or with at least one member who is disabled, as defined in Definitions.. This exception will also apply to a household with a member whose 60th birthday is in the month of application

For self-employed households, the EW must exclude the cost of doing business to determine the countable income.

All households, except those that are categorically eligible, must be determined eligible based only on net income (gross income less allowable deductions listed in Part X.A). The maximum net income limits are shown in Chart #2.

INCOME ELIGIBILITY LIMITS		
Household Size	CHART #1	CHART #2
	Gross Income Maximum	Net Income Maximum
1	<b>\$ 1,211</b>	<b>\$ 931</b>
2	<b>1,640</b>	<b>1,261</b>
3	<b>2,069</b>	<b>1,591</b>
4	<b>2,498</b>	<b>1,921</b>
5	<b>2,927</b>	<b>2,251</b>
6	<b>3,356</b>	<b>2,581</b>
7	<b>3,785</b>	<b>2,911</b>
8	<b>4,214</b>	<b>3,241</b>
Each additional member	<b>+429</b>	<b>+330</b>

Net income determines the amount of SNAP benefits all eligible households will receive. While categorically eligible households, as defined in Part II.G.3, do not have to meet either the gross or net income eligibility standards, the net income limits will determine entitlement to an allotment even for these households.

**B. COUNTABLE INCOME**

Countable income is all household income, earned and unearned, from whatever source, excluding only that income specified in Part XI.F.

Income received by one person for another person or for multiple beneficiaries is considered the income of the person receiving it, unless the provisions of Part XI.G (earned income of several members combined into one payment) apply. Evaluate any income exclusions, such as third party fund exclusion, according to Part XI.F.

When verification of income is required, the local agency must verify gross amounts and the rate and frequency (i.e., weekly, semi-monthly, etc.) of the income the employee receives. For income received more often than monthly, verify the payment cycle, i.e., the day the employee receives the income.

C. EARNED INCOME (7 CFR 273.9(b)(1))

Earned income includes:

1. Wages and Salaries

All wages and salaries for services performed as an employee. This includes wages held by an employer at the employee's request and advances on wages, as discussed in Part XII.G. Gross wages are considered regardless of the amount and nature of deductions, unless any portion of the gross pay is excludable under Part XI.F or if the gross amount reflects credit for employee benefits. In situations where benefits are reflected as credits and where the employee cannot elect to receive a cash payment, the amounts shown on the pay stub will not count as income. If an employee elects to have money withheld from the earnings to pay for employee benefits, that money must be counted as income.

Consider vacation pay as earned income if the employer still considers an individual as an employee. Consider sick pay as earned income if the payment to the employee is made directly from the employer or through the employer from insurance obtained by the employer. Consider sick pay as unearned income if the payment is made directly from an insurance company to the employee.

If an individual has terminated employment, consider severance pay and accumulated vacation and sick pay as earned income if the individual receives more than one installment. Severance and accumulated pay will be a lump sum resource if the individual receives only one payment. Laid-off employees are terminated employees for the purposes of this policy. If a laid-off employee opts not to withdraw vacation and/or sick pay, the value of such funds counts as an available resource.

Consider bonus pay as earned income.

2. Self-Employment Income

The gross income from a self-employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business. (See Part XII.A.)

Ownership of rental property is a self-employment enterprise; however, income derived from the rental property counts as earned income only if a household member actively manages the property for a minimum of 20 hours a week.

Payments from roomers and boarders count as earned self-employment income.

3. Training Allowances and Work Investment Act

Training allowances from vocational and rehabilitative programs recognized by federal, state or local governments when they do not constitute a reimbursement. (See Part XI.F.) This includes, but is not limited to, vocational rehabilitation incentive payments.

10/09

VOLUME V, PART XI, PAGE 3

Income received by individuals who are participating in on-the-job training programs funded through the Work Investment Act are considered earned income. This provision includes on-the-job training programs funded under the National and Community Services Act, Americorps, the Summer Youth Employment and Training Program, and the Youthbuild Program. This provision, however, does not apply to household members under 19 years of age who are under the parental control of another household member, regardless of school attendance and/or enrollment as discussed in Part XI.F.8. See also Part XI.F.11.d.

4. Payments under Title I of the Domestic Volunteer Service Act of 1973

Payments under Title I of the Domestic Volunteer Service Act of 1973 (VISTA, University Year for Action, etc.) count as earned income unless they are excluded from consideration. See Part XI.F.11.c.

5. Payments to Day Care Providers

Payments to day care providers for meals served to children, other than their own, funded by the School Lunch Act will count as earned income to the provider. These payments do not count as reimbursement. See Part XII.A.7 for allowable business costs.

6. Jury Duty Pay (PIRS 88-10)

Jury duty pay is countable earned income unless it meets the infrequent/irregular income or reimbursement policy of Part XI.F.4 or F.6.

Use the following documents or records to verify the earned income of the household. The documents are often available from the applicant.

Pay stubs	Pay envelopes
Employee's W-2 Form	Wage tax receipts
State or federal income tax return	Self-employment bookkeeping records
Sales and expenditure records	

Verification from other sources might include:

Employer's wage records	VEC Office
Statement from the employer	State Income Tax Bureau

D. SPECIAL INCOME OF MILITARY PERSONNEL (FNS Policy Memos 81-1, 81-5, and 81-13 and Admin Notice A-24-91)

Many members of the military receive special allowances that count in determining the eligibility and benefit amount of households containing such persons. Military personnel may receive the following allowances:

1. Basic Allowance for Housing (BAH)

The BAH is considered as earned income for SNAP purposes. The household is also entitled to a shelter deduction. In some instances, the BAH may be listed as income and then all or a portion of the amount deducted on the leave and earnings statement because he or she lives on the base. Use the amount listed to compute the SNAP shelter deduction.

2. Basic Allowance for Subsistence (BAS)

The BAS is paid in cash, on a daily basis, or by check, three months in advance, and is not considered a part of the wages. The BAS will appear on the leave and earnings statement monthly. The BAS is considered as earned income for SNAP purposes.

3. Clothing Maintenance Allowance (CMA)

The CMA is excluded as income for SNAP purposes. The payment is counted as a reimbursement for the job-related expense of uniforms under Part XI.F.6.

Any amount received by or made available to household members for deployment or service in a combat zone will not count as income for SNAP purposes unless the payment was received before the deployment. This exclusion includes items such as, but not limited to, incentive pay for hazardous duty, special pay for imminent duty or hostile fire duty or certain reenlistment bonuses, or special pay for certain occupational or educational skills.

E. UNEARNED INCOME (7 CFR 273.9(b)(2))

Unearned income includes:

1. Assistance Payments

Assistance payments from federal, federally aided, or state-local public assistance programs, based on need. Examples are:

- a. Temporary Assistance to Needy Families (TANF)  
Note that payments received through the Diversionary Assistance Program as a lump sum are excluded as income. See Part XI.F.9.
- b. General Relief (GR)
- c. Supplemental Security Income (SSI)

Income from these assistance programs will count as unearned income even if provided in the form of a vendor payment, unless the provisions of Part XI.F.3 apply that prohibit considering certain vendor payments as countable income. Assistance payments from programs that require the actual performance of work without compensation, other than the assistance payments themselves, count as unearned income.

2. Annuities and Pensions

Annuities and pensions, such as:

- a. Retirement benefits
- b. Veteran's benefits
- c. Disability benefits
- d. Old age, survivors, and Social Security benefits (OASDI)

3. Workmen's or Unemployment Compensation

4. Strike Benefits

5. Foster Care Payments

Foster care payments made to a household on behalf of a legally assigned individual in foster care. Note: Foster care payments will be considered the income of the foster family if the household elects to count the foster individual as a household member for SNAP purposes. Therefore, if the foster person is excluded from the household under the provisions of Part VI.A.3, the payment is not considered income to the rest of the household.

6. Certain Rental Property Income

Income derived from rental property in which a household member is not actively engaged in the management of the property at least an average of 20 hours a week. Except for the fact that the earned income deduction (Part XIII.A.2) does not apply, treat this income the same as a self-employment enterprise. (See Part XII.A.)

7. Support and Alimony Payments

Support and alimony payments made directly to the household from a nonhousehold member. This includes payments redirected to the household from the Division of Child Support Enforcement (DCSE). Payments received by or for TANF recipients that the household should send to the DCSE as a condition of TANF eligibility will not count even if the household fails to redirect the payments.

8. Dividends, Royalties and Interest

Payments received in the form of dividends or royalties are countable. Interest payments will count as income if the amount averages more than \$10.00 per month.

9. Money Withdrawn from Trust Funds or Improper IDA Withdrawals

Money withdrawn or dividends that are or that the household could receive from trust funds do not count as a resource under Part IX.E.12. Trust withdrawals will count as income in the month received unless they are otherwise exempt. Dividends that the household has the option of either receiving as income or reinvesting in the trust will count as income in the month they become available to the household unless otherwise exempt.

Withdrawals from an individual development account (IDA) will not count as income if the withdrawal is for pursuing post-secondary education, purchasing a home, starting a business or as an approved household emergency. All other withdrawals from the IDA will count as unearned income in the month of the withdrawal.

10. Income Available to Sponsored Aliens (7 CFR 273.9(b)(4); 7 CFR 273.11(h)(2)(iv))

For households that contain sponsored aliens (as defined in Part XII.C.), unearned income will also include that amount of the monthly income of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be that of the alien according to the procedures in Part XII.C.3 and 5. Income deeming applies unless the sponsored alien is otherwise exempt from this provision as allowed in Part XII.C.1.

Actual money paid to the alien by the sponsor or the sponsor's spouse does not count as income to the alien unless the amount paid exceeds the amount attributed to the sponsor. See Part XII.C.4. The amount paid that exceeds the amount attributed will count as income to the alien in addition to the amount attributed to the alien.

11. Funds Deposited into Joint Accounts

Funds deposited into a joint bank account by a nonhousehold member, when a household member's name is also on the account count as income to the household, to the extent the deposited funds are intended for household use.

The EW must be sure to use this policy only when deposited funds are intended for household use. For example, a husband in the military overseas has his allotment deposited directly into a joint account with his wife who receives SNAP benefits and the money is intended for his wife's use.

In situations where a SNAP household member's name is on a joint account with a nonhousehold member and the funds deposited by the nonhousehold member are clearly not intended for the household member's use, no income to the household will be counted. The account balance will be evaluated as a resource to the household as allowed by Part IX.C.1.

The EW must verify the household member's statement concerning the amount of money available as income. If all the money deposited into the joint account is intended for the household's use, then verification of the amount deposited would suffice. When this is not the case however, it will be necessary to verify the amount through the nonhousehold member.

When a nonhousehold member's savings are used by the household to repay a loan for the nonhousehold member it would not be considered as income to the household. This policy will also apply to repayment of car loans in which the nonhousehold member is the sole owner.

If the statements of the household and nonhousehold member differ regarding the amount of money intended for the household's use, the EW must resolve the discrepancy and document the case record.

## 12. Other Money Payments

All other direct money payments from any source that can be construed to be a gain or benefit to the SNAP household, other than monetary gifts for an identifiable one time occasion or normal annual occasion.

In verifying unearned income of the household, the following documents or records are generally available through the applicant:

RSDI award letter (note that changes in benefits will not always be reflected)	Benefit payment check
Unemployment Compensation award letter	Pension award notice
Veterans Administration award notice	Correspondence on benefits
Income tax records	Railroad Retirement award letter
Support and alimony payments evidenced by court order, divorce or separation papers, contribution check	

Verification from other sources include:

Social Security (Form SSA-1610)	Social Security District Office files
VEC - Unemployment Compensation Section	Employer's record
Union records	Workers Compensation records
Veterans Administration	Insurance company records
Tax records	Railroad Retirement Board records
PA case file	

10/09

VOLUME V, PART XI, PAGE 8

F. EXCLUDED INCOME (7 CFR 273.9(b)(5); 273.9(c))

The following income will not count in determining eligibility or benefit level:

1. Repayment of a Prior Overpayment

Repayment of a prior overpayment provided that the income was not excludable elsewhere in this chapter at the time of the overpayment. This includes:

- a. Money withheld from an assistance payment, from earned income, or from any other income source to repay a prior overpayment received from that income source.
- b. Money received from any income sources that the household voluntarily or involuntarily returns to repay a prior overpayment received from that income source.

Example

A TANF recipient is entitled to a grant of \$225.00 but the amount of the actual payment is \$175.00. The agency withheld \$50.00 to repay a prior overpayment. The overpayment was not the result of the household's failure to comply with the TANF program requirements. The net amount received by the TANF recipient is the amount that will count as income for SNAP purposes.

However, money withheld from an assistance program that results from the household's failure to comply with the requirements of the other program will count as income as specified in Part XII.D.

2. Payments Received by the Division of Child Support Enforcement (DCSE)

Payments received and kept by the DCSE on behalf of TANF recipients will not count as income. Payments redirected to households by the DCSE or supplemented through the TANF Program will count as income. Payments received by TANF recipients that the recipient must direct to DCSE as a condition of TANF eligibility will not count as income even if the household keeps the payments.

3. In-Kind Benefits and Vendor Payments

In-kind benefits and vendor payments are any gains or benefits that are not in the form of money payable directly to the household.

a. In-Kind Benefits

In-kind benefits are benefits for which no monetary payment occurs on behalf of the household. These benefits include meals, clothing, housing or produce from a garden.

b. Vendor Payments

A vendor payment is a money payment made on behalf of a household by a person or organization outside of the household to a service provider or creditor of the household.

Vendor payments made to a third party on behalf of the household are included or excluded as income as described below:

1. PA vendor payments, excluding GR vendor payments

Vendor payments from PA programs, other than GR, are excluded as income if they are made for:

- a. Medical assistance;
- b. Child care assistance;
- c. Energy assistance;
- d. Emergency assistance;
- e. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant; or
- f. Emergency TANF vendor payments on behalf of a migrant or seasonal farm worker household while the household is in the job stream.

2. GR Vendor Payments

Except for some vendor payments for housing, GR vendor payments do not count as income. A housing vendor payment will count as income unless the payment is for:

- a. Utility costs;
- b. Energy assistance;
- c. Housing assistance from a state or local housing authority;
- d. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant; or
- e. Emergency GR vendor payments on behalf of a migrant or seasonal farm worker household while the household is in the job stream.

3. HUD Vendor Payments

Rent or mortgage payments made by the Department of Housing and Urban Development (HUD) to landlords or mortgagees are excluded. This includes TANF payments for housing made through HUD.

4. Educational Assistance Vendor Payments

Educational assistance paid on behalf of households for living expenses are excluded.

5. Vendor Payments that are Reimbursements

Vendor payments that are also in the form of reimbursements are excluded.

6. Demonstration Project Payments

In-kind or vendor payments that would normally not count as income but which are converted, in whole or in part, to a direct cash payment under a federally authorized demonstration project or a waiver of federal law provisions are excluded.

7. Other Third-Party Payments

Money which is legally obligated and otherwise payable to the household must be counted as income and not excluded as vendor payments when they are diverted to a third party by the provider of the payment for a household expense. Court-ordered support or alimony payments and wages are examples of payments that will count as income regardless of diverted payments to third parties.

4. Infrequent or Irregular Income

Any income in the certification period that is received too infrequently or irregularly to be reasonably anticipated, but which is not more than \$30 in a calendar quarter. This may include interest payments on bank accounts or other financial instruments as long as the average monthly payment is less than \$10.00 per month.

5. Loans

All loans. The loan may be from a private individual as well as from a commercial institution. When verifying that income is exempt as a loan, a legally binding agreement is not required. A simple statement signed by both parties that indicates that the payment is a loan and that the household must repay the loan will be sufficient verification. If the household receives payments on a recurrent or regular basis from the same source however, but claims the payments are loans, the local agency may also require that the provider of the loan sign an affidavit which states that repayments are being made or that payments will be made according to an established repayment schedule.

6. Reimbursements

Reimbursement on past or future expenses, to the extent that:

- a. They do not exceed actual expenses.
- b. They do not represent a gain or benefit to the household.

Reimbursements for normal household living expenses, such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit, and, therefore, are not excluded. To exclude this money, these payments must be for an identified expense, other than normal living expenses, and the recipient must use the money for the purpose intended.

When a reimbursement covers multiple expenses, including a flat allowance, it is not necessary to identify each expense separately as long as none of the reimbursement covers normal living expenses.

The amount by which a reimbursement exceeds the actual incurred expense will count as income. It is not necessary to consider whether reimbursements exceed actual expenses unless the provider or the household indicates the amount is excessive. This applies to anticipated expenses as well as past expenses for which reimbursement covers.

Jury duty pay may count as a reimbursement if it meets the criteria of this section.

Examples of reimbursements that do not represent a gain or benefit to the household are:

- a. Reimbursement or flat allowances for job or training related expenses, such as:
  - 1) Travel
  - 2) Per diem
  - 3) Uniforms
  - 4) Transportation to and from the job or training site, including reimbursements for the travel expenses incurred by migrant workers.
- b. Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their work.
- c. Medical reimbursements.
- d. Dependent care reimbursements.
- e. Reimbursements received by households to pay for services provided by Title XX of the Social Security Act.

## 7. Third Party Funds

Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member. If the intended beneficiaries of a single payment are both household and nonhousehold members, any identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member will not count. If the nonhousehold member's portion cannot be readily identified, the payment will be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold member's pro rata share or the amount actually used for the nonhousehold member's care and maintenance, whichever is less.

The term nonhousehold member refers both to persons residing with the SNAP household but considered nonhousehold members according to the provisions of Part VI.C and persons who do not reside with the SNAP household.

### Examples

- a. Ms. X is payee for Social Security benefits for two children who do not live with her. The check totals \$200. Ms. X gives the children's guardian \$100. In addition, she deposits \$25 in a savings account for the children and spends the remaining \$75 on items for the children.

Ms. X has no income assigned from this source. The EW must count \$200 to the children's household. If Ms. X could not account for any portion of the \$200, that portion would count as income to her.

- b. Ms. Y receives child support for her two children. One child does not live with her. The father sends \$200 (\$100 prorated for each child). Ms. Y sends \$150 to the child who is not in her home.

The income for Ms. Y's household is \$100. The second child's income is \$150 (\$100 child support and a contribution of \$50 from the mother).

- c. Ms. Z and her four children receive a TANF check of \$300. The oldest child is in Job Corps in another city, so the SNAP unit excludes this child. Ms. Z sends the child \$50 a month from the TANF check to cover his living expenses.

The child's prorated share of the TANF check is \$300 divided by 5 = \$60. The mother actually sends \$50. The lesser amount, \$50, is excluded income in the SNAP calculation.

- d. Household A requests the inclusion of children who reside in Household B part of the month. A member of Household A pays child support to Household B for one or more of these children. Household B uses that income to pay household and the children's personal expenses. The child support will not count as income to Household A but would count toward Household B if that household applies for SNAP benefits.

8. Earnings of Children

The earned income of children who are under age 18 and who attend elementary or high school, or who attend GED classes that are operated, supervised, or recognized by the local school board. This exclusion also applies to participants of elementary or high school level home-school programs that are approved by the local school superintendent as meeting the state's home-school law. The children must also be:

- a. Certified with a natural, adoptive or step-parent, or
- b. Under the control of a household member other than a parent, as defined in Part VI.A.2.b.

This exclusion will continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings must be divided equally among the working members and the child's pro rata share excluded.

This exclusion will end the month following the month in which the child turns 18.

9. Lump Sum Payments

Monies received in the form of a nonrecurring lump sum payment, including but not limited to:

- a. Income tax refunds, rebates or credits;
- b. Retroactive lump sum Social Security, public assistance, Railroad Retirement benefits or other payments;
- c. Lump sum insurance settlements;
- d. Refunds of security deposits on rental property or utilities.
- e. Accumulated vacation, sick, or severance pay of terminated employees received in a lump sum;
- f. Gambling winnings;
- g. Monetary gifts for identifiable one time occasions or normal annual occasions; and
- h. Retroactive SSI payments even when received in multiple installments.

These payments will count as resources in the month received unless specifically excluded from consideration as a resource by other federal laws. The fact that the household or agency can anticipate a lump sum payment does not affect the exclusion as income.

Irregular unemployment compensation benefits will not count as lump sum payments although they may include amounts intended to cover prior periods.

Irregular support payments generally will not count as lump sum payments. The TANF disregarded support payment received for a prior period and support payments made through one-time payments such as the withholding of federal or state tax refunds will count as a lump sum resource however. The disregarded incentive support payment will be for a prior period if the entitlement date is two or more months prior to the check date. This exclusion does not include the TANF monthly supplement payment received for the prior month.

10. Self-Employment Expenses

The cost of producing self-employment income. The procedures for computing the cost of producing self-employment income are described in Part XII.A.5 and 9.

11. Exclusion by Law

Income specifically excluded by federal law from consideration as income in determining SNAP eligibility or benefits. This includes:

- a. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, Section 216).
- b. All compensation received under the Alaska Native Claims Settlement Act and amendments (P.L. 92-203 and 100-241).
- c. Payments to volunteers under programs covered by the Domestic Volunteer Services Act of 1973 as amended (P.L. 93-113). This includes:
  - Title I - Payments to VISTA volunteers and participants of the University Year for Action and Urban Crime Prevention Program if the volunteers were receiving SNAP benefits or public assistance when they joined the Title I program. This also includes payments to VISTA volunteers if the payment is less than the federal minimum wage.
  - Title II - This includes the Retired Senior Volunteer Program, Foster Grandparents, and the Senior Companion Program.
- d. Payments from programs funded in whole or in part under the Workforce Investment Act (WIA), except for on-the-job training programs funded through the WIA. Payments from on-the-job training programs under this section are considered countable earned income, except for persons under 19 who are under parental control of a household member. For such individuals, the on-the-job WIA payments are excluded.

This exclusion includes projects conducted under the National and Community Services Act, Americorps, and the Summer Youth Employment and Training

Program, as if the projects were conducted under the WIA. Payments made under the Youthbuild Program through the Housing and Community Development Act must also be treated like WIA payments (P.L. 97-300, 99-198, 101-610, 102-367, 102-550).

- e. Payments from the Community Service Employment Program under Title V of the Older Americans Act (P.L. 100-175). Some organizations that receive Title V funds are:
  - Experience Works (formerly Green Thumb)
  - National Council on Aging
  - National Council on Black Aging
  - American Association of Retired Persons
  - U.S. Forest Service
  - National Association for Spanish Speaking Elderly
  - National Urban League
  - National Council of Senior Citizens
- f. Payments from private nonprofit charitable organizations, not in excess of \$300 per fiscal quarter, which are not already excluded as a lump sum resource. Any amount over the \$300 limit is counted as unearned income (P.L. 100-232).
- g. Payments under the Wartime Relocation of Civilians Act to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts (P.L. 100-383).
- h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation (P.L. 101-201 and P.L. 101-239.)

Payments to veterans with a service-connected disability resulting from Agent Orange exposure are countable (P.L. 102-4).

- i. Payments under the Disaster Relief Act of 1974, as amended, and the Disaster Relief and Emergency Assistance amendments of 1988. The President must declare the event a federal disaster or emergency. The exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations (P.L. 100-707).

Payments through the Federal Emergency Management Agency (FEMA) to property owners under the National Flood Insurance Act of 1968 to reduce risks of flood damage are excluded.

Most payments from FEMA are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for the homeless household, are not excluded.

- j. The value of any child care provided, arranged, or reimbursed under the Social Security Act through the block grant child care program (Section 6585, P.L. 102-586, as amended).
- k. Earned income tax credits (P.L. 101-508).
- l. Salary reductions for military personnel which are used to fund the GI bill (P.L. 99-576).
- m. The following payments to Indian tribes:
  - Income from certain submarginal land of the U.S. which is held in trust for certain Indian tribes (P.L. 94-114, Section 6).
  - Income from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
  - Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation (P.L. 95-433, Section 2).
  - Payments from the Maine Indian Claims Settlement Act of 1980 to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet (P.L. 96-420, Section 9c).
  - Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).
  - Per capita payments of up to \$2,000 per calendar year under the Indian Judgment Fund Act as amended (P.L. 93-134 and 97-458).
  - Payments to the Chippewa Tribes: Turtle Mountain, Red Lake, Mississippi, Lake Superior, Saginaw, or White Earth (P.L. 97-403, 98-123, 99-146, 99-264, 99-346, and 99-377).
  - Payments to the Blackfeet, Grosventre, and Papago Tribes (P.L. 97-408).
  - Payments to the Assiniboine Tribes (P.L. 98-124, Section 5 and 97-408).
  - Payments to the Seneca Nation (P.L. 101-503).
  - Payments to the Puyallup Tribe (P.L. 101-41).
  - Payments to the Sac and Fox Tribes (P.L. 94-189).

10/09

VOLUME V, PART XI, PAGE 17

- Payments, except for per capita payments over \$2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Florida, and the independent Seminole Tribe of Florida (P.L. 101-277).
  - Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).
- n. Payments under the Radiation Exposure Compensation Act (P.L. 101-426).
- o. Contributions of an SSI recipient into a Plan for Achieving Self Support (PASS) account (PL 102-237).
- p. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(a) of the School Lunch Act.
- q. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).
- r. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with congenital spina bifida and payments to children of female Vietnam veterans who are born with certain birth defects (P.L. 104-204 and P.L. 106-419).
12. Government Subsidies for Housing and Energy/Utility Payments
- Payments or allowances made for housing, energy assistance or utility payments under any federal, state or local government program will not count. This includes payments received from the Low-Income Home Energy Assistance Program (Virginia Fuel Assistance Program), HUD and FmHA utility payments.
13. Shared Shelter Arrangements
- In some situations, SNAP households may share shelter expenses with others. Money may exchange hands between the units to facilitate bill paying. This exchange of money for the purposes of bill paying in a shared shelter arrangement is not considered income to the person receiving it. Each household is entitled to its share of the shelter expenses.
- Allow the household to describe/define the arrangements. Allow each household to claim its portion of the shelter costs if the arrangement is for the purpose of splitting living costs as opposed to a rental arrangement where one household elects to charge another household for shelter costs.
- Note: This policy does not replace the roomer/boarder and rental property situations.

10/09

VOLUME V, PART XI, PAGE 18

14. Funds Deposited in an Individual Development Account (IDA) or HUD Escrow Account

Money deposited in an IDA on behalf of a household member will not count as income as well as money deposited in an escrow account established by HUD.

15. VIEW Supportive Services Payments

Payments made directly or indirectly to household members for supportive services through VIEW will not count as income. This exclusion does not include VIEW Transitional Payments.

16. Educational Benefits

Money received for educational purposes. These payments include, among others, scholarships, grants, educational loans, veteran's educational benefits, and work-study.

G. INCOME OF EXCLUDED HOUSEHOLD MEMBERS (7 CFR 273.9(b)(3); 273.11(d))

Individual household members may be disqualified from receiving SNAP benefits or may be ineligible to participate. See Part VI.C for a discussion of nonhousehold members.

The earned or unearned income of a disqualified household member must be handled according to Part XII.E. All or part of the income of the disqualified person must be counted to the remaining members.

For excluded household members who are ineligible rather than disqualified, such as ineligible students, the income of the ineligible member is not considered available to the household. Any cash payments from the ineligible member to the household must be considered income under the normal income standards described in this manual. If the household shares deductible expenses with the ineligible member, only the amount actually paid or contributed by the eligible members is allowed as an expense. If these payments or contributions cannot be differentiated, the expenses must be prorated evenly among the persons actually paying or contributing to the expense and only the eligible members' pro rata share deducted.

When the earned income of one or more household members and the earned income of an ineligible member are combined into one wage, the income of the household members must be determined as follows:

- If the household's share can be identified, count that portion due to the household as earned income.
- If the household's share is not identifiable, prorate the earned income among those it was intended to cover and count the prorated portion to the household.

PART XII SPECIAL INCOME DETERMINATIONS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	SELF-EMPLOYMENT INCOME	1
	1. Definition	1
	2. Averaging of Self-Employment Income	1-2
	3. Determining Monthly Income from Self-Employment	3-4
	4. Capital Gains	4
	5. Allowable Costs of Producing Self-Employment Income	4-5
	6. Costs Not Allowed	5
	7. Allowable Costs of Producing Income For Day Care Providers	5
	8. Net Loss from Farm or Fishing Operations	5-6
	9. Depreciation	6
B.	BOARDERS	6
	1. Income from the Boarder	6
	2. Costs of Doing Business	6
	3. Earned Income Deduction	7
C.	SPONSORED IMMIGRANTS	7-9
	1. Computing the Countable Income of Sponsors	8-9
	2. Computing Countable Resources of Sponsors	9
	3. Termination of the Sponsor's Obligation	9
	4. Responsibilities of the Sponsored Immigrant	9-10
	5. Reimbursement Procedures	10-12
	6. Awaiting Verification	12
D.	HOUSEHOLDS WITH A DECREASE IN INCOME DUE TO FAILURE TO COMPLY WITH ANOTHER PROGRAM'S RULES	12-13
E.	DISQUALIFIED INDIVIDUALS: TREATMENT OF INCOME, RESOURCES AND DEDUCTIONS	13
	1. Resources	13
	2. Income	14
	3. Deductions	15
	4. Eligibility and Benefit Level	15
F.	AVERAGING CONTRACT AND SELF-EMPLOYMENT INCOME	15-18
	1. Annualization	15-16
	2. Adjustments to Annualized Amounts	16-18
	3. Termination of Annualized Income	18
G.	WAGES HELD BY AN EMPLOYER	18-19

PART XII SPECIAL INCOME DETERMINATIONS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
H.	Transitional Benefits for Former TANF Recipients	
1.	Transitional Benefits Eligibility	19-20
2.	Calculation of Benefits	20
3.	Transitional Benefits Procedures	20-21
4.	Ending Transitional Benefits	21

A. SELF-EMPLOYMENT INCOME

1. Definition

Self-employment income includes:

- a. The total gross income from a self-employment enterprise. Self-employment income also includes the total gain from the sale of any capital goods or equipment related to the business.
- b. Farm income. Income from farming will be that income derived from activities such as:
  - 1) the production and sale of crops and livestock for food;
  - 2) the raising of livestock to produce items such as eggs, wool, milk, etc.; and
  - 3) the production and sale of tobacco, cotton and other non-food crops.
- c. Payments from roomers and boarders.
- d. Income from rental property. (See Part XI.C.2 and E.6.)

**The EW must assess the business structure of self-employment arrangements to determine if the business is incorporated and the number of business owners. Income from business arrangements that are not incorporated must be calculated as described in this chapter and divided over the number of business owners. Income from business arrangements that are incorporated must be handled as wages/salaries (Part XI.C.1), not self-employment income. Note that limited liability companies (LLC) are not incorporated so the income is considered as self-employment. See Part IX.C.3 for a discussion of business resource assessments for SNAP purposes.**

2. Averaging of Self-Employment Income (7 CFR 273.11(a))

All self-employment income is calculated in the same manner described below, except income from boarders not residing in a commercial boarding house. Instructions for computing this type of income are described in Part XII.B.

- a. Self-employment income which represents a household's annual support must be annualized over a 12-month period, even if the income is received in a shorter period of time. For example, income from a farmer's crop that represents the farmer's annual support must be averaged over a 12-month period, even though the income is received in a shorter time frame. In addition, self-employment income that represents a household's annual support must be annualized even if the household has income from other sources.

Note: It may be difficult to determine if self-employment income represents a household's annual support when the household has income from other sources. Consider other factors, in addition to the household's statement, to indicate how long the household could sustain itself on such income. Factors include, but are not be limited to, the previous year's business and personal expenses, tax records, anticipated expenses for the current year, income expected to be received from other sources during the coming year, and so on. These factors, when compared with the income from seasonal self-employment, should provide a basis for making a determination about how long the income is intended to support the household.

For example, if the previous year's expenses were proportionate to the household's income from self-employment, it could be an indication that the income would sustain the household for a year; therefore, the household's income should be annualized. If expenses were not proportionate with the income, it might be determined that such income could not sustain the household for a year; therefore, income should be averaged over the period of time the income is intended to cover.

- b. Self-employment income received on a monthly basis but representing a household's annual support must normally be averaged over a 12-month period. Examples of this type of self-employment includes most small businesses, such as grocers, or some farmers. If the averaged amount does not accurately reflect the household's true monthly circumstances because of a substantial increase or decrease in business, the self-employment income must be calculated based on anticipated earnings.
- c. Self-employment income that does not represent a household's annual support must be averaged over the period of time the income is intended to cover. This type of seasonal self-employment includes vendors who receive their income in the summer or during the tourist season and supplement it through another source during the rest of the year.
- d. Households with newly formed enterprises that have been in existence less than a year must have their self-employment income averaged over the amount of time the business has been in operation, and the monthly amount projected for the coming year. If the business has been in operation for such a short time that there is insufficient information to make a reasonable projection, a certification period should be assigned which allows for a timely review of the household's circumstances.

If a household farming for the first year has not yet received its first income, or an established farming household has not yet realized a change in income due to a change in the amount or type of crops raised, the EW should not anticipate the amount of the expected income from the new crop when determining the household's income.

3. Determining Monthly Income from Self-Employment (7CFR 273.11(a)(2))

- a. For the period of time over which self-employment income is determined, the EW must:
  - 1) Add all gross self-employment income, including capital gains, for the period of time over which income is determined.
  - 2) Subtract the cost of producing the self-employment income (See Part XII.A.5.)
  - 3) Divide the remaining self-employment income by the number of months over which the income will be averaged.
- b. When self-employment income is not averaged but is calculated on an anticipated basis, the EW must:
  - 1) Determine any capital gains the household anticipates receiving during the period over which the income is averaged which is likely to be the certification period.
  - 2) Divide the amount by 12 (use this amount in successive certification periods during the next 12 months unless the anticipated amount of capital gains changes. If this should occur, a new average monthly amount must be calculated.)
  - 3) Add anticipated monthly amount of capital gains to anticipated monthly self-employment income.
  - 4) Subtract the cost of producing the self-employment income. The cost of producing the self-employment income will be calculated by anticipating the monthly allowable costs of producing the income.

If obtaining verification of the cost of doing business will delay the household's certification, the local agency must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for these costs. If these costs or a portion of them cannot be verified within 30 days of the date of application, the local agency must determine the household's eligibility and benefit level without providing a deduction for the unverified portion. The household must be given at least 10 days to provide the verification. For initial applications and reapplications, if the household would be ineligible unless these unverified costs are allowed, the household will have an additional 30 days to take the required action. Action must be taken on recertification applications as allowed by the verification time frames described in Part IV.C.4.

One or more payments to farmers from the Disaster Assistance Act of 1988 must be counted as earned income. These payments, made to farmers who are adversely affected by a drought, are given for crop losses or to buy feed grain. This

income is considered a replacement for income lost as a result of a drought, and for self-employed farmers, the income must be processed using normal annualizing procedures for self-employment income. Since the payment is counted as income, it is excluded as a resource

4. Capital Gains (7 CFR 273.11(a)(3))

The proceeds from the sale of capital goods or equipment are calculated in the same manner as a capital gain for federal income tax purposes. Even if only 50% of the proceeds from the sale of capital goods is taxed, the EW must count the full amount of the capital gain as income for SNAP purposes.

Example

Farmer A purchased a tractor for \$3,000. Over a period of 10 years, he claimed \$3,000 in depreciation on the tractor. After 10 years, he sold the tractor for \$1,000. For income tax purposes, the transaction appears as follows:

Purchase price		\$3,000
Depreciation claim	<u>3,000</u>	
Purchase base		0
Sale price		\$1,000
Reported as gross		<u>x 50%</u>
Taxable income		\$ 500

For SNAP purposes, the entire proceeds or \$1,000 would be included as gross income.

5. Allowable Costs of Producing Self-Employment Income (7 CFR 271.11(a)(4))

Allowable costs of producing self-employment income include, but are not limited to, the following:

- a. the identifiable costs of labor, stock, raw material, seed and fertilizer.
- b. payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods or on the principal for improvements to real estate.
- c. interest paid to purchase income producing property, capital assets, equipment, machinery, and other durable goods.
- d. insurance premiums paid on income producing property.
- e. taxes paid on income producing property.
- f. costs of repairs to property needed for general maintenance.

- g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, payments on the mortgage principal, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are not deductible as a cost of doing business:

- a. net losses from previous periods.
- b. federal, state, and local income taxes.
- c. money set aside for retirement purposes.
- d. other work related personal expenses, such as transportation to and from work.
- e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same SNAP household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - **\$1.27** per meal; Lunch or Supper - **\$2.38** per meal;  
Snacks - **\$.71** per meal.

Money paid to day care providers under Section 12 of the School Lunch Act to serve meals to children, other than their own, is countable. Allowable business costs, as described above, are given.

8. Net Loss from Farm or Fishing Operations (7 CFR 273.11(a)(2)(iii))

Self-employed farmers, as defined in Part XII.A.1.b, and self-employed fishermen may have a net loss once allowable costs of doing business are deducted from gross farm income. If the farmer or fisherman receives annual gross proceeds of \$1,000 or more from the farming or fishing enterprise, any net loss amount must be prorated over the year in the same manner used to prorate the farm or fishing income. Losses from farm or fishing self-employment enterprises are offset in two phases. The first phase is offsetting against

non-farm/fishing self-employment income. The second phase is offsetting against the total of earned and unearned income. The gross income eligibility standard is applied after offsetting. The earned income deduction is based on wages and salaries, and any income from self-employment remaining after the first phase of offsetting.

9. Depreciation

Depreciation is not allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise.

B. BOARDERS (7 CFR 273.11(b))

The income of households owning and operating a commercial boarding house is handled as self-employment income under Part XII.A.2 and 3. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. In localities without licensing requirements, a boarding house is as a commercial establishment that offers meals and lodging for compensation with the intent of making a profit. The number of boarders residing in a boarding house is not used to determine if a boarding house is a commercial enterprise.

For all other households containing boarders, the income from the boarders must be calculated following the procedures in this chapter. See Part VI.B. to determine boarder status.

1. Income from the Boarder

The income from boarders must include all direct payments to the household for room and meals, including payments to the household for part of the shelter expenses. Shelter expenses paid by boarders directly to someone outside the household (such as a landlord or utility company) are not counted as income to the household.

2. Cost of Doing Business

To determine the net amount of countable income from a boarder the EW must deduct the cost of doing business from the gross monthly income figure.

The cost of doing business is equal to one of the following:

- a. If the household takes more than two meals per day, the amount of the maximum coupon allotment for a household size that is equal to the number of boarders; or,
- b. if the household takes two meals or less per day, the amount equal to two-thirds of the maximum coupon allotment for a household size that is equal to the number of boarders; or,
- c. the actual documented costs of providing room and meals, if they are higher than the appropriate coupon allotment.

The allowable cost of doing business may never exceed the amount the household receives from the boarder. If actual costs are used, only separate and identifiable costs of providing rooms and meals to the boarders are allowed.

3. Earned Income Deduction

The 20% earned income deduction as defined in Part X.A.2. will be allowed for all income from boarders. The net boarder payment must be added to all other earned income before allowing the 20% deduction.

C. SPONSORED IMMIGRANTS (7 CFR 273.4(c))

Affected Groups

All immigrants granted U.S. visas based on family connections and some employment-based immigrants must have a sponsor in order to obtain permanent residency. The sponsor must execute an affidavit of support on behalf of the immigrant to demonstrate financial responsibility for the immigrant.

This chapter applies to persons who file visa applications on or after December 19, 1997, and for persons who file for an adjustment of status on or after December 19, 1997.

Individual sponsors must document that they have the capacity to financially support and maintain an immigrant, generally at 125 percent of the federal poverty level. The sponsor must execute a legally enforceable affidavit of support, INS Form 864, on behalf of each immigrant. The sponsorship affidavit also requires an agreement to reimburse agencies for any means-tested public benefits obtained by the sponsored immigrant.

The agency must evaluate the provisions of this chapter for immigrants who are eligible for SNAP benefits as permanent resident immigrants with 40 quarters of work credited to them (Part VII.F.1.f.) and for permanent residents who are conditionally eligible for SNAP benefits if they meet a qualified status (Part VII.F.2.).

Exemptions

The provisions of this chapter do not apply to the following groups:

- Immigrants without sponsors. This group includes persons who entered the United States without an individual sponsor who signed a legally binding affidavit of support. These immigrants include refugees, asylees, persons whose deportation is withheld, Amerasians and Cuban/Haitian entrants.
- Immigrants whose sponsors signed affidavits of support before December 19, 1997 or persons whose sponsors have not signed a legally enforceable affidavit of support.
- Immigrant children under 18 years of age.
- Immigrants who would be indigent without SNAP benefits or other public assistance in that the household's income, including any assistance from the sponsor, is

insufficient to provide food or shelter. Indigence here means that the household's own income and any direct cash or in-kind contribution from the sponsor or others do not exceed the gross income level for the household's size. The only income the agency may deem from the sponsor for a 12-month renewable period is the amount the sponsor actually provides if the immigrant is indigent. The local agency must report the immigrant and sponsor's names to the **USCIS** if an immigrant is determined to be indigent.

This exemption will last for one year from the date of the indigence determination. The agency may renew the indigence determination for additional 12-month periods.

Before determining indigence, the agency must explain the determination and reporting requirements to the household or representative. If the household elects not to proceed, the agency must explain the consequences of this action and of being a "nonapplicant," as addressed in Part II.B. The agency must not report the names of the sponsored immigrant or sponsor to the **USCIS** in this instance.

- An immigrant determined to be a battered spouse, child or parent or subject to extreme cruelty in the U.S. The person must be living separately from the batterer. This exemption covers any 12-month period. The exemption may be extended for additional 12-month periods if the immigrant shows that a court, administrative order or the USCIS recognizes the battery and if the local social services agency determines the battery has a substantial connection to the receipt of SNAP benefits.

1. Computing the Countable Income of Sponsors

A portion of the monthly income of the sponsor and the sponsor's spouse, if he or she executed the affidavit of support, must be considered in determining the eligibility and benefit level of the household of which a sponsored immigrant is a member. The agency must make the determination as follows:

- a. Calculate the earned income of the sponsor and the sponsor's spouse.
- b. Deduct the 20% earned income deduction from this amount.
- c. Add the unearned income of the sponsor and the sponsor's spouse.
- d. Deduct the gross income eligibility limit for the size of the sponsor's household including any person who is claimed or could be claimed by the sponsor or the sponsor's spouse as a dependent for federal income tax purposes.
- e. The remainder is the countable income for the sponsored immigrant for SNAP purposes.

If the immigrant has already reported gross income information about the sponsor for the sponsored alien rules for TANF, that income amount may be used for SNAP purposes. Allowable deductions are limited to the 20% earned income deduction and the SNAP gross monthly income amount stated above.

If a sponsored immigrant can demonstrate to the local agency's satisfaction that the sponsor is responsible for other immigrants, the income deemed here must be divided by the number of sponsored immigrants. **The process described here to arrive at the deemed income must also be used to exclude the amount for a sponsored immigrant or citizen child.**

Money paid to the immigrant by the sponsor (or the sponsor's spouse) will not count as income unless the amount paid exceeds the amount attributed to the immigrant under Part XII.C.1.a.

Examples

- |   |   |       |
|---|---|-------|
| • | Sponsor's income attributed to immigrant                              | \$100 |
|   | Amount paid directly to the immigrant by the sponsor for an "odd job" | \$ 60 |

This \$60.00 amount will not count as income to the immigrant's household.

- |   |   |       |
|---|---|-------|
| • | Sponsor income attributed to immigrant                                | \$100 |
|   | Amount paid directly to the immigrant by the sponsor for an "odd job" | \$120 |

The \$20.00 over the \$100 attributed income is countable income to the immigrant's household.

2. Computing Countable Resources of Sponsors

Resources of the sponsor and the sponsor's spouse count towards the immigrant household. The total amount of the sponsor's and spouse's nonexempt resources must be reduced by \$1500. If a sponsored immigrant can demonstrate to the local agency's satisfaction that the sponsor is responsible for other immigrants, the resources counted here must be divided by the number of sponsored immigrants that apply for or are receiving SNAP benefits. **Exclude the amount that would be attributed to a sponsored immigrant or citizen child.**

3. Termination of the Sponsor's Obligation

The evaluation and use of the income and resources of the sponsor and spouse of the sponsor must continue toward the SNAP eligibility and benefit level of the immigrant until the immigrant becomes a U.S. citizen. The evaluation of the sponsor's obligation will also terminate when the immigrant can be credited with 40 quarters of work coverage, provided the immigrant received no public benefits for any quarter beginning January 1997. (See Part VII.F. for a discussion of qualifying quarters of work.)

Other conditions that will cause the sponsor's support obligation to end are the death of either the sponsored immigrant or the sponsor, or instances when the immigrant leaves the country or no longer holds permanent resident status.

4. Responsibilities of the Sponsored Immigrant

The immigrant is responsible for the following:

- a. obtaining the cooperation of the sponsor;
- b. providing information or documentation necessary to calculate the countable income and resources of the sponsor at application and recertification; and,
- c. providing the names or other identifying information about immigrants for whom the sponsor has signed an agreement to support to enable the local agency to determine how many of these sponsored immigrants applied for or are receiving SNAP benefits so that the sponsor's attributed income and resources can be divided by the number of such immigrants.

If information about other immigrants for whom the sponsor is responsible is not provided, the income and resource amounts will be attributed to the immigrant in their entirety until the information is provided.

The immigrant is also responsible for:

- reporting the required information about the sponsor and sponsor's spouse if a different sponsor is obtained during the certification period; and,
- reporting a change in income should the sponsor or the sponsor's spouse changes or loses employment, or dies during the certification period. These changes must be handled according to the timeliness standards in Parts XIV.A.

The household is primarily responsible for obtaining the information or verification needed to determine the sponsor's or spouse's income and resources but, the agency must provide assistance as required by Part III.B.

#### 5. Reimbursement Procedures

After SNAP benefits are issued to a sponsored immigrant, the local agency must pursue collection of the amount of benefits issued. The local agency may lump together the amount of all public benefits issued by the agency instead of pursuing separate collections for each program. Legal and other collection costs may be included in the reimbursement requests.

The agency must exclude any sponsor who is receiving SNAP benefits from the reimbursement procedures.

The request for reimbursement must be sent to the sponsor by personal service and must include the following:

- a. Date of the sponsor's affidavit or support;
- b. Sponsored immigrant's name;
- c. Immigrant's registration number;

- d. Address of the immigrant;
- e. Immigrant's date of birth;
- f. Type of public benefit received;
- g. Date(s) benefits received; and,
- h. Total amount of benefits received.

The request for reimbursement must advise the sponsor to respond within 45 days of the request by paying the requested amount or by arranging a payment plan that is satisfactory to the agency.

If the sponsor does not respond to the reimbursement request, the agency may file a civil suit against the sponsor at the end of the 45-day period. If a final judgment is obtained against the sponsor, the agency must mail a certified copy of the judgment and a cover letter containing the reference "Civil Judgment for Congressional Report - 213A(i)(3)IIRIRA" to:

United States Citizenship and Immigration Services  
Statistics Branch  
425 I Street NW  
Washington, D.C. 20536

The agency must send any reimbursement payments for SNAP benefits and a copy of the reimbursement request letter to:

U.S. Department of Agriculture  
Food and Nutrition Service  
Mid-Atlantic Regional Office  
P.O. Box 953772  
St. Louis, MO 63195-3772

The agency must send a copy of the reimbursement request letter and reimbursement check to:

U.S. Department of Agriculture  
Food and Nutrition Service  
Mid-Atlantic Regional Office  
300 Corporate Boulevard  
Robbinsville, NJ 08691-1598

Note that while a sponsor's obligation may be terminated for conditions noted in Section b. above, that termination does not relieve the sponsor or the sponsor's estate of the obligation to reimburse programs for the issuance of public benefits provided before the support agreement terminated.

Efforts to collect amounts issued to sponsored immigrants through the Supplemental Nutrition Assistance Program or other means-tested public benefits must be made within 10 years of the date of the last issuance.

6. Awaiting Verification

If the information necessary to determine the amount of the sponsor's or sponsor's spouse's income and resources attributed to the immigrant, is not received or verified in a timely manner, the sponsored immigrant will be ineligible until all necessary facts are obtained. In addition, if questions arise about whether an immigrant has a sponsor, the date of entry, or the date of the adjustment of status, such questions must be resolved before SNAP eligibility can be established for the immigrant. The eligibility of any remaining household members must be determined. The income and resources of the ineligible immigrant (excluding the attributable income and resources of the alien's sponsor and sponsor's spouse) must be treated in the same manner as a disqualified member as set forth in Parts XI.G and XII.E, and considered available in determining the eligibility and benefit level of the remaining household members.

If the sponsored immigrant refuses to cooperate in providing and/or verifying needed information, other adult members of the immigrant's household will be responsible for providing and/or verifying the information required. If the household refuses to cooperate in this regard, the entire household is ineligible. If the information or verification is subsequently received, the local agency must act on the information as a reported change in household membership as required by the timeliness standards in Part XIV.A.

If the same sponsor is responsible for the entire household, the entire household will be ineligible until the needed sponsor information is provided and/or verified.

D. HOUSEHOLDS WITH A DECREASE IN INCOME DUE TO FAILURE TO COMPLY WITH ANOTHER PROGRAM'S RULES

SNAP benefits must not be increased when a household's benefits from another means-tested, publicly funded program are reduced, terminated, or suspended because of a failure to comply with that program's requirements. Changes that are not related to the penalty imposed by the other program must continue to be reflected in the SNAP benefit amount, including adding household members who may be barred from receiving benefits from other public assistance programs. The public assistance income, as a penalty, must not be counted in the calculation of SNAP benefits if the public assistance case is closed at the household's request or for a reason other than noncompliance, regardless of prior case actions that may have been taken due to noncompliance.

1. For federal, state, or local public assistance programs, such as TANF or GR-**Unattached Child**, failure to comply will be determined to exist after it has been established that policy exemptions and good cause provisions, if appropriate, have not been met. Failure to comply may also be evidenced by a court conviction for a fraud conviction or a finding through the ADH process.

When TANF or GR-**Unattached Child** benefits are decreased because of the household's failure to comply with that program's requirements, the SNAP benefit amount must be based on both the actual amount of the TANF or GR-**Unattached Child** payment and the amount of the reduction or penalty. The penalty income must be counted as long as the reduced payment is received. If the PA case is closed, the penalty income must be counted in the SNAP calculation for a minimum of six months following the closure of the PA case or longer if the PA case remains under care.

Example

The agency reduced a household's TANF grant from \$291 to \$241 per month. The reduction occurred because of the household's failure to comply with the immunization requirements needed by TANF program rules. The TANF amount to be used for SNAP purposes is \$291.

The penalty amount will no longer count if the household reapplies and is approved again for TANF or GR-**Unattached Child** benefits within the six-month period.

2. Social Security (OASDI) benefits, unemployment compensation and veteran's benefits are not means-tested programs. If reduced payments occur for these programs because of a failure to comply, the SNAP benefit amount must be based only on the actual amount of the payment(s).
  3. HUD payments and SSI are publicly funded and means-tested programs. If reduced payments occur for these programs because of a failure to comply however, the SNAP benefit amount must be based only on the actual amount of the check(s), to the extent the payment is counted as income for SNAP purposes.
- E. DISQUALIFIED INDIVIDUALS: TREATMENT OF INCOME, RESOURCES AND DEDUCTIONS (7 CFR 273.11(c))

Individual household members may be disqualified from receiving SNAP benefits for a number of reasons. The reason for the disqualification must be assessed because of different procedures for calculating the income and the impact on the remaining household members.

This chapter describes the procedures that must be used to determine the eligibility and benefit level of the remaining household members.

1. Resources

The resources of the disqualified individual will count in their entirety to the remaining household members.

2. Income

a. The earned or unearned income of an individual disqualified:

- 1) for an intentional program violation;
- 2) as a result of a sanction for voluntary quit or work reduction;
- 3) for fleeing prosecution or imprisonment or one who is violating terms for parole or probation; or
- 4) as a result of a felony conviction involving controlled substances,

is counted in its entirety to the remaining household members.

b. A pro rata share of the income of:

- 1) an individual disqualified for failure to obtain or refusal to provide a Social Security number;
- 2) an ineligible immigrant;
- 3) an individual whose U.S. citizenship is in question and for whom no verification has been provided; or
- 4) an individual who is unable to participate further because of time-limited eligibility through the work requirement (Part XV),

is counted as income to the remaining household members. This pro rata share is calculated by first subtracting any allowable exclusions from the individual's income and dividing the income evenly among the household members, including the disqualified one. All but the disqualified individual's share is counted as income to the remaining household members.

In situations where a household includes more than one member disqualified for the reasons listed above, each excluded member's income is prorated among all household members, including other excluded members, even if the other excluded members have no income. All but the amount attributed to the excluded members above is counted in computing the household's income for eligibility and benefit amount.

If a single payment is received for more than one beneficiary and one person is to be disqualified, determine the income to be assigned to each individual as allowed by Part XI.F.7.

3. Deductions

For the calculation of deductions, consideration must be given to whether the disqualified household member is responsible for an expense or whether the disqualified member pays the expense. If the disqualified member is responsible for an expense but the eligible household members actually pay the expense, the expense must be treated as an expense of the eligible household members rather than as that of the disqualified members. Similarly, if the disqualified members pay a household expense, even though someone else is responsible for the expense, the expense will be attributed to the disqualified members as outlined below.

- a. For individuals disqualified for one of the reasons listed in 2.a above, the standard deduction, earned income deduction, medical deductions, dependent care expenses, excess shelter deductions, homeless shelter allowance and mandatory child support payments will apply in their entirety to the remaining household members.
- b. For individuals disqualified for a reason listed in 2.b above, deductions are handled in the following manner:
  - 1) The 20 percent earned income deduction will apply to the countable prorated income earned by the excluded member.
  - 2) That portion of the household's allowable shelter and dependent care expenses that are either paid by or billed to the disqualified members and allowable medical and child support expenses of the disqualified members must be divided evenly among the eligible and disqualified members. All but the amount attributed to the disqualified members in b above is allowed as a deduction and is counted as a deductible expense for the remaining household members.

4. Eligibility and Benefit Level (7 CFR 273.11(c)(4))

A disqualified individual is not included when determining the household's size for purposes of assigning a benefit level, for purposes of comparing the household's monthly income with the income eligibility standards, or comparing the household's resources with the resource eligibility limits. In addition, if the only elderly or disabled individual in the household is the disqualified individual, the household is not entitled to an unlimited shelter deduction which otherwise would apply to a household that contains an elderly or disabled individual.

F. AVERAGING CONTRACT AND SELF-EMPLOYMENT INCOME (7 CFR 273.10(c)(3)(ii))

1. Annualization

Households that derive their annual income by contract or self-employment in a period of time shorter than one year must have that income averaged over a 12-month period. Prorating the

income over 12 months is appropriate as long as the income from the contract is not received on an hourly or piecework basis. Provisions of this chapter do not apply to migrant or seasonal farm workers but may include school employees, sharecroppers, farmers, and other self-employed households.

Contract income that is not the household's annual income in that it is intended to meet the household's needs for only part of the year must be prorated over the period the income is intended to cover. The procedures for averaging self-employment income for shorter periods than 12 months are described in Part XII.A.2.

The statement of an hourly rate of pay in a contract does not necessarily mean the contract is on an hourly basis and therefore is not to be annualized. If the total amount of annual income for the contract period can be derived from the information contained in the contract, or information that is readily available, exclusive of days which may be missed due to circumstances such as illness or bad weather, the income must be annualized.

#### Examples

1. A school bus driver's contract states he will receive \$7 per hour for 5 hours per day over the 180-day school year. The school board states the school year has 180 days. Since a total amount of income can either be derived from the contract or is readily available ( $7 \times 5 \times 180 = \$6300$  per year), the total income is annualized.
2. A school cafeteria worker's contract calls for \$7 per hour over the school year of 180 days, but the number of hours available is not indicated. The number of hours per day varies, and the school board cannot anticipate the number. The total amount of income for the contract period cannot be derived from either the contract or other information and, therefore, income is not annualized.

There may be instances in which a contract is initiated for a partial year after the start of the normal contract period. In these instances, the income must be prorated over the partial contract period in the same manner as if the person was hired for the entire contract period.

#### Example

A contract for a school employee is entered into in January. The regular contract period is September - June. Income for SNAP purposes would normally be prorated from September through August. For this partial year, the income must be prorated from January through August.

#### 2. Adjustments to Annualized Amounts

In cases where a contract specifies a set amount over the contract period, plus additional monies of an uncertain amount if additional work is available and done, only the base contract amount is annualized. Additional monies earned over and above the base contract are counted as income when they can be anticipated. The EW must explore with

the household the past receipt of such income and whether the person is receptive and therefore available for the extra employment. In some instances, the pattern of past receipt of extra earnings may suggest that such money should be anticipated.

Example

A school bus driver's contractual amount is \$6300 per year. However, the driver can earn an extra \$10 per trip driving for special school functions. \$6300 divided by 12 equals 525 per month to count as income from the contract.

Suppose in March the client earns an additional \$40 driving to basketball games. He reports receipt of this income to the agency. No additional money is expected because no other trips are currently planned and his work history shows that no special trips occur after the basketball season. The annualized contract amount of \$525 is the only income considered for future months.

In cases where a contract calls for no pay for those days not worked, income averaging over a 12-month period is still appropriate. If it can be anticipated at the time of certification that certain days will be missed, the salary for these days should not be counted. Otherwise, the income calculation is to be based on the maximum salary. The household may then inform the local agency as days are missed. The average will then be adjusted for the remaining months.

Example

A school bus driver's contract states that he will receive \$1250 for the year, but that he will not be paid for days the school is closed or for days he is sick. When he applies on March 10, he has already missed three days for snow in the contract year and he was sick for two days. The contract reads that \$10 will be deducted for each day not worked. The household is certified with income of \$100 per month ( $\$1250 - \$50 = \$1200 \div 12 = \$100.00$ ).

On April 5, the household reports that another two days have been missed which were not anticipated at the time of certification. The household's SNAP income is then adjusted to \$98.33 ( $\$1200 - \$20 = \$1180 \div 12 = \$98.33$ ).

With the effective date of the next contract, the maximum income from that contract will be averaged over the year, less the income for any anticipated absences.

It will also be necessary to adjust the average if the contract amount changes during the contract period as a result of an increase in salary. As in the situation above, the average is adjusted for the remaining months of the annualized period.

Example

A school employee signs a contract that states that he will receive \$3600 per year. The contract runs from September through June. \$300 is assigned to each month in the year, beginning in September. Effective in January, the employee reports that his salary was increased to \$4800 per year. Now, \$400 is assigned to the months remaining in the contract period ( $\$4800 \div 12 = \$400$ ).

3. Termination of Annualized Income

If no further income from the same source is expected, contract income that has been annualized is considered terminated as of the last month included in the annualization.

Example

A contract school employee is paid \$6,000 over the ten months in the school year, September through June. She grosses \$600 in each of the 10 months. She does not plan to work for the school board in the next school year.

The EW annualizes the income over the year September through August, and counts  $\$6,000 \div 12 = \$500$  per month.

Should the employee apply in June, the income is not considered terminated in June even though June is the last month she receives a pay check. The income is terminated in August, the last month included in the annualization.

Income that is interrupted within the contract period is considered terminated the month the change in contract employee status occurs.

Example

A school employee stops work in February. The agency annualized her contract income and assigned income to the months September through August. The income will no longer count for February

Self-employment income that has been annualized is considered terminated as of the month the person terminates the self-employment enterprise.

G. WAGES HELD BY AN EMPLOYER

Wages held by an employer at the request of the employee will count as income to the household for the month the wages would otherwise have been paid by the employer. Wages held by the employer as a general practice will not count as income to the household even if it is in violation of law. Held wages will count if the household expects to ask for and receive an advance, or expects to receive income from wages that the employer previously held as a general practice.

This income will count as long as the local agency did not previously count the income.

Advances on wages count as income in the month received only if the EW can reasonably anticipate the receipt of the income as defined in Part XIII.A.3. Conversely, when an employer withholds wages to repay an advance that previously counted as income in a SNAP determination, the wages withheld will not count as income.

## H. TRANSITIONAL BENEFITS FOR FORMER TANF RECIPIENTS

Transitional Benefits allow SNAP benefits to continue in a frozen amount for a brief period while former TANF recipients adjust financially to the loss of the TANF grant. At any time during the Transitional Benefits period, the household may reapply and receive regular SNAP benefits. The Transitional Benefits component does not apply to Diversionary Assistance cases.

### 1. Transitional Benefits Eligibility

Transitional Benefits will apply to any SNAP case if at least one household member is the Case Name or Payee for a TANF case that closed. When a TANF case closes, the EW must convert the SNAP case to Transitional Benefits unless:

- the SNAP household is ineligible for Transitional Benefits, as listed below;
- the household requests to remain in the regular program; or
- the household requests closure of the SNAP case.

Transitional Benefits will not apply when:

- there is no active case certified to receive SNAP benefits at the time of the action to close the TANF case;
- the TANF case is closed or there is no TANF payment because of noncompliance with TANF Program rules when:
  - there is a sanction or disqualification of the TANF benefits;
  - the household requests closure of a TANF case that is already being sanctioned because of noncompliance;
  - the household preempts the implementation of a sanction or disqualification by requesting closure of the TANF case; or
  - a sanctioned or disqualified case is closed for a reason unrelated to an act of noncompliance but the TANF sanction/disqualification remains in effect.
- the TANF case is closed because there are no eligible children in the home as a result of a child protective services investigation;
- the TANF case is closed after discovery that the case was approved in error;

- the SNAP case is sanctioned for noncompliance with SNAP rules or all household members are ineligible or disqualified from receiving SNAP benefits; or
- the TANF case closed because of the household's failure to renew its eligibility at the end of the certification period.

Transitional benefits will also not apply while a TANF case is suspended. Once the TANF case closes however, conversion will be appropriate as long as the reason for the closure is not one that is listed above.

## 2. Calculation of Benefits

Households will receive benefits during the transitional period based on the circumstances that existed at the time of the TANF case closure. In instances where the TANF case is connected to the SNAP case, ADAPT will recalculate the SNAP benefit amount to subtract the TANF grant amount from the SNAP calculation for the month of the TANF case closure.

In other instances, the EW must recalculate the benefits. The calculations must reflect the removal of the TANF grant amount. The calculations must not include a substitution of the TANF amount with any new income amount that may have caused the TANF case closure.

Note however, new income amounts may be reflected in the SNAP calculations if there is a delay in the closure of the TANF case. The EW must leave all other eligibility factors in place, including income, deductions and household composition.

The EW must not reflect any changes in the SNAP benefit amount during the Transitional Benefits period. As the agency discovers changes or the household reports changes in its circumstances, the EW must act on those changes for SNAP benefits but override any system recalculations of the benefit amount to reflect the "frozen" amount as calculated above. In instances where household members leave the household and subsequently apply in another SNAP household, the EW must delete the household members who are in another SNAP household and adjust the allotment for the new household size. In other words, during the Transitional Benefits period, except for household composition changes to delete members to prevent duplicate participation, the EW must not adjust benefits to reflect changes.

Households receiving Transitional Benefits will not be entitled to adjusted benefits through a mass change if a mass change occurs during the Transitional Benefits period.

## 3. Transitional Benefits Procedures

The Transitional Benefits period will be for five calendar months after the effective date of the TANF case closure. The certification period for Transitional Benefits cases will be five months. The EW must adjust the original certification period to lengthen or shorten the period so that the certification period will be five months.

The EW must provide the household with a Notice of Action to notify the household of the revised benefit amount and new certification period. The agency must send the Notice of Expiration before the last month of the new certification period to notify the household to reapply for benefits in order to continue to receive SNAP benefits.

Households that receive Transitional Benefits are not required to report changes in their circumstances for SNAP purposes except a change of address. These households are not subject to the Interim Reporting requirements as addressed in Part XIV.

4. Ending Transitional Benefits

- Eligibility for Transitional Benefits will end the month an application for TANF benefits is filed if any member of the TANF household reapplies for TANF assistance. The EW must provide an adequate notice for the closure. The application will be treated as an application for SNAP benefits unless the household elects not to apply for SNAP benefits.
- Eligibility for Transitional Benefits will also end as soon as administratively possible if a TANF case is reinstated because of the household's request for continued benefits for a timely-filed appeal. The SNAP case must be changed to reflect the original certification period and calculations that existed before the conversion to Transitional Benefits. The EW must provide an adequate notice.
- Transitional Benefits will end as soon as administratively possible when the household requests closure of the case. The EW does not need to send a notice to the household if the request is made in writing or in person. The household must reapply for SNAP benefits to receive additional benefits.
- Transitional Benefits will end when a household moves from Virginia. The EW does not have to provide either an advance or an adequate notice.

PART XIII ELIGIBILITY DETERMINATIONS AND BENEFIT LEVELS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	DETERMINING HOUSEHOLD ELIGIBILITY AND BENEFIT LEVELS	1
	1. Household Composition	1-2
	2. Special Circumstances	2
	3. Income and Deductions	2-4
B.	EVALUATING EXPENSES	4-5
	1. As Billed	5
	2. Averaged	5
	3. Anticipated	5-6
	4. Medical Expenses	6-8
C.	COMPUTATION OF NET INCOME AND BENEFIT LEVEL	8-9
D.	PRORATION OF BENEFITS	9-10
	1. Initial Month Benefits	10-11
	2. Proration for Special Circumstances	11-12
	3. Proration Charts	13

A. DETERMINING HOUSEHOLD ELIGIBILITY AND BENEFIT LEVELS (7 CFR 273.10(a))

Eligibility and the level of SNAP benefits for households submitting an initial application, reapplication or recertification must be based on circumstances reasonably anticipated for the months of eligibility.

Applicant households consisting of residents of a public institution who apply jointly for SSI and SNAP benefits prior to release from the institution will have their eligibility determined for the month in which the applicant was released from the institution.

Because of anticipated changes, a household may be eligible for the month of application, but ineligible in the subsequent month. The household is entitled to benefits for the month of application even if the processing of its application results in the benefits being issued in a subsequent month. Similarly, a household may be ineligible for the month of application, but eligible in a subsequent month due to anticipated changes in circumstances. Even though denied for the month of application, the household does not have to reapply in the subsequent month. [The same application must be used for the denial for the month of application and the determination of eligibility for subsequent months, within the timeliness standards in Part II.F.]

As a result of anticipating changes, the amount of SNAP benefits for a household for the month of application may differ from the benefit amount in subsequent months. The local agency must establish a certification period for the longest possible period as allowed by Part IV.A.2 over which changes in the household's circumstances can be reasonably determined. The household's benefit amount may vary month to month within the certification period to reflect changes determined at the time of certification. Benefits for the initial month or a subsequent month must be prorated from the day of application, the day the household provides the last verification or takes the final action, or the day the household establishes eligibility according to Part XIII.D.

1. Household Composition

A household's membership for eligibility determination and benefit level is assessed as of the application date for the month of application or the first day of the month following entry or attachment to the household for ongoing eligibility. See Part VI for guidelines in determining household composition.

If any household member is included in another active SNAP case for the month of application, reapplication or recertification, eligibility for the remaining household members must be determined. The household member included in another case is added to the current case as soon as administratively possible.

The EW must add the individual to the gaining household for the earliest possible month after the move. However, if the person cannot be removed from the old household effective the following month, the person cannot be added to the new household until the person is deleted from the old one. For example, a member moves on June 28 and there is insufficient time to send advance notice effective July 1, so the deletion is effective August 1. A new member cannot be added to the household until the individual's income and resources have been determined and eligibility determined.

If the individual's move coincides with the gaining household's recertification, the new member is added in the same timeframes as though the change occurred during the certification period. The new member is added for the earliest possible month, and depending on the dates involved, the recertification may be processed without the new member being immediately included.

NOTE: Participation in more than one household in a month is prohibited except as noted in Part VII for people who leave a household containing a person who abused them and enter a shelter for battered women and children.

When a household reports the loss of a member, the individual is deleted as soon as administratively possible. The EW has a maximum of 10 days to act on the change. A 10-day advance notice period must be provided if the deletion results in negative action.

When an individual is deleted from a household, the income and deductible expenses of the person must be deleted effective the same month, unless the provisions for considering income and expenses of ineligible or disqualified members are applicable.

2. Special Circumstances

The EW must evaluate issues related to changes in the age of household members if the change occurs in the month of application or the month following the application filing date. The EW must evaluate any age changes that occur during the certification period at recertification/renewal. Except for the allowance of medical expenses, issues related to changes in age must be reflected the month after the household member's birthday.

3. Income and Deductions (7CFR 273.10(c))

The EW must calculate the allotment using the household members' anticipated income and deductible expenses.

The provisions of this chapter do not generally apply to households with self-employment or contract income. Household members whose income is from self-employment (Part XII.A) or a contract (Part XII.F) will have these types of income averaged as described in the chapters cited. The income is assigned to the months over which it is averaged. If a household member's status as a self-employed person or contract employee changes, the last month to consider income from those sources is the month the change in status occurs.

Households receiving monthly or semi-monthly income, such as state or federal assistance payments, or semi-monthly pay checks, must have the income assigned to the normal month of receipt, even if mailing cycles, weekends or holidays cause the income to be received in a different month.

For the online systems used to verify child support or unemployment benefits, mailing and processing days must be added to the payment dates shown to reflect the period of receipt properly for SNAP purposes. Checks are prepared and mailed on the business day following the APECS disbursement date or the VEC warrant date. Allow two mail days to determine

the payment date and month of receipt. Allow two business days for electronic funds transfer payments to reach the designated debit card or bank account to determine the payment date and month of receipt.

The EW must take into account the income already received by the household during the application process and any anticipated income the household and local agency are reasonably certain will be received during the months of certification. If the amount of income, or when it will be received, is uncertain, that portion of the household's income that is uncertain shall not be counted by the local agency.

For migrant and seasonal farm worker households, the judgement of the EW that income is reasonably certain to be received is to be based on formal or informal commitments for work for individual households, rather than on the general availability of work in an area. Also, income should not be based on an assumption of optimum weather or field conditions.

If the total amount of the income is unknown, the portion that the EW can anticipate with reasonable certainty is countable as income. The worker should not automatically project amounts of past income to the household or assume that current income will continue without exploring the situation with the household.

The EW must advise households to report changes in gross monthly income, as described in Part XIV.

For earned income sources, the EW must discuss the work patterns with the household by considering:

- the number of days and hours normally worked;
- whether overtime pay is available or likely;
- whether the job is subject to external forces, such as weather; or
- the number of days usually missed and if pay is affected.

Work patterns or patterns of receiving income must be considered when determining income or in determining whether to average several monthly amounts to project future income more accurately. Document the decisions made regarding averaging, the exclusion or inclusion of certain amounts, etc.

For new income sources, the EW must determine rate of pay, the number of hours expected, pay date, pay period and date of receipt. Complete information must be known before counting the income. Estimating amounts by using the rate of pay multiplied by the expected number of hours is acceptable if representative pay stubs are not available. After the initial pay cycles are established, pay stubs or payroll records must be used to project the income unless the EW documents that the information is not representative and why an estimate should be used.

At initial application and reapplication, generally, the income to count is the income verified for the calendar month before the month of application. For recertification applications, generally, the income to count is the income verified for the month before

the month certification ends. However, if the income for this period is not the amount the household expects to receive during the certification period, the EW must work with the household to determine the correct amount.

The EW must request income verification for at least the month before the application filing date, including establishing the onset and termination of income. For applications filed on or after the 20th of the month, the EW should also verify the income for the application month. If income amounts change by \$25 or more from one pay period to the next, amounts from additional months may be needed to determine a representative amount to be used. The EW must document the decisions made.

If income fluctuates so much that the prior calendar month cannot by itself provide an accurate indication of anticipated income, a longer period of past time may be used if it will provide a more accurate indication of fluctuations in future income. The number of months used to arrive at an anticipated amount need not be the same as the number of months in the certification period.

If the household's income fluctuates seasonally, it may be appropriate to use the most recent season comparable to the certification period, rather than the calendar month prior to the month of application, as an indicator of future income. However, the EW should use caution in using income from a past season as an indicator of income now, since in many cases of seasonally fluctuating income, the income also fluctuates from one season in one year to the same season in the next year.

Past income may not be used as an indicator of future income when changes in income can be anticipated.

Whenever income is anticipated for every pay period in a month and it is received on a weekly or biweekly basis, the EW must convert the income to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15. If the household will receive less than a full month's pay, or if less than a full month's pay is to be counted for SNAP purposes, either the exact amount of income, if it can be anticipated, or an average per pay period times the actual number of pays, can be used.

Pay received on a daily basis must be converted to a weekly or biweekly amount and then converted to a monthly amount by multiplying the weekly amounts by 4.3 and the biweekly amounts by 2.15.

Reported changes are reflected according to the timeliness standards in Part XIV.

#### B. EVALUATING EXPENSES (7CFR 273.10(d))

An expense is defined as a service provided by someone outside of the SNAP household for which a money payment is made. If a deductible expense is covered by an excluded reimbursement, as defined in Part XI.F.6, or is paid by a vendor payment, as defined in Part XI.F.3, no deductions will be given with the exception of certain energy assistance payments, as described in Part X.A, and any payments that are also personal loans.

Methods of evaluating expenses are described below.

1. As billed - The expenses considered in determining shelter or dependent care costs are to be allowed only for the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay or actually pays the expense. Expenses paid in advance are allowed in the month the expense would have been due. Amounts carried forward from past billing periods cannot be allowed as a part of the cost of shelter or dependent care even if included with the most recent bill.

Expenses incurred more frequently than on a monthly basis must be converted to a monthly amount by considering 4.3 weeks in a month or by considering the actual amount billed during the month.

Example

A household buys coal by the bag every 3 days, at \$3.00 per bag. By considering 4.3 weeks in a month, the expense is computed as follows:  $7 \div 3 = 2.33$  bags per week  $\times 4.3 = 10.02$  bags per month  $\times \$3 = \$30.06$ .

By considering the actual amount billed during the month, the expense is computed as follows: 10 bags purchased  $\times \$3 = \$30.00$ .

2. Averaged - Expenses which fluctuate from month to month and those which are billed less frequently than on a monthly basis can be averaged over the period of time the expense is intended to cover and reflected in the allotment calculation for those months. The certification period assigned would have no effect on the months in which the allowance is given. A one-time only expense can be averaged over the entire certification period.

Example

A household presents an oil bill of \$250. The oil was received in December and is expected to last until February. The expense of \$250 is averaged over 3 months, and \$83.33 is assigned to the months of December, January, and February and reflected in the allotment calculations for those months.

The household must be given the opportunity to choose between having expenses averaged or counted as billed.

3. Anticipated - Expenses for which the household anticipates to be billed during the certification period shall be allowed. These expenses can be treated as billed or averaged over the period the bill will cover. For example, if the household anticipates a bill for property tax during the certification period, it can be allowed as a deductible expense in the month billed or averaged over the number of months the tax bill will cover.

Another example is utility expenses that fluctuate from month to month for households that opt to use actual utility costs. The EW may evaluate changes in the amount billed monthly by evaluating the previous year's bills for the same months in question updated by overall price

increases. If a recent bill amount is the only information available, the EW may use the utility company's estimate.

Example

The household presents all oil bills received the past winter. The household expects the amount of oil to be the same this winter. The oil vendor gives the EW the current price per gallon. The EW may use the information to project the household's costs for the current season.

The EW may not average prior expenses to determine the expenses without considering whether the averaged amount actually reflects anticipated expenses.

4. **Medical Expenses - Households that incur and verify medical expenses of more than \$35 a month are allowed the medical standard deduction. Households that incur and verify allowable medical expenses of \$175 or more per month may opt to use actual expenses instead of the medical standard deduction. The provisions of this chapter apply only to households with medical expenses of \$175 or more per month.**

At the time of certification, households must report and verify allowable medical expenses or, at recertification, report changes in expenses previously reported. Households may also report allowable medical expenses that the household expects to incur during the certification period.

Because of the different ways in which individual medical expenses are incurred, the method for counting each bill must be considered individually. Any portion of a medical expense that is reimbursable by insurance policies will not be given as a deduction until the household verifies the portion of the cost that is its responsibility. The portion of the cost that is not reimbursable will be allowed as a deduction at the time the reimbursement is received or otherwise becomes known, even though this may be in a later certification period.

When determining the monthly medical deduction, the agency must consider each of the methods described below for each expense.

For a household comprised of elderly or disabled members who have a 24-month certification period, the agency must review the household's eligibility before the twelfth month. If the household reports a one-time medical expense incurred during the first 12 months, the agency must give the household the option of deducting the expense for one month, averaging the expense over the remaining months of the first 12 months or averaging the expense over the remaining months of the certification period. If the household reports a one-time expense after the twelfth month, the household may elect to deduct the expense in one month or over the remaining months of the certification period.

- a. **Lump sum deduction.** The household may get a deduction for medical expenses as a lump sum in the month the expense is billed or become due or, for items such as drugs that have no billing, the month the household incurs the expense. If the household cannot establish a due date for an expense, the due date will be the month after the original billing date or incurred date.

- b. Averaging. One-time medical bills may be averaged over the certification period in which they are billed or become due. At certification, it will be the household's option whether to count a one-time bill as a lump sum or to average it. If the household reports a one-time bill during a certification period, the household may have the deduction as a lump sum, if possible, or averaged over the remainder of the certification period and reflected as an expense for those months.

Example

A household with an elderly or disabled member reports a one-time only medical expense of \$325.00 on March 5. The household's certification period is February 1 through July 31. The household may choose to take the entire deduction in April, the month the change would be effective, or have the expense averaged over the remainder of the certification period.

Lump Sum Deduction:

\$325.00	one-time only medical expense
<u>-35.00</u>	
\$290.00	medical deduction for April

Averaged Deduction:

\$325.00 ÷ 4 months (April through July)	\$81.25
	<u>-35.00</u>
Monthly Medical deduction	\$46.25

For recurring medical expenses for which a bill is not customarily issued, a monthly amount can be determined by averaging costs for a past period of time that is long enough to include all the expenses. These recurring expenses include prescriptions, transportation costs to obtain medical services or pet food for an attendant animal. The averaged amount will serve as the medical expense.

Example

A client has 4 regular prescriptions. One is refilled every 6 weeks, one is refilled every 2 months, one is refilled every 3 weeks, and one is refilled as needed, usually once every four months. Prescription expenses from the prior 4 months include each of the expenses at least once. The total is \$180.  
 $\$180/4 \text{ months} = \$45 \text{ average monthly expense.}$

- c. Expected rate of payment. Many persons make regular payments on large medical bills over a period of months or years. If regular payments on medical bills are arranged before the bill is overdue these may be allowed as medical deductions in the month the installment payment is due.

Example

In January, a new applicant reports an ongoing medical expense of \$50.00 per month. This is a payment on a hospital bill of \$1,000.00 that

was incurred six months earlier. The client arranged the \$50 per month installment payment before the bill was considered past due. A balance of \$700.00 remains due. The expected rate of pay of \$50 per month may be allowed

d. Anticipated expenses

Allowable medical expenses which the household expects to incur during the certification period may be deducted. Reasonable estimates of the expected expense will be allowed for the certification period. The household is not required to report or verify further the actual expenses when it is incurred. An anticipated expense, for which adequate verification has been provided at certification, may be averaged over the certification period or allowed as a one-time expense.

C. COMPUTATION OF NET INCOME AND BENEFIT LEVEL

All households, except elderly and disabled households as described in Part XI.A, must pass gross income prescreening. All households must meet net income eligibility standards.

Monthly gross and net income amounts are determined in the following manner:

Step 1 List the household's total gross earned income. Include the total net income from self-employment enterprises (gross income from self-employment minus the allowable costs of doing business).

Note: Farm and fishing self-employment losses may be offset against other income. Subtract the farm or fishing loss from non-farm/fishing self-employment income. If the non-farm/fishing gain is greater than the farm or fishing loss, offsetting is complete. Apply this result toward the gross income total.

If the farm or fishing loss is greater than the non-farm/fishing gain, or if there was no non-farm/fishing self-employment income in the household, the negative balance of the calculation gain minus loss, or the farm or fishing loss will be applied against the adjusted gross earned and unearned income total.

Step 2 List the household's total gross unearned income.

Step 3 Total the adjusted earned income amount with the unearned income amount.

Step 4 Subtract the excess farm or fishing loss, if any, from Step 1.

Step 5 At this point, all households, except elderly, disabled or categorically eligible ones must pass gross income eligibility limits listed in Part XI.A. For elderly, disabled and categorically eligible households and for all other households that pass gross income prescreening, continue the calculation in order to apply appropriate deductions to the case.

Step 6 Subtract the earned income deduction. Compute the earned income deduction

by multiplying the combined net self-employment and gross earned income figures by 20%.

Step 7 Subtract the standard deduction appropriate for the number of eligible members in the household. (Part X.A.1)

Step 8 Subtract dependent care costs. Do not exceed the maximum amount allowed. (Part X.A.3)

Step 9 Subtract legally obligated child support payments made by the household. The maximum deduction allowed per month may not exceed the amount that is legally obligated to be paid unless a portion covers a legally obligated amount that is in arrears. (Part X.A.6)

Step 10 Subtract the shelter allowance for homeless households that incur or expect to incur shelter expenses during the month. No other shelter costs may be allowed (Step 12) if the shelter allowance is used.

Step 11 List medical expenses of members eligible for this deduction. Compute the medical deduction by totalling the expenses and subtracting \$35. (Part X.A.5)

Step 12 The remaining figure is the adjusted net income. To compute the shelter deduction, compare shelter expenses to half the adjusted net income. If shelter expenses exceed half the adjusted net income, the excess shelter expenses can be allowed as a deduction under these guidelines:

- a) If the household does not contain an elderly or disabled member, the excess shelter expense cannot exceed the maximum deduction for shelter (Part X.A.4);
- b) If the household contains an elderly or disabled member, any amount of excess shelter expense can be allowed as a deduction.

Step 13 Subtract the shelter deduction from the remaining income to determine the net income.

Step 14 Round down to the nearest whole dollar amount if the net income amount ends in 1-49 cents. If the net income amount ends in 50-99 cents, round up to the nearest whole dollar amount.

Eligibility and benefit amounts are based on the net income. See Part XI.A for allowable net income standards and Part XXIII for the benefit amounts for each household size.

#### D. PRORATION OF BENEFITS (7 CFR 273.10(a))

The benefit level for the household for all applications, except timely filed recertification applications, will be based on the day of the month the household applies for benefits or, in

some instances, the day the household supplies needed verifications or takes required actions. The date of application for persons in public institutions jointly applying for SSI and SNAP benefits prior to release from the institution will be the day the person is released from the institution. Using a 30-day calendar, households will receive benefits prorated from the day of application, the day of eligibility, or the day actions/verifications are provided to the end of the month. (A household applying on the 31st day of a month will be treated as if it applied on the 30th day of the month.)

After using either table described below to determine the benefit amount, the worker must round the product down if it ends in \$.01 through \$.99. If this computation results in a benefit amount of less than \$10, then no issuance will be made for the initial month however, this month will count as the first month of the certification period. This policy applies to all eligible households, including one- and two-person households who otherwise would be entitled to a minimum allotment of \$16.

1. Initial Month Benefits

The initial month of application for the purposes of proration is defined as:

- a. The first month in which a household applies for benefits in a Virginia locality; or
- b. The first month in which a household files a reapplication for benefits, as defined in Definitions.

Example

- 1) A household applies on July 15. The application is denied for July but approved for August. The application is processed within the initial 30-day period. The household must be given a full month's benefits for August.
- 2) A household's certification period ended June 30. The household reapplies on August 15. The application is approved on August 20. Benefits for August would be prorated because August is the "initial month of application" as defined above.
- c. The first month after the 30<sup>th</sup> day in which an applicant household supplies any remaining verification or finally takes action needed to process the application.

Example

A household applies on July 15. The household fails to submit verifications or to take actions until August 20, 36 days after the application date. The household caused the processing delay so benefits must be prorated from August 20.

- d. The first month in which a household files an application for benefits following the end of the last certification period.

Example

A household's certification period ends June 30. The household files another application on July 15. If the household is determined eligible, benefits for July must be prorated.

NOTE: For migrant or seasonal farm worker households, the initial month's benefits will not be prorated if the household has received SNAP benefits anywhere within the 30 days prior to the date of application.

2. Proration for Special Circumstances

SNAP benefits are generally calculated from the date of application or for an entire month. In some instances however, it may be necessary to calculate benefits and eligibility from a date other than the application date or the first of a month. The instances in which this proration is permitted follows:

- a. The head of the household quits a job or reduces work without good cause after an application is filed but before the household is certified. Benefits must be prorated for the period between the application date and the date of the quit or reduction, if the household is otherwise eligible.

Examples

- 1) A household applies on April 12. The head of household reduces his work hours on April 21 before the household is certified. The sanction is imposed on April 21; the household may be eligible for 9 days benefits for April, i.e., April 12-20, inclusive.
  - 2) A household applies April 17. The head of household quits his job on May 4, before the household has been certified. The sanction period begins May 4. The household may be entitled to April benefits prorated from the date of application and benefits for the first 3 days of May.
- b. The head of the household quit or reduced work without good cause resulting in the ineligibility of the household. The household reapplies before the sanction period expires. (The application must be denied if the sanction period does not expire during the month of application.) Benefits must be prorated from the day after the sanction period expires through the last day of the month.

Example

A household is sanctioned for voluntary quit. The last day of the sanction period is April 12. The household files a reapplication on April 9. April's benefits are prorated from the day after the sanction period ends, i.e., April 13.

- c. A reapplication is filed for a household that lost its eligibility because of the Work Requirement. The household will regain eligibility after the application date by completing a work activity within 30 days as required by Part XV.C. Benefits must be prorated from the day after eligibility is regained through the last day of the month. (The application must be denied if eligibility is not regained during the month of application.)

Example

A one-person household, subject to the Work Requirement, received its three initial months of benefits during January, February and March. (The household was subsequently denied or it would have been denied because of the Work Requirement if an application had been filed.) A reapplication is filed on June 11 showing that the applicant started to work on May 17. It is projected that the applicant will have completed 80 work hours on June 15. Benefits must be prorated from June 16 if verification supports the claim that a minimum of 80 hours has been completed within the 30-day period.

Proration of benefits from a date other than the application date, for the situations described here, is appropriate only when an entire household is penalized through disqualification or ineligibility. Individual household members must be reconnected to the ongoing case at the beginning of the month following the end of the sanction period or the date eligibility is regained.

10/09

VOLUME V, PART XIII, PAGE 13

## 3. Proration Charts

## CHART 1

The following formula is to be used to determine the amount of the prorated allotment. Find the date of application, the date actions/verifications are provided, or date of entitlement in Column 1. Multiply the monthly benefit amount by Column 2.

<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>
1	1.0	11	.6667	21	.3334
2	.9667	12	.6334	22	.3
3	.9334	13	.6	23	.2667
4	.9	14	.5667	24	.2334
5	.8667	15	.5334	25	.2
6	.8334	16	.5	26	.1667
7	.8	17	.4667	27	.1334
8	.7667	18	.4334	28	.10
9	.7334	19	.4	29	.0667
10	.7	20	.3667	30	.0334
				31	.0334

## CHART 2

The following table may be used to prorate a month's benefits that are calculated based on a specific number of days of eligibility, rather than calculated from a particular date to the end of the month. Column 1 is the number of days of eligibility; column 2 is the proration factor. Multiply the full month's allotment by the proration factor for the number of days for which benefits are being provided.

<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 1</u>	<u>Column 2</u>
1	.0334	11	.3667	21	.70
2	.0667	12	.40	22	.7334
3	.10	13	.4334	23	.7667
4	.1334	14	.4667	24	.80
5	.1667	15	.50	25	.8334
6	.20	16	.5334	26	.8667
7	.2334	17	.5667	27	.90
8	.2667	18	.60	28	.9334
9	.30	19	.6334	29	.9667
10	.3334	20	.6667	30	1.0
				31	1.0

PART XIV HANDLING CHANGES

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	CHANGES DURING THE CERTIFICATION PERIOD	1
1.	Changes That Must Be Reported	1-2
2.	Local Agency Action on Changes	2-3
a.	Required Supplemental Allotments	3
b.	Voluntary Supplemental Allotments	3
c.	Changes and Verification	3
d.	Contacting the Household	3-5
1)	Informal Contact	4
2)	Formal Contact - Request for Contact	4-5
e.	Suspension	5
3.	Changes in Public Assistance	6
4.	Mass Changes	7-8
5.	Failure to Report Changes	8
6.	Reductions or Terminations Due to Disqualification	8-9
7.	Retention of Cases When Households Temporarily Leave Project Area	9
8.	Transfer of SNAP Cases	9
a.	Cases to Be Transferred	10
b.	Cases that Cannot Be Transferred	10
c.	Case Transfer Process for the Transferring Agency	10-12
d.	Case Transfer Process for the Receiving Agency	12
B.	HANDLING CHANGES REPORTED WHILE AN APPLICATION IS PENDING	12-13
C.	Interim Report Filing	13
1.	Exemption from Filing	13
2.	Interim Report Filing	<b>13-16</b>
a.	Household Responsibilities	14
b.	Agency Responsibilities	14-15
c.	Verification Requirements	15
d.	Calculation of Benefits	16
D.	ADVANCE NOTICE OF PROPOSED ACTION	16-18
E.	ADEQUATE NOTICE	<b>18-19</b>
F.	ODD SUPPLEMENTAL ALLOTMENTS	<b>19</b>
	APPENDIX I - Changes Procedure Charts	1-2

## A. CHANGES DURING THE CERTIFICATION PERIOD

When changes occur within the certification period that affect the household's eligibility or the amount of the benefit allotment, the agency must act to adjust the household's benefit level. The responsibility for changes lies with both the recipient household and the local agency. The household must report certain changes in income and household status; the local agency must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Households certified for 12 months or longer must file an Interim Report about their circumstances during the certification period.

1. Changes that Must Be Reported

Certified households must report when the total income exceeds the gross income limit based on household size at the time of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

<u>Household Size</u>	<u>Income Limits</u>			
	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-monthly Amount
1	\$ 1,211	\$281.63	\$ 563.26	\$ 605.50
2	1,640	381.40	762.79	820.00
3	2,069	481.16	962.33	1,034.50
4	2,498	580.93	1,161.86	1,249.00
5	2,927	680.70	1,361.40	1,463.50
6	3,356	780.47	1,560.93	1,678.00
7	3,785	880.23	1,760.47	1,892.50
8	4,214	980.00	1,960.00	2,107.00
Additional members	+429	+99.77	+199.53	+214.50

Households that receive benefits through the Transitional Benefits component for former TANF recipients do not have to report changes.

Households must report when the income exceeds the limit for their household size within 10 calendar days from the date the change occurs or, at the latest, 10 days into the next month after the month the change occurs.

The household may report a change on the *Change Report* form, by telephone, by personal contact, by mail, or electronically. The household may also report a change of its circumstances with the filing of the Interim Report. A household member, an authorized representative, or any person having knowledge of the household's circumstances may report the change to any staff member of the local agency. When the household reports the change by mail, the report will be timely as long as the postmark of the letter is within the required 10-day period regardless of when the local agency receives the information.

During the interview, the EW must advise an applicant of the responsibility to report changes within the required period and of the changes the household must report. The EW must provide the household the telephone number of the local office and, if necessary, a toll-free number or a number for accepting collect calls from households outside the local calling area.

The local agency must provide the Change Report Form to each household at initial application and reapplication and when the agency alters the household size. Additionally, the local agency must provide the form at recertification, if the household needs another form, and whenever the household returns a form or reports a change in the number of household members. The EW must highlight the applicable household size and income limit and must discuss use of the form with the household during the interview.

2. Local Agency Action on Changes (7 CFR 273.12(c), 273.2(f))

Except when households receive Transitional Benefits for former TANF recipients, the agency must act promptly to terminate or to adjust benefits when changes in household circumstances are reported by recipient households, including information about an impending change reported at application/renewal. For Transitional Benefits cases, the EW must input changed information in ADAPT during the Transitional Benefits period but grant benefits in the frozen amount calculated when the TANF case closed by using the override feature of ADAPT. (See Part XII.H.)

The SNAP case must reflect the following changes:

- changes reported by the household;
  - If the household reports an address change, the agency must inquire about shelter costs that result from the move. If the household fails to provide new shelter costs, the agency must remove existing shelter costs from the SNAP calculations.
- changes put into ADAPT to meet reporting or policy requirements of another program;
- changes to prevent duplicate participation; and
- changes that are considered verified upon receipt, such as information about the removal of a child from the home by a foster care worker or information from a drug treatment center that says a client moved.

Other information may become known to the agency through other means than listed above. If the change is one that the household was required to report, the agency must act on the information. If the change is a change that was not required to be reported, the agency must hold the information and evaluate it at the next interim report or renewal, whichever comes first.

The Appendix to this chapter contains charts that outline the procedures for handling changes reported or discovered during the certification period.

The agency has 10 days from the date the agency learns of a change to act on the new information. When the reported change requires a reduction, termination or suspension of benefits, the EW must issue an advance notice within 10 calendar days, beginning

with the date the agency receives the change, unless one of the exemptions for mailing the notice in Part XIV.D is applicable. In these cases, depending on the change, the agency must send an adequate notice if a notice is required at all.

Part III.F contains required agency actions needed in response to information obtained through IEVS. The household or the source of information must verify unverified information received through IEVS. If the agency opts to obtain verification from the household, the agency must request the information and allow the household 10 days to respond, **as allowed in section d below.**

If the household reports the addition of a new member, that person may not be included in the allotment until the agency knows the income and resource information about the individual.

a. Required Supplemental Allotments

If the reported change requires an increase in the household's benefits, the change must be reflected no later than the first allotment issued ten (10) days after the date the change was reported. However, if the increase in benefits is a result of the addition of a new household member, or is the result of a decrease of \$50 or more in the household's gross monthly income, the agency must reflect the change no later than the month following the month in which the change was reported. If it is too late in the month to adjust the upcoming month's allotment, it will be necessary to issue a supplementary allotment by the 10th of the upcoming month.

b. Voluntary Supplemental Allotments

At its option, the local agency may give a supplemental allotment for individual household changes in the month of the changes. The agency may not give supplemental allotments for household composition changes. The agency may give supplemental allotments for income reductions or increased shelter, medical or dependent care expenses.

If the agency opts to provide supplements, the agency must give the supplements for all similar situations, e.g., medical expenses more than \$100, loss of income or income reductions of \$200 or more, etc.

c. Changes and Verification

Households may need to verify information that changes during the certification period. See Part III.E for a discussion of verification requirements for changes unrelated to the Interim Report process. See Part XIV.C.2.c for a discussion of verification requirements for changes related to the Interim Report.

d. Contacting the Household

Whenever the agency learns of a change or a potential change in the household's

circumstances during the certification period, the local agency must determine the impact of the change on the household's eligibility and benefit level based on the information reported. The EW must initiate the review of the change within ten days of the notification of the change.

1) Informal Contact

Depending on the source of the information reported, as addressed above, and the completeness of the report, the EW may need to contact the household for additional information or clarification. If the EW is unable to determine the impact of the information as reported, the EW should contact the household by telephone or letter/memo to clarify the information. If the EW is unable to obtain clarification, the EW must address the information at renewal or the interim evaluation, whichever is first.

2) Request for Contact

The EW must prepare and send the *Request for Contact* form to the household's address only if the reported information suggests that the household would be ineligible for benefits **or when mail is returned by the post office as undeliverable**. The EW must complete the form to request information or to request that the household complete an action within ten calendar days. The EW must not send the Request for Contact to evaluate changes the household is not required to report or that do not **meet one of the four instances for responding to changes immediately, as outlined above in section 2**. See Part XXIV for the *Request for Contact* form.

Timely Response - No change Reported

If the household responds timely to the *Request for Contact* form and there are no changes in the household's circumstances, the EW must take no other case action related to the change report.

Timely Response - Changes Reported

The EW must send the household a *Request for Contact* form when a household must clarify its situation or provide additional information as indicated above. The household has ten days to provide the requested information. If the household responds to the agency request for information within the ten-day limit and reports changes in its circumstances, the agency must evaluate the changed information within ten days of receiving the information. If the change results in an increased allotment, the EW must send the *Notice of Action* to show the allotment change for the next month. If the agency provides voluntary supplemental allotments for similarly reported changes, the EW must approve the supplemental allotment for the current month, in addition to the change for the next month. If the change results in a reduction or termination of benefits, the EW must send the household the *Advance Notice of Proposed Action* or the *Notice of Action* to allow a minimum of ten days for the household to appeal before the reduction or termination becomes effective.

Untimely Response - No Changes

The EW must send a SNAP household a *Request for Contact* form when a household must clarify its situation or provide additional information **as indicated above**. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the EW must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds before the effective date of the closure and there are no changes in the household's circumstances, the EW must rescind the adverse action notice and reinstate the case in ADAPT.

Untimely Response - Changes Reported

The EW must send a household a *Request for Contact* form when a household must clarify its situation or provide additional information **as indicated above**. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the EW must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds after the reporting period but before the effective date of the closure, and reports changes to its circumstances, the agency must review the change report and determine the impact, if any, on the household's eligibility or benefit level. If the household remains entitled to an allotment in spite of the information, the EW must send a *Notice of Change* to increase benefits from zero to the revised amount.

No Response to the Request for Contact

If the household does not respond to the request for information by the tenth day, the EW must send the household an adverse action notice to close the case. The basis for the case's closure will be the household's failure to provide clarification.

If the contact request form is undeliverable by the post office because of the address, the EW must send the contact request to the new address, if one is supplied by the post office and the new address is in the same Virginia locality as the EW taking the action. If a returned address indicates that the household is no longer in the locality, the Eligibility Worker must close the case. Depending on when the changes occurred in a household's circumstances, the agency might need to file a claim for benefits that the household incorrectly received.

e. Suspension

When changes cause a household to become ineligible and it appears that the ineligibility will be temporary, the agency may suspend benefits for one month rather than close the case. The EW must send An *Advance Notice of Proposed Action* to suspend unless the change meets one of the exceptions for sending the notice. After the month of suspension, if ineligibility continues, the EW must close the case. The agency must send another *Advance Notice of Proposed Action*. If the ineligibility is indeed temporary, the EW must reinstate the case effective the month following the suspension.

3. Changes in Public Assistance (7 CFR 273.12(f))

The provisions described in this section do not apply to households converting to Transitional Benefits when the TANF case closes.

If a change for a PA case requires either a reduction or termination in public assistance benefits and reduction or termination in SNAP benefits, the agency must issue a single *Advance Notice of Proposed Action* for both the public assistance and SNAP actions. If the household requests a fair hearing within the period provided by the *Advance Notice of Proposed Action*, the agency must continue the household's SNAP benefits on the basis authorized immediately before sending the notice. The household must reapply for SNAP benefits if the certification period expires before the fair hearing process is over however. If the household does not appeal, the change goes into effect according to the procedures specified in Part XIV.A.2.

If any household's benefits will increase as a result of the reduction or termination of public assistance benefits, the EW must not take any action to increase the household's SNAP benefits until the household decides whether it will appeal the public assistance adverse action. If the household decides to appeal and its Public Assistance benefits continue, the household's SNAP benefits must continue at the previous allotment amount. If the household does not appeal, the EW must make the change effective according to the procedures in Part XIV.A.2 except the date the notification of the change is received is the day after the date the Public Assistance *Advance Notice of Proposed Action* expires.

If a change results in the termination of a household's Public Assistance benefits and the EW does not have enough information to determine how the change affects the household's SNAP eligibility or benefit level, the EW must take the following action:

- a. When the EW sends the PA *Advance Notice of Proposed Action* the EW must wait until the notice period expires or until the household requests a fair hearing, whichever occurs first. If the household requests a fair hearing and the Public Assistance benefits continue pending the appeal, the household's SNAP benefits must continue at the previous benefit amount.
- b. If a PA *Advance Notice of Proposed Action* is not required or the household decides not to request a fair hearing or continuation of PA benefits, the EW must send the household a *Request for Contact* form to seek information or clarification from the household. If the household does not respond within ten days, the EW must send an adverse action notice to close the case.

In jointly processed cases in which the SSI determination results in a denial and the local agency believes that SNAP eligibility or benefit levels may be affected, the local agency must send the *Request for Contact* form for the household to clarify its situation within ten days. The EW must close the case if the household does not respond to the clarification request.

4. Mass Changes (7 CFR 273.12(e))

A mass change is one that affects the entire caseload or significant portions of the caseload. Mass change notices are not required if the change does not affect current benefits such as an increase in net income limits. For mass changes that only affect benefits for a portion of the caseload, the agency may opt to send notices to the households potentially or actually affected by the change only instead of the entire caseload. These changes could include a mass change in TANF grant amounts.

For mass changes that result in a reduction or termination of benefits, the agency does not need to send an *Advance Notice of Proposed Action*. Each household must receive an individual notice that a change will occur however.

A general notice may be used for mass changes. Households must receive the notice no later than the benefit availability date. Minimal information needed on the mass change notice includes:

- a. the general nature of the change;
- b. examples of the change's effect on allotments;
- c. the month in which the change will take effect;
- d. the household's right to a fair hearing;
- e. the household's right to continue benefits as long as its appeal is filed in a timely manner and the issue appealed is the improper computation of SNAP eligibility or benefits, or the misapplication or misinterpretation of federal law or regulation;
- f. general information on whom to contact for additional information; and
- g. the liability the household will incur for any overissued benefits if the fair hearing decision is adverse.

Instead of the above notice, the agency may send each household an individual *Notice of Action*.

Mass changes include (7 CFR 273.12(e)):

- a. Adjustment to the maximum allowable monthly income.
- b. Adjustment to the shelter cost deduction.
- c. Adjustments to the dependent care deduction.
- d. Adjustment of the utility standard.
- e. Adjustment of the standard deduction.

- f. Adjustment of the full benefit amount.
- g. Cost-of-living adjustments in Social Security and SSI benefits.
- h. Any other cost-of-living adjustments in benefits such as VA or Black Lung when the Home Office notifies local agencies that a change will be a mass change.
- i. Mass changes to TANF or GR grants.
- j. Monthly supplements to TANF grants based on the receipt of child support issued at the beginning of the month.

Many of the mass changes listed in this section may be effective on October 1 of each year.

Local and state agencies will receive instructions for implementing mass changes as the changes occur.

5. Failure to Report Changes

Households must report certain changes in circumstances as specified in Part XIV.A. If the EW discovers during the certification period that a household failed to report a change as required and, as a result, received benefits to which it was not entitled, the EW must issue an *Advance Notice of Proposed Action* and establish a claim against the household according to Part XVII.A if the agency has enough information to determine ineligibility or the new benefit level. If the agency does not have enough information to determine a new benefit level or ineligibility, the EW must send the *Request for Contact* to allow the household ten days to clarify information or to supply verification. The household must supply information or take required action within ten days or the EW must close the case. The EW will have ten days to act on the change from the date the agency learns of the change.

The agency may not disqualify household members for failing to report a required change unless the agency establishes through investigation that an intentional program violation occurred. In addition, the agency may not file a claim against a household for failure to report a change that it is not required to report.

6. Reductions or Terminations Due to Disqualification (7 CFR 273.11(c)(3))

When the agency determines that an individual is ineligible within the household's certification period, the EW must determine the eligibility or ineligibility of the remaining household members.

- a. If a household's benefits are reduced or terminated within a certification period because one of its members was disqualified due to intentional program violation, the EW must notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of his or her disqualification. The household is not entitled to an *Advance Notice of*

*Proposed Action*, but may request a fair hearing to contest the reduction or termination of benefits, unless the household has already had a hearing on the amount of the claim.

- b. If a household's benefits are reduced or terminated within the certification period because one or more of its members is disqualified, as addressed in Part XII.E, the EW must issue an *Advance Notice of Proposed Action* that informs the household of the disqualification, the reason for the disqualification, the eligibility and benefit level of the remaining members and the actions the household must take to end the disqualification, if appropriate.

7. Retention of Cases When Households Temporarily Leave Project Area

The provisions of this section will not apply to households with active TANF, Refugee Assistance, or Medicaid cases in ADAPT if the agency transfers a TANF or Refugee Assistance case.

When a participating household is forced to seek temporary housing outside the city/county of usual residence, but still in Virginia, the original locality may, at its option, keep the SNAP case in an active status for up to two calendar months after the move to another Virginia locality. The local agency must transfer the SNAP case at the end of the second month if the household does not return to the original locality, provided the household maintains contact with the agency. The agency must transfer the case even if the household intends to return to the locality.

Changes to reflect the new address, shelter costs, income, household composition, or any other reported changes must be acted on and verified, if necessary, in accordance with the "Local Agency Action on Changes" section of this chapter and Part III.E.

The EW should consider the distance to the household's temporary address in deciding to keep a case active after the move from the locality. If the distance and/or other concerns such as inadequate transportation would hinder continued participation, the EW should transfer the case. The EW must close the case if the household requests closure.

This policy only applies to ongoing cases, including households due for recertification. Newly applying and reapplying households must file applications in the current locality of residence. If the household moves while an application (new or reapplication) is pending, the original locality must determine eligibility for the month of application and any other month during which the household was in the locality on the first day of the month and then transfer the case.

8. Transfer of SNAP Cases

When a household moves from one Virginia locality to another, beyond a temporary move as addressed in subsection 7 of this chapter, the agency must generally transfer the case to the other Virginia locality. Agencies must work cooperatively to ensure that there is no break in certification and the issuance of benefits for affected households or that households are not referred to the original office to file applications, Interim Reports, etc. **once they visit or make other contact with the new office.**

a. Cases to Be Transferred

The transferring agency may generally transfer any certified, ongoing SNAP case with at least one month remaining in the certification period. These cases may include regularly certified cases and cases receiving transitional benefits. The transferring agency must complete any processes related to the Interim Report and postponed verifications for applications certified under expedited service processing.

If a household moves while an application/renewal is pending, the transferring agency must process the application and generate benefits for any month the household was residing in the locality. After the application has been processed, the transferring agency must transfer the case to the new locality.

In some instances, an agency may request a closed case file when a household reapplies for benefits in another locality. The transferring agency must also honor the request for a closed case file and transfer the case file promptly.

b. Cases that Cannot Be Transferred

Local social services agencies must not transfer SNAP cases in the following instances:

- The household moves from a Virginia locality to another state. The EW must close the case.
- There is a pending application/renewal. The original agency must process the application. The agency must secure sufficient information to process the application.
- A case is suspended because of ineligibility unrelated to the move from the locality that is projected to last one month. Resolve the issues that lead to the projected ineligibility and then either close the case or transfer it to the new locality.
- A case is suspended because of the Interim Report process. Resolve any issues related to the Interim Report. Reinstate the case and then transfer the case if the household remains eligible. If the household **contacts** the new locality without having submitted the Interim Report, the new locality should provide the Interim Report and receive needed verification.
- There is a loss of contact with the household but the agency has information that the household no longer resides in the locality.

c. Case Transfer Process for the Transferring Agency

Within five working days after being notified that a household has moved from the locality, the EW must complete a desk review of the case. The desk review is

to ensure that documents are properly filed; the record is complete and orderly; and that documentation of case actions is complete. The EW must also review the accuracy of the benefit amount in relation to the reported move. The EW must complete the address change but must make no other changes unless the household reported or the agency has information about other changes such as household composition, income or shelter expense changes that result from the move or reported before the move occurs. The EW must provide sufficient documentation to advise the receiving agency to initiate claims collection activities after the transfer occurs. The case documentation must also support ongoing collection actions.

While the assessment of the case must take place within five days of the reported move, there are instances when the transferring agency must wait a month before completing the transfer. The final assessment of the case must take place after handling postponed verifications for an expedited case or after processing the interim report. The final assessment of the case may take place as late as a month after the report of the move.

If the household reports changes in household circumstances, verification of the changed elements may be needed before the second month, by the next recertification, or for the Interim Report, depending on the impact of the changes on the allotment. Verification will be needed before the second month if the SNAP benefit will increase because of the reported changes. The transferring agency must notify the household on the *Notice of Action* that reflects the allotment change to provide the new verifications to the new agency. The transferring agency must also notify the receiving agency on the *Case Record Transfer Form* to obtain the verification or change the allotment back to the original amount.

The EW must complete the *Case Record Transfer Form* and forward it to the receiving agency. The transferring agency must transfer the entire case file. At its option, the agency may keep photocopied or other duplicates of case documents. The transferring agency may not keep any of the original documents from the case file except when the transferring and receiving agency both use the Ez-filer system or when there is an ongoing claims investigation in which case the agency may keep applicable case information and send a copy of the documents to the receiving agency or make arrangements to secure the necessary documents later from the receiving agency.

The EW must complete a *Notice of Transfer* form to notify the household of the transfer of the case. The EW must send the Notice of Transfer to the household along with a *Change Report* form.

The transferring agency must deliver the intact case file to the receiving agency by certified mail, by authorized courier service, or hand delivery by local agency personnel. The transferring agency must obtain a receipt for the case file from the receiving agency. Note: If the transferring and receiving agency both use the Ez-filer system, the transferring agency may send a compact disk of the case

information if that is acceptable to the receiving agency. If the receiving agency does not use the Ez-filer system, the transferring agency must print the case information and send the documents to the receiving agency.

d. Case Transfer Process for the Receiving Agency

Within five days of receiving a case file transferred from another Virginia locality, the receiving agency must review the case file and determine the continued eligibility and benefit level. The household is not required to report or verify any eligibility elements that may have changed as a result of the move beyond the mandatory reporting elements (i.e., income that exceeds the gross income level and number of work hours for persons whose benefits would be time-limited).

The receiving agency will be responsible for all future processes related to the transferred case, including such actions as but not limited to, sending the *Notice of Expiration* for the end of the certification period, receiving applications for continued benefits, establishing claims or providing restoration, or responding to quality assurance or hearing officer requests.

The receiving agency must not return a case transferred to it unless the case was sent to the incorrect locality. The receiving agency must not return a case even if the case was not eligible for transfer as noted in section b above.

B. CHANGES REPORTED BY AN APPLICANT HOUSEHOLD WHILE AN APPLICATION IS PENDING

Households **must report required changes, as outlined in Part XIV.A.1**, no later than 10 days after receiving the Notice of Action to approve the application. If households report **any** changes before the application is processed however, the EW must act on that information using the following steps.

1. Assess the information to determine applicability to the month of application or a subsequent period.
2. Determine if verification is needed. If verification of the element is needed, as per Part III.A and Part III.E, request the information from the household. Send a revised verification checklist, allowing the household 10 days to supply the verification.

If this 10-day period would cause the application to be held more than 30 days, extend the processing time, even if all other verification/information has already been provided. If the household provides the verification on or before the 10<sup>th</sup> day, the household would receive benefits for the month of application. (Code the delay in processing as Agency Delay so that the household may receive benefits for the month of application, provided the verification is provided by the 30<sup>th</sup> day or the 10<sup>th</sup> day noted above.)

3. If the change is reported after Day 30 so that the processing period has already been extended, the household would still get 10 days to provide the additional information.

Benefits would be prorated back to the date of the request for the additional information if the verification is provided on or before the 10<sup>th</sup> day instead of prorating from the date when the final element was verified.

4. Once the changed element has been verified, the new information must be factored in the benefit calculation for the month of application as well as any months that follow the application month. Eligibility and benefit level for the household must be based on the income and expenses already received/reported as well as elements that are anticipated with reasonable certainty to occur during the month.
5. There will be instances when the change will not affect the application month. Such an instance would be when there is a change in the household's composition. Part XIII.A.1 requires that household composition must be evaluated as of the application date so that any change to the household's membership would be reflected the month after the month of the change. This restriction would also include any associated changes such as calculating the income or personal deductions for a specific member.
6. The application must be denied if the household fails to verify the new elements or the items requested originally.

#### C. INTERIM REPORT FILING

All households must file an Interim Report by the sixth or twelfth month of the certification period unless they are exempt from filing as noted below. Household composition and financial circumstances at the time of application will be the basis of the SNAP benefit amount for the first half of the certification period unless the household reports a change during the certification period before the Interim Report period. The household composition and financial circumstances reported on the Interim Report will be the basis of the SNAP benefit amount for the remainder of the certification period unless the household reports additional changes after filing the Interim Report.

##### 1. Exemption from Filing

Households with certification periods of six months or less are exempt from filing an Interim Report. These households may include:

- a. Households with unstable or changeable circumstances, such as homeless households and households with migrant or seasonal farm workers.
- b. Households that receive Transitional Benefits for former TANF recipients.

##### 2. Interim Reporting Filing

A household that is required to file the Interim Report should have a certification period of 12 or 24 months. On or about the twentieth of the fifth or eleventh month of the household's certification period, the Virginia Department of Social Services will generate and mail the Interim Report to all households identified by the EW in ADAPT. Upon identifying cases due an Interim Report and producing information for the Interim Report each month, the ADAPT

system will suspend the case's eligibility. A list of cases sent the Interim Report and a copy of the Interim Report for the household is available online to the local agency.

a. Household Responsibilities

The household must:

- Complete the Interim Report and return it to the local agency by the fifth day of the sixth or twelfth month. Any responsible household member or authorized representative may complete the Interim Report.
- Supply verification of the changed elements.
- Provide additional information or verifications as requested by the local agency within 10 days of the request.

b. Agency Responsibilities

The agency must:

- Assess Interim Report forms returned from households for completeness, accompanied verifications and reported changes.
  - Remove all shelter expenses if the household fails to declare shelter expenses that result from a move reported on the Interim Report.
  - Give no deduction for unverified or undeclared expenses. Leave the prior child support deduction in place but remove all existing shelter expense amounts listed in ADAPT.
- Assess and act on returned Interim Report forms:
  - Interim Report forms returned on or by the 20<sup>th</sup> of the sixth or twelfth month (or the 18<sup>th</sup> or 19<sup>th</sup> of February, as appropriate), complete the assessment and reinstate the case to provide benefits timely for month seven/thirteen for eligible households.
  - Interim Report form returned after the 20<sup>th</sup> of the sixth or twelfth month (or after the 18<sup>th</sup> or 19<sup>th</sup> of February, as appropriate), complete the assessment and reinstate the case to provide benefits within 10 days of receipt, as all other reports of changes. (See Part XIV.A.2.)
- Send the *Interim Report Form - Request for Action* form:
  - If the household fails to return a completed Interim Report timely. Provide another Interim Report if the household requests it.
  - If the returned Interim Report is incomplete or lacks required verifications of reported income changes and the local agency is unable to obtain information from the household by telephone or other household contact. Send the original Interim Report to the household if information is not obtained.
  - If the returned Interim Report lacks a signature. Send the original Interim Report to the household.
    - The household will have 10 days to supply information, verification, or to complete the form, even if the 10-day period expires after the case should automatically close.
    - Photocopy an incomplete Interim Report before sending the form back to the household.

- Leave the case suspended for the seventh or thirteenth month if the household fails to return a completed Interim Report or fails to provide needed verification so that ADAPT will automatically close the case at the end of the seventh or thirteenth month. No benefits will be issued beginning with the seventh or thirteenth month. The agency does not need to send an adequate or advance notice when the household fails to submit a completed Interim Report or fails to take required actions or to supply requested verifications, provided the Interim Report Form – Request for Action was sent before the closure. The Interim Report Form – Request for Action, completed as instructed in this section, serves as an adequate notice in this instance.

#### Incomplete Interim Reports

The Interim Report is incomplete if:

- The Case Name, head of the household, responsible household member or authorized representative has not signed the form;
- The household fails to address changes in income, submit verification of income, or fails to note the amount of liquid resources; or
- The household fails to provide information needed to determine eligibility or benefit level, such as failing to note if changes have occurred in household composition or the address.

The agency must use reasonable judgement to determine if the Interim Report is incomplete. For example, if the household indicates that no changes have occurred for income but supplies new pay stubs, the report should not be considered incomplete. The Interim Report will not be considered incomplete if the household fails to:

- provide proof of reported changes in its child support obligation or the amount paid. or
- declare new shelter expenses that result from a move to a new residence.

#### c. Verification Requirements

In order to determine eligibility for the second half of a certification period, the household must provide the following:

- Proof of changed income amounts, as required by the type ( $\geq$  \$100 earned;  $\geq$  \$50 unearned) or source changes starting or stopping. The agency must request sufficient income verification that will allow a reasonable monthly estimate of the income expected to be received.

Note: The household does not need to submit verification of self-employment or contract income that has been averaged or verify exempt income or resources.

- Proof of other elements. The household may need to verify other eligibility elements reported on the Interim Report, as needed.

The agency must query available systems of record in evaluating Interim Reports from households. Systems of record include VEC, APECS, and SOLQ-I. The agency must document the results of the inquiries and include information obtained through the inquiries in the evaluation of the case if the information is provided by the source that generates the information.

d. Calculation of Benefits

The agency must:

- Determine a household's continued eligibility and benefit level effective the seventh or thirteenth month based on information provided through the Interim Report or generated through systems inquiries if the source generated and verifies the information;
- Reinstate the case in ADAPT after the evaluation of the Interim Report; and
- Provide an adequate notice to the household, as appropriate, of ineligibility or the benefit calculation for the second half of the certification period that results from the evaluation of the Interim Report.

D. ADVANCE NOTICE OF PROPOSED ACTION

The household must receive written notice prior to any action to reduce or terminate benefits within the certification period. The advance notice period is 10 days and begins with the day following the date the notice is given or mailed to the household.

The agency may use the Notice of Action for this purpose, unless benefits in both TANF and SNAP are being reduced or terminated simultaneously. In that case, use the Advance Notice of Proposed Action. Both forms and instructions are in Part XXIV.

Note that for systems of record matches or inquiries, independent verification is needed before advance notice can be sent unless the information source generates and also verifies the information: For example, information from the Social Security Administration about the receipt of SSI, OASDI, work credits/quarters or unemployment benefits information from the Virginia Employment Commission do not require independent verification.

Neither an advance notice nor an adequate notice is necessary when (7 CFR 273.13(b)):

1. All members of the household have died.
2. The household has moved from the locality, except in those situations where the agency transfers the case or opts to retain the case as allowed by Part XIV.A.7.
3. Restoration of benefits is complete and the household had previous notification when the increased benefits would terminate.
4. The allotment fluctuates monthly due to anticipated changes and the household had prior notice at the time of certification.

5. Simultaneous applications were made for TANF/GR and SNAP benefits and the household was notified that receipt of financial assistance could reduce the benefit level.
6. A household is given a normal certification period under expedited service contingent on the receipt of postponed verification, provided the household receives written notice that benefits may be reduced or terminated upon receipt of the postponed verification or if verifications postponed are not received.
7. A household's benefits were increased based on a reported change and are decreased to the original amount when no verification is received, as long as the household was advised at the time of the increase. (See Part XIV.A.2.)
8. All members have moved into an institution that does not meet the requirements of Part VII.C.1a-d.
9. The household voluntarily requests to end its SNAP benefits or requests to end Transitional Benefits and makes the request in writing or in the presence of an EW. If the household does not provide a written request, the local agency must send the household a letter to confirm the voluntary withdrawal.
10. A participating household fails to respond to a demand letter requesting repayment of a claim and benefit reduction is invoked.
11. The household files an incomplete Interim Report or the household failed to file an Interim Report.

In instances where the agency does not need to send a notice if the household had prior notice of the change, the agency must send an advance notice if the household did not receive a notice.

In addition, the advance notice is not necessary when a change is reported before the beginning of the certification period even though the Notice of Action to inform the household of approval may have already been sent.

#### Example

A household files for recertification and is approved on July 18. A Notice of Action is given on this same day. The new certification period is to begin August 1. On July 25, the household reports a change that would decrease the benefits for August. The Advance Notice of Proposed Action is not required. Instead, a revised Notice of Action is sent.

The advance notice may be retracted if it is mailed by mistake. It may also be retracted if it becomes unnecessary because the household's situation changes during the advance notice period. The household must be informed of the retraction.

If an advance notice is mailed giving erroneous information, a corrected notice must be mailed. If the new allotment will be more than that which the household has already been told, continue with the original effective date. If the new allotment amount will be less than that which the household has already been told, begin the 10-day advance notice period again.

Example

An advance notice is mailed on October 20 to decrease benefits to \$50. The new amount should have been \$45. A corrected notice is mailed on October 25.

Decrease benefits to \$50 effective November 1. Decrease benefits to \$45 effective December 1.

E. ADEQUATE NOTICE

Adequate notice of a change in benefits is by the time the changed benefits are received by the household, or by the time the benefits would have been received if the case had not been closed. The *Notice of Action* may be used for this purpose. The form and instructions are in Part XXIV.

Adequate notice is necessary In the following situations:

1. Certain mass changes take place. (See Part XIV.A.4.)
2. A waiver to an *Advance Notice of Proposed Action* is signed because continuing the original benefit amount will result in a claim for which the household may be required to repay. The EW must explain to the household that it is the household's choice whether or not to sign the waiver.
3. A household is converted from cash and/or a voluntary benefit repayment of a claim to benefit reduction. (See Part XVII.F.).
4. Benefit reduction is invoked when a participating household responds to a demand letter by requesting renegotiation of the repayment schedule but the agency determines renegotiation is not warranted. (See Part XVII.F.)
5. The person is a resident of a drug or alcoholic treatment center or group living arrangement and the facility loses its FNS authorization or its certification from the appropriate state or local agency.

Note: Residents of group living arrangements applying on their own behalf are still eligible to participate.

6. A household member is disqualified for fraud, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
7. The local agency determines that, based on reliable information, the household will not be residing in the locality as of the first day of the next month unless the agency opts to retain the case, as allowed by Part XIV.A.7, or unless there is sufficient information to allow the agency to transfer the case, as allowed by Part XIV.A.8.
8. A certified household's address is unknown and mail has been returned by the post office indicating no known forwarding address. The agency must send the Request for Contact in response to the returned, undeliverable mail.

9. A household files a timely request for a fair hearing and requests continuation of benefits in response to a prior notice to reduce or terminate benefits.
10. The local agency completes the evaluation of eligibility and benefit level based on a returned, completed Interim Report.
11. A household becomes ineligible for Transitional Benefits, such as when it reappplies for TANF assistance.

F. ODD SUPPLEMENTAL ALLOTMENTS

There will be occasions when a household is entitled to an odd allotment of \$1.00, \$3.00, or \$5.00. This can occur when a household reports a change that requires that a supplemental allotment be given (Part XIV.A), when a replacement benefit is given because food was reported as destroyed (Part XVIII), when restoration of lost benefits is given (Part XVI.A), or when an allotment reduction calculation results in an entitlement to \$1.00, \$3.00 or \$5.00 (Part XVII.F).

When an EW determines entitlement to a \$1.00, \$3.00, or \$5.00 allotment, the authorization document must reflect the higher even dollar amount. The EW must document the case record to explain the discrepancy. In an allotment reduction situation, the amount credited toward the claim must reflect the higher even dollar amount that was issued.

Example

A household is eligible for a benefit amount of \$13. The allotment reduction formula requires \$10 to be recouped. The net benefit amount of \$3 must be raised to \$4 for issuance purposes. The agency must post an allotment reduction of \$9.

## CHANGES IN INCOME, DEDUCTIONS, RESOURCES

Within 10 days of the report from one of the four sources listed in Part XIV.A.2, the EW must:

- Determine the amount:  
Income: Frequency, rate, dates of receipt  
Deductions: Frequency, amounts, due dates, entitlement
- Include in existing calculations to determine continued eligibility and benefit level.
- Compare to gross/net income standards, resource or deduction maximum, as appropriate.

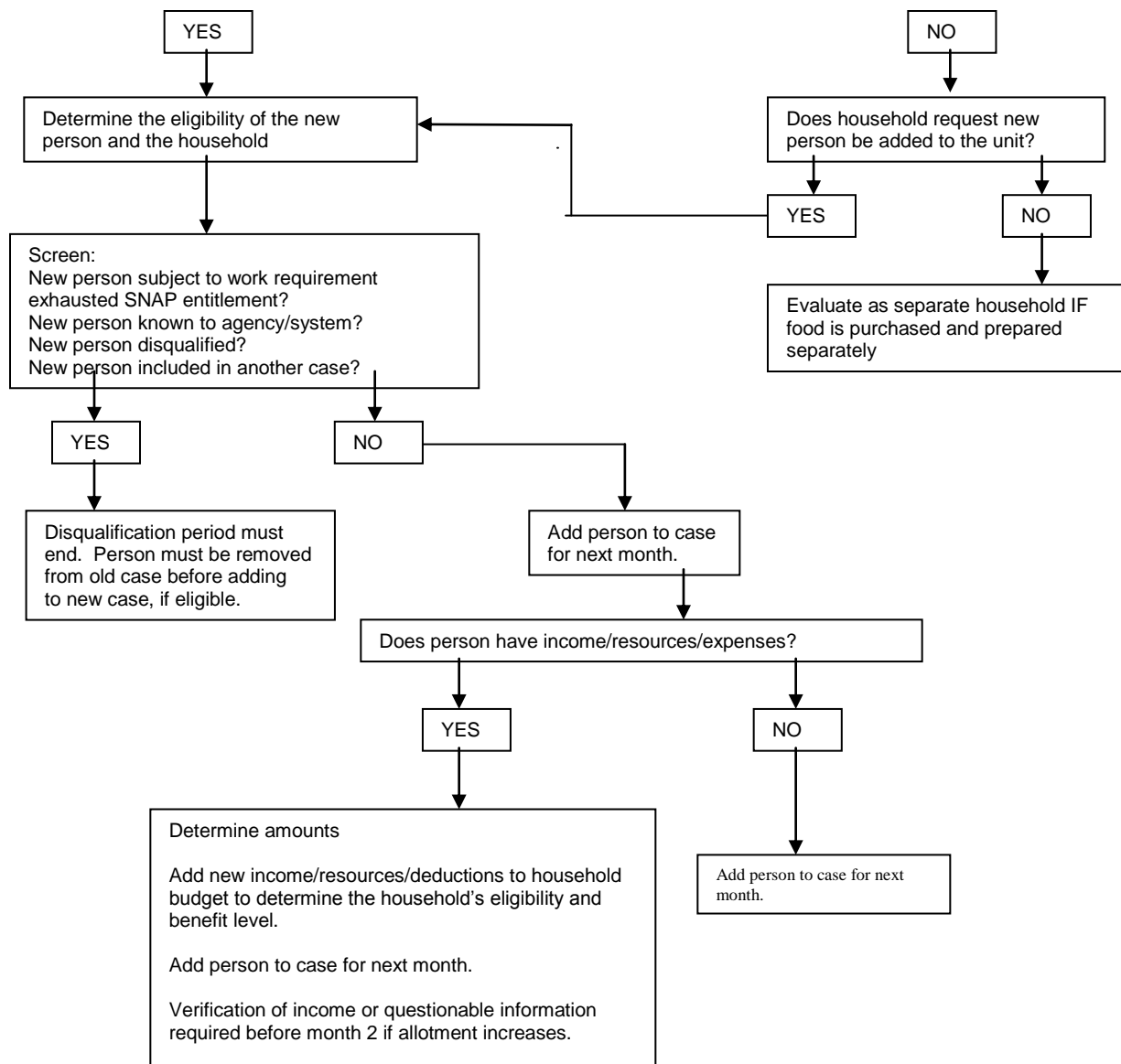
After change evaluation, is the household still eligible?

Yes	No	Unknown
Send 10-day advance notice if the benefits decrease. Verification needed at recertification.  Send Notice of Action if the benefits increase. Verify new information before Month 2. If not verified, amount is returned to the original amount.	Send 10-day advance notice to close case or to suspend case for one month. Verify information if questionable.	Household must clarify or verify change within 10 days.  Contact the household informally. If the household does not respond or take sufficient action, consider the information at recertification or for the interim, whichever is first.

The agency must normally make changes for the month after the month the change is reported. Except for household composition changes, the agency may give supplemental allotments for reevaluations made in the month of the change. The agency may authorize supplemental allotments at its discretion. If the agency makes voluntary supplements, the local agency must provide supplements for all comparable changes.

CHANGES IN HOUSEHOLD COMPOSITION

New Household Member Reported - Is person required to be in the household?



\*\*\*\*\*

Other actions due with change evaluation: Alien status established  
Student eligibility established

\*\*\*\*\*

Actions due at recertification: Social Security number obtained or proof of application for number  
Work registration completed  
Alien registration number obtained

These actions may be discussed and information obtained at the time of the change report however, no negative action may be taken if processes are not completed at this time.

PART XV WORK REQUIREMENT

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	General Provisions	1-2
B.	Work Requirement Exemptions	2
C.	Regaining Eligibility	3
	1. Eligibility Dependent on Changes in Circumstances	3
	2. Eligibility Dependent on Work Activities	3-4
Appendix I - Localities Whose Residents Are Exempted from the Work Requirement		1

A. GENERAL PROVISIONS

All persons who are able to work must be working or actively engaged in a work activity in order to receive SNAP benefits. Unless an exemption to the Work Requirement exists, individuals may receive SNAP benefits for only three months during a 36-month period. After the initial three-month period (Y1 benefits), an individual may receive benefits through a Special Exemption (E9) to allow certification up to six months. Special Exemption E9 months may also extend the certification period to six months for households with members who regain eligibility. The E9 code does not apply when a member's exemption status changes during an established certification period.

In order to receive SNAP benefits beyond three months a nonexempt able-bodied household member must:

1. work for cash wages in any amount or for in-kind goods or services for 20 hours or more per week, averaged monthly;
2. participate in and comply with requirements of an employment services program operated by the Department of Social Services, other than job search, for 20 hours or more per week or for the number of hours assigned for the work experience component as calculated by the household's allotment divided by the federal minimum wage;
3. participate in and comply with non-departmental (DSS) work programs for 20 hours or more per week;
4. serve in an unpaid, volunteer capacity for a public or private agency, at a minimum, for the number of hours that is equal to the household's allotment divided by the federal minimum wage; or
5. any combination of these activities.

If the member was unable to work, as described above, and is able to show good cause, the member will meet the Work Requirement as long as the absence is temporary and the member retains the job.

The 36-month period is a fixed period from the first of the month in which a household containing an individual subject to the Work Requirement is certified in Virginia. The 36-month period will begin and continue for any household member between the ages of 18 and 50, even if an exemption from the work requirement exists for that member at the time of certification or other case action. Tracking must be completed for all persons within the age range, even when they are exempt.

Any month in which an affected individual receives the full benefit month as part of a certified household will count toward the three-month limit.

Months in which a household receives prorated benefits will not count toward the three-month limit. Months in which the household does not receive an allotment because benefits are

prorated to zero (i.e., less than \$10) will not count toward the limit however. Months in which a certified household is eligible to receive benefits but does not actually participate do not count toward the three-month period. Months for which a household repays benefits received erroneously also will not count toward the three-month limit once the household repays the claim in full.

A work program, for the purposes of this provision, will include programs operated under the Workforce Investment Act (WIA) and the Trade Adjustment Assistance Act in addition to the agency-sponsored employment and training programs. Job search activities assigned through SNAPET or other state or local social services programs are not acceptable tasks to count toward establishing a household member's eligibility for continuing benefits beyond the initial three-month limit. Job search activities assigned through WIA will be evaluated as an acceptable task however.

After three months of receiving benefits and a varying number of E9 months, an individual, not exempt from the Work Requirement, is not entitled to additional benefits during the balance of the 36-month period, except as allowed in Part XV.C. The agency must send an advance notice to participating households when a member becomes ineligible to participate further. These household members are disqualified household members during any period in which the individuals do not meet the Work Requirement. See Parts VI.C and XII.E for a discussion of disqualified household members.

Ongoing households with members who are not eligible because of the work requirement must continue to report changes involving these members.

## B. WORK REQUIREMENT EXEMPTIONS

The following persons are exempt from the Work Requirement:

1. Any person who is under 18 years of age or over 50 years of age. See Part XIII.A.2.
2. Any person who is medically certified as mentally or physically unfit for work.
3. Any adult member of a SNAP household of which a child under age 18 is present.
4. A pregnant woman.
5. Any resident of an exempt locality. The exemption may be based on the unemployment rate of the locality or its identification as a Labor Surplus Area.
6. Any person who is otherwise exempt from work registration as outlined in Part VIII.A.1.

The agency must establish the 36-month period and track the reasons for the exemption for each person that meets an exemption other than age.

C. REGAINING ELIGIBILITY

Nonexempt individuals denied eligibility after being eligible for three months of Y1 initial benefits, or those who would have been denied if an application had been filed, can regain eligibility. These individuals may regain eligibility only under specific conditions for the balance of the 36-month period. Individuals who regain eligibility by being exempted from the requirement will remain eligible as long as the exemption exists. Individuals who regain eligibility through work activities, as listed below, are eligible for a maximum of three months of Regained Benefits (Y2) if they are no longer working or involved in a work activity.

1. Eligibility Dependent on Changes in Circumstances

SNAP eligibility may be reestablished for an individual who loses eligibility because of the Work Requirement if the individual becomes exempt from the Work Requirement as listed in Chapter B. For participating households, an individual may regain eligibility the month following the month the change occurs. Reapplying households may regain eligibility on the date of application or a later date if the individual's status has changed.

2. Eligibility Dependent on Work Activities

Nonexempt individuals denied after being eligible for the initial three-month period of Y1 benefits, or any subsequent period of unemployment, may regain eligibility only if the individual:

- a. Works 80 hours or more during a 30-calendar day period;
- b. Complies with requirements of work programs identified in Part XV.A for 80 hours or more during a 30-calendar day period.

The case record must be documented to show that the required work effort met the 80-hour/30-day requirement. The documentation must include the number of hours, place and period of employment. Households may not use any work activities performed before the three-month eligibility period for Y1 or Y2 benefits have expired to regain eligibility.

Nonexempt individuals who have received their three initial months of benefits (Y1) can receive SNAP benefits for up to three consecutive months (Y2) once the 80-hour, 30-day requirement has been satisfied. Once the evaluation period for regained benefits begins, the period must continue even if the individual is ineligible for SNAP benefits during a portion of the period. Benefits for the second three-month period may be provided only if the qualifying work (a-b above) has terminated or is reduced below the qualifying standards of Chapter A. Once the EW establishes eligibility for Y2 benefits, the individual may receive Special Exemption benefits to extend the certification period to six months.

If the qualifying work continues after the initial 80 hours, eligibility may continue under the normal Work Requirement rules. Entitlement to the Y2 benefits is postponed until a later time during which the household member is no longer working or is no longer exempt from the Work Requirement.

Applications filed for nonexempt household members before the completion of the 80 hours/30-day rule must be denied if the 80 hours will not be completed during the month of application. If the 80 hours will be completed during the month of application but after the application filing date, benefits must be prorated from the date after eligibility is established. See Part XIII.D.2 for additional information regarding the calculation of benefits.

#### Regaining and Maintaining Eligibility

After receipt or authorization of the second set of benefits (Y2), following subsequent periods of unemployment or under-employment (less than 20 hours per week), a nonexempt member must regain (a–b above) and maintain that eligibility by engaging in a work activity as required by Chapter A. During a period of unemployment or underemployment, a nonexempt member is not eligible for benefits. There is no limit to the number of times a member may engage in this regaining-maintaining eligibility cycle.

## Localities Whose Residents Are Exempted from the Work Requirement\*

<b>July 2006- April 2007</b>	<b>May 2007- April 2008</b>	<b>May 2008- March 2009</b>	<b>April 2009- September 2013</b>
Appomattox	Alleghany/ Covington	Alleghany/ Covington	All Virginia Localities
Bristol	Appomattox	Bristol	
Brunswick	Bristol	Brunswick	
Buchanan	Brunswick	Buchanan	
Carroll	Buchanan	Carroll	
Charles City	Carroll	Charlotte	
Charlotte	Charles City	Danville	
Danville	Charlotte	Dickenson	
Dickenson	Danville	Franklin City	
Galax	Dickenson	Galax	
Giles	Franklin City	Grayson	
Grayson	Galax	Greensville/ Emporia	
Greensville/ Emporia	Giles	Halifax	
Halifax	Grayson	Henry/ Martinsville	
Henry/ Martinsville	Greensville/ Emporia	Hopewell	
Hopewell	Halifax	Lee	
Lee	Henry/ Martinsville	Lunenburg	
Lunenburg	Hopewell	Mecklenburg	
Mecklenburg	Lee	Norton	
Norton	Lunenburg	Patrick	
Patrick	Mecklenburg	Petersburg	
Petersburg	Norton	Pittsylvania	
Pittsylvania	Patrick	Prince Edward	
Prince Edward	Petersburg	Russell	
Pulaski	Pittsylvania	Scott	
Russell	Prince Edward	Smyth	
Scott	Pulaski	Sussex	
Smyth	Russell	Williamsburg	
Sussex	Scott		
Williamsburg	Smyth		
	Sussex		
	Williamsburg		

\*The agency must track the work requirement for all household members except those persons under 18 or over age 50.

PART XVI RESTORATION OF LOST BENEFITS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	RESTORATION OF LOST BENEFITS	1
B.	COMPUTING THE AMOUNT TO BE RESTORED	2-3
C.	METHOD OF RESTORATION	3
D.	RESTORING BENEFITS TO HOUSEHOLDS NOT RESIDING IN THE LOCALITY	3
E.	CHANGES IN HOUSEHOLD COMPOSITION	4
F.	RECORD KEEPING	4
G.	DISPUTED BENEFITS	4

A. RESTORATION OF LOST BENEFITS (7 CFR 273.17(a) and (b))

1. The local agency must restore any benefits that the household lost whenever:
  - a. The State Department or local agency causes an error that results in a loss, including an invalid denial of an application or termination of benefits;
  - b. Federal regulations or instructions specifically provide for restoration of lost benefits; or,
  - c. The loss was due to an intentional program violation disqualification based on a court conviction and the decision of the court is reversed.

The local agency must also restore benefits whenever the loss was caused by an error of the Social Security Administration (SSA) when the error resulted from joint processing of an SSI household. Such an error would include, but is not limited to, the loss of a SNAP application after the applicant filed an application with SSA.

2. Households will not normally receive restoration for an action that occurred more than 12 months before the most recent of the following:
  - a. The month the household, or another person or agency notified the local agency in writing or orally of the possible loss to a specific household;
  - b. The month the local agency discovers, in the normal course of business, that a loss to a specific household has occurred; or,
  - c. The date the household requested a fair hearing to contest the adverse action that resulted in the loss.

Any exceptions to the 12 month restriction on restoration, will be noted at the time specific policy requiring a restoration is issued.

If the state or local agency determines that a loss of benefits has occurred and the household is entitled to restoration of those benefits, the local agency must take action immediately to restore any benefits lost within the limits described above. No action by the household is necessary.

The local agency must notify the household of its entitlement and other pertinent information by providing the household with the *Entitlement to Restoration of Lost Benefits*. See Part XXIV for a copy of the form and instructions. The agency must also use the form to notify households who have requested a review of their case for lost benefits that the household is not entitled to restored benefits.

The agency must provide restoration benefits to any household entitled to the benefits even if the household is currently ineligible.

B. COMPUTING THE AMOUNT TO BE RESTORED (7 CFR 273.17(d))

After correcting the error and excluding those months for which benefits may have been lost prior to the 12-month time limits described in Part XVI.A., the local agency must calculate the amount to be restored as follows:

1. If the household was eligible but received an incorrect allotment, the agency must calculate lost benefits only for those months the household participated.
2. If the loss was caused by an incorrect denial or termination of benefits, the EW must calculate the months affected by the loss as follows:
  - a. If an eligible household's initial application or reapplication was erroneously denied, the month the loss initially occurred will be the month of application, or for an eligible household filing a timely application for recertification, the month following the expiration of its certification period.
  - b. If an eligible household's benefits were erroneously terminated, the month the loss initially occurred will be the first month benefits were not received as a result of the erroneous action.

Example

An eligible household's benefits were erroneously terminated effective June 30. The error was discovered in August and the household was given an opportunity to participate in August. The household is entitled to restoration of lost benefits for the month of July.

After computing the date the loss initially occurred, the loss must be calculated for each month subsequent to that date until either the first month the error is corrected or the first month the household is found ineligible.

Examples

- 1) The local agency has determined that a household is entitled to restoration of lost benefits beginning July 1. The error made by the local agency was corrected in September and an opportunity to receive the correct allotment was provided in September. Benefits must be restored for July and August.
- 2) The local agency has determined that another household is also entitled to restoration of lost benefits beginning July 1. The error was found in September, at which time it was determined that the household would not have been eligible for other reasons in either August or September. The household would have been eligible in July. Benefits must be restored for July only.

3. For each month affected by the loss, the local agency must determine if the household was actually eligible. In cases where there is no information in the household's case file to document that the household was actually eligible in that month, the local agency must advise the household of what information must be provided to determine eligibility for these months. For each month the household cannot provide the necessary information to demonstrate its eligibility, the household is ineligible.
4. For the months the household was eligible, the local agency must calculate the allotment the household should have received. If the household received a smaller allotment than it was eligible to receive, the difference between the actual and correct allotments equals the amount to be restored.

Example

A household was certified for benefits for \$70.00 for the months of July through September. The household participated, i.e., benefits were posted to the EBT account each of these three months. The amount of benefits should have been \$100.00 each month. As a result, the household is entitled to \$90.00 in lost benefits ( $\$100.00 - \$70.00 = \$30.00 \times 3 \text{ months} = \$90.00$ ).

5. If a claim against a household is unpaid or if an overissuance and an underissuance of benefits are discovered at the same time, the agency must offset the amount to be restored against the amount due on the claim before the household will receive any restored. Claims may not be offset against the household's current month's even if the initial allotment includes a retroactive amount.

C. METHOD OF RESTORATION (7 CFR 273.17(f))

Regardless of whether a household is currently eligible or ineligible, the local agency must restore lost benefits to a household by issuing an allotment equal to the amount of benefits that were lost. The agency must provide the restored amount in addition to the monthly benefits currently eligible households are entitled to receive.

The local agency must honor reasonable requests by households to restore lost benefits in monthly installments. A reasonable request would include that the amount to be restored is more than the household can use in a reasonable period of time.

D. RESTORING BENEFITS TO HOUSEHOLDS NOT RESIDING IN THE LOCALITY

There may be times when a household no longer residing in the locality is due restoration of lost benefits. In these instances, if the household is receiving SNAP benefits in another Virginia locality, the agency must notify the new locality and submit documentation to allow the new agency to post benefits to the household's EBT account. If the household is not receiving SNAP benefits in another Virginia locality, the agency must post benefits to the EBT account.

E. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.17(g))

Whenever a household is due lost benefits and the household's membership has changed, the local agency must restore the lost benefits to the household that contains a majority of the individuals who were household members at the time the loss occurred. If the local agency cannot locate or determine the household that contains a majority of household members, the local agency must restore the lost benefits to the household containing the person designated as the head of the household at the time the loss occurred.

F. RECORD KEEPING (7 CFR 273.17(h))

The local agency must maintain any documentation that supports the entitlement to restoration for each instance in which restoration of lost benefits is appropriate.

G. DISPUTED BENEFITS (7 CFR 273.17(c))

If the local agency determines that a household is entitled to restoration of lost benefits, but the household does not agree with the amount to be restored as calculated by the local agency, the household may request a fair hearing within 90 days of the date the household is notified of its entitlement to restoration of lost benefits. The household may also request a hearing on any other action taken by the local agency to restore lost benefits. If the household requests a hearing before or during the time the agency is restoring lost benefits, the household will receive the lost benefits as determined by the local agency pending the results of the fair hearing. If the fair hearing decision is favorable to the household, the local agency must restore the additional lost benefits in accordance with the decision.

If a household believes it is entitled to restoration of lost benefits, but the local agency does not agree after reviewing the case file, the household has 90 days from the date of the local agency determination to request a fair hearing. The local agency must restore lost benefits to the household only if the fair hearing decision is favorable to the household. The household is not entitled to benefits lost more than twelve (12) months before the date the local agency initially discovered the household's possible entitlement to lost benefits.

PART XVII	RECIPIENT CLAIMS	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	CLAIMS AGAINST HOUSEHOLDS	1
B.	TYPES OF CLAIMS	1
	1. Agency Error (AE) Claims	1
	2. Inadvertent Household Error (IHE) Claims	1
	3. Intentional Program Violation (IPV) Claims	1
	a. Referral for Prosecution	1
	b. Referral for Administrative Disqualification Hearing (ADH)	1-2
C.	CALCULATING THE CLAIM AMOUNT	2
	1. Claims Not Related to Trafficking	2-4
	2. Trafficking Claims	4
D.	CLAIM ESTABLISHMENT	4
	1. Claim Thresholds	4
	2. Liable Persons	5
E.	INITIATING COLLECTION ACTION	5
	1. Demand Letters	5-6
	2. Compromising Claims	6
F.	COLLECTION METHODS	6-7
	1. Allotment Reduction	7
	2. Lump Sum Payments	7
	3. Installment Payments	7
	4. Electronic Benefits Transfer Accounts	7
	5. Offsets to Restored Benefits	8
	6. Public Service	8
	7. Treasury Offset Programs	8
	8. Other Collection Actions	8
	9. Unspecified Collections	8
	10. Overpaid Claims	8
G.	COLLECTING IPV CLAIMS	9
H.	ESTABLISHING AND COLLECTING CLAIMS FROM ALIENS AND/OR THEIR SPONSORS	9-10
I.	CHANGES IN HOUSEHOLD COMPOSITION	10
J.	DETERMINING DELINQUENCY	10
K.	TERMINATING COLLECTION	10-11

PART XVII	RECIPIENT CLAIMS (Continued)	
<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
L.	INVALID CLAIMS	11
M.	IPV DISQUALIFICATION PENALTIES	11
	1. IPV Penalties	11-12
	2. Reporting Procedures	12
	3. Imposition of Penalties	12-14
	4. Use of eDRS Prior to Certification	14
N.	DOCUMENTATION	14
O.	INTRASTATE/INTERSTATE CLAIMS COLLECTION	14-15
P.	BANKRUPTCY	15
Q.	SUBMISSION OF PAYMENTS	15
R.	DISPUTED CLAIMS	15-16
S.	OTHER MONEY RETURNS	16
T.	<b>SYSTEM OF RECORD</b>	16
	APPENDIX I – Treasury Offset Program	1-2

A. CLAIMS AGAINST HOUSEHOLDS (7 CFR 273.18(a))

A claim against a household is an amount owed because:

- A household received more SNAP benefits than it was entitled to receive, resulting in an overpayment; or
- SNAP benefits were trafficked which is the buying or selling of SNAP benefits for cash or consideration other than eligible food; or for the exchange of firearms, ammunition, explosives, or controlled substances.

B. TYPES OF CLAIMS (7 CFR 273.18(b))

There are three types of claims:

1. Agency Error (AE) Claims

An Agency Error is any claim for an overpayment caused by an action or failure to take action by the state or local agency.

2. Inadvertent Household Error (IHE) Claims

An Inadvertent Household Error is any claim for an overpayment that results from a misunderstanding or unintended error on the part of the household.

3. Intentional Program Violation (IPV) Claims

An Intentional Program Violation is any claim for an overpayment or trafficking resulting from an intentional error on the part of the household. An IPV is defined in Definitions.

In order for a claim to be an IPV, there must be a finding of IPV or fraud by a court, a signed waiver to an Administrative Disqualification Hearing (ADH), or a finding of IPV by a hearing officer as a result of an ADH.

Prior to the determination of IPV, a claim against the household must be established as an IHE claim, except for a trafficking claim, which may only be established as an IPV. However, if the prosecutor advises the local agency that collection action may prejudice the case, or the person responsible for signing ADH referrals decides to postpone collection action on cases referred for ADH, no collection action should be taken. If the household member is found not guilty of IPV, either by a court or through an ADH, the claim must be handled as an IHE claim.

a. Referral for Prosecution (7 CFR 273.16(a))

The local agency must confer with the local prosecutor to determine the types of cases acceptable for possible prosecution and actual cases of alleged IPV to refer for prosecution. An agreement between the local agency and the prosecutor must

include information on how and under what circumstances cases will be accepted for possible prosecution and any other criteria set by the prosecutor for accepting cases for prosecution, such as a minimum amount of overpayment.

The local agency may refer a case for prosecution regardless of the current eligibility of the individual. The local agency is encouraged to refer for prosecution persons suspected of committing an IPV where large amounts of overpaid benefits are involved or where more than one act of IPV is suspected.

The local agency should encourage the prosecutor to recommend to the court that a disqualification penalty be imposed in addition to any other criminal penalties for such violations. Information on a prior IPV should be shared with the prosecutor to support the assignment of an appropriate disqualification period.

b. Referral for Administrative Disqualification Hearing (ADH) (7 CFR 273.16(e))

See Part XIX for complete ADH guidelines.

An ADH is an impartial review by a hearing officer of a household member's actions involving alleged IPV. The hearing officer must decide if a household member is guilty or not guilty of committing an IPV.

The local agency may refer an individual for an ADH regardless of the current eligibility of the individual.

The local agency should request an ADH when:

- the agency believes the facts of the case do not warrant criminal prosecution through the courts;
- a case referred for prosecution was declined by the prosecutor;
- a case referred for prosecution was formally withdrawn by the local agency because no action was taken by the prosecutor within a reasonable period of time.

Cases dismissed or acquitted in court may not be referred for an ADH. A case may not be referred for an ADH while its referral for prosecution is in process. An ADH does not prevent the local agency, state or federal government from prosecuting the household member for an IPV in a court of appropriate jurisdiction.

C. CALCULATING THE CLAIM AMOUNT (7 CFR 273.18(c))

1. Claims Not Related to Trafficking

A claim must be calculated back to at least twelve months prior to when the local agency discovered the overpayment, except for an IPV claim, which must be calculated back to the

month the act of intentional program violation first occurred. In addition, for all claims, the local agency must not include any period that occurred more than six years before the local agency discovered the overpayment.

The local agency must determine the correct amount of benefits for each month the household participated. The income conversion factors of 4.3 or 2.15 must be used, if appropriate, based on Part XIII.A.3, to determine the monthly income. If the claim is an IHE or an IPV claim, the local agency must not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner.

If, due to either an inadvertent error on the part of the household or an intentional act on the part of the household, a household failed to report a required change in its circumstances within the prescribed time limits provided in Part XIV.A, the first month that benefits were overpaid will be the first month in which the change would have been effective had it been reported timely. Factor in only the 10-day reporting period and the advance notice period. In no event, however, may the local agency determine as the first month in which the change would have been effective, any month later than two months from the month in which the change in household circumstances occurred.

If the household reported a change within the prescribed time limits, but the local agency did not act on the change on time, the first month affected by the local agency's failure to act must be the first month the local agency should have made the change effective. Therefore, if an advance notice was required but was not sent, the local agency must assume that the maximum advance notice period as provided in Part XIV.D would have expired without the household requesting a fair hearing. Do not factor in a 10-day agency action period.

If an overpayment is discovered for a month or months in which a mandatory SNAPET participant has already participated in a work experience assignment, the agency must determine if the person who performed the work is still subject to a work obligation and determine how many extra hours were worked because of the improper benefit. The participant must be credited that number of hours toward future work obligations.

Once the local agency calculates the amount of correct benefits the household should have received, the local agency must subtract the correct amount of benefits from the benefits actually received to determine the amount of the overpayment or claim.

After calculating the amount of the claim, the local agency must offset the amount of the claim by any amounts which have not yet been restored to the household. The local agency must also offset the amount of the overpayment by any electronic benefits expunged from the household's EBT account. The difference is the amount of the claim.

If the information needed to compute an overpayment is lacking, no claim can be established until the information is received.

2. Trafficking Claims

The amount of a claim resulting from trafficking of SNAP benefits will be determined by:

- a. the individual's admission of the amount trafficked;
- b. a determination by a court; or
- c. documentation that forms the basis for the trafficking determination, such as EBT transaction data.

For both trafficking and non-trafficking claims, the local agency must maintain documentation to support how the claim was calculated.

D. CLAIM ESTABLISHMENT (7 CFR 273.18(d)(1))

A claim must be established before the end of the calendar quarter following the quarter in which the overpayment or trafficking incident was discovered, **except as allowed below**. The date of discovery is the date the local agency has sufficient information to determine that an overpayment or trafficking offense has occurred. The local agency must document the date of discovery. The local agency must also ensure that no less than 90 percent of all potential claims are either established or disposed of within this time frame.

**Timely claim establishment exception: Trafficking claims where the court conviction date or ADH decision date causes the claim to be established outside of the timeliness standard. The agency must have documentation to support the determination of an IPV by a court, a Waiver, or an ADH and the claim should be established within 30 days of the disposition of a court or an ADH.**

1. Claim Thresholds (7 CFR 273.18(e)(2)(ii))

The local agency must establish a claim for a non-participating household for any household-caused overpayment that totals more than \$125 and for any agency-caused overpayment that exceeds \$300. The local agency must also establish a claim for an overpayment in any amount for a participating household or for an error identified in a Quality Assurance review. The local agency, however, may initiate collection action for claims under the \$125 or \$300 threshold or when multiple overpayments for a household total or exceed the threshold for the claim type.

2. Liable Persons (7 CFR 273.18(a)(4))

The following persons are responsible, or liable, for paying a claim:

- a. Each person who was, or should have been, an adult member of the household, age 18 or older, when the overpayment or trafficking first occurred;
- b. A sponsor of an alien household member if the sponsor was at fault;
- c. A person connected to the household, such as an authorized representative, who actually caused an overpayment or trafficking.

E. INITIATING COLLECTION ACTION (7 CFR 273.18 (e))

1. Demand Letters

The local agency must initiate collection action by mailing or otherwise delivering to the household the appropriate initial demand letter, *Request for Repayment of Extra SNAP Benefits* and a *Repayment Agreement*. The demand letter and repayment agreement must be sent immediately following the establishment of the claim, unless the household cannot be located or a court ordered repayment of the claim. Additionally, if a claim is established as an IHE and collection action is being postponed because the case is being referred for prosecution or an ADH, the local agency must initiate collection action by sending the demand letter and a repayment agreement, if the case is not accepted for prosecution or an ADH. The local agency must retain a copy of the initial demand letter to document the claim was properly established.

The household has 30 days from the date of the initial demand letter to tell the local agency how the household intends to repay the claim. The household must make its first payment within 30 days of the date of the letter.

If the household pays the claim, follow the procedures in Part XVII.Q for submitting payments.

If a participating household does not respond to the initial demand letter, benefit reduction must be initiated. The household's benefit must be reduced not later than the first day of the second month following the date of the initial demand letter.

If a non-participating household does not respond to the initial demand letter, a *Request for Extra SNAP Benefits-Follow-Up* demand letter and *Repayment Agreement* should be sent at 30-day intervals until the household has responded by paying, or agreeing to pay the claim or until the criteria for terminating collection action, as specified in Part XVII.K have been met.

If the non-participating household agrees to repay the amount of the overpayment but does not make a payment by the due date specified on the *Repayment Agreement*, the local agency should send a *Request for Repayment of Extra SNAP Benefits-Payment Overdue*

letter at 30 day intervals until the household begins to pay again, or until the criteria for terminating collection action, as specified in Part XVII.K have been met. If the household makes the overdue payments and wishes to continue payments based on the previous schedule, permit the household to do so.

If the household requests renegotiation and the local agency concurs with the request, the household may negotiate a new payment schedule. Both the local agency and the household have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such action.

If a participating household agrees to repay the claim by making installment payments, and does not submit a payment by the specified due date, the local agency must invoke benefit reduction.

2. Compromising Claims

If it can be reasonably determined that the household's economic circumstances dictate that the claim will not be paid in three years, the local agency may compromise the claim, or any portion of the claim, by reducing it to an amount that will allow the household to pay the claim in three years. The local agency may not compromise a claim that has been **certified** to TOP.

The local agency may use the full amount of the claim, including any amount compromised, to offset a restoration of lost benefits. The local agency may reinstate any compromised portion of the claim, if the claim becomes delinquent. The local agency must document the reason for the compromise.

F. COLLECTION METHODS (7 CFR 273.18(f)&(g))

1. Allotment Reduction (7 CFR 273.18(g)(1))

A household may choose to have its SNAP benefits reduced to repay a claim. However, the local agency must implement allotment reduction against a participating household unless the household is making regular payments in an amount greater than the amount that could be recovered through allotment reduction.

Prior to reduction, the local agency must inform the household orally or in writing of the appropriate formula for determining the amount of SNAP benefits to be recovered each month and the effect of that formula on the household's allotment, i.e., the amount of SNAP benefits the local agency expects will be recovered each month.

For an AE or an IHE claim, the amount of the reduction must be limited to 10% of the allotment or \$10, whichever is greater, unless the household agrees to a higher amount. For an IPV claim, the amount of the reduction must be limited to 20% or \$20, whichever is greater, unless the household agrees to a higher amount. The *Repayment Agreement* must be used to document the household's request for a higher allotment.

The local agency may not reduce the initial month's allotment at application or reapplication unless the household agrees to the reduction. The local agency must document this agreement.

The local agency or state agency may not use involuntary collection methods, such as state or federal offsets, against individuals in a household that is having its allotment reduced.

2. Lump Sum Payments (7 CFR 273.18(g)(4))

The local agency must accept any payment for a claim, whether it represents full or partial payment. The payment may be made with cash, check, or money order. The local agency may accept a credit or debit card for payments if the agency has the capability to accept these types of payments. The local agency must retain appropriate documentation of the payment.

3. Installment Payments (7 CFR 273.18(g)(5))

The local agency may accept installment payments as the result of a negotiated repayment agreement. The repayment agreement must include a due date for the payments. The payments may be made by cash, check, or money order. The local agency may accept a credit or debit card for payments if the agency has the capability to accept these types of payments. Unless a court order prohibits it, a certified household must make installment payments in an amount that is greater than the amount that is recoverable through benefit reduction. The local agency must retain appropriate documentation of the payments.

If the household does not submit a payment according to the terms of its negotiated repayment agreement, the claim is delinquent and subject to additional collection actions. If the household is participating in the program, benefit reduction must be invoked.

4. Electronic Benefit Transfer (EBT) Accounts (7 CFR 273.18(g)(2))

The local agency must allow a household to pay its claim using benefits from its EBT account. At the household's request, this reduction may be used in addition to allotment reduction or other repayment methods. If a certified household chooses EBT account deduction as the primary collection method, the monthly payment must be greater than the amount that is recoverable through allotment reduction, unless a court order prohibits it.

The local agency must obtain written permission from the household in order to collect from an EBT account. The household should complete the *Repayment Agreement* form to note permission for a one-time or monthly payment from the EBT account. The agency must send the household a receipt of each transaction.

After 365 days of inactivity, the local agency must also use any benefits expunged from the household's EBT account of which the agency is aware to offset the amount of the claim. This offset may be done at any time during the collection process. The local agency does not need the household's permission to apply expunged benefits to a claim but the agency must send the household a receipt to note the claim reduction. The agency may use the *Notice of Deduction from an Inactive EBT Account* form as the receipt

5. Offsets to Restored Benefits (7 CFR 273.18(g)(3))

The local agency must reduce any restored benefits owed to a household by the amount of any outstanding claim. This offset may be done at any time during the collection process.

6. Public Service (7 CFR 273.18(g)(7))

The local agency may accept public service as a form of payment, but only if a court orders the public service specifically in lieu of paying the claim. The local agency, in conjunction with the court, should set the hourly rate for the work performed. The local agency must retain appropriate documentation.

7. Treasury Offset Program (7 CFR 273.18(n))

The Virginia Department of Social Services must refer eligible claims that are delinquent for 180 days or more to Treasury Offset Program (TOP) for offset against any eligible federal payment. This includes, but is not limited to, federal tax refunds, salaries of federal employees and retirement benefits. The Virginia Department of Social Services will submit claims to TOP using instructions of the Treasury Department. See Appendix I of this chapter for TOP procedures.

8. Other Collection Actions (7 CFR 273.18(g)(8))

The local agency may employ involuntary collection action to collect delinquent claims against non-participating households. These actions include, but are not limited to, civil action, to include wage garnishments and/or liens against property, referral to public or private collection agencies, and the repayment of claims by offsetting the balance against state tax refunds or lottery payments.

9. Unspecified Collections

When funds are received for a combined public assistance/SNAP benefit claim and the household does not specify to which claim to apply the collection, each program must receive its pro rata share of the amount collected.

10. Overpaid Claims

If a household overpays a claim, the household must be provided a refund as soon as possible after the over-collection is discovered, unless the over-collection is attributed to an expunged EBT benefit. The method of refund will depend on what caused the overcollection. For example, an overcollection due to allotment reduction will be refunded by a restoration to the household.

#### G. COLLECTING IPV CLAIMS

When a household member is found to have committed an IPV by a court of appropriate jurisdiction, the local agency must request the matter of restitution be brought before the court. If the court mandates restitution, the amount of the claim against the household will be established by the court, even if the amount of restitution ordered is less than the amount of the original claim. The court order to repay will serve as the household's demand letter.

The local agency must initiate collection action if:

- the court does not rule on restitution:
- the IPV was established by an ADH: or
- the household member waived his/her right to an ADH.

The local agency must send the household the demand letter, *Request for Repayment of Extra SNAP Benefits (IPV)* and a *Repayment Agreement* unless:

- The household has repaid the overpayment as a result of an IHE demand letter; or,
- The local agency has documentation that shows the household cannot be located.

An IPV demand letter and a repayment agreement must also be sent for any unpaid or partially paid IPV claim, even if the household has previously received an IHE demand letter.

The local agency should pursue other collection action to obtain restitution against any household that fails to respond to a written demand letter for repayment of any IPV claim if the claim cannot be collected through direct payment or allotment reduction, unless the agency can determine that other means are generally not cost effective.

If an individual who was court ordered to repay the overpayment does not pay as ordered, the local agency should advise the local prosecutor or the probation office, as appropriate.

#### H. ESTABLISHING AND COLLECTING CLAIMS FROM ALIENS AND/OR THEIR SPONSORS (7 CFR 273.11(j)(8))

Any sponsor of an alien and the alien are both liable for the repayment of any overpayment which occurred as a result of incorrect information provided by the sponsor, unless the sponsor establishes good cause or was without fault for providing the incorrect information. It is the sponsor's responsibility to establish good cause to the satisfaction of the local agency.

If the sponsor does not establish good cause, the local agency must initiate collection action by sending the sponsor the appropriate initial demand letter and a repayment agreement. If the sponsor does not respond to the demand letter, the local agency may pursue other collection actions, as appropriate, to obtain payment of the claim. If the sponsor responds to the demand letter, the collection procedures described in Part XVII F. must be followed.

The sponsor is entitled to a fair hearing to contest a determination that the sponsor was at fault in providing incorrect information or to contest the amount of the claim.

If the sponsor does establish good cause, the local agency must initiate collection action by sending the household the appropriate initial demand letter and repayment agreement. If the household responds to the demand letter, the collection procedures described in Part XVII F. must be followed.

If a participating household does not respond to the demand letter **and make a payment** within **30** days of the date on the letter, allotment reduction must be invoked. If a non-participating household does not respond to the demand letter, the local agency may pursue other collection action as appropriate, to obtain payment of the claim.

I. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.18(g)(1)(vii))

If a household's membership has changed since the overpayment occurred, the local agency may pursue collection action against any household which has a member who was an adult member of the household that received the overpayment. The agency may also offset the amount of the claim against restored benefits owed to any household which has a member who was an adult member of the original household at the time the overpayment occurred. See Part XVI.B.5. for the process to apply amounts due for restoration against outstanding claims.

The local agency may also pursue collection from any individual liable for the claim that is not currently a member of a participating household that is undergoing allotment reduction.

J. DETERMINING DELINQUENCY (7 CFR 273.18(e)(5))

A claim must be considered delinquent if:

- the claim has not been paid by the due date on the initial demand letter or repayment agreement and a satisfactory payment arrangement has not been made; or
- a payment arrangement has been established and a scheduled payment, either no payment or one in a lesser amount, has not been made by the due date on the repayment agreement.

The claim will remain delinquent until payment is received in full, a satisfactory payment agreement is negotiated or allotment reduction is invoked.

A claim will not be considered delinquent if:

- another claim for the same household is currently being paid, either through an installment agreement or allotment reduction, and the local agency expects to begin collection on the claim once the prior claim(s) is paid in full; or
- the local agency is unable to determine delinquency status because collection is coordinated through the court or probation office; or

- a fair hearing has been requested and a hearing decision has not been rendered.

K. TERMINATING COLLECTION (7 CFR 273.18(e)(8))

A claim must be terminated for a non-participating household, or any of its adult members, if the claim meets any of the following criteria:

1. All adult members of the household are dead and there are no plans by the local agency to pursue collection from the estate; or
2. A claim has an outstanding balance of \$25 or less and no payment has been made for 90 days or more; or
3. No payments have been received in three years and the claim has not been referred to TOP; or
4. The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local agency may keep the claim active until the claim meets criteria #3, listed above; or
5. A claim has been discharged through bankruptcy;
6. A claim has been transferred to another state for collection; or.
7. It is no longer cost effective to pursue the claim as the balance is less than \$1 for a participating household or less than \$5 for a household that is not currently participating.

A claim against a participating or a non-participating household must also be terminated if there is insufficient information or documentation to substantiate that the claim was properly established or to determine the correctness of the balance due. Properly established means that an initial demand letter was mailed or a court ordered repayment.

The local agency must document the reason for the termination.

L. INVALID CLAIMS

A claim found to be invalid through a fair hearing, the ADH process, a court determination, or discovered as erroneously established by the State or local agency, must be deleted.

M. IPV DISQUALIFICATION PENALTIES (7 CFR 273.16(b))

1. IPV Penalties

Individuals found to have committed an IPV, either by a court of appropriate jurisdiction or by an ADH or, who waived their right to an ADH, are ineligible to receive SNAP benefits for:

- a. One year for the first violation;
- b. Two years for the second violation; and,
- c. Permanently for the third violation.
- d. Ten years for a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time. The ten-year penalty does not apply when a household fails to report a move to the agency at a former address.

An individual may receive more than one IPV by violating two or more unrelated program rules, such as change reporting and trafficking, during the same time period.

In addition to these disqualification penalties, individuals may be disqualified from the program for other program violations. Individuals will be disqualified for two years for a finding by a court that they used SNAP benefits to purchase illegal drugs. A second court finding regarding these purchases will result in permanent disqualification from the program.

Individuals will be permanently disqualified from the program based on a court finding that SNAP benefits were used to purchase firearms, ammunition, or explosives, even if it is the first such finding.

A conviction of trafficking in SNAP benefits of \$500 or more will also result in the permanent disqualification of the individual.

2. Reporting Procedures (7 CFR 273.16(i))

Local workers must complete the Disqualified Recipient Report screen of the ADAPT System. Online screen help is available in the ADAPT System to allow the worker to identify correctly the offense code and associated penalty.

In addition to completing the Disqualified Recipient Report screen, workers must enter information in the Electronic Disqualified Recipient Subsystem (eDRS) to report information about individuals disqualified for an IPV. The disqualification may be based on an ADH, a conviction by a court of appropriate jurisdiction, or a waiver to an ADH. Local workers must enter information in the eDRS within 30 days of the effective date of disqualification.

In cases where the disqualification for IPV is reversed by a court of appropriate jurisdiction, or was submitted in error, the agency must update the eDRS to delete the information relating to the disqualification.

3. Imposition of Disqualification Penalties

To determine the appropriate disqualification penalty to impose on an individual who has been found to have committed fraud or an IPV, the local agency must access the eDRS to see if there is a record of other IPV rulings for individual household members.

One or more IPV disqualifications that occurred before April 1, 1983, will be considered as only one previous disqualification when determining the appropriate penalty to impose in a case under consideration.

When eDRS is used to determine the disqualification penalty for an individual found to have committed an IPV, the local agency must verify the information with the Locality Contact provided by the eDRS. A verbal confirmation from the Locality Contact may be accepted for the initial assessment but documentation that supports the prior disqualification(s), must be obtained before a final determination is made of the length of the penalty.

The actual number of prior disqualifications will determine the penalty for a new IPV, not the disqualification number that a State or a Virginia locality assigned to the offense. Only the individual found guilty of IPV is disqualified, not the entire household.

If a court fails to impose a disqualification period for the IPV or fraud conviction, the local agency must impose the disqualification penalties described in this chapter unless it is contrary to the court order. If disqualification is ordered by the court, but a date for initiating the disqualification period is not specified, the individual must be disqualified beginning with the first month which follows the date of the court decision. The local agency must send the Notice of Disqualification before the effective date of the disqualification.

If a hearing officer rules that the household member committed an IPV, that member must be disqualified beginning with the first month that follows the date the household member received written notification of the hearing decision. If the household member signed a waiver to an ADH, that member must be disqualified beginning with the first month which follows the date the signed waiver was received by the agency. The local agency must send the Notice of Disqualification before the effective date of the disqualification.

For a disqualification that results from a court decision or the Administrative Disqualification Hearing process, the local agency must send the Notice of Disqualification to inform the household of the length, reason and starting date of the disqualification. The local agency must send the Notice of Disqualification before the effective date of the disqualification. The local agency must maintain a copy of the notice.

A local agency may not lengthen the disqualification period after it has been imposed by judicial decision, ADH, or waiver. Once a disqualification penalty has been imposed, the period of disqualification must continue uninterrupted until completed, regardless of the eligibility of the disqualified member's household. If an additional IPV is determined for a person who is already serving a disqualification period, the new disqualification period(s) must begin before the original period expires so that the disqualification periods run concurrently.

If the local agency determines the household member is currently serving a disqualification imposed by another locality within Virginia or imposed by another state, the local agency must calculate how much time is remaining in the disqualification period before adding the person to the case as an active household member. If a month or more remains in the disqualification period, the local agency must disqualify the household member for the remainder of the disqualification period.

If the agency fails to impose the disqualification within the timeframes described above, an agency-caused claim (AE) must be established for the months the individual should have been disqualified. A household-caused claim (IHE) must be established if the agency discovers that a member participated during a disqualification period imposed by another locality or state.

4. Use of eDRS Prior to Certification

The data submitted to the eDRS can be used to determine the eligibility of persons prior to certification, when the agency has reason to believe a person is subject to disqualification in another political jurisdiction.

Information obtained from the eDRS must be independently verified. A verbal response from the eDRS Locality Contact is acceptable for the initial assessment. The household must be given an opportunity to respond to the verbal information obtained from the Locality Contact. If the household affirms the verbal information provided by the Locality Contact, a determination on the individual member's eligibility may be made without additional documentation from the Locality Contact. The household is allowed a minimum of 10 days to respond to the eDRS findings.

If the household member disputes the information or fails to respond to the request for information, the EW must get written documentation from the Locality Contact to process the application or to determine the length of the disqualification penalty. If the household is not entitled to expedited processing, the agency must hold the application pending until the written verification from the Locality Contact is received. Applications entitled to expedited processing must be processed and benefits delivered within the required seven-day period, even if the household's affirmation or written documentation from the Locality Contact is not received by the seventh day. An IHE claim must be established, however, for any overpaid benefits.

N. DOCUMENTATION

The local agency that establishes the claim must maintain documentation to support proper establishment of the claim, including how the overpayment amount was determined, documentation to support the date of discovery and documentation to support disqualification. In addition, documentation to support the balance due must also be maintained by the agency(s) collecting the payments. Documentation includes, but is not limited to, verifications from employers, landlords, schools; applications with false or omitted information; a copy of the initial demand letter; a copy of the *Notice of Disqualification*; and receipts for cash payments. If the local agency does not have documentation to support the claim, the claim must be terminated.

O. INTRASTATE/INTERSTATE CLAIMS COLLECTION (7 CFR 273.18(i))

In cases where a household moves out of the locality or out of Virginia, the local agency may initiate or continue collection action against the household for any overpayment to the household which occurred while the household was under the local agency's jurisdiction. If the local agency

does not intend to pursue collection from a household that has moved to another state because the other state will be pursuing collection, i.e. allotment reduction, the claim must be terminated.

Local agencies may pursue collection on claims established in another locality or state. The local agency or state that overpaid benefits to the household will have the first opportunity to collect any overpayments. If the local agency or state which overpaid benefits, however, does not take prompt action to collect, then the local agency which has jurisdiction over the area into which the household moves should initiate action to collect the overpayment. However, prior to initiating action to collect such overpayments, the local agency in the new locality must contact the old locality or state to ascertain that it does not intend to pursue prompt collection or is not receiving payments on the claim.

P. BANKRUPTCY (7 CFR 273.18(j))

Local agencies may act on behalf of, and, as USDA, in any bankruptcy proceeding against bankrupt households owing SNAP claims. Local agencies possess any rights, priorities, interests, liens or privileges, and must participate in any distributions of assets, to the same extent as USDA. Acting as USDA, local agencies have the power and authority to file objections to discharge, proofs of claims, exceptions to discharge, petitions for revocation of discharge, and any other documents, motions or objections that USDA might have filed. Any amounts collected under this authority must be transmitted to the Virginia Department of Social Services as normal claims payments.

Q. SUBMISSION OF PAYMENTS (7 CFR 273.18(l))

Once a month, local agencies must submit one consolidated check to cover cash and state tax intercept payments received from all households for the month. The check, payable to the "Treasurer of Virginia", must be sent to:

Virginia Department of Social Services  
Division of Finance  
801 East Main Street  
Richmond, VA 23219-

The *Monthly Payment Record* (MPR) must be sent with the consolidated check. If no cash or state tax intercept payments are received during the month, the local agency must send an e-mail to [joyce.criss@dss.virginia.gov](mailto:joyce.criss@dss.virginia.gov) to acknowledge that no payments were received. The check and MPR, or e-mail must be sent so as to be received by the 15th day of the month following the report month.

R. DISPUTED CLAIMS

If a fair hearing or a court did not establish the amount of a claim, the household has 90 days from the date of the demand letter to appeal the amount by requesting a fair hearing.

The household must also be notified of the following actions relating to claims and has the right to appeal these:

TRANSMITTAL #1

- After initial notification, whenever the amount of the claim changes;
- Whenever a claim is used to offset a restoration and prior notification of the claim had not been given;
- When multiple overissuances total \$125 or more and collection action is now being initiated, and prior notification of the claim had not been given.

If the fair hearing determines that the claim is valid, the local agency must re-notify the household of the claim amount. The post-fair hearing notice must inform the household that the claim amount is still due and that repayment is required. A *Repayment Agreement* must be sent with the re-notification. The household cannot request a fair hearing based on this second notice. Delinquency will be determined by the due date of this subsequent notice, not the original demand letter.

#### S. OTHER MONEY RETURNS

Money is sometimes returned to the agency for reasons other than because of a claim. In these instances, the money is not to be submitted to the State Office as claims payments would be. A check or money order payable to "USDA-FNS-HQ" and a letter explaining the circumstances must be submitted to:

USDA-FNS-HQ  
P.O. Box 953807  
St. Louis, MO 63195-3809

#### T. SYSTEM OF RECORD

**Application Benefit Delivery Automation Project (ADAPT) is the system of record for claims. This means ADAPT must be used to:**

- **establish all claims;**
- **reflect all payments received;**
- **report terminations of claims; and**
- **reflect dates for:**
  - **initial demand letter;**
  - **follow-up demand letters; and**
  - **court-ordered restitution.**

### Treasury Offset Program

The Treasury Offset Program (TOP) is used to recover delinquent SNAP claims through the offset of federal payments. Federal payments, such as tax refunds, Social Security benefits and salaries or retirement benefits of federal employees, may be used to repay SNAP claims. A debtor referred to TOP may have any eligible federal payment due to them intercepted through TOP.

All liable persons are equally responsible for the full amount and any fees associated with TOP.

The Finance Division of the Virginia Department of Social Services is responsible for the administration of TOP. The Finance Division's system will determine if claims are delinquent, refer claims for TOP certification and will keep all payment and intercepts information.

### Referral Process

Recipient claims that are delinquent for 180 days and are legally enforceable must be referred to TOP. This excludes a debtor who is a member of a participating household whose benefits are being reduced.

Legally enforceable claims are those where the debtor:

- received a 60-day notice;
- was given the right to appeal;
- no longer participates in the Supplemental Nutrition Assistance Program; and
- currently has an outstanding balance. The outstanding balance must be more than \$25.

### Exceptions to Referring to TOP

Claims will not be referred to TOP if any of the following apply:

- The debtor is currently paying on any approved existing claim;
- The claim is in pending status because collection has been postponed awaiting a court or Administrative Disqualification Hearing (ADH) decision;
- The debtor enters into a repayment agreement and makes a payment during the 60 day notice period;
- A court orders the debtor to pay the claim through court or a probation office;
- The debtor is a member of a participating household undergoing allotment reduction; or
- The debtor has filed for or is in bankruptcy proceedings.

### Notification

The debtor must be given 60 days notice of the impending referral to TOP. The 60-day notice will be sent to an address that has been verified as an adequate address by Food and Nutrition Service (FNS). The debtor must be notified of the right to appeal the referral at both the state and federal level. The debtor must also be given the time frame for requesting an appeal.

10/09

VOLUME V, PART XVII, APPENDIX I, PAGE 2

During this time, the client may establish a repayment agreement acceptable to the local agency and make a payment to prevent being referred to TOP. The repayment agreement must be in writing and kept in the client's file.

#### TOP Appeal

A debtor should request an appeal within 30 days of the 60-day notice. Regardless of the request date, the local agency must conduct a desk review and render a decision. The request for an appeal must be in writing to the local agency. A TOP appeal is a desk review, not a fair hearing, which is completed by the local agency supervisor or designated staff. The desk review is to ensure the debt is past due and legally enforceable. The local agency must verify that:

- The request for the review was timely;
- The client received an initial demand letter or there is a court order;
- The claim calculation is complete and accurate;
- The claim is delinquent; and
- The debtor is not currently in a participating household.

The decision from a TOP appeal must be in writing within 30 days of request. The decision must give instructions for requesting a federal appeal, contain the FNS address, instruct the debtor to send proof of the reason why the claim is not past due and legally enforceable and instruct the debtor to provide the applicable Social Security number and case number.

#### Claims in TOP

When a claim is in TOP, the Division of Finance must ensure:

- 1) That the date of delinquency is correct;
- 2) The status of the debt is accurate;
- 3) The balance is adjusted when payments are made outside of TOP; and
- 4) All refunds due to over collection by TOP are reported to TOP.

#### Removing Claims from TOP

A claim must be removed from TOP if:

- FNS or the Treasury Department instructs the agency to remove the claim;
- The claim is paid in full;
- The claim is disposed of through a hearing, termination, compromised, bankruptcy proceeding or any other means;
- The claim was referred in error;
- The debtor is a member of a participating household whose benefits are being reduced; or
- DOF renders a decision that an acceptable arrangement has been made for the debtor to resume payments.

PART XVIII                      REPLACEMENT OF EBT CARDS, BENEFITS AND FOOD

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	REPLACEMENT OF EBT CARDS	1
1.	Undelivered EBT Cards	1
a.	Undeliverable, Returned Cards	1
b.	Nonreceipt of EBT Cards	2
2.	Lost, Stolen, Damaged Cards	2-3
3.	EBT Card Replacement Fee	3
4.	EBT Card Replacement Fee Credit	3-4
B.	Benefit Replacement	4
C.	REPLACEMENT OF FOOD DESTROYED IN A DISASTER	4-5

A. Replacement of EBT Cards

This chapter covers general guidance for replacing EBT cards, benefits in electronic benefit accounts and food purchased with SNAP benefits destroyed in a household disaster. See Chapter G of the Virginia EBT Policies and Procedures Guide for additional information.

Households need an EBT card to access SNAP benefits. The cardholder may call the Customer Service Representative (CSR) for the EBT card vendor to request a replacement card or contact the local agency. The CSR will validate the system address before issuing a replacement card if the cardholder calls Customer Service for a replacement card. If the address is incorrect, the card vendor will not mail a replacement card but will refer the cardholder to the local agency to have the address updated.

Cardholders will generally receive a replacement EBT card through the mail. Depending on individual household circumstances however, the local agency may provide a vault card as a replacement card. The cardholder must call the CSR to request a change in the status of a card before the local agency can issue a vault card if the original card is still active. The cardholder does not need to call the CSR if the card already has an inactive status code.

The EW must authorize the issuance of a vault card for replacing an EBT card and notify the Issuance Unit. The EW must complete the *Internal Action and Vault EBT Card Authorization* form to authorize the vault card and to document crediting the replacement fee to the household's account. See Part XXIV for a copy of the *Internal Action and Vault EBT Card Authorization* form.

A cardholder will need a replacement if the original EBT card is lost, damaged, destroyed in a household disaster, or stolen. A cardholder will also need a replacement card if the original card is undelivered through the mail.

In most instances, a request for a replacement card will result in the deduction of a \$2.00 card replacement fee from a household's EBT account. The vendor should not apply the card replacement fee for reapplying households or for replacements for returned, undelivered cards. The local agency must credit the fee back to the household's account if the replacement is due to a household disaster, violence against the household or for improperly manufactured cards. See Part XVIII.A.4 for information about assigning and crediting of the fee for replacement cards.

1. Undelivered EBT Card

a. Undeliverable, Returned Cards

The post office will not deliver EBT cards with inaccurate or incomplete addresses. The post office will not forward EBT cards to a new or changed address if households move but fail to report the change to the local agency.

If the card is undeliverable because of an incomplete or inaccurate address for the primary cardholder or the authorized representative, the EW must update the mailing address, as appropriate.

b. Nonreceipt of the EBT Card

In instances when cardholders report the nonreceipt of a mailed EBT card to the local agency, the agency must check the EBT account to determine the mailing date and check if the status of the card has been changed. If more than six mail days has passed and the status of the card is unchanged, the cardholder must call the CSR to request a new card. If the local agency is to issue a vault card as the replacement card, the cardholder must still also call the CSR to change the status of the original card.

In some instances, the Department of Social Services may have already received the undelivered card and may have changed the status of the card by the time the cardholder reports the nonreceipt to the local agency or the CSR. In these instances, either the vendor or the local agency may initiate the replacement without further delay.

If the cardholder reports the nonreceipt of a mailed EBT card to Customer Service after a sufficient mail period, the CSR will change the status of the card to cancel the card. The vendor will mail another card to the household or, at the cardholder's option, defer mailing another card to allow the cardholder to receive a vault card at the local agency.

When a cardholder requests a vault card as replacement, the Issuance Worker must determine if there has been a sufficient period for delivery of the mailed card and determine the status of the original card before issuing a vault card. If the EBT account shows that the card has an active or a inactive status, the cardholder must call CSR to request a change in the status of the card. If there is an inactive status when the Issuance Worker inquires or once there is an inactive status, the local agency may issue a vault card to the cardholder.

Households will not have the \$2.00 card replacement fee assessed against their benefit accounts when they receive replacement of undelivered cards. Households will generally have the card replacement fee automatically deducted from the account except when there is a replacement card for a card in an inactive status such as the initial card lost in the mail or one returned as undeliverable.

2. Lost, Stolen, Damaged Cards

When a cardholder reports an inability to access the household's benefits because the EBT card is unavailable for use, the cardholder must call CSR to request deactivation of the card. Deactivation will prevent the usage of the card should the cardholder or someone else attempt to use the card.

The cardholder must request replacement of the card through the CSR or the local agency. The cardholder must note the reason for the replacement to the local agency. The reason for the destruction or unavailability of the original card will determine whether the local agency credits the replacement fee back to the household's account. Reasons for replacing an EBT card include:

- Lost – The cardholder loses or misplaces the card.
- Stolen – The cardholder loses the card through violence exerted upon a household in an act of robbery or burglary committed by someone outside the household.
- Household Disaster – The cardholder loses or damages the card through a household fire or natural disaster, such as a flood or tornado.
- Card Damage (negligence) – The card is unusable because of the cardholder's neglect.
- Card Damage (improperly manufactured) – The card is unusable because of a manufacturing error.

### 3. EBT Card Replacement Fee

Each cardholder will receive written and verbal instruction on how to protect the EBT card. When an EBT card is or becomes unusable for any reason, the cardholder must obtain a replacement card to access the household's EBT account. The EBT card vendor will deduct \$2.00 from each SNAP case benefit account for replacement EBT cards in nearly every instance when a cardholder receives a replacement card.

The automatic fee deduction will not occur when the original card has an inactive status or when a household reapplies for benefits. The chart below summarizes application of the card replacement fee.

No Fee	Fee Deducted	Fee Credited
Reapplication		x (if applied)
Inactive card, such as lost in the mail		x (if applied)
	Lost	
	Stolen/robbery	x
	Household disaster	x (verify if questionable)
	Improperly manufactured	x
	Cardholder name change	x
	Card damaged/destroyed	
		x Agency-caused error, such as misspelled name

### 4. EBT Card Replacement Fee Credit

The EBT vendor will automatically deduct a \$2.00 fee from a household's SNAP EBT account in most instances when a cardholder requests a replacement card. There are instances however, when, despite proper care of the card by the cardholder, the household experiences loss or destruction of the EBT card. In these instances, the local agency must credit the \$2.00 replacement fee back to the household's account.

An eligibility or administrative unit supervisor must authorize the fee credit on the *Internal Action and Vault EBT Card Authorization* form.

The local agency must credit the card replacement fee when a household experiences an individual household disaster or there is a natural disaster. An EBT card destroyed by fire or a flood, tornado, hurricane or earthquake would allow the agency to credit the replacement fee back to the household. The agency must verify the impact of the disaster upon the household if the report is questionable, otherwise, the household's statement is acceptable. The local agency must also credit the replacement fee when a cardholder loses the card through violence inflicted upon the household or cardholder by someone outside the household. The agency **may** verify the existence of the police report if the information is questionable, otherwise, the household's statement is acceptable.

In addition to crediting the replacement fee for instances of a household disaster or violence against the household, the local agency must credit the replacement fee if the agency discovers an improperly manufactured card after a cardholder receives the card. The agency must also credit the replacement fee if the vendor fails to identify a replacement card at reapplication or a replacement for an inactive card. The local agency may also credit the fee back to the household's account, if requested, when the household identifies another Case Name or authorized representative.

The chart above summarizes instances when the local agency must credit the card replacement fee to the household. As indicated above, an eligibility or administrative supervisor must authorize the credit. The Issuance Supervisor must provide the credit.

## B. BENEFIT REPLACEMENT

Households will not receive a replacement for benefits lost due to loss of the EBT card and/or PIN up to the time that the cardholder reports the loss to CSR **or the local agency**.

Households will have benefits replaced if someone accesses the benefits after the household reported to CSR that the card was lost or stolen. Households will also receive replacement for benefits lost due to a system error.

## C. REPLACEMENT OF FOOD DESTROYED IN A DISASTER

Households may request a replacement for food purchased with SNAP benefits and that was subsequently destroyed in a household disaster. This policy may apply to an individual household disaster or a disaster that affects more than one household.

Normally, replacements would only be made to currently participating households, but this is not a requirement for a food replacement. The agency must use prudent judgement on a case-by-case basis when a nonparticipating household requests a food replacement.

The household may be entitled to a replacement of the actual value of the loss but the amount may not exceed the benefit amount for one month. The household must report the disaster within 10 days of the loss. A household member must sign the *Food Replacement Request* form attesting to the loss. If the local agency does not receive the affidavit within 10 days after the report of the loss, the household will not receive a replacement. If the 10th day occurs when the local agency is closed and the affidavit is received the day after the local agency reopens, the agency must consider the statement as received timely. See Part XXIV for the Food Replacement Request form.

The agency must verify the household's disaster. Sources of verification include community agencies, such as the Red Cross or fire department **or the power company to determine power outages. Replacement may be provided for food destroyed after power outages that exceed four hours.**

The agency must provide replacement benefits within 10 days of the reported loss or within 2 working days of receiving the affidavit, whichever is later.

There is no limit on the number of times a household may receive replacement of food destroyed in a disaster. If USDA issues a disaster declaration and the household is eligible for emergency benefits under that policy, the household may not receive both the emergency benefits and a replacement for the same time period. See Part XX for a discussion of the disaster program.

PART XIX FAIR HEARINGS AND ADMINISTRATIVE DISQUALIFICATION HEARINGS

CHAPTER	SUBJECT	PAGES
A.	INTRODUCTION TO FAIR HEARINGS	1
	1. Role of the Commissioner of Social Services	1
	2. Definitions	1
B.	RIGHT OF APPEAL	2
C.	HEARING REQUEST	3
D.	TIME LIMITS FOR REQUESTING A HEARING	2-3
E.	LOCAL AGENCY CONFERENCE	3
F.	PARTICIPATION DURING APPEAL	4
	1. Determining Continuation of Benefits During the Appeal Process	4
	2. Exceptions to Continuation of Benefits	4
G.	PREPARATION FOR THE HEARING	5-6
H.	RESPONSIBILITIES OF HEARING AUTHORITY	6
I.	DENIAL OR DISMISSAL OF REQUEST FOR HEARING	7
J.	HEARING PROCEDURE	7-8
K.	EVENTS OF THE HEARING	8-9
L.	DUTIES OF THE HEARING OFFICER	9
M.	HEARING DECISION	10
N.	IMPLEMENTATION OF DECISIONS	10-11
O.	INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH)	11
P.	INITIATION OF ADH	11-12
Q.	SCHEDULING OF ADH	12-13
R.	CONDUCT OF ADH	14-15
S.	NOTIFICATION OF ADH DECISION	15-16
T.	IMPLEMENTATION OF ADH DECISION	16
	APPENDIX I VIRGINIA LEGAL AID PROJECTS	1-5

A. INTRODUCTION (7 CFR 273.15(c))

The Food and Nutrition Act requires that each state provide a fair hearing to any household aggrieved by any action of the local social services agency that affects the household's receipt of SNAP benefits.

An individual has the right to appeal and receive a fair hearing when:

- a claim for benefits is denied, or is not acted upon with reasonable promptness;
- the individual is aggrieved by any other agency action that affects entitlement to or receipt of benefits; or
- agency policy in its administration of the Program affects the individual's situation.

Within 60 days of receipt of a request for a fair hearing, the State must assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision.

1. Role of the Commissioner of Social Services

§63.2-516 through §63.2-519 of the Code of Virginia give the Commissioner of Social Services ultimate authority and responsibility for the appeal process. The State Board of Social Services, as authorized by §63.2-801 of the Code of Virginia, establishes policies and procedures to implement the appeal process according to USDA SNAP regulations.

The Commissioner may delegate authority to make decisions in any appeal case. The Commissioner must appoint a panel to review hearing decisions upon the request of either the household or the local agency. The panel must report periodically to the Commissioner regarding the need for changes in the conduct of future hearings, or to policy and procedures related to the issue of the appeal.

2. Definitions

The following definitions will be applicable to the terms used in this chapter.

- a. State Hearing Authority - A comprehensive term used to designate the State decision-maker in appeal cases; as such, it includes the Commissioner and qualified hearing officers of the Virginia Department of Social Services. Hearing officers have the authority to make binding decisions in appeal cases in the name of the State Hearing Authority.
- b. Hearing Officer - An impartial representative of the State to whom appeals are assigned and by whom they are heard. The hearing officer must not have been involved in any way with the agency action on appeal. The hearing officer the authority to conduct and control hearings and to decide appeal cases.
- c. Claimant - The SNAP household that files an appeal about an aspect of its entitlement to SNAP benefits.

B. RIGHT OF APPEAL

The agency must inform applicant households of the following:

- the right to a fair hearing;
- how a hearing may be requested;
- the right to be represented by others or for self-representation

In addition to information about the right of appeal, the EW must advise SNAP households of the right to appeal when:

- there is dissatisfaction with the agency's action or the failure to act in relation to the household's eligibility or level of participation; or
- action is taken to deny or reduce benefits

Households **denied expedited service** must also be offered an opportunity to request an agency conference. During a conference, households must receive an explanation of **why they were denied expedited service processing** and must have an opportunity to present any information on which disagreement with such action is based. The Notice of Action and the Advance Notice of Proposed Action forms may be used interchangeably for denial or negative actions, except as required for issuing a joint notice with public assistance programs (See Part XIV.A.3).

Each household has a right to a fair hearing to appeal a denial, reduction, or termination of benefits due to a determination that a household member is not exempt from work registration and employment services requirements, or a determination of failure to comply with work registration and employment services requirements.

Individuals or households may appeal local agency actions related to work registration and employment services if the individual or household believes that a finding of failure to comply has resulted from improper decisions on these matters. These actions include exemption status, the type of employment and training requirement imposed, or local agency refusal to make a finding of good cause.

C. HEARING REQUEST (7 CFR 273.15 (h))

A household that is aggrieved by any local agency action may request a hearing by any clear expression, oral or written, to the effect that an opportunity to present the case to a higher authority is desired. Such request may be made by a household member, the authorized representative, or some other person acting on the household's behalf, such as a legal representative, relative or friend. The right to make such a request is not to be limited or interfered with in any way. If a household makes an oral request for a hearing, the local agency must complete the procedures necessary to start the hearing process. The Notice of Appeal form must be made available to the household to facilitate appeal requests; however, completion of this form by the household is not required if a clear expression for a hearing has been made by some other method. Local agencies must help the claimant submit and process the request, and prepare the case, if needed. Information and referral services must be provided to help claimants make use of any legal services available in the community that can provide legal representation at the hearing.

Upon request, the local agency must make available, without charge, information from the case file for a household or its representative to determine whether a hearing should be requested or to prepare for a hearing. Confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, must be protected from release.

D. TIME LIMITS FOR REQUESTING A HEARING (7 CFR 273.15 (g))

A household must be allowed to request a hearing on any adverse action or loss of benefits which occurred in the prior ninety (90) days. Action by the agency will also include a denial of a request for restoration of any benefits lost more than 90 days, but less than a year prior to the request. The household must be allowed to appeal and request a hearing at any time during the certification period if it is dissatisfied with the current level of benefits.

If the amount of a claim was not established by a fair hearing or a court, the household will have 90 days from the date of notification of the claim to appeal the amount or establishment of the claim.

E. LOCAL AGENCY CONFERENCE (7 CFR 273.15 (d))

When a household advises the local agency that it wishes to appeal **denial of expedited service processing**, the agency must offer an agency conference. At the conference, the recipient may be represented by an authorized representative, legal counsel, relative or friend. Upon receipt of a request for such a conference, the local agency must schedule the conference within two working days, unless the household requests that the conference be scheduled later. The household's failure to request a local agency conference has no effect upon the right to appeal and have a fair hearing or upon the right to continued participation.

The conference with the local agency is designed to allow the household to receive, a verbal explanation of the reason **expedited service was denied**. The conference is to avoid a lack of understanding by the household. The household should be given the opportunity to **explain why it is entitled to expedited service processing**.

The conference may be attended by the eligibility worker, but must be attended by an eligibility supervisor or the director and a household member or its representative.

The local agency conference may or may not result in a change in the agency decision regarding **entitlement to expedited service**. Regardless of the result of the conference, the household must be provided with a fair hearing unless there is a written withdrawal of the request for a hearing. **The agency must provide the results of the conference in writing to the household.** The fact that the conference was held will not affect an appeal or the required time limits for filing or implementing a decision.

**F. PARTICIPATION DURING APPEAL (7 CFR 273.15 (k))**

When a verbal or written hearing request is made during the adverse (advance or adequate) notice period, the household is entitled to continued participation until the end of the current certification period or until a decision on the fair hearing is reached, unless the household specifically waives continuation of benefits in writing. The household's participation in the Program will be continued on the basis authorized immediately prior to the adverse action notice. Continuation of benefits during the appeal process is only appropriate if the appeal is a result of a change which occurred during the certification period and for which an adverse action notice was issued or required. The agency must explain to the household that continuation of benefits is strictly at the household's option and that should it elect to have benefits continued and the hearing decision upholds the agency action, the household will be required to repay the value of any benefits overissued prior to and during the period such benefits were continued. A Notice of Action must be provided to the household when benefits are continued.

**1. Determining Continuation of Benefits During the Appeal Process**

The local agency must be aware that an appeal was made during the required time frame prior to authorizing continued participation. This means that the local agency must have (1) received the request directly from the household, or (2) written or verbal confirmation from the Hearings Manager or a hearing officer that a timely appeal request was received.

If a hearing request is not made within the period provided by the adverse action notice, benefits must be reduced or terminated as provided in the notice. If the household establishes that its failure to make the request within the adverse notice period was for good cause, the hearing officer must require that the local agency reinstate the benefits to the prior basis.

When benefits are reduced or terminated due to a mass change, participation on the prior basis must be reinstated only if the issue being contested is that the SNAP eligibility or benefit amount was improperly computed or that federal law or regulation is being misapplied or misinterpreted by the state. Households requesting an appeal of a mass change are eligible for continuation of benefits as long as they request a hearing within 90 days of the action being appealed and meet the requirements of this paragraph.

**2. Exceptions to Continuation of Benefits**

Once benefits have been continued or reinstated during the appeal process, they must not be reduced or terminated prior to the receipt of the official hearing decision unless:

- a. the certification period expires;
- b. the appeal issue is one of federal law or regulation and written notice has been received from the hearing officer;
- c. a change in circumstances affecting the household's eligibility or benefit level occurs while the hearing decision is pending and a request for a second hearing has not been received; or,
- d. a mass change occurs.

G. PREPARATION FOR THE HEARING

The appeal request, upon receipt by the Hearings Manager, must be assigned to a regional hearing officer who will validate the appeal and acknowledge the request by letter to the claimant with a copy to the local agency and any other appropriate parties.

The local agency must prepare a Summary of Facts of the case to be forwarded to the hearing officer no fewer than five days prior to the hearing. A general outline of this summary follows, although the content may vary to fit the particular case situation. All statements made should be factual and phrased in a way not objectionable to the claimant.

For appeals involving work registration or SNAPET **noncompliance**, with the exception of the situation where a household member refuses to register in the first place, the Summary of Facts must be prepared jointly by the eligibility staff and E & T staff to ensure that E & T eligibility and participation issues are stated in the summary.

The Summary of Facts should include the following:

1. Identifying Information:

- Name of local agency
- Name, address and case number of claimant
- Persons included in the SNAP household
- Name, age, relationship to claimant
- Other persons in household
- Name, relationship

2. Date of Request and Reason for Appeal (quote the claimant in requesting the hearing)

3. Statement of Agency Action

- a. Give a brief, factual statement of the reason for agency action, or failure to act, and the nature and date of agency action. Note if there was an agency error, negligence or administrative breakdown.
- b. Under the heading "Agency Policy", cite and quote passages from the Virginia SNAP Certification Manual on which agency action was based.
- c. If the level of participation is in question, give a detailed breakdown of the claimant's financial circumstances as it appears on the SNAP application with whatever explanation may be necessary.
- d. Note the date and result of an agency conference **on the denial of expedited service, if appropriate.**

4. State whether participation is continuing during the appeal process on the basis authorized immediately prior to the adverse action notice.

5. The Summary must be signed and dated by the agency director. The local agency must retain a copy of the Summary, which is the official document for presentation of its case at the hearing.

The local agency must **provide** a copy of the Summary and any other documents and records which are to be used at the hearing to the claimant or representative. The summary or documents must be **provided** at a reasonable time prior to the date of the hearing.

If documents pertinent to the hearing are received by the local agency or there are changes in the situation following transmittal of the Summary, copies of the documents and a written statement of the changes must be mailed in advance of the hearing to the hearing officer. Copies of the additional information must also be made available to the claimant or his representative.

During the period between the filing of the appeal and the receipt of the decision from the State Hearing Authority, the local agency continues to be administratively responsible for the case on appeal. This responsibility includes appropriate adjustment in eligibility status or level of participation necessitated by changes in the claimant's situation, income, changes in household composition, or changes for any other reason.

If a change in circumstances occurs during the appeal process that results in a reduction or termination of benefits, an advance notice must be sent. If the claimant fails to appeal the proposed additional change, participation will be adjusted with respect to this change in circumstances. The change must be reported to the hearing officer for consideration of possible effect on the decision.

#### H. RESPONSIBILITIES OF HEARING AUTHORITY (7 CFR 273.15 (i))

In preparation of the hearing, the hearing authority must consider and act on the following situations:

1. If the request for a hearing is from a household, such as migrant farm workers, that plans to move from the jurisdiction of the hearing officer, the hearing must be held as quickly as possible so a decision may be reached before the household leaves the area.
2. If the household requests postponement of the hearing, it must be granted. The postponement may not exceed 30 days. The time limit for action on the decision may be extended for as many days as the hearing is postponed.
3. If there are a series of individual requests for hearings, the appropriateness of conducting a single group hearing must be determined. The hearing officer may consolidate only cases in which the sole issue is one of State and/or federal law, regulation or policy, and with the consent of the appealing parties.

In all group hearings, the policies governing hearings must be followed. Each individual claimant must be permitted to present his own case or be represented by legal counsel or other spokesman. If the claimants request a group hearing on an issue specified in this chapter, the request must be granted.

I. DENIAL OR DISMISSAL OF REQUEST FOR HEARING (7 CFR 273.15(j))

A request for a hearing will not be denied or dismissed unless:

1. The request is not received within 90 days of the date of agency action or failure to act;
2. The request is withdrawn in writing by the household or its representative; or
3. The household or its representative fails, without good cause, to appear at the scheduled hearing.
4. files an oral request to withdraw without coercion. The hearing officer must send the household a notice to confirm the withdrawal and offers the household an opportunity to reinstate the hearing within ten days. If reinstated, the 60-day process period will begin anew.

J. HEARING PROCEDURE

The hearing must be conducted at a time, date, and place convenient to the claimant(s). Preliminary written notice must be given at least 10 days prior to the hearing. (Allow two days for mailing in addition to the postmark date.) The claimant will be requested to advise the local agency immediately if the scheduled date or place is inconvenient, but, without such notification, it is assumed the arrangements are convenient. The hearing may be conducted through a teleconference.

The local agency is responsible for assuring that the claimant has transportation to the hearing if the claimant is unable to make arrangements.

When a claimant indicates that the scheduled date is not convenient, the hearing date may be extended. The hearing officer will determine whether the provision of extension is being abused and reserves the right to set a date beyond which the hearing will not be delayed.

The hearing is to be conducted in an informal atmosphere and every effort will be made to arrive at the facts of the case in a way that will put the claimant at ease. It is the hearing officer's responsibility to assure that this is done, and the hearing officer may, within the discretion allowed, designate those persons who may attend the hearing or the particular portion of the hearing they may attend. The hearing officer has full authority to recess the hearing or to continue to another date in the interest of fairness.

When the issue on appeal is of a medical nature (e.g., concerning a diagnosis, an examining physician's report, or a VR Disability Determination Unit decision), the hearing officer may request a medical assessment by someone other than the person(s) involved in making the original examination. Such an assessment will be obtained at combined State and local expense from a source satisfactory to the claimant and will be made a part of the hearing record.

Any material from the SNAP case record must be made available to the claimant and/or his representative upon request. Additionally, a household must be allowed to examine its employment component case file at a reasonable time before the date of the fair hearing. Confidential or other information, which the head of the household or his representative does not have an opportunity to hear, see, and respond to, must not be introduced at the hearing, nor will it become a part of the hearing record. It is within the discretion of the hearing officer to designate what is pertinent to an issue on appeal and admissible as evidence during the hearing, including the entire case record, if appropriate.

When benefits are continued pending a hearing decision, the hearing officer must rule at the hearing whether the issue being appealed is one of federal law, regulation or policy, or whether the issue relates to a matter of fact or judgement applicable to an individual case. If the hearing officer rules that the issue being appealed is one of federal law, regulation or policy, benefits will be reduced or terminated as proposed by the Advance Notice of Proposed Action or the Notice of Action.

If, during the appeal process, the need for adjustment in eligibility or basis of issuance in favor of the claimant becomes evident, reconsideration or modification of the former decision will be made by the local agency. For instance, new information may be presented, clarification of policy may occur, or the need for mathematical correction in computations occurs. If an adjustment is satisfactory to the claimant, the claimant may withdraw the appeal or of have a formal decision made by the Hearing Authority.

The local agency employment services staff or the agency's designee operating the relevant employment and training component must receive sufficient advance notice of the hearing so that representatives may attend the hearing or are available for questioning by telephone during the hearing. If a hearing is scheduled by households appealing a work registration or employment and training issue, the results of the hearing are be binding on the local agency.

#### K. EVENTS OF THE HEARING

The hearing must be attended by the eligibility worker and the claimant or a representative. The household may also bring relatives or friends along if it so chooses. The hearing officer has the authority to limit the number of persons present if space limitations exist. The hearing officer will coordinate the following activities at the hearing:

1. Identification of those present for the record.
2. Provide an opening statement to explain the hearing purpose, procedure to be followed, how and by whom a decision may be made and to be communicated to claimant and local agency, and the option of either party, if decision is made by the hearing officer, to request review of the decision by the Commissioner.
3. The claimant or his representative must be given the opportunity to:
  - a) examine all documents and records which are used at the hearing;

- b) present the case or have it presented by legal counsel or other person;
  - c) bring witnesses;
  - d) establish pertinent facts and advance arguments; and,
  - e) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.
4. The local agency will have the opportunity to clarify or modify its statements contained in the Summary of Facts and to question the claimant, his representative, or witnesses on the important issue(s). The local agency has the same rights as the claimant to examine documents, bring witnesses, advance arguments, question evidence and submit evidence.
5. Evidence admissible at the hearing is limited to information that is related to the issue(s) being appealed. Such issues include those given by the claimant at the time of the appeal request and those given by the local agency as a basis for its actions or inaction under appeal. The hearing officer must determine whether an issue, other than the one being appealed, may be introduced, but no additional issues are admissible without concurrence of the claimant and local agency.

#### L. DUTIES OF THE HEARING OFFICER

The hearing officer must:

- 1. Ensure that all relevant issues are considered;
- 2. Request, receive, and make part of the record all evidence determined necessary to decide the issues being raised;
- 3. Regulate the conduct of the hearing consistent with due process to ensure an orderly hearing;
- 4. Order an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the local agency if it is relevant and useful; and
- 5. Render a decision in the name of the State Hearing Authority. Decisions must comply with regulations as stated in the Virginia SNAP Certification Manual and the Virginia EBT Policies and Procedures Guide and must be based on the hearing record. An official report containing the substance of what transpired at the hearing, the findings and conclusions of the hearing officer, together with all papers and requests filed in the proceeding, will constitute the record for decision.

M. HEARING DECISION (7 CFR 273.15(q))

An official report containing the substance of the hearing, together with the findings and conclusions of the hearing officer, and all papers filed in the proceeding, will constitute the record for decision. The household and the local agency must each be notified of the decision by a copy of the written official report of the decision.

The decision of the hearing officer will be final and binding when presented in writing to the claimant and the local agency. The decision must be put into effect regardless of whether review by the Appeals Review Panel of the decision has been requested.

The claimant, the claimant's representative, and the local agency must be given written notice of their right to request a review of the hearing officer's decision by the Appeals Review Panel. In addition to the claimant's right to request a review by the Appeals Review Panel, the claimant may seek a judicial review of the decision.

The request for the Appeals Review Panel review by either party must be submitted in writing within 10 days following the date of the hearing officer's written decision with a written statement of the reasons for the objection to the decision. A copy of the review request by the local agency must be submitted to the claimant.

The Appeals Review Panel will make recommendations about future policy changes or the conduct of future hearings only. The claimant, the claimant's representative, and local agency will not be notified about the panel's recommendations.

When the decision of the hearing officer is adverse to the claimant, all available administrative remedies have been exhausted.

All hearing records and decisions are available for public inspection and copying, subject to the disclosure safeguards, provided identifying names and addresses of household members and other members of the public are kept confidential.

N. IMPLEMENTATION OF DECISIONS

All final hearing decisions must be reflected in the household's benefits within time limits specified below:

1. Decisions that result in an increase in household benefits must be reflected in the benefit amount within 10 days of the receipt of the hearing decision, even if the local agency must provide a supplementary allotment or otherwise provide the household with an opportunity to obtain the allotment outside of the normal issuance cycle. The local agency may take longer than 10 days if it elects to make the decision effective in the household's normal cycle, provided that the issuance will occur within 60 days from the household's request for the hearing.
2. Decisions that result in a decrease in household benefits must be reflected in the next scheduled issuance following receipt of the hearing decision. No additional notice to the household is needed.

3. When the decision of the hearing officer or Commissioner, as appropriate, determines that a household has been improperly denied program benefits or as been issued a smaller benefit amount than it was due, lost benefits must be provided to the household as allowed by Part XVI.A.
  4. When the decision of the hearing officer or Commissioner, as appropriate, upholds the local agency's action, a claim against the household must be prepared as allowed by Part XVII.A for any overissuances.
- O. INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (7 CFR 273.16(e))

An Administrative Disqualification Hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving an alleged intentional program violation (IPV) for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

In order to request an ADH, there must be clear and convincing evidence that demonstrates that a household member committed or intended to commit an IPV as described in Definitions. Examples of evidence include, but are not limited to, the following:

1. Written verification of unreported income or resources received by the household;
2. Verification that the household understands its reporting requirements by its signature under the rights and responsibilities section of the application or on some other form;
3. An application or change report form submitted during the period the IPV is alleged to have occurred which omits the information in question;
4. Documented contacts with the household during the period the IPV is alleged to have occurred in which the household failed to report information in response to agency queries about household circumstances.

Each example noted above does not have to be presented to document intentionality however it is likely that such deliberateness can only be shown through the presentation of more than one of these evidence examples.

P. INITIATION OF AN ADH

The local agency must ensure that the evidence against the household member alleged to have committed the IPV is reviewed by either an eligibility supervisor or agency director to certify that such evidence warrants a referral for an ADH.

Prior to submitting the Referral for Administrative Disqualification Hearing to the State Hearing Authority, the local agency must provide the forms, Notification of Intentional Program Violation and Waiver of Administrative Disqualification Hearing and may provide the "Administrative Disqualification Hearings" pamphlet to the household member suspected of the IPV. To determine

the appropriate disqualification period for the notification form, the agency must access the Disqualified Recipient Subsystem (DRS) data to determine the number of prior disqualifications an individual may have. The DRS information about prior disqualifications must be verified before deciding on the length of the penalty. See Part XVII.M.2 for additional information about DRS.

The waiver must be returned to the agency within 10 days from the date notification is sent to the household in order to avoid submission of the referral of ADH. If a signed waiver is received, no ADH is conducted and the disqualification period is imposed in accordance with policy at Part XVII.M.1.

If no waiver to the ADH is received within 10 days, the local agency must submit the Referral for Administrative Disqualification Hearing to the Hearings Manager. The form must include the following information:

1. Identifying Information as requested at the top of the form
2. Summary of the Allegation(s)
3. Summary of the Evidence
4. Copies of documents supporting the allegation.

The referral must be signed and dated by the supervisor or local agency director.

If a case is referred for an ADH, it must not simultaneously be referred for prosecution. The local agency may combine a fair hearing and an ADH into a single hearing if the factual issues arise out of the same or related circumstances and the household receives prior notice that hearings will be combined.

If the ADH and fair hearing are combined, the agency must follow timeframes for conducting an ADH. If the hearings are combined for the purpose of settling the amount of the claim at the same time as determining whether or not the IPV has occurred, the household will lose its right to a subsequent fair hearing on the amount of the claim. However, the local agency must, at the household's request, allow the household to waive the 30 day advance notice period for the scheduling of the ADH when the hearings are combined.

#### Q. SCHEDULING THE ADH

Upon receipt of the request for the ADH, the Hearings Manager will forward the request to the appropriate hearing officer.

1. Advance Notice of ADH (7 CFR 273.16(e)(3))

The hearing officer must schedule a date for the ADH and provide written notification to the household member suspected of IPV at least 30 days in advance of the date the ADH has been scheduled. The form, "Advance Notice of Administrative Disqualification Hearing" is used for this purpose. The pamphlet that describes the ADH procedures may be sent with the advance notice.

The ADH advance notice may be sent by first class mail, certified mail - return receipt requested, or be any other reliable method. If the notice is sent by first class mail and it is subsequently returned as undeliverable, the hearing may still be held.

Once the ADH has been scheduled, the ADH is to be conducted and a decision made within 90 days of the date the household is notified in writing that the ADH has been scheduled. A copy of the decision must be provided to the household and the local agency.

2. Time and Place of the ADH (7 CFR 273.16(e)(4))

The time and place of the ADH must be arranged so that the hearing is accessible to the household member suspected of IPV. The member or representative may request a postponement of the ADH if the request for postponement is made at least 10 days in advance of the date of the scheduled hearing. The ADH will not be postponed for more than 30 days and the State Hearing Authority may limit the number of postponements to one. When a hearing is postponed, the time limits for rendering and notifying the household and agency of the decision is extended for as many days as the hearing is postponed.

3. Failure of Household Member to Appear at the ADH

If proof of nonreceipt of the ADH advance notice has not been received, the requirement to notify the individual alleged to have committed the IPV has been met. The ADH may be held even if the member or representative subsequently cannot be located or fails to appear without good cause.

The individual has 10 days from the date of the scheduled ADH to present reasons other than nonreceipt of the notice to show good cause for failure to appear at the hearing. Good cause reasons based on nonreceipt of the notice must be presented within 30 days of the scheduled hearing.

Even though the household member is not represented, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence. If the household member is found to have committed IPV but a hearing officer later determines there was good cause for not appearing, the previous decision is no longer valid and a new ADH shall be conducted. The hearing officer who originally ruled on the case may conduct the new hearing. The good cause decision must be entered into the hearings record by the hearing officer.

4. Participation While Awaiting a Hearing (7 CFR 273.16(e)(5))

A pending ADH will not affect the household's right to be certified and receive SNAP benefits. The household member alleged to have committed an IPV cannot be disqualified through an ADH until a hearing officer finds the individual guilty of IPV, so the eligibility and benefit level of the household is determined in the same manner as for any other household.

R. CONDUCT OF THE ADH

The hearing officer will preside and conduct the hearing informally. Technical rules of evidence are not required. The hearing may be conducted via a teleconference. The hearing may also be recorded.

1. Attendance at the ADH

The ADH is attended by persons directly concerned with the issue. This normally means a representative of the local agency and the household member alleged to have committed an IPV and/or the household's representative. If space is limited, the hearings officer may limit the number of persons in attendance.

2. Responsibilities and Duties of Hearing Officer

The hearing officer must:

- a. Identify those present for the record.
- b. Advise the household member or representative that he/she may refuse to answer questions during the hearing.
- c. Explain the purpose of the ADH, the procedure, how and by whom a decision will be reached and communicated, and the option of either the local agency or the household to request review of the hearing officer's decision by the Commissioner.
- d. Consider all relevant issues. Even if the household is not present, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence.
- e. Request, receive and make part of the record all evidence determined necessary to render a decision.
- f. Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.

3. Rights of the Household

The household member alleged to have committed IPV and/or the representative must be given adequate opportunity to:

- a. Examine all documents and records to be used at the ADH at a reasonable time prior to the ADH as well as during the ADH. The contents of the case file, including the application form and documents of verification used by the local agency to establish the alleged IPV, must be made available, provided that confidential information, such as the names of individuals who have disclosed information about the household without its knowledge, or the nature and status of pending criminal prosecutions, is protected from release.

The local agency must provide a free copy of the portions of the case file that are relevant to the hearing. If requested by the household or its representative, Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge may not be introduced at the hearing or affect the hearing officer's decision.

- b. Present its case or have it presented by legal counsel or another person.
- c. Bring witnesses.
- d. Advance arguments without undue interference.
- e. Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.
- f. Submit evidence to establish all pertinent facts and circumstances in the case.

As the household may not be familiar with the rules of order, it may be necessary to make particular efforts to arrive at the facts of the case in a way that makes the household feel most at ease.

The household member or representative may refuse to answer questions during the hearing.

4. Responsibilities and Duties of Local Agency

The local agency representative is responsible for presenting the agency's case in the ADH. The agency representative has the same rights as the household as listed in Part XIX.R.3., items a. through f. above.

S. NOTIFICATION OF ADH DECISION (7 CFR 273.16(e)(9))

The hearing officer is responsible for rendering a decision. The decision must be based on clear and convincing evidence from the hearing record, which is an official report of the hearing, including all papers and requests filed in the proceeding. The hearing officer must substantiate the decision by identifying supporting evidence and applicable regulations.

Following the ADH, the hearing officer must prepare a written report of the substance of the hearing that must include findings, conclusions, decision and appropriate recommendations. The decision must specify the reasons for the decisions, identify the supporting evidence, identify pertinent SNAP regulations and respond to reasoned arguments made by the household member or representative.

The hearing officer must notify the household member of the decision. The form "Administrative Disqualification Hearing Decision" must accompany the findings. The hearing officer must inform the household of its right to request review of the decision. If the household member is found guilty of IPV, the decision must advise the household that disqualification will occur.

The determination of IPV by the hearing officer cannot be reversed by a subsequent fair hearing decision.

The household member is entitled to seek relief in a court of appropriate jurisdiction. The period of disqualification may be subject to stay by a court of appropriate jurisdiction or other injunctive remedy.

The amount of the overissuance subject to repayment may be appealed by a fair hearing, provided that the household member did not request a fair hearing for that reason that was consolidated with the ADH.

If the household member or representative did not appear at the hearing and the hearing officer determines that an IPV was committed, the hearing officer will delay notification of the decision until 10 days after the date of the hearing to allow the individual time to present good cause for failing to attend.

#### T. IMPLEMENTATION OF THE ADH DECISION

Upon receipt of the notice of a decision from the hearing officer finding the household member guilty of an IPV, the local agency must inform the household of the disqualification by sending a "Notice of Disqualification Due to Intentional Program Violation" or other disqualification notice approved for use. The notice must inform the household of the reason for disqualification and must inform the household that the disqualification will be effective upon receipt of the notice. The household member who committed the IPV must be disqualified in accordance with the length of time specified in Part XVII.M.1. The local agency must also provide written notice to the household of the benefit amount that will be received or advise that a recertification application must be filed if the certification period has expired.

If it is determined that the individual did not commit an IPV, no disqualification will be imposed and any overissuance must be handled as a nonfraud claim.

10/09

VOLUME V, PART XIX, APPENDIX I, PAGE 1

VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>	<u>Areas Served</u>
Blue Ridge Legal Services, Inc. 204 North High Street Harrisonburg VA 22803 540-433-1830 1-800-237-0141	Augusta County Harrisonburg Highland County Page County Rockingham County	Southern Shenandoah County Staunton Waynesboro
Blue Ridge Legal Services, Inc. P.O. Box 436 119 South Kent Street Winchester VA 22604 540-662-5021 1-800-678-5021	Clarke County Frederick County Northern Shenandoah	County Warren County Winchester
Blue Ridge Legal Services, Inc. 203 North Main Street Lexington VA 24450 540-463-7334 540-862-7642: Covington, Clifton Forge, Alleghany	Alleghany County Bath County Buena Vista Clifton Forge	Covington Lexington Rockbridge County
Blue Ridge Legal Services, Inc. 132 Campbell Avenue, SW Suite 300 Roanoke VA 24011 540-344-2080 1-866-534-5243	Bedford Bedford County Botetourt County Craig County	Franklin County Roanoke Roanoke County Salem
Central Virginia Legal Aid Society 101 West Broad Street, Suite 101 Richmond VA 23220 P.O. Box 12006 Richmond, VA 23241 804-648-1012 1-800-868-1012	Charles City County Chesterfield County Goochland County Hanover County	Henrico County New Kent County Powhatan County Richmond City
Central Virginia Legal Aid Society 1000 Preston Avenue, Suite B Charlottesville VA 22903 434-296-8851 1-800-390-9983	Albemarle County Charlottesville Fluvanna County	Greene County Louisa County Nelson County
Central Virginia Legal Aid Society 10-A Bollingbrook Petersburg VA 23803 804-862-1100	Charles City County Colonial Heights Dinwiddie County	Hopewell Petersburg Prince George County Surry County

10/09

VOLUME V, PART XIX, APPENDIX I, PAGE 2

VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>	<u>Areas Served</u>
Legal Aid Justice Center 1000 Preston Avenue, Suite A Charlottesville VA 22903 434-977-0553 1-800-578-8111	Albemarle Charlottesville Fluvanna	Greene Louisa Nelson
Legal Aid Justice Center 123 East Broad Street Richmond VA 23219 804-643-1086	Chesterfield County Goochland County Hanover County Henrico County	New Kent County Powhatan County Richmond City
Legal Aid Justice Center 37 Bollingbrook Street Petersburg VA 23803 804-862-2205	Charles City County Colonial Heights Dinwiddie County	Hopewell Petersburg Prince George County Surry County
Legal Aid Society of Eastern Virginia 125 St. Paul's Boulevard, Suite 400 Norfolk VA 23510 757-627-5423 1-800-868-1072	Norfolk	Portsmouth
Legal Aid Society of Eastern Virginia 291 Independence Boulevard Pembroke Four Suite 532 Virginia Beach VA 23462 757-552-0026	Chesapeake	Virginia Beach
Legal Aid Society of Eastern Virginia 30 W. Queens Way Hampton VA 23669 757-275-0080	Hampton	Newport News
Legal Aid Society of Eastern Virginia 199 Armistead Avenue Williamsburg VA 23185 757-220-6837	Gloucester County James City County Mathews County	Middlesex County Poquoson Williamsburg York County
Legal Aid Society of Eastern Virginia 36314 Lankford Highway, Suite 5 P.O. Box 306 Belle Haven VA 23306 757-442-3014	Accomack County	Northampton County
Legal Aid Society of Roanoke Valley 132 Campbell Avenue SW, Suite 200 Roanoke VA 24011 540-344-2088 1-800-711-0617	Bedford Bedford County Botetourt County Craig County	Franklin County Roanoke Roanoke County Salem

10/09

VOLUME V, PART XIX, APPENDIX I, PAGE 3

## VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>	<u>Areas Served</u>
Legal Services of Northern Virginia 6066 Leesburg Pike Suite 500 Falls Church VA 22041 703-778-6800	Alexandria Arlington County	Fairfax County
Legal Services of Northern Virginia 603 King Street, 4 <sup>th</sup> Floor Alexandria VA 22314 703-684-5566	Alexandria	
Legal Services of Northern Virginia 1916 Wilson Boulevard, Suite 200 Arlington VA 22201 703-532-3733	Arlington County	Falls Church
Legal Services of Northern Virginia 4080 Chain Bridge Road Fairfax VA 22030 703-246-4500	Fairfax City	Fairfax County
Legal Services of Northern Virginia 109 N. King Street, SW Leesburg VA 20176 703-777-7450		Loudoun County
Legal Services of Northern Virginia 9240 Center Street Manassas VA 20110 703-368-5711	Manassas Manassas Park	Prince William County
Legal Services of Northern Virginia 8305 Richmond Highway, Suite 17B Alexandria, VA 22309 703-778-3448	Fairfax County	
Rappahannock Legal Services, Inc. 618 Kenmore Avenue Street, Suite 1-A Fredericksburg VA 22401 540-371-1105	Caroline County Fredericksburg King George County	Spotsylvania County Stafford County
Rappahannock Legal Services, Inc. 146 North Main Street Culpeper VA 22701 540-825-3131	Culpeper County Fauquier County Madison County	Orange County Rappahannock County

10/09

VOLUME V, PART XIX, APPENDIX I, PAGE 4

VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>	<u>Areas Served</u>
Rappahannock Legal Services, Inc. P.O. Box 1662 (407 Prince Street) Tappahannock VA 22560 804-443-9393 1-800-572-3094	Essex County King & Queen County King William County Lancaster County	Northumberland County Richmond County Westmoreland County
Southwest Virginia Legal Aid Society, Inc. 155 Arrowhead Trail Christiansburg VA 24073 540-382-6157 1-800-468-1366	Floyd County Giles County Montgomery County	Pulaski County Radford
Southwest Virginia Legal Aid Society, Inc. 227 West Cherry Street Marion VA 24354 276-783-8300 1-800-277-6754	Bland County Bristol Carroll County Galax	Grayson County Smyth County Washington County Wythe County
Southwest Virginia Legal Aid Society, Inc. 16932 West Hills Drive P.O. Box 670 Castlewood VA 24224 276-762-9356 1-888-201-2772	Buchanan County Dickenson County Lee County Norton	Russell County Scott County Wise County
Virginia Legal Aid Society 513 Church Street Lynchburg VA 24504 434-846-1326 1-866-534-5243	Amherst County Appomattox County Campbell County	Halifax County Lynchburg
Virginia Legal Aid Society 105 S. Union Street, Suite 400 Danville VA 24541 804-799-3550 1-866-534-5243	Danville Martinsville Henry County	Patrick County Pittsylvania County
Virginia Legal Aid Society, Inc. 104 High Street Farmville VA 23901 804-392-8108 1-866-534-5243	Amelia County Buckingham County Charlotte County Cumberland County	Lunenburg County Mecklenburg County Nottoway County Prince Edward County
Virginia Legal Aid Society, Inc. 112 W. Washington Street, Suite 300 P.O. Box 3356 Suffolk VA 23434 757-539-3441 1-866-534-5243	Franklin Isle of Wight County Smithfield	Southampton Suffolk

10/09

VOLUME V, PART XIX, APPENDIX I, PAGE 5

VIRGINIA LEGAL AID PROJECTS

<u>Name and Address</u>	<u>Areas Served</u>	<u>Areas Served</u>
Virginia Legal Aid Society, Inc. 412 South Main Street Emporia VA 23847 434-634-5172 1-866-534-5243		Brunswick County Emporia Greensville County Sussex County
Legal Services Corporation of Virginia 700 E. Main Street, Suite S-1504 Richmond, VA 23219 804-782-9438		State of Virginia
Virginia Poverty Law Center, Inc. 700 E. Franklin Street, Suite 14T1 Richmond, VA 23219 804-782-9430		State of Virginia

## PART XX DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGE(S)</u>
A.	Introduction	1
B.	Local Planning	1
C.	Pre-Conditions for Authorization of a D-SNAP	2
D.	Alternatives to the D-SNAP	2-3
E.	Assessment and Evaluation of a Disaster	3-8
F.	Application to FNS for Authorization of the D-SNAP	8
G.	FNS Authorization to Implement the Disaster Program	8
H.	Application to FNS for Extension of the D-SNAP	8-9
I.	Informing the Public	9-10
J.	Major Differences between the Regular Program and the Disaster Program	10
K.	Household Application Procedures for D-SNAP	11-13
L.	Eligibility Requirements for D-SNAP	13-17
M.	Disaster Program Benefit Period	17
N.	Vault Card Issuance Procedures	17-18
O.	Fair Hearing and Conferences	18
P.	Transition to the Regular Program	18
Q.	Disaster Reports	18-19
R.	Recipient Claims	19
S.	Intentional Program Violation Disqualification	19
T.	Post-Disaster Review	19
U.	Retention of Records	20
APPENDIX I	Forms Section	1-17

PART XX DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
(CONTINUED)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGE(S)</u>
APPENDIX II	Disaster Program Administrator's Planning Guide	1-5
APPENDIX III	Template for Application to Operate a Disaster Program	1-4
APPENDIX IV	Electronic Benefit Transfer Disaster Issuance Process	1-5
APPENDIX V	Sample Informational Documents	1-3
APPENDIX VI	Information Security Policy and Procedures	1-7

A. Introduction

If there is an emergency or major disaster, such as a hurricane, tornado, storm, flood, snowstorm, drought, fire, explosion or other disaster, the regular program may not be able to handle the increased number of households needing food assistance. Under certain conditions, localities and states can petition the Food and Nutrition Service (FNS) to authorize implementation of the Disaster Supplemental Nutrition Assistance Program (D-SNAP).

This chapter outlines how the Commonwealth of Virginia will administer an effective and efficient D-SNAP. Depending on the circumstances, Virginia will request program waivers, as appropriate. Additionally, the Virginia Department of Social Services will advise local departments (LDSS) of changes to required information needed for eligibility determinations.

The D-SNAP Web-Based Eligibility Application User's Guide outlines procedures for accessing the online D-SNAP system. The User's Guide is available at <http://spark.dss.virginia.gov/divisions/bp/fs/disaster.cgi>

B. Local Planning

Each LDSS must develop and maintain a local disaster plan. Local plans must be sent electronically to the state office D-SNAP coordinator for storage on a state shared drive. See Part D, Assessment and Evaluation of a Disaster for elements that should be included in the plan. A disaster planning guide is available online at <http://spark.dss.virginia.gov/divisions/bp/fs/disaster.cgi>.

When a disaster occurs, VDSS will communicate with local personnel identified as the Local Contact for the affected locality. This contact will be to discuss the feasibility and desirability of operating a D-SNAP. A list of local contacts is available online at <http://spark.dss.virginia.gov/divisions/bp/fs/disaster.cgi>.

If a large number of localities are affected by the disaster, VDSS will hold a conference call with the Local Contacts to review the criteria for operating the D-SNAP. If one or more LDSS opts to submit an application, VDSS will convene regional, face-to-face, or teleconference meetings to discuss aligning program days/hours of operation and program options within the region. If appropriate, all localities must operate the D-SNAP during the same days and use the same program options.

Each locality offers different resources and may face different challenges in terms of staffing of the local social services department, physical space and community demand. If a disaster occurs, the need for assistance can vary greatly from one area to another.

Each LDSS must develop a local disaster plan that addresses issues and prepares the community to meet the needs of the citizens. The local plan must identify and include appropriate community partners.

The plan should also include other city/county government agencies that will share responsibilities during the disaster. The LDSS, with the help of its partners, will carry out those plans in the event of a disaster that warrants implementation of the D-SNAP.

C. PRE-CONDITIONS FOR AUTHORIZATION OF THE DISASTER PROGRAM

1. The following pre-conditions must be met before the D-SNAP can be authorized:
  - a. The President must proclaim a disaster in Virginia. After this decision, states and localities can request the D-SNAP.
  - b. Commercial channels of food distribution (wholesale and retail food outlets) must have been both DISRUPTED and subsequently RESTORED such that they are now currently available.
  - c. The regular program must be unable to handle the increased number of households needing food assistance expeditiously.
2. Commercial channels of food distribution must be DISRUPTED under any of the following conditions, provided the condition was directly caused by the disaster:
  - a. Retail food outlets are closed.
  - b. Normal operating hours of food outlets are reduced to the extent that a household's opportunity to purchase food supplies is significantly reduced.
  - c. Power failure significantly restricts the operation of food outlets.
  - d. Household access to retail food outlets is limited because of disruption to transportation (such as damage to roads or bridges or disruption in otherwise availability of public transportation).
  - e. Unusually heavy demand for food exists such that a household's opportunity to purchase food supplies is significantly reduced.
  - f. Delivery of food supplies to food outlets is significantly hampered to the extent that a household's opportunity to purchase food supplies is significantly reduced.
3. Commercial channels of food distribution will be considered RESTORED when conditions or operations have been improved to the extent that households have reasonable access to food outlets with sufficient food supplies.

D. ALTERNATIVES TO THE DISASTER PROGRAM

Implementation of the D-SNAP is not appropriate for every disaster. The choice of whether to utilize the regular program or to request FNS authorization of the D-SNAP depends on the nature of the disaster.

1. The following factors suggest continued utilization of the regular program or a modified program:

- a. The affected population is fairly small.
  - b. The affected population is mostly the same population that is already eligible for or would be eligible for food assistance under the regular program.
  - c. The disaster appears to be fairly short term.
  - d. The increase in the demand for food assistance is expected to be manageable.
  - e. The regular program would be able to adequately respond to the needs of the affected population.
2. The following factors suggest implementation of the Disaster Program:
- a. The affected population is large.
  - b. The affected population includes a large population that would not be eligible for food assistance under the regular program.
  - c. The disaster is severe and widespread.
  - d. The increase in the demand for food assistance is expected to be dramatic.
  - e. The damage is so severe and widespread that application procedures under the regular program would be too cumbersome.
  - f. The disaster is such that many households would not have the verifications required by the regular program.
  - g. The affected population needs benefits more quickly than would be provided under the regular program.
  - h. The regular program would not be able to adequately respond to the immediate needs of the affected population.

#### E. ASSESSMENT AND EVALUATION OF A DISASTER

Once a disaster has occurred, the local department of social services director in each locality affected must contact the Director of Benefit Programs or specified designee in the Home Office of the Virginia Department of Social Services to provide information regarding the extent of the damage caused by the disaster. This contact is to discuss and determine information specific to the disaster that may need to be gathered and submitted with the request to run a disaster program, e.g., data from the electric company about the extent of power outages. The local agency and Home Office will also discuss whether the D-SNAP or a modified disaster program is the appropriate response.

The local social services agency must request approval to run the D-SNAP. The request must be in writing and submitted to the Director of Benefit Programs or specified designee. The plan must be designed to provide benefits to applicants within three calendar days. (The first day is the day after the application is filed.) A sample cover letter and template for the request are in Appendix III of this chapter. The request to operate the disaster program must include the following information:

1. Names, positions and phone numbers of key contact people responsible for the operation of the D-SNAP. Include also the date of request.
2. Needs assessment to include:
  - Status of food distribution, i.e., a statement whether commercial channels of food distribution have been both disrupted and restored.
  - A statement of why the food assistance needs of these households cannot be met by the regular program.
  - An estimate of the number of households expected to apply, and whether the D-SNAP is needed to meet the needs. There must be separate calculations for applicants and ongoing recipients.

An estimate of how long it will take to accept and process D-SNAP applications from the affected population. The disaster application processing period cannot exceed seven days. Include the date application processing is anticipated to begin and the date it will end.

  - Indicate the disaster period requested, i.e., whether a full or half-month's worth of benefits. This recommendation will be based on the nature, severity, and anticipated duration of the disaster. (FNS will make the final determination)
3. Public information plans for informing the public about the availability of the D-SNAP. The LDSS must identify newspapers, radio stations, television stations, and key media and government websites that cover its service area.
4. List of volunteers and their contact information to assist the LDSS in the operation of the D-SNAP. Information about any disaster relief agencies that the local agency wants to use in administering the D-SNAP. Examples include the Red Cross or Salvation Army. Specify the functions that will be delegated to the disaster relief agency in connection with the certification and issuance of benefits and the geographical areas in which these functions will be performed. NOTE: Volunteers, including relief agencies, may not conduct eligibility interviews or determine eligibility.

The Virginia disaster state plan does not assign a role to private disaster relief agencies within the Commonwealth. However, access to volunteers from those agencies is available, if needed. During a declared State of Emergency, VDSS is the lead agency for Emergency Support Function (ESF)-6 with responsibility for mass care, housing and human services. In this role, the Virginia Voluntary Organizations Active in Disasters

(VVOAD) is a support organization to ESF-6. VVOAD is an organization of over 20 non-profit groups including faith-based organizations. Several of these organizations support feeding operations within impacted areas during emergencies.

5. Indicate the number of eligibility workers available to process applications. Include how you will be able to contact your own employees (home phone numbers, cell phone, etc.) Also a plan for how you may have to house them in case of extreme emergency.

Each LDSS is responsible for obtaining sufficient personnel to administer the D-SNAP. Such staff includes clerks, eligibility workers (including sufficient bilingual staff), issuance personnel, and crowd control personnel. To ensure that sufficient staff is in place in the event of a disaster, each LDSS must have a plan in place to expand the number of available workers to perform functions related to the D-SNAP. These additional workers may include workers from other programs within the LDSS, other city/county staff, staff from other LDSS, and volunteers. VDSS will perform a broker function and match volunteers from one LDSS to work temporarily for another LDSS when necessary.

6. List of workers and their contact information willing to assist other LDSS in the even a D-SNAP is operating in another county or city.
7. Procedures for working with power companies – what type of data they will provide. Also give any additional information that may be helpful such as conditions in the locality (e.g., duration of power outages, shut down of major employers.)
8. Identification of local demographic data that is available such as population counts of low income individuals and the elderly population in various parts of the locality. If only part of the locality was affected, use street names and zip codes to define geographical areas within the locality in need of assistance. Provide maps if available.
9. The LDSS must identify one or more alternate certification sites to operate a D-SNAP. This option may be necessary if the LDSS is unavailable or inaccessible because of the disaster or because it cannot accommodate an anticipated volume of applicants. In determining the location of the alternate site, the LDSS must consider the accessibility of the location to parking, the location's accommodations for disabled individuals, power and telecommunications arrangements, and the capacity to establish Internet access for multiple computers.

A contingency plan for supplying additional hardware for operations should be identified, if necessary.

10. The LDSS is responsible for ensuring that all personnel implementing a D-SNAP is adequately trained. VDSS staff will provide initial face-to-face training or videoconference training sessions for affected localities. VDSS will provide an electronic version of all training materials for ongoing reference.

Once a county/city has been approved to operate a D-SNAP, the LDSS must determine the training needs for all staff involved. At a minimum, each LDSS should have two representatives attend the VDSS-provided training. Additionally, there will be daily

conference calls where any LDSS staff member may call-in and ask questions of VDSS staff regarding the operation of the D-SNAP.

11. Describe procedures for accepting and processing applications, including crowd management procedures at application and issuance sites and fraud prevention measures. Describe also any pre-screening activities. If any volunteers will be there, explain where they are from and what their duties will be.

Volunteers may perform screening activities that do not involve duplicate participation checks. They cannot perform any interview or certification activities.

12. Plan for crowd control including procedures to reduce applicant hardship (i.e. water, bathrooms, etc.) Include information about how to provide accessibility for the elderly or disabled.

#### Crowd Control

It is anticipated that the number of applicants for the D-SNAP will be significantly larger than the normal flow of SNAP applicants and recipients. The LDSS must have a plan to address an increased number of people.

In order to even out the flow of applicants on a daily basis, the local agency may ask potential applicants to apply alphabetically or according to birth date or Social Security number. Arrangements should be made to acquire crowd control equipment such as rope barriers, directional signs and some form of public address system.

The plan must provide for the deployment of additional staff and volunteers to carry out various functions. These functions may include maintaining orderly lines, assigning numbers to applicants in order for them to be served, informing applicants of the approximate waiting time, or cutting off lines at the closing hour of business identified in the local plan for operating the D-SNAP.

#### Human Comforts

The LDSS must attempt to provide basic human comforts to those individuals seeking assistance at D-SNAP certification sites. These comforts include bathroom facilities, access to emergency medical care (which may require having a nurse or other medical personnel on site), and the provision of water and small snacks, which may be available from the local Red Cross or other emergency providers.

Some applicants, such as the elderly, those with disabilities, and those whose primary language is not English, may have special needs that must be addressed. This would include ensuring that certification sites and bathroom facilities are handicapped-accessible and that there is adequate, appropriate staff to assist applicants who are blind or deaf or have other impairments. In some instances, the LDSS may need to arrange transportation, conduct home visits, and secure translation services.

13. Plan for handling employee applications.
14. Describe procedures for issuing benefits. This would include the plan for the physical security and tracking of EBT cards, the data entry process, card delivery or card replacement. Include any recipient training or customer service training to be implemented.

D-SNAP households will be issued EBT cards over-the-counter. Designated local agency issuance personnel may access the card issuance screen in the EBT system using Manual Account Setup prior the demographic and benefit files being transmitted to issue vault cards to eligible households. Cardholders must sign for receipt of the card. Cardholders must select a Personal Identification Number (PIN) by calling the EBT vendor's Automated Response Unit. The LDSS is encouraged to provide a telephone for cardholder use in acquiring the PIN.

Disaster benefits must be provided within 3 days of the application date. (Day 1 is day after the application is filed.) Disaster benefits will be available for household use for 360 days. The EBT system will expunge unused benefits on the 361<sup>st</sup> day the benefits were issued for the D-SNAP.

15. Fraud prevention procedures. This would be a description of application/issuance site controls and possible use of onsite fraud investigators. Include in this any specific plans to handle employee applications.

While the primary focus of the D-SNAP is to distribute benefits to eligible disaster victims as quickly as possible, precautions must be taken to guard against fraudulent receipt of benefits. Workers must verbally advise applicants of D-SNAP rules and of the penalties for fraudulent receipt or use of benefits. A checklist given to eligibility workers should include circumstances that would trigger a referral to an investigator.

The automated system will cross check data entered to ensure that new applicants and household members for the D-SNAP are not already receiving either regular SNAP benefits or D-SNAP benefits. The automated system will also check to ensure that the case has not already been found to be ineligible for benefits in any jurisdiction. The system will perform an edit check on any Virginia Department of Social Services employee applying for the D-SNAP. The system will identify the receipt of support through the Division of Child Support Enforcement.

If the automated system is unavailable, the LDSS must maintain lists of applicants/recipients, which must be checked for duplicates at the close of each business day. Other fraud prevention measures will include investigation of questionable information. In no event however, must any investigative activity delay the issuance of D-SNAP benefits beyond three days.

16. There needs to be confirmation that the LDSS can access the following documents from this chapter in electronic format:
  - D-SNAP client application (Appendix 1)

10/09

VOLUME V, PART XX, PAGE 8

- Cover letter to VDSS requesting to operate a D-SNAP and the application to run the program template (Appendix III)
- Press release and fact sheet which is also a flyer that can be posted (Appendix VI)

F. APPLICATION TO FNS FOR AUTHORIZATION OF THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Upon completion of the application to operate the D-SNAP, local officials must submit the application to Director of the Benefits Division or designee at the Virginia Department of Social Services. Virginia Department of Social Services staff will submit the application to FNS on the locality's behalf first by email or fax and then a hard copy will be sent in the mail to them.

G. FNS AUTHORIZATION TO IMPLEMENT THE DISASTER PROGRAM

1. APPROVAL OR DENIAL. FNS approval or denial will be made to Home Office. The letter of approval will generally contain procedures the locality will follow that are specific to the disaster. The approval or denial may be as immediate as the next day.

If the application is denied, Home Office may request a review of the denial should additional information subsequently become available to substantiate the request for authorization.

2. GEOGRAPHICAL AREA. FNS will specify the locality or parts of localities where the D-SNAP is authorized.
3. DISASTER APPLICATION PERIOD. FNS will authorize a period of up to seven days for receiving, processing, and approving applications. Depending on the volume, processing applications may continue to occur after the expiration of the application period.

No D-SNAP application may be taken after the expiration of the disaster application period.

4. DISASTER BENEFIT PERIOD. For the D-SNAP, FNS will specify either a half-month or a full month disaster benefit period, depending on the nature, severity, and anticipated duration of the disaster.
5. USE OF DISASTER RELIEF AGENCY. FNS will authorize the use of any disaster relief agency in administering the Disaster Program as well as specifically authorize which functions the agency may perform in connection with the certification and distribution of D-SNAP benefits.

H. APPLICATION TO FNS FOR EXTENSION OF THE DISASTER PROGRAM

An extension of the GEOGRAPHIC AREA covered by the D-SNAP may be requested if the effects of the disaster are more widespread than originally determined.

An extension of the DISASTER APPLICATION PERIOD may be requested if a significant number of D-SNAP applications cannot be taken during the original application processing period.

#### I. INFORMING THE PUBLIC

During a disaster, state and local levels will disseminate information about the D-SNAP. The VDSS will issue press releases and have information available on its public website about the operation of the D-SNAP in different counties and cities. When a disaster occurs where the LDSS has been approved to operate a D-SNAP, VDSS will contact media and government outlets identified by the LDSS. The press release may include information about:

- Supplemental Nutrition Assistance Program background
- Eligibility requirements
- Locations and the hours of operation
- The distribution of food and commodities through the Red Cross and other organizations

Additionally, the LDSS should arrange for food retailers, advocacy organizations and community and faith based organizations to display posters and distribute flyers. Posters should be displayed in local businesses and areas where disaster victims may congregate or seek other assistance.

The LDSS must also issue press releases and post information on its website to update the public on the status of the D-SNAP.

Local agencies serving affected areas must ensure the public is advised:

- about the availability of disaster benefits;
- how to apply for benefits;
- where and when to apply for disaster benefits;
- eligibility and verification requirements;
- the proper use of D-SNAP benefits and EBT cards;
- retailer availability;
- penalties for fraud; and
- a post-disaster review of D-SNAP applications.

Special efforts must be made to contact those segments of the community that may not be reached by mainstream media, such as persons living in rural areas, the elderly and disabled, the deaf and hearing impaired, and the non-English speaking. Suggested wording for a flyer and news release are in Appendix VI of this chapter. A poster that must be at all application sites is also in Appendix VI.

J. MAJOR DIFFERENCES BETWEEN THE REGULAR PROGRAM AND THE DISASTER PROGRAM

There are major differences between the regular program and the D-SNAP.

1. ELIGIBILITY CRITERIA. Eligibility criteria are less strict in order to provide food assistance to households that might not otherwise qualify for the regular program.
2. VERIFICATION. Depending on the nature of the disaster, verification rules are relaxed in order to streamline the application and eligibility determination process. For example, if homes are destroyed in a tornado, verification might not be available.

At a minimum, the identity of the applicant must be verified. Residence verification is also requested but not required; i.e., the application can be processed without verification of residence.

Households may be required to verify income and resources depending on the nature of the disaster. There is a standard deduction for disaster related expenses and verification will not be required.

If a household must provide additional verification after the interview, the worker must advise the household that the information must be provided by the end of the period the agency is authorized to take disaster applications.

3. AMOUNT OF BENEFITS. An eligible household will be provided the maximum allotment for the household size. The allotment will not vary depending on income, as it does in the regular program.
4. DELIVERY OF BENEFITS. In the D-SNAP, benefits are provided within three calendar days of the date of application (1<sup>st</sup> day is the day after the application date), or, if verification is still needed, within three calendar days of the household providing verification but no later than the last authorized date of the disaster period.
5. NON-FINANCIAL FACTORS. Some non-financial factors are not asked about or evaluated in the D-SNAP. These factors include:
  - Citizenship and alien status
  - Student eligibility (Students living in institutions are not eligible.)
  - Striker
  - Work registration
  - Disqualification under the regular program
  - Work Requirement and time-limited benefits

K. HOUSEHOLD APPLICATION PROCEDURES FOR THE DISASTER PROGRAM

To apply for benefits under the D-SNAP, the household or its authorized representative must complete and submit an Application for Disaster Supplemental Nutrition Assistance Program Benefits. See Appendix I of this chapter for a copy of the application. The household or its authorized representative must be interviewed. At a minimum, the identity of the applicant must be verified.

If an authorized representative is applying on behalf of a household, written permission from the head of the household must be provided.

1. **FILING AN APPLICATION.** If the web-based D-SNAP application is used, the household must sign a Request for Disaster Supplemental Nutrition Assistance in order to inform the household that the Social Security Numbers and names of household members will be matched against various files. See Appendix I of this chapter for a copy of the request form.

If a paper application is used, the household must submit a completed and signed Application for Disaster Supplemental Nutrition Assistance Program Benefits to the local agency authorized for the D-SNAP, either in person or through an authorized representative. The agency must record on the application the date received the form is received.

The household must file the application during the disaster application processing period authorized by FNS. If a D-SNAP application is mistakenly filed outside of this disaster intake period, it must be denied.

Households that apply outside of this disaster intake period may complete an application for the regular program and have the application processed according to the regular program application procedures.

2. **MATCHES.** Applicants will be screened to prevent duplicate participation. They also will be subject to various other matches.

If the web-based application is used, the household will be screened automatically against extracts from ADAPT, the Division of Human Resources State Employee Database, Child Support Enforcement, and the web-based file itself. Match results will be provided to the worker online for information and evaluation. **The local agency must screen all household members against SPIDeR and the local employee database(s).** In some disasters, persons who match in ADAPT and who have already received benefits through the regular program will not be eligible for D-SNAP benefits. A match with the VDSS state employee file is an indication to the worker of an income source to explore during the interview. A match with support enforcement files is an indication to the worker of a possible income source to explore during the interview. A match with the disaster file itself shows people who have already applied for D-SNAP benefits and the disposition of that application.

If a paper application is used, the household members on the application must be entered into the web-based automated system to check for duplicate participation prior to approval. The application will be automatically screened against the same sources noted above as the web-based application.

3. **INTERVIEWS.** The household must be interviewed. The individual interviewed may be the head of the household, spouse, any other responsible member of the household, or an authorized representative. If an authorized representative is applying, that person must have written permission from the household. The interviewer must review the information that appears on the application and resolve unclear or incomplete information with the household.

In addition, the interviewer must advise the household of its rights and responsibilities, including the right to a fair hearing, the proper use of benefits and EBT cards, penalties for fraud, and the civil and criminal penalties for violations of the Food and Nutrition Act. The interviewer must advise the household that it may be subject to a post-disaster review.

The interviewer must inform each household of the ongoing food assistance program and how to apply for benefits.

Local agency certification staff, other designated agency staff, staff from other local agencies and state social services staff, may be used to interview households and to determine eligibility.

4. **VERIFICATIONS.** Verification requirements will depend on the nature of the disaster, e.g., if homes were leveled, verification of several elements may be waived. Identity of the applicant is always verified. Examples of acceptable verification of identity include, but are not limited to, a driver's license, work or school ID, voter registration card, or birth certificate. A collateral contact may be used as a source of verification if the applicant's identity cannot be verified through documentary evidence.

For items where verification can be waived, the household declaration on the application must be used in the eligibility determination.

5. **HOUSEHOLD COOPERATION.** If the household refuses to cooperate with any aspect of the application process, the application must be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrate that it will not take actions that it can take and that are required to complete the application process.

6. **BENEFIT AMOUNT CALCULATION.** Households determined eligible for Disaster Program assistance must receive either a half-month or a full month allotment, depending on which disaster benefit period level was authorized by FNS.

The actual amount of the allotment will be based on the household size. The benefit allotment tables must be used to determine the amount of the allotment.

7. **PROCESSING STANDARD.** Eligible households that complete the D-SNAP application must have their eligibility determined the same day, or as soon thereafter as possible, in order to ensure that benefits are issued no later than the 3rd calendar day following the date the application was filed. Ex: Application date is September 17, 2007. The first of the 3 days to count is September 18<sup>th</sup>.

Ideally, an opportunity to obtain benefits should be provided the same day the application is approved. Benefits will be issued by vault EBT cards.

If, due to the volume of applications, additional processing time is needed, the local agency must forward the request for additional time to the Home Office, SNAP Unit. The request must indicate the date by which all D-SNAP applications will be processed.

8. **CERTIFICATION NOTICES.** The household must be advised in writing of the disposition of the application. See Appendix I of this chapter for the Notice of Action for the Disaster Program. If an application is approved, the household must be advised of the amount of the allotment and the period the benefits are intended to cover. If the application is denied, the basis of denial must be explained. If an application is withdrawn, list the date of the withdrawal on the notice to confirm it. Appeal information is on the notice.
9. **HANDLING CURRENT SNAP HOUSEHOLDS.** In some disasters, ongoing recipients may apply and be certified for disaster benefits. In some disasters, FNS has approved other options such as the issuance of automatic replacements to ongoing households. The manner in which ongoing households are handled will be determined in negotiations with FNS at the time of a disaster.

#### L. ELIGIBILITY REQUIREMENTS FOR DISASTER PROGRAM ASSISTANCE

To be eligible for the D-SNAP, a household must meet basic eligibility factors or requirements. These eligibility factors are for the household to: live in the affected area (Residency); intend to purchase and prepare food during the disaster benefit period (Purchase and Prepare); have suffered an adverse effect (other than loss of food) as a result of the disaster (Adverse Effect); be evaluated with people who would normally be part of the household (Household Composition), and to meet the income and resource eligibility test (Income and Resource Test). These factors are explained fully below.

1. **RESIDENCY.** At the time the disaster struck, the household must have been residing within the geographical area authorized for implementation of the Disaster Program. Such a household may be certified even though it is temporarily residing outside of this area. In this situation, the household would need to apply at the local agency where it lived at the time of the disaster. There may be exceptions for those who worked in the disaster area but do not live there. This will depend on the disaster circumstances.
2. **PURCHASE AND PREPARE.** The household must intend to purchase food and prepare meals during the disaster benefit period.
3. **ADVERSE EFFECT.** Depending on the disaster, the household must have experienced one or more of the following adverse effects that directly result from the disaster. Additional adverse effects may be identified at the time of the disaster.
  - a. **Loss or Inaccessibility of Income.**

Loss or inaccessibility of income means a reduction or termination of income, or a significant delay in receipt of income, due to the disaster. This could occur, for

example, if a disaster has caused a place of employment to close or reduce its work days, or if the work location is inaccessible due to the disaster (e.g., roads washed out).

b. Inaccessibility of Liquid Resources.

Inaccessibility of liquid resources includes situations in which the financial institutions in which the household has its resources are expected to be closed due to the disaster for at least half of the disaster benefit period.

c. Disaster-Caused Expenses Due to Damage to the Home Property or Self-Employment Business.

The household must have had damage to the home property or self-employment business in order to qualify under this criterion for the D-SNAP. The client will not have to verify these expenses.

d. Loss of Food. (state option)

Food lost or damaged in a disaster or lost because of a power outage that exceeded four hours.

4. **HOUSEHOLD COMPOSITION.** The household must include as part of the application process the people normally living and eating together when the disaster occurred. Do not include any persons temporarily staying with the household or with whom the household is temporarily staying. If members of the family are not together on the date of application because of circumstances directly related to the disaster, but they were living and eating together on the date of the disaster, include those persons also.

Examples

In the following examples, the date of the disaster is September 18. The date of application is September 30.

- a) Client applies 9/30 for herself. Her husband, who was in the home on 9/18, went to jail on 9/20. He is not included as a household member; he is not there on the date of application and his absence is not related to the disaster.
- b) Client and her husband moved in temporarily with her mother because their house was flooded. Do not include the mother because the client and her husband are temporarily staying there.
- c) Client's sister moved in with her temporarily because the sister has no power. Do not include the sister on the client's application.
- d) Client applies for herself and a baby born 9/20. The new baby is included because he is now part of the permanent household, even though he was not there on the date of the disaster.

- e) Client and her husband have four children. Their home was destroyed in a tornado. Nobody can house all six of them, so three children are with their grandmother, and the other three people are with the client's sister. The application can include the family of six, because they were living and eating together on the date of the disaster and the reason they are scattered is directly due to the disaster.
- f) Client's daughter is home from college because the college closed down. Do not include the college student because she is there temporarily.
- g) Client normally resides in the barracks on a military base. He is not eligible for benefits because he is in a facility that provides him food.

Students or others who have meals provided are considered residents of institutions and are not eligible for the D-SNAP.

5. **INCOME AND RESOURCES TEST.** The household must meet the disaster income limits. This is determined as follows:

- a. Determine the household's gross earned and unearned income during the disaster benefit period. For self-employment income, count the amount that remains after costs of producing the income are subtracted.

Count income the household has received during the disaster benefit period, or expects to receive with reasonable certainty during this period.

Income that is countable in the regular program will be countable for disaster benefits. Similarly, excluded payments under the regular program will be excluded for disaster benefit determinations.

For the D-SNAP, average weekly and bi-weekly income must NOT be converted to a monthly figure by the 4.3 or 2.15 conversion factors used in the regular program. Instead, the worker must determine the income already received during the disaster period, and anticipate the income expected for the rest of the disaster period.

Example

The disaster period is August 17 through September 16. The household files a D-SNAP application on August 30. The client has 4 pay dates during the disaster period. He had a full paycheck on August 23, but no pay on August 30 because the business flooded. He expects full pay again for the next two pay dates, because he is back at work. Count the one pay received and the two anticipated basing the amounts for the anticipated two on the one received.

D-SNAP income does NOT include any disaster assistance payments received or expected to be received during this period from Federal, State, or local government agencies or disaster assistance or relief organizations.

Income that is excluded under regular program rules is also excluded under disaster rules.

- b. Determine the household's accessible liquid resources as of the date of application. The household will not be eligible if the resources total more than **\$3,250**.

All liquid resources that the household can access must be counted. They include, but are not limited to, cash on hand, money in checking, savings, and credit union accounts, Christmas Club accounts, Vacation Club accounts, certificates of deposit and money market accounts.

Jointly held resources between married persons belong to each party equally.

Jointly held resources between other people belong to the parties in proportion to their net contributions. If the parties establish that they intended a different ownership arrangement, that arrangement prevails.

Example

A daughter is listed on her elderly mother's bank account. The daughter and her mother say the money belongs to the mother. The account is not a resource to the daughter.

Individual Retirement Accounts, stocks, bonds and Keogh plans are not counted.

Do not count the same money as income and a resource for the same month.

Example

A client's paycheck is deposited directly in a checking account. Count the paycheck as income but deduct that amount from the resource balance.

- c. To be eligible for benefits, households' income and resources must be below allowable levels.

Resources: The maximum amount for all households is **\$3,250**. Eligible households' resources must be **\$3,250** or less.

Income: The total income for a household must be equal to or less than the amount listed below for the number of people in the household. If the household's income is at or below the limit, the household is eligible for the benefit shown:

HOUSEHOLD SIZE	INCOME LIMIT	BENEFIT AMOUNT FULL MONTH	BENEFIT AMOUNT HALF MONTH*
1	<b>\$2,221</b>	\$200	\$100
2	<b>\$2,900</b>	\$367	\$184
3	<b>\$3,338</b>	\$526	\$263
4	<b>\$3,937</b>	\$668	\$334
5	<b>\$4,340</b>	\$793	\$397
6	<b>\$4,854</b>	\$952	\$476
7	<b>\$5,224</b>	\$1,052	\$526
8	<b>\$5,595</b>	\$1,202	\$601
Each additional person	<b>\$371</b>	+\$150	+\$75

\* The half-month benefit amount is calculated by dividing the full month amount by two and rounding up to the nearest whole dollar amount.

- d. For eligible households, the worker must complete the Internal Action Form for Disaster Benefits to authorize the issuance of the EBT card. See the Forms Section of this Chapter for a copy of the form.

#### M. DISASTER PROGRAM BENEFIT PERIOD

1. The benefit period for the D-SNAP is not based on a calendar month as it is for the regular program. The benefit period is determined by the disaster benefit period authorized by FNS. The period will be either a half-month (15 days) or a full month (30 days).
2. The full amount of accessible liquid resources must be counted regardless whether the length of the disaster benefit period is a half month or a full month.
3. If the disaster benefit period is a half-month, income over the 15 day period must be counted. If the disaster benefit period is a full month, then income during the 30-day period must be counted. The maximum income limit for the appropriate household size must not exceed the disaster income eligibility limit as shown in the table in Chapter K.

#### N. VAULT CARD ISSUANCE PROCEDURES

For the D-SNAP, eligible households must receive a new EBT card and EBT account. There must be a new card and account even if households are already known to the EBT system. Procedures for setting up EBT accounts are in Appendix IV of this chapter.

To issue EBT cards in the D-SNAP, the local agency must issue vault cards in the same manner they are issued for regular program operations. The eligibility worker must authorize issuance of a vault card in ADAPT and prepare the Internal Action Form. Refer to the EBT Policy and Procedures Guide.

The agency must provide an overview of the issuance process and use of benefits to the applicant. The overview must also advise the applicant of the approximate time when the EBT card will be available for use and when to select the Personal Identification Number (PIN). Households must select or change the PIN to access benefits through the Automated Response Unit.

#### O. FAIR HEARINGS AND CONFERENCES

Households denied Disaster Program benefits may request a fair hearing in accordance with Part XIX. If the household decides to withdraw its request for a fair hearing, the request must be in writing.

Households may also request a local agency conference in accordance with Part XIX. A requested conference must be provided within three working days because of the short processing time for disaster applications. The conference is not a replacement for the fair hearing process.

#### P. TRANSITION TO THE REGULAR PROGRAM

Households that are issued D-SNAP benefits may follow up and file applications for the regular program. In such situations, benefits for the regular program must be prorated from the day following the end of the disaster benefit period, or the day of application for the regular program, whichever is later.

##### Example

The D-SNAP benefit period is August 18 through September 17. The household filed for and got disaster benefits on September 1. The household files an application for the regular program on September 15. If eligible, benefits are prorated from September 18, the day following the end of the disaster benefit period.

#### Q. DISASTER REPORTS

Each day, the following information must be reported to FNS. This information will be gathered at the end of each business day from the web-based system. If a paper application is used, the data will come from the Master Issuance File or EBT files. The data gathered daily is:

1. The number of households approved, broken down by households already participating in the normal, ongoing program and new, non-participating households;
2. The total number of persons approved, broken down by people already participating in the normal, ongoing program and new, non-participating people;

3. The total dollar value of benefits, broken down by households already participating in the normal, ongoing program and new, non-participating households;
4. The average dollar value of benefits per household; and
5. The total number of households denied.

The VDSS will complete reconciliation and settlement reports through established processes.

#### R. RECIPIENT CLAIMS AND ENTITLEMENT TO RESTORATION

The LDSS must establish and pursue collection of claims for disaster benefits issued incorrectly. The LDSS must establish claims as soon as possible, but no later than the end of the quarter following discovery of the overpayment. Regular Program rules apply for establishing and collecting amounts. See Part XVII.

The LDSS must restore benefits to any household that was incorrectly denied or that received too few benefits. The LDSS may discover the need for restoration through the fair hearing process, post-disaster review, or evaluation of household complaints. Regular program requirements apply for restoration so restored benefits may be offset against an existing claim. See Part XVI.

#### S. INTENTIONAL PROGRAM VIOLATION DISQUALIFICATION

Disqualification in the regular program does not disqualify a person from the Disaster Program. Committing an Intentional Program Violation (IPV) in the Disaster Program will count towards disqualification in the regular program however. See Part XVII.

#### T. POST-DISASTER REVIEW

After operations for a disaster program have ended, the VDSS will review a sample of certified cases. The VDSS **will** select a sample of 0.5 percent of the cases certified for the D-SNAP, up to a maximum of 500 cases. Following the reviews, errors identified will be analyzed and corrective actions developed and implemented. Cases identified as being over- or under-issued will be referred to the local agency for appropriate action. Potential fraud cases will also be referred.

In addition to the sample of cases, all applications of VDSS and LDSS personnel will be reviewed.

The VDSS will provide a report on the post-disaster review within six months of the close of the disaster period or as specified in the authorization from FNS to operate a D-SNAP.

U. Retention of Records

Each agency must maintain D-SNAP records in accordance with its established filing system. Program records must be retained for a minimum of three years.

## APPENDIX I

## DISASTER FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-03-0550-05-eng	Application for Disaster Supplemental Nutrition Assistance Program Benefits	1-5
032-03-0663-00-eng	Request for Disaster Assistance	6-7
<b>032-03-0664-02-eng</b>	Internal Action and Vault EBT Card Authorization for Disaster Benefits	8-10
032-03-0662-00-eng	Notice of Action–Disaster Supplemental Nutrition Assistance Program	11-12
032-03-0391-00-eng	Vault EBT Card Issuance Log	13-14
032-03-0392-00-eng	Undelivered EBT Cards – Destruction Record	15-16
	D-SNAP Card Activation and PIN Selection handout	17

## APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS

Disaster Benefit Period  _____ TO _____	AGENCY USE ONLY			
	CASE NAME	FIPS	CASE NUMBER	ATTACHMENTS: Y or N # _____
	WORKER NAME	WORKER NUMBER	DATE RECEIVED	

### INSTRUCTIONS:

Complete this application honestly and to the best of your knowledge. If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Supplemental Nutrition Assistance Program (formerly, food stamp program) benefits. The information you give, including Social Security numbers, may be matched against federal, state, and local records to determine if it is accurate. In addition, this information will be used to prevent duplicate receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database. At your interview, you must provide proof of your identity. You may also be required to provide proof of residence, income, and resources. Tell your worker if you want someone who is not in your household to apply for and/or pick-up and/or use your Disaster SNAP benefits on your behalf.

HEAD OF HOUSEHOLD (LAST NAME, FIRST, MIDDLE/ MAIDEN, SUFFIX):		PERMANENT ADDRESS (STREET, CITY, ZIP):
TEMPORARY ADDRESS (IF DIFFERENT):	Telephone:	AUTHORIZED REPRESENTATIVE: Written permission from the household to apply for benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO Written permission from the household to access the account? <input type="checkbox"/> YES <input type="checkbox"/> NO

### PART I: HOUSEHOLD SITUATION

- ☐ YES ☐ NO Were you residing in the disaster area at the time of the disaster?
- ☐ YES ☐ NO Has your home property or self-employment property in the disaster area been damaged or destroyed by the disaster?
- ☐ YES ☐ NO Will you be purchasing food during the Disaster Benefit Period indicated above?
- ☐ YES ☐ NO Did your household lose food because of the disaster?
- ☐ YES ☐ NO Has your income been delayed, reduced, or stopped because of the disaster?
- ☐ YES ☐ NO Does your household have any cash or money in bank or other financial institution accounts that is not accessible to your household to use because of the disaster?
- ☐ YES ☐ NO Do you or anyone in your household currently receive SNAP benefits? Name of person: \_\_\_\_\_ From where: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- ☐ YES ☐ NO Was any food purchased with SNAP benefits destroyed in the disaster? Amount: \$ \_\_\_\_\_

### PART II: HOUSEHOLD MEMBERS, INCOME AND RESOURCES

List **ALL** persons normally living and eating with you as of the date of this application. Do not include any persons temporarily staying with you or with whom you are temporarily staying. If members of your family are not together today because of circumstances directly related to the disaster, but they were living and eating with you on the date of the disaster, include those persons also.

Enter the total amount of ALL earned and unearned income received or expected to be received for ALL household members during the DISASTER BENEFIT PERIOD indicated above. Income includes, but is not limited to, gross salary and wages for full and part-time jobs, pensions, self-employment, child support, Social Security death, retirement, and disability benefits, and Supplemental Security Income. Source means: for wages- name of employer, for self-employment- name of business, and for child support- name of payor. Do not include disaster assistance payments you expect to receive during the benefit period from federal, state or local governments or disaster assistance agencies.

Enter the amount of ALL accessible resources as of the date of this application for ALL household members. Resources include, but are not limited to, cash on hand, money

in checking and regular savings accounts, certificates of deposit, money market accounts, and Christmas and Vacation Club accounts. Resources do NOT include IRA Accounts, stocks, bonds, and KEOGH Plans. Source means: for all types, except cash on hand, the name of the financial institution.

Please be sure to enter an answer in every row. If a person does not have the income or resource type listed, enter NA for not applicable.

IF YOU NEED TO INCLUDE ADDITIONAL HOUSEHOLD MEMBERS, INCOME, OR RESOURCES, PLEASE ASK FOR ANOTHER COPY OF THIS PAGE.

List Head of Household under 1. List other household members under 2 through 5. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below.			1.NAME (Last, First, MI, Suffix):	2.NAME (Last, First, MI, Suffix):	3.NAME (Last, First, MI, Suffix):	4.NAME (Last, First, MI, Suffix):	5.NAME (Last, First, MI, Suffix):
			SSN:	SSN:	SSN:	SSN:	SSN:
			DOB:	DOB:	DOB:	DOB:	DOB:
TYPE							
DISASTER BENEFIT PERIOD to INCOME AMOUNTS	GROSS WAGES/SALARY	AMOUNT					
		SOURCE					
	NET SELF-EMPLOYMENT	AMOUNT					
		SOURCE					
	CHILD SUPPORT	AMOUNT					
		SOURCE					
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT					
		SOURCE					
	PENSION	AMOUNT					
		SOURCE					
	SUPPLEMENTAL SECURITY INCOME	AMOUNT					
		SOURCE					
OTHER INCOME (SUCH AS VETERANS, UNEMPLOYMENT, TANF)	AMOUNT						
	SOURCE						
CURRENT RESOURCE AMOUNTS	CASH ON HAND	AMOUNT					
		SOURCE					
	CHECKING ACCOUNT(S)	AMOUNT					
		SOURCE					
	SAVINGS ACCOUNT(S) CHRISTMAS CLUBS, VACATION CLUBS	AMOUNT					
		SOURCE					
	CERTIFICATE(S) OF DEPOSIT/ MONEY MARKET ACCOUNT(S)	AMOUNT					
		SOURCE					
	OTHER RESOURCES	AMOUNT					
		SOURCE					

### **PART III: PENALTY WARNING**

If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You also may be required to repay any benefits you erroneously received. If your household receives SNAP benefits, you must not (1) give or sell SNAP electronic benefit cards to anyone not authorized to use them; (2) alter any SNAP electronic benefit cards to get benefits you are not entitled to receive; (3) use SNAP benefits to buy unauthorized items, such as alcoholic drinks, tobacco, or paper products; and (4) use another household's SNAP electronic benefit card for your household.

Any member of your household who breaks any of these rules on purpose could be barred from the Supplemental Nutrition Assistance Program for 12 months, 24 months, or permanently and may be fined, imprisoned, or both. Anyone court convicted of trading SNAP benefits for a controlled substance could be barred for 24 months or permanently, and permanently if court convicted of trading SNAP benefits for firearms, ammunition, or explosives. Anyone who intentionally gives false information or hides information about identity or residence to get SNAP benefits in more than one locality at the same time could be barred for 10 years.

### **PART IV: YOUR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM RIGHTS**

In accordance with federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC. 20250-9410 or call (202) 720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.

### **PART V: CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalty for withholding or giving false or misleading information. I certify, under penalty of perjury, the information I have given is correct and complete to the best of my knowledge. I authorize the release of any information necessary to review actions related to this application. I understand that if I disagree with the decisions made on my application, I have a right to ask for a fair hearing. I understand my household may be selected for a federal or state review to examine actions taken in connection with this application.

Signature (Mark) of Applicant or Authorized Representative: \_\_\_\_\_ Witness of Mark: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_ Worker Number: \_\_\_\_\_ Date: \_\_\_\_\_

# AGENCY USE ONLY

## DISASTER ALLOTMENT CALCULATION

1. Anticipated Income \$ \_\_\_\_\_
2. Disaster Income Limit: HH Size \_\_\_\_\_ \$ \_\_\_\_\_
  - INELIGIBLE if #1 is greater than #2
3. Resources \$ \_\_\_\_\_
4. Maximum Resource Level \$ 3,000.00

- INELIGIBLE if #3 is greater than #4

• ELIGIBLE if household meets the income test (#1 is less than or equal to #2 **and** the resource test (#3 is less than or equal to #4)

• WITHDRAWN on \_\_\_\_\_

• DENIED because: \_\_\_\_\_

• APPROVED

DISASTER ALLOTMENT AMOUNT: \$ \_\_\_\_\_

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

## DEPENDING ON THE DISASTER, CALCULATION FOR CURRENTLY CERTIFIED HOUSEHOLDS

1. DISASTER ALLOTMENT AMOUNT \$ \_\_\_\_\_
2. Ongoing Allotment (prorated) - \$ \_\_\_\_\_
3. Difference (1 - 2) \$ \_\_\_\_\_
4. Amount of Food Loss + \$ \_\_\_\_\_
5. DISASTER ALLOTMENT AMOUNT (3+4) \$ \_\_\_\_\_

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

IDENTITY VERIFIED

☐ YES ☐ NO

METHOD and DATE:

RECEIVED BY:

RESIDENCE VERIFIED

☐ YES ☐ NO

METHOD and DATE:

RECEIVED BY:

INCOME VERIFIED

☐ YES ☐ NO

SOURCE, METHOD, and DATE:

RECEIVED BY:

RESOURCES VERIFIED

☐ YES ☐ NO

SOURCE, METHOD, and DATE:

RECEIVED BY:

NOTES:

10/09

VOLUME V, PART XX, APPENDIX I PAGE 5

Application For Disaster Supplemental Nutrition Assistance Program\_Benefits

Form Number – 032-03-0550

Purpose Of Form – To record a household's request for disaster benefit assistance and provide information about the household's circumstances to determine eligibility. To serve as a paper back-up for the automated disaster system.

Number Of Copies – One.

Disposition Of Form – The application must be completed by the household or on behalf of the household by an authorized representative. An authorized representative must have written permission from an adult member of the household to file the application. The application must be filed in a disaster case record and retained for a minimum of three years.

Instructions For Preparation Of The Form – The Disaster Benefit Period will be pre-printed on the form in four different places before reproduction of it. The worker must complete the Agency Use Section on page 1, with identifying information. Note whether there are attachments (e.g., the household needed an additional sheet to list more than 5 household members) by circling Y or N in the Attachments block, and show how many pages are attached.

The household or its authorized representative must complete and sign the application. If any information needs to be changed after it has been entered, the applicant or the authorized representative must initial and date the changes.

The Agency Worker must sign and date the application on page 3 underneath the client's or authorized representative's signature. The worker must complete page 4, with the eligibility documentation and determination of benefits if the automated system is not available.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
**REQUEST FOR DISASTER BENEFIT ASSISTANCE**

**General Information**

This request for assistance is the first part of the application process for the Disaster Program. You must also complete the second part of the application process by:

1. Having an interview and
2. Signing an Application for Disaster Supplemental Nutrition Assistance Program Benefits

**Complete and Accurate Information**

You must give complete, accurate, and truthful information. If you give false or misleading information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Benefits.

**Verification and Use of Information**

The information that you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if it is accurate. In addition, the information will be used to prevent receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database.

**Completing the Request for Assistance**

If you are applying for your own household, please enter your name and other information requested in the space provided.

You may complete this request for assistance for someone else, if you have been authorized by that person to represent them. You will need a signed and dated statement from the person for whom you are applying before you can complete the application process. If you are applying for someone else, please enter the name and information of the person for whom you are applying. In addition, please enter your name and other information in the space provided.

Applicant Name	Date of Birth
Address	Social Security Number
	Telephone
Signature or Mark	Date

Authorized Representative Name	Relationship to Applicant
Address	Telephone
Signature or Mark	Date

**Your Supplemental Nutrition Assistance Program Rights**

In accordance with Federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

10/09

VOLUME V, PART XX, APPENDIX I PAGE 7

Request For Assistance For Disaster Benefit Assistance

Form Number: 032-03-0663

Purpose Of Form: To indicate intent to apply for the Disaster Supplemental Nutrition Assistance Program by an applicant or an authorized representative.

Use Of Form: To be completed by an applicant or authorized representative to begin the application process when using the automated Disaster Eligibility System. The form will notify the applicant or the household's authorized representative of various database screenings.

Number Of Copies: One

Disposition Of Form: The form must be retained in the case record with the signed Application for Disaster Supplemental Nutrition Assistance Program Benefits.

Instructions For Preparation Of The Form: The applicant must complete the identifying information. If this form is completed by the applicant's authorized representative, the authorized representative must complete the identifying information for the applicant. In addition, the authorized representative must complete his/her own identifying information. The form must be signed by either the applicant or an authorized representative of the household.

## INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION FOR DISASTER BENEFITS

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ Vault Card Issuance Unit \_\_\_\_\_ EBT Administrative Terminal Personnel

FROM: Eligibility Worker/Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RE: Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Amount Authorized: \$** \_\_\_\_\_

**Household Size:** \_\_\_\_\_

I. ☐ Authorization for a Vault EBT Card

Vault card reason: (1) ☐ Timely processing (2) ☐ Household emergency (3) ☐ Agency determination

**Case Name Social Security Number** \_\_\_\_\_ **Case Name Birth Date** \_\_\_\_\_

Address of household: \_\_\_\_\_

[ ] Release vault card to Authorized Representative \_\_\_\_\_

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster ☐ Lost in the mail ☐ Household Violence  
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for \$ \_\_\_\_\_.

IV. ☐ Repay SNAP Claim of \$ \_\_\_\_\_ from ☐ EBT account

---

### Issuance/Administrative Unit Use

I. EBT Vault Card Number:

6	2	2	0	4	4										
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of identification seen:

☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card  
☐ Library Card ☐ Social Security Card ☐ Other: \_\_\_\_\_

I acknowledge that I received my EBT card. I understand that I need to call the Automated Response Unit (ARU) to select a Personal Identification Number (PIN) to use my benefits.

\_\_\_\_\_  
Applicant or Authorized Representative Signature or Mark Date

☐ Cardholder failed to pick up vault card ☐ Card destroyed on \_\_\_\_\_ ☐ Vault card not prepared

II. Replacement fee credited on \_\_\_\_\_

III. EBT account debited for \$ \_\_\_\_\_ for an administrative error on \_\_\_\_/\_\_\_\_/\_\_\_\_

IV. Repaid \$ \_\_\_\_\_ to SNAP Claim on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Completed By: \_\_\_\_\_  
Issuance/Administrative Worker Date

### Internal Action and Vault EBT Card Authorization For Disaster Benefits

Form Number - 032-03-0664 (Note: This form will only be used if issuance must be performed manually. In all other instances, the internal action form will be generated through the Web-based disaster eligibility system.)

Purpose of Form – This form documents that the Eligibility Worker (EW) authorizes the Issuance Worker to set up an EBT account and post benefits. It also documents that the household received its EBT card.

Use of Form - The EW completes the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to a Disaster benefit household. The Issuance and Administrative Unit completes the bottom portion of the form to document that an account was set up and benefits were posted. The applicant or the applicant's authorized representative must sign the form to acknowledge receipt of the vault card.

The agency must also use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

Number of Copies - One.

Disposition of Form - The form is retained in the disaster case file for a minimum of three years.

Instructions for Preparation of Form - The EW or Supervisor must complete the identifying case and unit information. For approved disaster applications, the EW must enter the amount of disaster benefits authorized, the household size, the Social Security number and date of birth of the case name, and the household's address.

The Eligibility Supervisor or designee must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.

Generally, the Issuance Unit should prepare a vault card for the household on the same day the form is received. The Issuance Worker with either Update 1 or Update 2 role in EPPIC issues the vault card after the case had been transmitted to EPPIC. The Issuance Worker must record identity verification before releasing the vault card to the cardholder and secure the signature of the applicant or the applicant's authorized representative on the form.

The Issuance Unit must destroy the card after five business days if the card is not picked up by the applicant or the authorized representative. The Issuance Worker must note the date of the destruction of the card on the form.

The supervisor of the Issuance or Administrative Unit must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

**NOTICE OF ACTION - DISASTER SUPPLEMENTAL  
NUTRITION ASSISTANCE PROGRAM**

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR APPLICATION FOR DISASTER  
SNAP BENEFITS.

CASE NUMBER

DATE

COUNTY/CITY

**ACTION ON APPLICATION DATED \_\_\_\_\_**

- ☐ Approved for \$ \_\_\_\_\_ for Disaster Benefit Period \_\_\_\_\_ to \_\_\_\_\_
- ☐ Denied Reason \_\_\_\_\_
- ☐ Withdrawn Application withdrawn by household on \_\_\_\_\_

If you do not agree with the action we have taken or the amount of benefits you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 7 N. Eighth Street, Richmond, Virginia 23219-1849. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your hearing within the next 90 days.

In addition to filing an appeal, you also have the right to a conference with your local social services agency, at which time the agency must give you an explanation of its action. You must also be given the opportunity to present any information on which your disagreement with the agency's action is based. At the conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer. The local agency must provide a conference within three working days from the time of your request. If you would like to have a conference, please call me at the number below.

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your situation concerning your stated need for benefits. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- (1) Examine all documents and records which are used at the hearing;
- (2) Present your case or have it presented by a lawyer or by another authorized representative;
- (3) Bring witnesses;
- (4) Establish pertinent facts and advance arguments; and
- (5) Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Worker	Telephone Number	For Free Legal Advice Call
--------	------------------	----------------------------

10/09

VOLUME V, PART XX, APPENDIX I PAGE 12

Notice Of Action –Disaster Supplemental Nutrition Assistance Program

Form Number – 032-03-0662

Purpose Of Form - To notify an applicant of eligibility action taken on an application for disaster benefits.

Use Of Form - To be prepared and provided immediately or within the appropriate time standard following action on an Application for Disaster Supplemental Nutrition Assistance Program Benefits.

Number Of Copies - Two.

Disposition Of Form - The original is to be provided to the household or authorized representative. One (1) copy is to be retained in the case file.

Instructions For Preparation Of Form

Complete the identifying information at the top of the form.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the allotment amount and the time period the allotment is to cover (disaster benefit period).

For denials, indicate the reason the application was denied.

For withdrawals, enter the date the household requested the application be withdrawn.

Sign the form. Enter a telephone number for the worker and the telephone number of the local legal aid office.

VAULT EBT CARD ISSUANCE LOG

Agency/Location \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

	Date	Case Number	Cardholder Name	Reason for Vault Card (1, 2, 3)	Card Number (16 digits)	Issued By (Initials)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

10/09

VOLUME V, PART XX, APPENDIX I PAGE 14

### Vault EBT Card Issuance Log

Form Number - 032-03-0391

Purpose Of Form - This log provides a monthly listing of the over-the-counter vault cards the local agency issued for the Disaster Program. The log compiles information from the internal action forms and will support inventory control and requisitioning.

Use Of Form - The Issuance Unit must prepare the issuance log upon receipt of the Internal Action and Vault EBT Card Authorization form from the Eligibility Unit and after the Issuance Worker links the vault card in the EBT System.

Number Of Copies - One.

Disposition Of Form - The Issuance Worker must retain the log for the current month with copies of the Internal Action and Vault EBT Card Authorization forms received in the month.

Instructions For Preparation Of Form - The Issuance Worker must complete the log based on information from the internal action form. The Issuance Worker must also initial the log.

## UNDELIVERED EBT CARDS - DESTRUCTION RECORD

AGENCY/LOCATION \_\_\_\_\_

DATE	CARD NUMBER	CARDHOLDER NAME	STATUS CHANGED?	INITIAL	CARD DESTROYED	INITIAL
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

10/09

VOLUME V, PART XX, APPENDIX I PAGE 16

### Undelivered EBT Cards - Destruction Record

Form Number - 032-03-0392

Purpose Of Form - This log allows local agency and state staff to document the destruction of undelivered or returned EBT cards.

Use Of Form - Local agency issuance staff must record the destruction of vault cards that cardholders fail to pick up. The local agency must also record the destruction of cards mailed by the card vendor to the local agency for a cardholder that the cardholder fails to retrieve. The local agency must destroy and record the destruction of cards returned to the agency on behalf of households no longer wanting or needing the EBT card. These instances include the death of all household members or when a household leaves the Commonwealth and there are no remaining benefits in the account. The local agency may also receive mutilated cards for which the household received a replacement or the household may surrender previously lost cards for which the household did receive a replacement. The local agency must record the destruction of these cards too.

The Division of Finance at the Virginia Department of Social Services will receive undeliverable EBT cards mailed by the card vendor to the household addresses in ADAPT. The Division of Finance will check the status of the cards, change the status if necessary and destroy the cards. The Division of Finance must record the status change and the destruction of the card on the Undelivered EBT Cards - Destruction Record.

Number Of Copies - One.

disposition of form - Local and state staff must retain an ongoing log of cards received and destroyed.

Instructions For Preparation Of Form - Local and state staff must complete the form with the date an EBT card arrives in the office and the worker determines the card needs to be destroyed. Enter the card number and the name on the card. The local agency worker does not need to complete the *Status Changed?* and the adjoining *Initial* fields but the Division of Finance worker must complete these fields.

Local and state staff must complete the fields that document the destruction of the card. Local and state staff must destroy the cards by cutting them.

## **DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ELECTRONIC BENEFIT TRANSFER (EBT) CARD PIN SELECTION**

You must select a Personal Identification Number (PIN) before you will be able to buy groceries using your *Virginia EBT card*. Complete the following steps to select your PIN.

STEP 1 – Call 1-866-281-2448. This is a toll-free number.

Press or say 1 for English, 2 for Spanish.

STEP 2 – Enter your 16-digit card number. You may have to re-enter the number if you make a mistake or if you do not enter the whole number.

You will hear: “To select or change your PIN, you will need some personal information of the person whose name is on the case.”

STEP 3 – Enter the last 4 digits of the Social Security Number of the person whose name is on the case, followed by the pound sign. The system will ask if this is correct, press 1. If not, press 2. If you do not have a social security number, you will be asked to enter your 7-digit case number.

STEP 4 – Enter the two digits for the month of birth for the person whose name is on the case. For example, if the person’s birthday is May, enter 05. Then enter the two digits for the day of birth. If the person’s was born on the 8<sup>th</sup>, enter 08. Then enter the 4 digits for the year of birth. The system will ask you if this is correct, press 1. If not, press 2.

STEP 5 – Enter your new 4-digit PIN, followed by the pound sign.

STEP 6 – To verify your entry, please re-enter your new 4-digit PIN, followed by the pound sign.

When you successfully complete the steps, you will hear this message: “You successfully selected your PIN. Your card is ready to use. Please do not write your PIN on your card.”



## **Disaster Supplemental Nutrition Assistance Program**

### **Administrator's Planning Guide**

#### **Introduction**

The United States Department of Agriculture (USDA) can authorize the implementation of a short-term Disaster Supplemental Nutrition Assistance Program (D-SNAP) when there is a major disaster. The purpose of the D-SNAP is to provide emergency food assistance to disaster victims as effectively and efficiently as possible. As a result, the D-SNAP is much more streamlined than the regular Supplemental Nutrition Assistance Program (SNAP). Eligibility criteria are much less stringent, and generally most items of information do not need to be verified. In order to implement a D-SNAP in the throes of an emergency, advance planning is crucial.

The Commonwealth of Virginia has submitted a plan to USDA to outline how the D-SNAP will operate in Virginia. The issuance of cards will be handled through the existing EBT system. This Administrator's Planning Guide provides guidance for planning for the implementation of a D-SNAP on the local level.

Briefly, the D-SNAP includes a determination of eligibility and an issuance of benefits. There must be a separation of duties between the eligibility and issuance tasks.

The eligibility portion is accomplished by:

- Completing the application on-line with a web-based disaster application. The application must be printed and signed by the applicant and interviewer. The web-based application screens for matches with ADAPT, the Virginia Department of Social Service Employee Database, APECS, and with the Disaster Database itself. The web-based application calculates the disaster benefit and produces the Internal Action Form for the eligibility staff to authorize the issuance of a vault card.
- If logistics are such that paper applications are used, the paper application is taken, signed by the applicant and interviewer, then data-entered into the web-based system for matching and benefit calculation.
- Either process must ensure that all applicants are interviewed, and applications are signed and dated by the applicant and the interviewer.

The issuance portion is accomplished by:

- Automatic establishment of an EBT account and posting of benefits;
- Issuance of vault cards as no initial EBT cards will be mailed; or

## **The Planning Process**

Members of the community who will be partners in implementing the D-SNAP should be identified and included in the planning process. This group should include social service providers, providers of emergency food assistance, police departments and members of county and municipal governments who may be able to provide additional staff or other resources to assist you in administering the D-SNAP.

It is further recommended that local agencies coordinate within the region to set the same parameters for the D-SNAP. This effort will result in less confusion for the public and will allow for the use of one media spokesperson for the region. VDSS will convene regional meetings or conference calls after a disaster to facilitate this process.

Planning should cover the activities that are outlined in this Planning Guide. Suggestions or edits related to this or other guidance should be submitted to the Division of Benefit Programs.

## **Decision to Implement a D-SNAP**

The decision to implement a D-SNAP should be made by key decision makers in a jurisdiction. The D-SNAP should be implemented only in those cases where it is not practical to operate the regular program. Factors that may lead one to make a determination that a D-SNAP is the appropriate option include:

- A large population of prospective applicants – If damage from the disaster is severe or widespread, affecting a large number of households not already participating in the program, then this volume of applicants may not be able to be served through the existing application and eligibility determination process. Damage could include damage to individual residences, or loss of income due to closing of employment locations.
- The disaster is such that many households would not have the verifications required by the regular program, (e.g., houses were leveled in a tornado.)
- The affected population needs benefits more quickly than would be provided under the regular program, and they have used available income and resources that could have been used for food on disaster related expenses.
- Availability of grocery stores – USDA will only approve the operation of a disaster program in the event that food retailers are open for business in the community. Additionally, the point of sale (POS) devices that enable an EBT/credit/debit card transaction must be operational.

In making the decision to operate the program, there should be designations for:

- The contact person and back up contact for the D-SNAP.
- A contact list including home and cell phone numbers of the key decision-makers including the Department Director, Board members, and other county officials.
- Assignment of personnel to gather information and prepare the application to VDSS.
- Identification of the information sources necessary to prepare an application.
- Identification of the need for additional employees to have EPPIC Update 1 authorization to issue vault cards.

When the community decides to operate a D-SNAP, the application form (Appendix III) should be completed and submitted to the Home Office via e-mail.

## **Operating the D-SNAP**

### Notifications

Operating the D-SNAP requires certain notifications including:

- How staff and other agencies involved will be notified
  - Develop a call tree with essential names and telephone numbers.
  - Develop an email distribution list of key contacts.
- How the public will be notified
  - Identify key information hubs including local newspapers, radio stations, television stations, government offices, and government web sites.
  - Identify a single spokesperson for the locality and consider designating one spokesperson for a group of localities.
  - Include social service agencies and other disaster relief agencies.
  - Consider developing posters in advance. Specifics of dates and hours of operation can be completed manually when needed.
  - Have a strategy for keeping the public informed throughout the disaster period.

### Locations

In determining locations for the application sites, consideration should be given to these factors:

- Staff and applicant security, including during extended hours of operation.
- Availability of public transportation and parking.
- Accessibility to delivery vehicles for commodity distribution.
- Adequate space and facilities for human comfort concerns, such as:
  - Arrange to protect people from the elements;
  - Place water and food stations near areas of long waits;
  - Arrange for bathroom facilities and supplies;
  - Provide ample waiting areas.
- Adequate space to accommodate the anticipated number of applicants.
- Security of the facility for EBT cards and issuance activities.
- Accessibility to the elderly and disabled.
- Adequacy and accessibility of power sources and supplies.
- Availability of Internet access.
- Consideration of other county or city facilities.
- Consideration of social service agency offices.
- Consideration of use of trailers or tents for waiting areas.
- Consideration of entering into agreements with adjoining LDSS to handle each other's applicants.

## Staffing

The local agency will want to decide:

- Staffing needs for implementation of the program.
- Sources of additional staff.
  - Consider training agency staff not ordinarily involved in the regular program to be prepared to take applications for the D-SNAP.
  - Arrange with other county or municipal departments to lend staff to assist.
  - Arrange with community agencies to lend staff.
  - Consider using volunteers (cannot be used for interviewing or determining benefits)
  - Maintain a list of the names of staff that are willing to help in other jurisdictions if their own is not affected by the disaster, and submit to the Division of Benefit Programs, which will then act as a clearinghouse for matching staff with locations of need.
- How training will be provided for staff not trained by state staff.
- What resources other agencies can provide.
- How the need for additional certification sites will be assessed, and what sites are available.

## Equipping the Site

The local administrator should consider:

- How the need for equipment (including computers and a printer for each computer) and supplies will be determined.
- How needed equipment and supplies will be acquired and distributed (source, actual acquisition).
- Ensuring that supplies of applications, forms and vault cards are available.
- Making arrangements in advance of the disaster for the loan of equipment from other agencies or Home Office.

## Crowd Management

In operating the D-SNAP, crowd management will be an important factor. These factors can assist with crowd control:

- Determine client flow.
- Estimate wait time from certain points and post signs to inform crowd.
- Consider separate lines for elderly or disabled applicants.
- Consider staggering applications by asking people to apply by birth date, Social Security Number, alphabetically, or some other method.
- Consider giving people in line information sheets indicating what items of information they need to apply so if they are not prepared they can get the information.
- Consider giving numbers or colored chips to bring back the next day to people who are in line when lines are cut off so they can be seen the next day without standing in line again.
- Arrange for equipment such as ropes, barriers and bullhorns as well as other staff to establish lines, block access to secure areas, and direct traffic flow.

## Administrative Considerations

The local agency will be faced with other considerations. These include:

- How the need for extension of the D-SNAP will be assessed and request made, if warranted.
- How information necessary for daily reports will be gathered.
- How and by whom reports will be submitted.
- How program operation will be assessed.
- How adjustments to program operations will be made.
- How to handle employee applications; it is recommended that specific supervisory personnel be designated to take and process employee applications.

## Reimbursement of Expenses

The local agency should keep detailed records of expenses that may be submitted for reimbursement. During the most recent disaster, the criteria for reimbursement were:

- The expenditure must be the result of the declared disaster.
- The expenditure must be a cost incurred for an activity for which the agency is directly responsible.
- The expenditure must have been incurred within the locality's jurisdiction.
- The expenditure must be a cost incurred in excess of what the insurance covers.

Applicable disaster-related expenditures include overtime costs, food for staff, staff travel to additional work sites, staff lodging and any special equipment purchases. All reported expenditures must include all backup documentation. Documentation may include, but is not limited to receipts, timesheets, copies of purchase orders and warrant registers.

## Sample Cover Letter to Operate the D-SNAP

Local Agency Address

Date

Director's name  
Director of Benefit Programs  
7 N. 8<sup>th</sup> Street  
Richmond, VA 23219-3301

Dear

The President has declared a disaster in Virginia. Based on this, we in \_\_\_\_\_ county request authorization to operate the Disaster Supplemental Nutrition Assistance Program (D-SNAP). Considering that our entire county (or a significant area --whichever fits the situation better) has been affected by this disaster, we want to operate the full D-SNAP and not a modified plan. The population is also too large to operate the regular program.

We have attached the Application for Disaster Supplemental Nutrition Assistance Program. We have ensured that the issuance and certification staff is separate and that the same person does not determine eligibility and then issue benefits.

According to our plan, we will be able to operate the D-SNAP successfully and provide benefits within three days.

Please advise as soon as possible if we have been approved to operate the D-SNAP.

Sincerely,

Director or designee

**City/County of**  
**DEPARTMENT OF HUMAN SERVICES**

APPLICATION FOR  
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
(Date)

1. Type of Disaster and Date of On-set: *EX: Hurricane, September 18, 2003. Include a statement that a Presidential declaration has been granted.*
2. Description of the geographical area: *EX: The entire county was affected by the hurricane. EX: Only the southern part of the county was affected by the flood, primarily residences in zip code 22407.*
3. Status of Food Distribution: *(USDA requires commercial trade networks to be operational again before approving a disaster SNAP program or an estimate given when they will be restored.) EX: Retail food outlets were closed for two days and all major grocery stores are now in operation. Point-of-sale (POS) devices are operational.*
4. Needs Assessment Part A: *(Statement explaining why the food needs cannot be met by the regular program and that the volume of affected households cannot be adequately served). EX: There are many citizens who have been unable to work due to the business closures from flooding. In addition, there was widespread property damage along the tributaries of the river where flash floods wiped out the community around the courthouse.*
5. Needs Assessment Part B: *(Provide separate estimates of the number of ongoing and new households involved in the disaster. Depending on the nature of the disaster, there may be other options available for consideration in the plan, such as automatic replacements for ongoing households.) EX: Our current participation is xxx number of households. We anticipate XXX new households needing disaster services.*
6. Needs Assessment Part C: *If disaster resulted in loss of food only, the plan must include:*
  - a. *Statement of outage duration*
  - b. *Geographical limits*
  - c. *Percentage of customers affected*
  - d. *Indication of whether food loss alone allows household eligibility*
7. Description of Residency Requirement *(Does the applicant need to reside in the locality? Is a household working but not living in the affected area eligible?)*
8. Application Processing Estimate: *(Indicate the time frame for taking applications for the D-SNAP, including the beginning date normally not to exceed 7 days.) EX: If*

*approval is received by October 9, we will initiate operations on October 10 and take applications for five calendar days. Benefits will be issued no later than three days following the date of application.*

9. Length of Duration of the Program: *(Indicate the disaster period requested, by indicating the start and end date, usually a full month. Depending on the nature of the disaster, USDA may advise the state of the parameters.) EX: A full month's benefit period is requested because of the severity of the flooding and the fact that affected households lost all food in addition to lost income and disaster-related expenses.*
10. Disaster Relief Agencies: *(Indicate which other agencies will participate in taking and processing applications or issuing benefits, and specify the functions they will perform.) Other agencies could include the Red Cross or Salvation Army. EX: We do not anticipate using a Disaster Relief Agency to certify or issue benefits.*
11. Public Information: *(Identify the newspapers, radio stations, television stations, and key media outlets or government web sites the local agency will use.) EX: We will contact the Independent News Courier and WPDK radio to disseminate information about the program, the criteria, and hours of operation. We will post the information on the City's web page, and direct community partners to the city and state web sites.*
12. Procedures for Processing and Accepting Applications: *(Explain where applications will be taken, including crowd management at sites and fraud prevention measures.) EX: Applications will be taken for 7 days, October 7 through October 13, from 9 a.m. to 7 p.m. at the City Human Resources Center. Designated senior management will take and process any employee applications. All applications will be screened for duplicate participation. The Sheriff's Department is on call to assist with security of the facility. The plan needs to address:*
  - a. *Description of any activities to help applicants understand how to complete the application (language issues)*
  - b. *Screening activities*
  - c. *Any volunteers used*
  - d. *Description of alternate locations*
  - e. *Procedures to reduce applicant hardship (i.e. water, bathrooms, etc.)*
  - f. *Accessibility for the elderly or disabled*
13. Procedures for Processing Benefits: *(Explain benefit issuance procedures.) EX: Applicants will be screened to prevent duplicate participation. Benefits to eligible households will be issued on a vault card by staff authorized to set up accounts in the EBT system and post benefits. Will the client be given a card the day of the application or will they be required to pick up the card another day? Specify different procedures for:*
  - a. *Ongoing households*
  - b. *New applicants*

- c. Special needs population (elderly, disabled, etc)*
  - d. Estimate how long it will take to process applications*
  - e. Describe any alternate sites that will be used*
  - f. Crowd control measures*
- 14. Number of Eligibility Workers: *(Number of eligibility workers available to process D-SNAP applications)*
- 15. Any additional information that you believe may be helpful in processing your application. *(Provide detailed, specific information on conditions in your county/city, such as duration of power outages, shut down of key employers, lack of other resources to meet needs, how you will contact employees.)*
- 16. Fraud Prevention Procedures: *This would include a description of:*
  - a. Application/issuance site controls*
  - b. Use of onsite fraud investigators*
  - c. Specific plans to handle employee applications.*
  - d. Separation of duties*
  - e. Signs will be posted to notify of fraud prevention and audit)*
- 17. Name, Title, and Telephone number of Requesting Official:
- 18. Date of Request:

## Electronic Benefits Transfer (EBT) Disaster Issuance Process

Eligibility for the Disaster Supplemental Nutrition Assistance Program (D-SNAP) process is outside of ADAPT. Benefits approved in the D-SNAP system are merged with the regular benefit approvals and changes in ADAPT and forwarded to the EBT vendor. Batch cutoff times are 9:00 a.m., 11:00 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m., and 8:00 p.m.. After each cutoff, the benefit file is transmitted at 10 minutes past the hour and the demographic file follows at 20 minutes past the hour.

The process described in this Appendix outlines how to attach an EBT vault card to a D-SNAP case and how to issue the EBT vault card to the Case Name or the household's authorized representative. Workers with an Update function profile in EPPIC will issue vault cards. There will be no initial mailing of cards in the operation of the D-SNAP.

If additional workers need the capacity to issue vault cards to meet the emergency need, the local security officer may add or change duties as necessary. Please note the separation of duties between eligibility staff and issuance staff must be maintained, i.e., workers responsible for determining eligibility for or approving case actions in the D-SNAP system must also not have the role of issuing cards.

General EBT Card Issuance Instructions:


- Step 1 Receive the case file, *Request for D-SNAP Assistance*, application, *Internal Action and Vault EBT Card Authorization for Disaster Supplemental Nutrition Assistance Program Benefits*, and notice of action from the eligibility worker (EW). The application and internal action form must be provided because information from these forms will be needed to issue an EBT vault card. Cards may be issued to the primary cardholder in advance of the case appearing in the issuance system through manual account setup. Clients must be advised of the time their cards will be available for PIN selection and when benefits will be accessible. **Cards issued to authorized representatives can not be issued through manual account setup. Issuance staff must wait for these cases to appear in the issuance system prior to issuing.**
- Step 2 Access the case in the EBT system, by performing a case number or case name search.
- Step 3 Take a vault card from the supply. Write the vault card number on the internal action form. Initial and date the internal action form next to the card number.
- Step 4 Complete the *Vault EBT Card Issuance Log*.
- Step 5 Access the Recipient Card Issue screen in the EBT system, choose vault card as the method of issuance, and enter the vault card number associated with that case in the card number field.
- Step 6 Obtain the case name or authorized representative's signature on the Internal Action Form when the card is given to the person.
- Step 7 Ensure that the cardholder has the Q&A brochure which explains PIN selection and care of the EBT card.

## LOGIN PROCESS

The following information is needed to log on to the EBT system EPPIC:

**EPPIC Functionality**

- Logon Screen



Copyright 2005 ACS State and Local Solutions 11

**USER ID** - User Id is the assigned logon ID (lower case only)

**PASSWORD** - Initial password will be communicated to the worker by the local security office. The worker will be prompted to change the password to a strong password at the first login.

- **STRONG PASSWORD GUIDELINES**

Passwords must be eight to ten characters long.

They must have at least one upper and lower case letters, and must be alphanumeric.

Passwords are case sensitive.

Punctuation symbols are not allowed (e.g., ?, %, @)

Passwords must be changed every 30 days.

1. Enter the User ID in the User ID field.
2. Enter the Password in the Password field.
3. Click Login or hit Enter.

The EPPIC Main Menu displays.

## EPPIC Functionality

### ■ Main menu

The screenshot shows the EPPIC main menu. At the top is the EPPIC logo. Below it is a 'User Info' box containing the following text: 'Name: Team 01', 'Login: 07/25/2007 13:10:02', and 'Act.: 07/25/2007 13:10:02'. Below the user info is a vertical list of buttons: 'Recipient Account', 'Financial Accounting', 'Reconciliation', 'Reports', 'Voucher Management', 'User Management', 'Retailer Management', 'Password Change', and 'Log out'.

Copyright 2005 ACS State and Local Solutions

12

The Update Worker must click “Recipient Account” and then “Account Maintenance” to issue a vault card. The Recipient Search Screen will appear.

## EPPIC Functionality

### ■ Search screen

The screenshot shows the 'Recipient Search' screen. At the top is the title 'Recipient Search'. Below it is a form titled 'Recipient Search'. Inside the form, there is a section 'Select search method' with four radio button options: 'Case Number' (selected), 'Last and First Name', 'SSN', and 'Card Number'. Below the radio buttons is a text input field containing '0059265'. Below the input field is the label 'Case Number:'. At the bottom of the form are two buttons: 'SEARCH' and 'RESET'.

Copyright 2005 ACS State and Local Solutions

13

### Recipient Search

Select the search method. The Internal Action Form should have the client’s D-SNAP case number and name on it. Enter the desired search method and click “search.” The Recipient Search Results screen will display.

If the applicant’s name is not found in EPPIC, the Update Worker should go through the Manual Account Setup feature to issue a vault card.

## EPPIC Functionality

### ■ Search Results Screen

**Recipient Search Results**

Recipient Search Results							
Recipients Found							
Type	Case Nbr	Name ▲	SSN	Address	City	ST	
PRIMARY	0059265	CONFUSED, CANT B	*****3185	1 S ADAMS DR	RICHMOND	VA	<a href="#">CASES</a>
AUTH REP	0059265	YOU, HASSELL	*****3185	59 S 18TH ST	RICHMOND	VA	<a href="#">CASES</a>

[SEARCH](#)

Find the person to whom the vault card will be issued. Click on “Cases” for the “Recipient Case Management Screen.”

## EPPIC Functionality

### ■ Case Management Screen

**EPPIC™ Recipient Case Management**

**Recipient Info**

CANT B  
CONFUSED  
05/08/1987  
\*\*\*\*\*3185  
1 S ADAMS DR  
RICHMOND  
VA 23225-0000

**Case Number**  
0059265

[Recipient Account](#)  
[Financial Accounting](#)  
[Reconciliation](#)  
[Reports](#)  
[Voucher Management](#)  
[User Management](#)  
[Retailer Management](#)  
[Password Change](#)  
[Log out](#)

**Case Profile**

Case Nbr	Status	Issue Date	Last Access	Balance	Available Balance	
0059265	OPEN	07/20/2007	07/20/2007	\$128.70	\$43.70	<a href="#">DETAILS</a>

**Total Balance**

Food Stamp Balance	\$128.70	Food Stamp Available	\$43.70
--------------------	----------	----------------------	---------

**Cardholders**

Type	Name	Card Nbr	Access Status		
PRIMARY	CONFUSED, CANT	6220441006951112	Active	<a href="#">DETAILS</a>	<a href="#">CARD</a>
AUTH REP	YOU, HASSELL	622044200810955	Active	<a href="#">DETAILS</a>	<a href="#">CARD</a>

[SEARCH](#) [RECIPIENT](#) [CASES](#) [CARDS](#) [TRANSACTION](#)

Within the Cardholders tab, click “Card”. When Account Management Card Issuance appears, select VAULT.

Enter the vault card number of the card to attach to this EBT account. Click “Issue.” A gray dialog box appears to say the card has been issued. Click OK.

The vault card has been issued. The client will need to call the ARU to select a PIN, and then the card can be used.

The same steps are used to issue the card to an authorized representative. The Update Worker must locate the representative in EPPIC before the card can be attached.

### CARD DESTRUCTION

If a vault card is prepared in advance of the client or representative being present, and is not picked up after five business days, the card must be destroyed. The Issuance Worker must note the date of destruction on the internal action form in the appropriate disaster case file. The Issuance Worker must record the destruction on the *Undelivered EBT Cards – Destruction Record*.

### ADDITIONAL BENEFITS ADDED TO DISASTER EBT ACCOUNTS

In some instances, there may be more than one D-SNAP benefit added to an account. This may occur when the EW is aware that a mistake was made in the calculation of benefits or when the household reports a change. The additional benefit must be authorized in the D-SNAP system and will be transmitted by batch to the EBT account.

### REPAYMENTS

Repayments on D-SNAP cases are handled the same way repayments on regular accounts are handled.

### TROUBLESHOOTING

Unresolved error messages must be referred to the Help Desk at 1-800-223-8846.

**SAMPLE FLYER**

# DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR VICTIMS OF HURRICANE \_\_\_\_\_

The City of \_\_\_\_\_ is authorized to implement the Disaster SUPPLEMENTAL NUTRITION ASSISTANCE Program to assist the victims of Hurricane \_\_\_\_\_. Hurricane victims may be eligible for a one-time only benefit issuance. You must have incurred disaster related expenses to be eligible.

**Where to Apply:** Hurricane victims may apply for Disaster Food Assistance at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The office will take applications Monday - Friday from \_\_\_\_ am to \_\_\_\_ pm.

**Who May Apply:** A responsible adult household member may apply for the family.

**Time Limits:** Applications may be submitted from \_\_\_\_\_ through \_\_\_\_\_.

**Who's Eligible:** The household must have lived in the City of \_\_\_\_\_ during Hurricane \_\_\_\_\_. The household must also have suffered a loss of income or damage to home property or self-employment business.

To determine the household's income, the net income (take-home pay) from wages or self-employment, assistance payments and other unearned income, such as Social Security or child support, that a household receives will be added to cash on hand and other accessible funds (such as money in checking and savings accounts). Compare your income and household size to the following income limits:

**Income Limits:**

Number in Household	1	2	3	4	5	6	7	8
Income Limit	\$2,221	\$2,221	\$2,221	\$2,221	\$2,221	\$2,221	\$2,221	\$2,221

**Note:** For households of 9 or more, add \$426 for each additional household member to the limit.

**Benefit Levels:** Eligible households will receive a one-time, one-month allotment of food assistance benefits.

**Verification Needed:** Individuals applying for disaster food assistance need to bring documents to prove their identity and residence in the City of \_\_\_\_\_.

TRANSMITTAL #6

## Sample Wording for a News Release

USDA TO ISSUE EMERGENCY FOOD ASSISTANCE IN \_\_\_\_\_ COUNTY.

RICHMOND – The U.S. Department of Agriculture has approved the issuance of Disaster Supplemental Nutrition Assistance benefits for hurricane victims in \_\_\_\_\_ County.

County residents can begin applying for disaster food assistance on \_\_\_\_\_ at the \_\_\_\_\_ County Department of Social Services, \_\_\_\_\_, \_\_\_\_\_. The site will be open \_\_\_\_\_ from \_\_\_\_ am until \_\_\_\_ pm. County residents who are not usually eligible for benefits may qualify temporarily if their home property or self-employment business was damaged or destroyed or if they have lost income as a result of the hurricane. Eligibility is based on available income and resources. For a family of four with an income of \_\_\_\_\_ or less, the SNAP benefit amount would be \$\_\_\_\_\_.

Those applying for help need to bring identification, which could be a driver's license, school or work ID, birth certificate or other identification. Also, proof of residency, such as utility bills or tax statements, should be brought.

County residents who are already receiving benefits will need to call the \_\_\_\_\_ Department of Social Services at \_\_\_\_\_.

State and Federal officials are committed to providing benefits to all eligible households. Fraud staff may be on-site to make sure only eligible households receive disaster benefits.

# **ATTENTION APPLICANTS**

## **BE SURE TO TELL THE TRUTH WHEN YOU APPLY FOR BENEFITS!**

- People who give false or misleading information or withhold information to receive benefits may be prosecuted or referred for an Administrative Disqualification Hearing.
- People who break the Supplemental Nutrition Assistance Program rules may be disqualified from the program, fined and/or imprisoned.
- People who get benefits they are not entitled to may be required to pay them back.
- We will check to see if you have received disaster benefits more than once. The information you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if the information you provide is accurate.

**DO NOT SELL, TRADE, OR GIVE AWAY YOUR  
Virginia EBT Card!**

## **VDSS Information Security Policy and Procedures Disaster Food Stamp System Access**

This document describes the procedures users must follow to gain access to the Disaster Supplemental Nutrition Assistance Program (D-SNAP) System when a disaster is declared within the State of Virginia and a locality opts to implement the Disaster Supplemental Nutrition Assistance Program. The Director of the Division of Benefit Programs, the Supplemental Nutrition Assistance Program Manager or the Manager of the Business Operations Unit must notify the Director of the Division of Information Systems that a disaster has been declared in the State of Virginia and there is likely interest in the Disaster Supplemental Nutrition Assistance Program. Upon notification from the Director of Information Systems, the Information Systems Security Unit will implement the procedures outlined in this Appendix.

### **Information Systems Security Unit Responsibilities**

1. Once a disaster has been declared, the Information Systems Security Unit will ensure the following areas within DIS have been notified at the direction of the Director.
  - Network Firewall for D-SNAP access implemented by On-Call Network Security Engineer
  - Remote Dial-up/VPN implemented by VITA/DSS Telecommunications Group
  - URL for application implemented by Information Systems DBA Group
  - LDAP User Administration support implemented by Web Development Staff in Public Affairs
  - Customer Care Center Supervisor notified
2. The Information Systems Security Unit will maintain a form entitled “VDSS Disaster System Access Request Form” on the Technology Business Support Services (TBSS) website that each locality will use to gain access to the system. The URL for the TBSS website is: [http://www.localagency.dss.virginia.gov.us/tech\\_supp/index.cgi](http://www.localagency.dss.virginia.gov.us/tech_supp/index.cgi)
3. The Information Systems Security Unit will e-mail an additional form to each local department Director and Agency Security Officer when there is a disaster to request remote access or an additional EBT Issuance Profile (Profile 6), if these functions are needed. The Information Systems Security Unit will process these requests with the additional approval from the EBT Group. This additional approval will help ensure a separation of duties from normal eligibility processes when possible. These documents should be faxed to the Information Systems Security Unit at (804) 726-7891 once they have been fully completed and appropriately signed. These requests will be processed upon receipt from local departments.
4. As each form is processed, the Information Systems Security Unit will notify the User and the Agency Security Officer by e-mail each individual’s User Id and password. The Information Systems Security Unit will provide each user requiring remote access instructions for downloading and installing the VPN software and the disaster.pcf file.

## Local Agency Responsibilities

- 1) The Agency Director/Designee must determine the need for D-SNAP System access, remote access, or additional issuance profiles.
- 2) Each user who will require access to the Disaster eligibility system must complete the *VDSS Disaster System Access Request Form* located on the TBSS website. The document must be completed fully and signed and dated by the User, Supervisor, and Director/Designee.
- 3) The local Security Officer must use the LDAP User Administration tool to turn on the Disaster Food Stamp Access for each individual for whom a signed access form was received. Three (3) additional locality FIPS may be turned on if directed by the Agency Director. Additional FIPS designations may be requested on the Disaster Supplemental Nutrition Assistance Program Access form at the time of implementation or in the form of an email at a later time from the local agency Director and may be used to assist other localities in a disaster. If a local worker is designated to assist another locality, then it will be the sole responsibility of the local worker's Director to direct the worker's Security Officer to turn on an additional FIPS. The local Security Officer must retain the completed request form and all related e-mails at the local level for five years.

## Disaster Closure

Upon the completion of the disaster, all disaster system accesses will be deactivated and returned to their original state in the preparation for future disasters. These accesses include:

- removal of the network access to the system
- deactivation of remote access
- suspension of EBT issuance profiles
- D-SNAP LDAP User Administration availability
- removal of the URL to the application
- passwords reset

The DIS ADAPT Team is responsible for removing all disaster FIPS from appropriate tables. All logs, documents, and files pertaining to this disaster must be maintained for a minimum of five years.

## Helpful Information

The disaster eligibility system is accessible at <https://dssiad2.dss.virginia.gov/D-SNAP>

Questions or issues with the User ID or passwords should be directed to the Information Systems Security Unit at [security@dss.virginia.gov](mailto:security@dss.virginia.gov). All other issues or concerns while using the disaster eligibility system should be directed to the Division of Information Systems Customer Care Center at 1-800-223-8846.

COMMONWEALTH OF VIRGINIA  
VDSS DISASTER SYSTEM ACCESS REQUEST FORM  
**DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

The following information will be used to grant access to the Disaster System. **This document must be retained at the locality for a period of five years.**

**Note: This access will be removed after the disaster period ends.**

Existing VA EBT User ID			Existing User Profile #					
User's Full Name:								
Position/Title:					Phone # with area code			
Agency/Division			FIPS:		Additional FIPS required:			
<b>Acknowledgment:</b>								
<p>Inappropriate access to or use of Disaster Food Stamp System and or computer application/systems is a violation of the Department's Security Policy and may result in the Department initiating administrative and/or criminal action against the responsible party. By signing I acknowledge that the password and other access devices are my responsibility to safeguard.</p>								
User Signature					Date:			
<b>Approval:</b>								
Supervisor's Signature					Date:			
Director/Designee's Signature					Date:			
<b>(Agency Security Officer Use Only)</b>								
Additional FIPS								
Agency Security Officer Signature / Date:								
<div style="display: flex; justify-content: space-between;"><span>Form retained by Agency Security Officer for a period of 5 years</span><span>Created 08/08/05</span></div>								

COMMONWEALTH OF VIRGINIA  
VDSS DISASTER PROFILE/REMOTE ACCESS REQUEST FORM  
**DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

The following information will be used to grant remote access or an additional EBT Issuance Profile for the Disaster System. **You must fax the completed form to the Security Unit at Home Office: Fax # 804-726-7891. Incomplete forms will be returned.**  
**Note: This access will be removed after the disaster period ends.**

Existing VA EBT User ID		Existing User Profile #	
User's Full Name:			
Position/Title:		Phone # with area code	
Agency/Division		FIPS:	
<b>Access Authorization:</b>			
Does this user require remote access to the VDSS Disaster System?		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Does this user require EBT Issuance Profile 06 to the VDSS Disaster System?		Yes <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Acknowledgment:</b>			
Inappropriate access to or use of Disaster System and or computer application/systems is a violation of the Department's Security Policy and may result in the Department initiating administrative and/or criminal action against the responsible party. By signing I acknowledge that the password and other access devices are my responsibility to safeguard.			
User Signature		Date:	
<b>Approval:</b>			
Supervisor's Signature		Date:	
Director/Designee's Signature		Date:	
<b>(Information Security Unit Use Only)</b>			
EBT Disaster Profile assigned:			
Initial Password:			
Remote Access User ID:			
Initial Password:			
EBT Unit Signature / Date:			
Info Security Signature / Date:			
If you have questions regarding your User ID, contact the Information Security Unit at <a href="mailto:security@dss.virginia.gov">security@dss.virginia.gov</a>			
Form retained by Information Security Unit for 5 years		Created 08/08/05	rev: 10/01/09

## REMOTE ACCESS/VPN DOWNLOAD INSTRUCTIONS

Your Remote account is xxxxxx. Your password is: xxxxxx.

The remote access account is accessible through Dial-up via modem or Virtual Private Network (VPN) connection via high speed connection via cable modem.

### DIAL-UP VIA MODEM

In order to use dial-up access, the PC must be equipped with an internal or external modem.

Dial-up phone numbers:

Local 804-786-0578\*\*

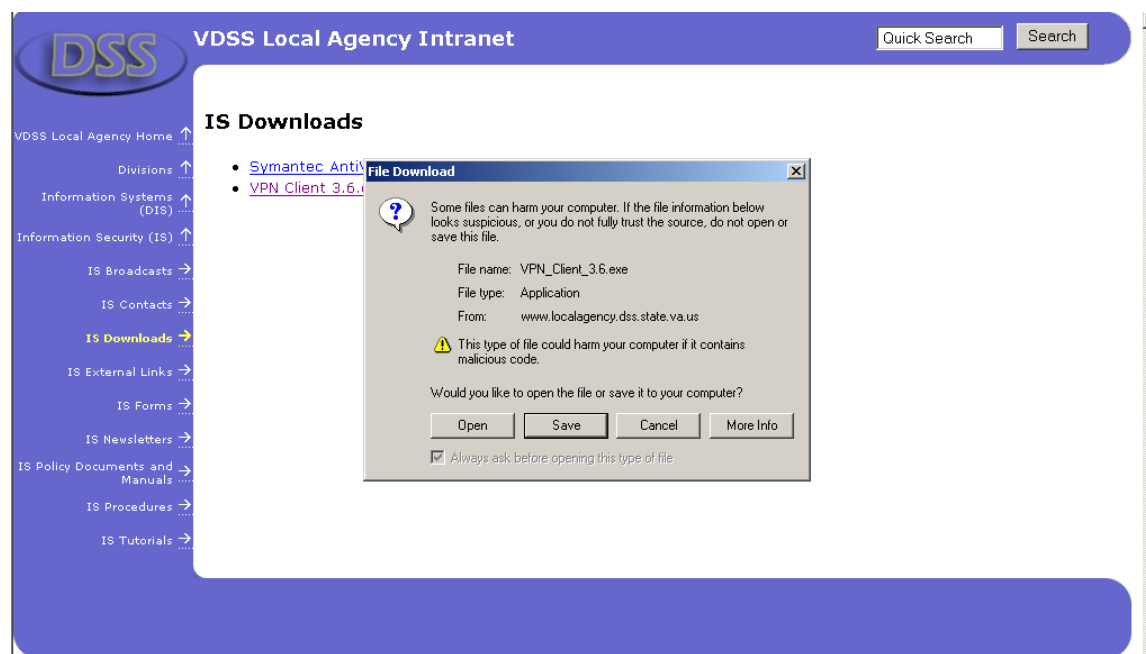
Toll Free 877-216-0122

\*\*Please use the local dial-up phone number in the local calling area.

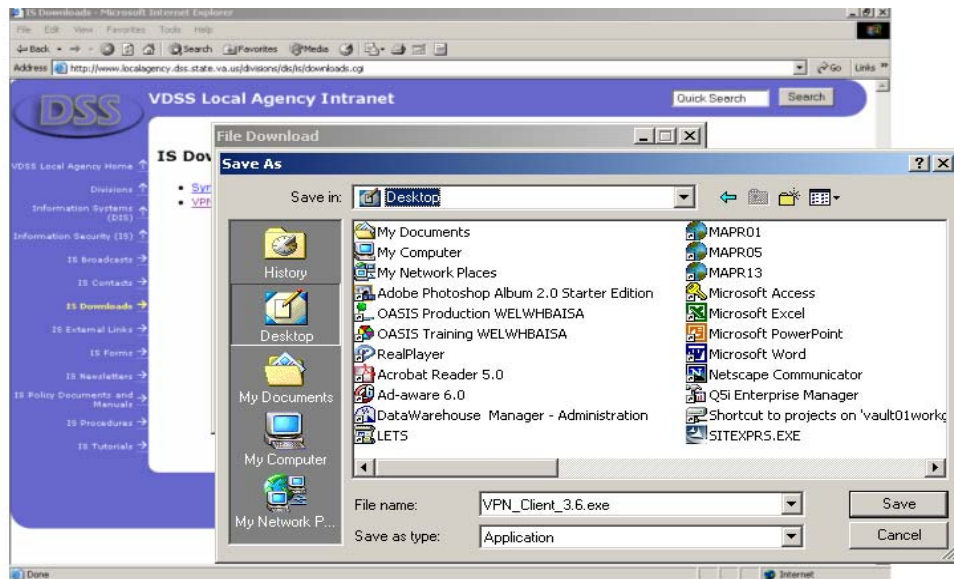
### VPN SOFTWARE INSTALLATION

The VPN software is downloadable from the DSS network. The address is <http://www.localagency.dss.virginia.gov/divisions/dis/is/downloads.cgi>.

Access to the network is available at <https://webmail.dss.virginia.gov/vpnclients/>. Once the download is complete, place the attached disaster.pcf file in the Profiles folder of the VPN software.



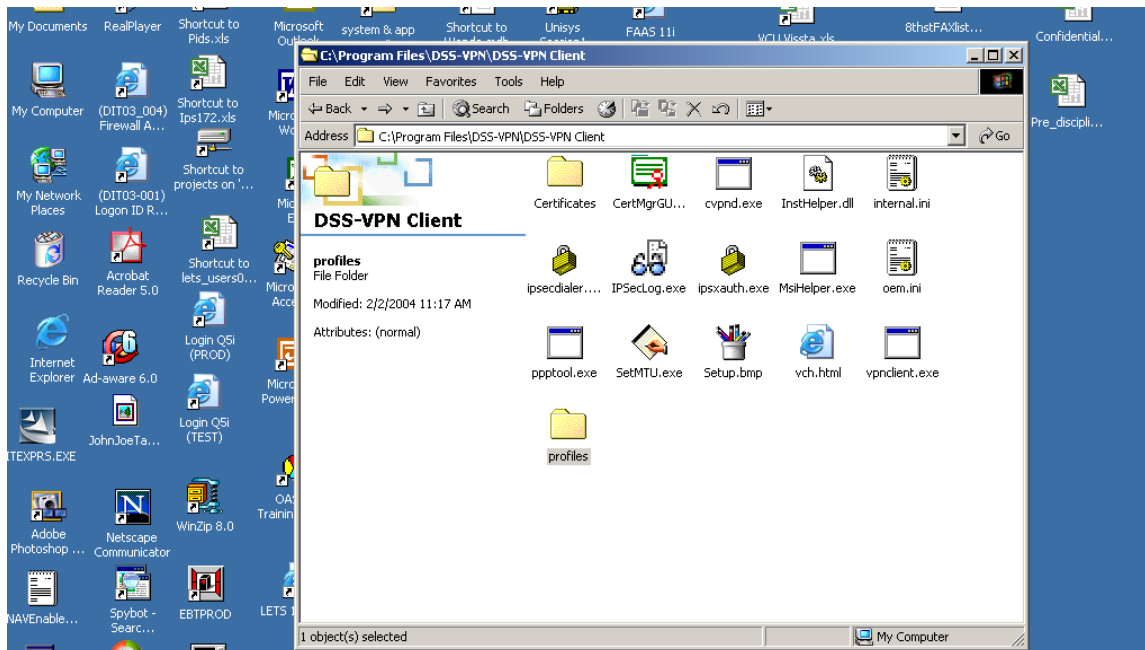
Click on Save to my Computer



1. Click Save, Save in: Desktop, when download completes
2. Go to your Desktop. Double click on VPN\_Client 3.6.exe
3. Follow the onscreen instructions to complete installation.

Double click My Computer  
 Open: C: Local Disk  
 Open: Program Files  
 Open: DSS-VPN  
 Click on: DSS-VPN Client

Drop the attached disaster.pcf file into the Profiles folder.



If the yellow Profiles folder is not visible, access files in the following order:

My Computer

C:

Program Files

Show Files

DSS-VPN

DSS-VPN Client (This is where the Yellow "Profiles" folder should be. If it is not there, create it using the steps below.)

Click on File

Click on New

Folder

Type the name of the new folder Profiles and copy and drop the disaster.pcf file in that folder.

PART XXI REDUCTION, SUSPENSION, CANCELLATION OF SNAP BENEFITS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	GENERAL PURPOSE	1
B.	DEFINITIONS	1
	1. Reduction	1
	2. Cancellation	1
	3. Suspension	1
C.	REDUCTION	1
D.	SUSPENSIONS AND CANCELLATIONS	1
E.	GENERAL OPERATING PROCEDURES	2
	1. Notifying Eligible Households	2
	2. Restoration of Benefits	2
	3. Record Keeping	2
	4. Eligibility Determination	2
	5. Expedited Services	2-3
	6. Certification Periods	3
	7. Action to be Taken When The Suspension or Cancellation Is Lifted	3
	8. Fair Hearings	3

A. GENERAL PURPOSE

This chapter provides guidelines local agencies must use if the USDA orders a reduction, suspension or cancellation of SNAP benefits. Depending upon the orders issued by USDA, there could be a suspension or cancellation of benefits for one or more months, a reduction for one or more months or a combination of these.

B. DEFINITIONS

1. Reduction - A reduction of SNAP benefits means that there will be a percentage reduction of the maximum benefit amounts. Local agencies will receive benefit tables that reflect the reduction as it applies to each household size at each income increment.
2. Cancellation - A cancellation of SNAP benefits means that there will be no benefits issued for a particular month or months.
3. Suspension - A suspension of SNAP benefits is basically the same as a cancellation except it should be more temporary. The net effect of a suspension may mean that eligible household would receive benefits a delayed basis.

C. REDUCTION

The Virginia Department of Social Services will notify local agencies if there must be a reduction of SNAP benefits. The notification will include the effective date of the reduction and the percentage.

When agencies receive the notice that a reduction must occur, local workers must act immediately to implement the order. Modification of the statewide computer system must also occur so that households would receive the appropriate benefit amounts.

Any household with one or two members whose reduced benefits would be less than \$16 would generally receive a minimum benefit of \$16. If there is a reduction rate of 90% or more for the affected month, one or two-person households would not receive the \$16 minimum. Benefit levels of \$1, \$3 and \$5 must be rounded up to \$2, \$4 and \$6 respectively.

D. SUSPENSION AND CANCELLATIONS

The Virginia Department of Social Services will notify local agencies if there must be a suspension or cancellation of SNAP benefits and the effective date of the suspension or cancellation.

Households will not receive a minimum benefit if benefits are suspended or cancelled.

When agencies receive the notice that a suspension or cancellation must take place, local workers must act immediately to implement the order. Reprogramming for the statewide computer system must also occur timely to make necessary computer adjustments.

E. GENERAL OPERATING PROCEDURES

1. Notifying Eligible Households

A reduction, suspension or cancellation of benefits would be a mass change. Normal requirements applied to mass changes would be used:

- a. Notification of recipients through news media.
- b. Posters in certification offices.
- c. General explanatory notices mailed to participating households.

Local agencies may not use the Advance Notice of Proposed Action to notify households in the event of a reduction, suspension or cancellation.

2. Restoration of Benefits

Households receiving restored benefits or who are to receive retroactive benefits at the time of the order for reduction, suspension or cancellation of benefits, will not have these benefits affected during the month(s) the action is in effect.

Households who receive reduced or cancelled benefits because of these procedures are not entitled to restoration of benefits at a future date unless USDA orders the restoration.

3. Record Keeping

There must be a record of benefits that households receive during a month(s) when a reduction is in effect and the amount households would have received had full monthly benefits been distributed.

There must also be records kept to show the amount of benefits households would have received if there is a cancellation of benefits.

4. Eligibility Determination

An order for a reduction, suspension or cancellation of benefits will not affect the determination of eligibility. Local agencies must accept and process applications within normal time frames. If however, an applicant is determined eligible and a reduction is in effect, that household must receive benefits according to the revised issuance tables that reflect the reduction.

If an applicant is eligible and a cancellation is in effect, the household will not receive any benefits.

5. Expedited Services

- a. Households eligible for expedited processing who apply during month(s) when a reduction or suspension is in effect must be processed as allowed by expedited procedures.

- 1) If a reduction is in effect the allotment issued must reflect the reduction.
  - 2) If a suspension is in effect at the time of certification, the eligible household will not receive any benefits until the suspension of benefits is no longer in effect.
- b. Households eligible for expedited processing who apply during month(s) in which cancellations are in effect must have their cases processed either in seven calendar days or by the end of the month of application, whichever date is later.

6. Certification Periods

A reduction, suspension or cancellation will have no effect on the certification periods assigned to eligible households.

Normal recertification procedures will also apply during a reduction, suspension or cancellation of benefits.

7. Action to be Taken When the Suspension or Cancellation is Lifted

Local agencies will receive immediate notice that the suspension or cancellation of benefits is over. Local agencies and the State Office must resume all actions to post full benefits to EBT accounts of certified households as soon as possible.

8. Fair Hearings

Households may request a fair hearing if the household believes that the benefit level was computed incorrectly or that the rules were misapplied or misinterpreted for benefits that were reduced, suspended or cancelled by this policy. Under no circumstances will households have a right to continuation of benefits, even if they appeal in a timely manner.

If a hearing determines that a household received fewer benefits than it should have, the household may be entitled to restoration of lost benefits for the difference.

10/09

VOLUME V, PART XXII, PAGE i

PART XXII    WORKFARE - RESERVED

10/09

VOLUME V, PART XXIII, PAGE i

PART XXIII

BENEFIT ALLOTMENTS

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	CALCULATING BENEFIT ALLOTMENTS	1
B.	BENEFIT ALLOTMENT TABLES	1-43

A. CALCULATING BENEFIT ALLOTMENTS

The tables on the following pages show the appropriate benefits for household sizes 1 through 10.

For household sizes 1 and 2, \$16 is the minimum allotment for all eligible households, including PA categorically eligible households. The maximum monthly net income does not apply to categorically eligible households however.

For household sizes 3 through 10, the allotment tables are calculated from the maximum benefit allotment to the \$2 minimum allotment. **NOTE: ONLY PA CATEGORICALLY ELIGIBLE HOUSEHOLDS ARE ELIGIBLE FOR ALLOTMENTS WHERE THE HOUSEHOLD'S NET INCOME EXCEEDS THE NET INCOME MAXIMUM.** For example, for a 4-person household, the maximum net income is **\$1,921**. The allotment offered at that level of income is **\$91**. The rest of the allotment table, from the net income of **\$1,922** through \$2,223, the last income figure, for which an allotment is available, applies to PA categorically eligible households only.

To calculate issuances to households of more than ten persons, use the following formula:

1. Maximum Benefit Allotment. If there are more than ten household members, add \$150 to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$330** to the monthly maximum net income. **NOTE:** Maximum monthly net income limits do not apply to PA categorically eligible households.

There will be occasions when a household is entitled to an allotment of \$1, \$3, or \$5. This can occur when a supplement, replacement or restoration is given, or when an allotment reduction calculation results in entitlement to \$1, \$3, or \$5. Raise allotments of \$1, \$3 or \$5 to the next dollar amount, namely \$2, \$4 or \$6 respectively.

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
0	-	0	200	367	526	668	793	952	1052	1202	1352	1502
1	-	3	199	366	525	667	792	951	1051	1201	1352	1501
4	-	6	198	365	524	666	791	950	1050	1200	1351	1500
7	-	10	197	364	523	665	790	949	1049	1199	1350	1499
11	-	13	196	363	522	664	789	948	1048	1198	1349	1498
					195							
14	-	16	195	362	521	663	788	947	1047	1197	1347	1497
17	-	20	194	361	520	662	787	946	1046	1196	1346	1496
21	-	23	193	360	519	661	786	945	1045	1195	1345	1495
24	-	26	192	359	518	660	785	944	1044	1194	1344	1494
27	-	30	191	358	517	659	784	943	1043	1193	1343	1493
					189							
31	-	33	190	357	516	658	783	942	1042	1192	1342	1492
34	-	36	189	356	515	657	782	941	1041	1191	1341	1491
37	-	40	188	355	514	656	781	940	1040	1190	1340	1490
41	-	43	187	354	513	655	780	939	1039	1189	1339	1489
44	-	46	186	353	512	654	779	938	1038	1188	1338	1488
					183							
47	-	50	185	352	511	653	778	937	1037	1187	1337	1487
51	-	53	184	351	510	652	777	936	1036	1186	1336	1486
54	-	56	183	350	509	651	776	935	1035	1185	1335	1485
57	-	60	182	349	508	650	775	934	1034	1184	1334	1484
61	-	63	181	348	507	649	774	933	1033	1183	1333	1483
					183							
64	-	66	180	347	506	648	773	932	1032	1182	1332	1482
67	-	70	179	346	505	647	772	931	1031	1181	1331	1481
71	-	73	178	345	504	646	771	930	1030	1180	1330	1480
74	-	76	177	344	503	645	770	929	1029	1179	1329	1479
77	-	80	176	343	502	644	769	928	1028	1178	1328	1478
					172							
81	-	83	175	342	501	643	768	927	1027	1177	1327	1477
84	-	86	174	341	500	642	767	926	1026	1176	1326	1476
87	-	90	173	340	499	641	766	925	1025	1175	1325	1475
91	-	93	172	339	498	640	765	924	1024	1174	1324	1474
94	-	96	171	338	497	639	764	923	1023	1173	1323	1473
					170							
97	-	100	170	337	496	638	763	922	1022	1172	1322	1472
101	-	103	169	336	495	637	762	921	1021	1171	1321	1471
104	-	106	168	335	494	636	761	920	1020	1170	1320	1470
107	-	110	167	334	493	635	760	919	1019	1169	1319	1469
111	-	113	166	333	492	634	759	918	1018	1168	1318	1468

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
114	-	116	165	332	491	633	758	917	1017	1167	1317	1467
117	-	120	164	331	490	632	757	916	1016	1166	1316	1466
121	-	123	163	330	489	631	756	915	1015	1165	1315	1465
124	-	126	162	329	488	630	755	914	1014	1164	1314	1464
127	-	130	161	328	487	629	754	913	1013	1163	1313	1463
131	-	133	160	327	486	628	753	912	1012	1162	1312	1462
134	-	136	159	326	485	627	752	911	1011	1161	1311	1461
137	-	140	158	325	484	626	751	910	1010	1160	1310	1460
141	-	143	157	324	483	625	750	909	1009	1159	1309	1459
144	-	146	156	323	482	624	749	908	1008	1158	1308	1458
147	-	150	155	322	481	623	748	907	1007	1157	1307	1462
151	-	153	154	321	480	622	747	906	1006	1156	1306	1461
154	-	156	153	320	479	621	746	905	1005	1155	1305	1460
157	-	160	152	319	478	620	745	904	1004	1154	1304	1459
161	-	163	151	318	477	619	744	903	1003	1153	1303	1458
164	-	166	150	317	476	618	743	902	1002	1152	1302	1452
167	-	170	149	316	475	617	742	901	1001	1151	1301	1451
171	-	173	148	315	474	616	741	900	1000	1150	1300	1450
174	-	176	147	314	473	615	740	899	999	1149	1299	1449
177	-	180	146	313	472	614	739	898	998	1148	1298	1448
181	-	183	145	312	471	613	738	897	997	1147	1297	1447
184	-	186	144	311	470	612	737	896	996	1146	1296	1446
187	-	190	143	310	469	611	736	895	995	1145	1295	1445
191	-	193	142	309	468	610	735	894	994	1144	1294	1444
194	-	196	141	308	467	609	734	893	993	1143	1293	1443
197	-	200	140	307	466	608	733	892	992	1142	1292	1442
201	-	203	139	306	465	607	732	891	991	1141	1291	1441
204	-	206	138	305	464	606	731	890	990	1140	1290	1440
207	-	210	137	304	463	605	730	889	989	1139	1289	1439
211	-	213	136	303	462	604	729	888	988	1138	1288	1438
214	-	216	135	302	461	603	728	887	987	1137	1287	1437
217	-	220	134	301	460	602	727	886	986	1136	1286	1436
221	-	223	133	300	459	601	726	885	985	1135	1285	1435
224	-	226	132	299	458	600	725	884	984	1134	1284	1434
227	-	230	131	298	457	599	724	883	983	1133	1283	1433

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
231	-	233	130	297	456	598	723	882	982	1132	1282	1432
234	-	236	129	296	455	597	722	881	981	1131	1281	1431
237	-	240	128	295	454	596	721	880	980	1130	1280	1430
241	-	243	127	294	453	595	720	879	979	1129	1279	1429
244	-	246	126	293	452	594	719	878	978	1128	1278	1428
247	-	250	125	292	451	593	718	877	977	1127	1277	1427
251	-	253	124	291	450	592	717	876	976	1126	1276	1426
254	-	256	123	290	449	591	716	875	975	1125	1275	1425
257	-	260	122	289	448	590	715	874	974	1124	1274	1424
261	-	263	121	288	447	589	714	873	973	1123	1273	1423
264	-	266	120	287	446	588	713	872	972	1122	1272	1422
267	-	270	119	286	445	587	712	871	971	1121	1271	1421
271	-	273	118	285	444	586	711	870	970	1120	1270	1420
274	-	276	117	284	443	585	710	869	969	1119	1269	1419
277	-	280	116	283	442	584	709	868	968	1118	1268	1418
281	-	283	115	282	441	583	708	867	967	1117	1267	1417
284	-	286	114	281	440	582	707	866	966	1116	1266	1416
287	-	290	113	280	439	581	706	865	965	1115	1265	1415
291	-	293	112	279	438	580	705	864	964	1114	1264	1414
294	-	296	111	278	437	579	704	863	963	1113	1263	1413
297	-	300	110	277	436	578	703	862	962	1112	1262	1412
301	-	303	109	276	435	577	702	861	961	1111	1261	1411
304	-	306	108	275	434	576	701	860	960	1110	1260	1410
307	-	310	107	274	433	575	700	859	959	1109	1259	1409
311	-	313	106	273	432	574	699	858	958	1108	1258	1408
314	-	316	105	272	431	573	698	857	957	1107	1257	1407
317	-	320	104	271	430	572	697	856	956	1106	1256	1406
321	-	323	103	270	429	571	696	855	955	1105	1255	1405
324	-	326	102	269	428	570	695	854	954	1104	1254	1404
327	-	330	101	268	427	569	694	853	953	1103	1253	1403
331	-	333	100	267	426	568	693	852	952	1102	1252	1402
334	-	336	99	266	425	567	692	851	951	1101	1251	1401
337	-	340	98	265	424	566	691	850	950	1100	1250	1400
341	-	343	97	264	423	565	690	849	949	1099	1249	1399
344	-	346	96	263	422	564	689	848	948	1098	1248	1398

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
347	-	350	95	262	421	563	688	847	947	1097	1247	1397
351	-	353	94	261	420	562	687	846	946	1096	1246	1396
354	-	356	93	260	419	561	686	845	945	1095	1245	1395
357	-	360	92	259	418	560	685	844	944	1094	1244	1394
361	-	363	91	258	417	559	684	843	943	1093	1243	1393
364	-	366	90	257	416	558	683	842	942	1092	1242	1392
367	-	370	89	256	415	557	682	841	941	1091	1241	1391
371	-	373	88	255	414	556	681	840	940	1090	1240	1390
374	-	376	87	254	413	555	680	839	939	1089	1239	1389
377	-	380	86	253	412	554	679	838	938	1088	1238	1388
381	-	383	85	252	411	553	678	837	937	1087	1237	1387
384	-	386	84	251	410	552	677	836	936	1086	1236	1386
387	-	390	83	250	409	551	676	835	935	1085	1235	1385
391	-	393	82	249	408	550	675	834	934	1084	1234	1384
394	-	396	81	248	407	549	674	833	933	1083	1233	1383
397	-	400	80	247	406	548	673	832	932	1082	1232	1382
401	-	403	79	246	405	547	672	831	931	1081	1231	1381
404	-	406	78	245	404	546	671	830	930	1080	1230	1380
407	-	410	77	244	403	545	670	829	929	1079	1229	1379
411	-	413	76	243	402	544	669	828	928	1078	1228	1378
414	-	416	75	242	401	543	668	827	927	1077	1227	1377
417	-	420	74	241	400	542	667	826	926	1076	1226	1376
421	-	423	73	240	399	541	666	825	925	1075	1225	1375
424	-	426	72	239	398	540	665	824	924	1074	1224	1374
427	-	430	71	238	397	539	664	823	923	1073	1223	1373
431	-	433	70	237	396	538	663	822	922	1072	1222	1372
434	-	436	69	236	395	537	662	821	921	1071	1221	1371
437	-	440	68	235	394	536	661	820	920	1070	1220	1370
441	-	443	67	234	393	535	660	819	919	1069	1219	1369
444	-	446	66	233	392	534	659	818	918	1068	1218	1368
447	-	450	65	232	391	533	658	817	917	1067	1217	1367
451	-	453	64	231	390	532	657	816	916	1066	1216	1366
454	-	456	63	230	389	531	656	815	915	1065	1215	1365
457	-	460	62	229	388	530	655	814	914	1064	1214	1364
461	-	463	61	228	387	529	654	813	913	1063	1213	1363

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
464	-	466	60	227	386	528	653	812	912	1062	1212	1362
467	-	470	59	226	385	527	652	811	911	1061	1211	1361
471	-	473	58	225	384	526	651	810	910	1060	1210	1360
474	-	476	57	224	383	525	650	809	909	1059	1209	1359
477	-	480	56	223	382	524	649	808	908	1058	1208	1358
481	-	483	55	222	381	523	648	807	907	1057	1207	1357
484	-	486	54	221	380	522	647	806	906	1056	1206	1356
487	-	490	53	220	379	521	646	805	905	1055	1205	1355
491	-	493	52	219	378	520	645	804	904	1054	1204	1354
494	-	496	51	218	377	519	644	803	903	1053	1203	1353
497	-	500	50	217	376	518	643	802	902	1052	1202	1352
501	-	503	49	216	375	517	642	801	901	1051	1201	1351
504	-	506	48	215	374	516	641	800	900	1050	1200	1350
507	-	510	47	214	373	515	640	799	899	1049	1199	1349
511	-	513	46	213	372	514	639	798	898	1048	1198	1348
514	-	516	45	212	371	513	638	797	897	1047	1197	1347
517	-	520	44	211	370	512	637	796	896	1046	1196	1346
521	-	523	43	210	369	511	636	795	895	1045	1195	1345
524	-	526	42	209	368	510	635	794	894	1044	1194	1344
527	-	530	41	208	367	509	634	793	893	1043	1193	1343
531	-	533	40	207	366	508	633	792	892	1042	1192	1342
534	-	536	39	206	365	507	632	791	891	1041	1191	1341
537	-	540	38	205	364	506	631	790	890	1040	1190	1340
541	-	543	37	204	363	505	630	789	889	1039	1189	1339
544	-	546	36	203	362	504	629	788	888	1038	1188	1338
547	-	550	35	202	361	503	628	787	887	1037	1187	1337
551	-	553	34	201	360	502	627	786	886	1036	1186	1336
554	-	556	33	200	359	501	626	785	885	1035	1185	1335
557	-	560	32	199	358	500	625	784	884	1034	1184	1334
561	-	563	31	198	357	499	624	783	883	1033	1183	1333
564	-	566	30	197	356	498	623	782	882	1032	1182	1332
567	-	570	29	196	355	497	622	781	881	1031	1181	1331
571	-	573	28	195	354	496	621	780	880	1030	1180	1330
574	-	576	27	194	353	495	620	779	879	1029	1179	1329
577	-	580	26	193	352	494	619	778	878	1028	1178	1328

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
581	-	583	25	192	351	493	618	777	877	1027	1177	1327
584	-	586	24	191	350	492	617	776	876	1026	1176	1326
587	-	590	23	190	349	491	616	775	875	1025	1175	1325
591	-	593	22	189	348	490	615	774	874	1024	1174	1324
594	-	596	21	188	347	489	614	773	873	1023	1173	1323
597	-	600	20	187	346	488	613	772	872	1022	1172	1322
601	-	603	19	186	345	487	612	771	871	1021	1171	1321
604	-	606	18	185	344	486	611	770	870	1020	1170	1320
607	-	610	17	184	343	485	610	769	869	1019	1169	1319
611	-	613	16	183	342	484	609	768	868	1018	1168	1318
614	-	616	16	182	341	483	608	767	867	1017	1167	1317
617	-	620	16	181	340	482	607	766	866	1016	1166	1316
621	-	623	16	180	339	481	606	765	865	1015	1165	1315
624	-	626	16	179	338	480	605	764	864	1014	1164	1314
627	-	630	16	178	337	479	604	763	863	1013	1163	1313
631	-	633	16	177	336	478	603	762	862	1012	1162	1312
634	-	636	16	176	335	477	602	761	861	1011	1161	1311
637	-	640	16	175	334	476	601	760	860	1010	1160	1310
641	-	643	16	174	333	475	600	759	859	1009	1159	1309
644	-	646	16	173	332	474	599	758	858	1008	1158	1308
647	-	650	16	172	331	473	598	757	857	1007	1157	1307
651	-	653	16	171	330	472	597	756	856	1006	1156	1306
654	-	656	16	170	329	471	596	755	855	1005	1155	1305
657	-	660	16	169	328	470	595	754	854	1004	1154	1304
661	-	663	16	168	327	469	594	753	853	1003	1153	1303
664	-	666	16	167	326	468	593	752	852	1002	1152	1302
667	-	670	16	166	325	467	592	751	851	1001	1151	1301
671	-	673	16	165	324	466	591	750	850	1000	1150	1300
674	-	676	16	164	323	465	590	749	849	999	1149	1299
677	-	680	16	163	322	464	589	748	848	998	1148	1298
681	-	683	16	162	321	463	588	747	847	997	1147	1297
684	-	686	16	161	320	462	587	746	846	996	1146	1296
687	-	690	16	160	319	461	586	745	845	995	1145	1295
691	-	693	16	159	318	460	585	744	844	994	1144	1294
694	-	696	16	158	317	459	584	743	843	993	1143	1293

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
697	-	700	16	157	316	458	583	742	842	992	1142	1292
701	-	703	16	156	315	457	582	741	841	991	1141	1291
704	-	706	16	155	314	456	581	740	840	990	1140	1290
707	-	710	16	154	313	455	580	739	839	989	1139	1289
711	-	713	16	153	312	454	579	738	838	988	1138	1288
714	-	716	16	152	311	453	578	737	837	987	1137	1287
717	-	720	16	151	310	452	577	736	836	986	1136	1286
721	-	723	16	150	309	451	576	735	835	985	1135	1285
724	-	726	16	149	308	450	575	734	834	984	1134	1284
727	-	730	16	148	307	449	574	733	833	983	1133	1283
731	-	733	16	147	306	448	573	732	832	982	1132	1282
734	-	736	16	146	305	447	572	731	831	981	1131	1281
737	-	740	16	145	304	446	571	730	830	980	1130	1280
741	-	743	16	144	303	445	570	729	829	979	1129	1279
744	-	746	16	143	302	444	569	728	828	978	1128	1278
747	-	750	16	142	301	443	568	727	827	977	1127	1277
751	-	753	16	141	300	442	567	726	826	976	1126	1276
754	-	756	16	140	299	441	566	725	825	975	1125	1275
757	-	760	16	139	298	440	565	724	824	974	1124	1274
761	-	763	16	138	297	439	564	723	823	973	1123	1273
764	-	766	16	137	296	438	563	722	822	972	1122	1272
767	-	770	16	136	295	437	562	721	821	971	1121	1271
771	-	773	16	135	294	436	561	720	820	970	1120	1270
774	-	776	16	134	293	435	560	719	819	969	1119	1269
777	-	780	16	133	292	434	559	718	818	968	1118	1268
781	-	783	16	132	291	433	558	717	817	967	1117	1267
784	-	786	16	131	290	432	557	716	816	966	1116	1266
787	-	790	16	130	289	431	556	715	815	965	1115	1265
791	-	793	16	129	288	430	555	714	814	964	1114	1264
794	-	796	16	128	287	429	554	713	813	963	1113	1263
797	-	800	16	127	286	428	553	712	812	962	1112	1262
801	-	803	16	126	285	427	552	711	811	961	1111	1261
804	-	806	16	125	284	426	551	710	810	960	1110	1260
807	-	810	16	124	283	425	550	709	809	959	1109	1259
811	-	813	16	123	282	424	549	708	808	958	1108	1258

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
814	-	816	16	122	281	423	548	707	807	957	1107	1257
817	-	820	16	121	280	422	547	706	806	956	1106	1256
821	-	823	16	120	279	421	546	705	805	955	1105	1255
824	-	826	16	119	278	420	545	704	804	954	1104	1254
827	-	830	16	118	277	419	544	703	803	953	1103	1253
831	-	833	16	117	276	418	543	702	802	952	1102	1252
834	-	836	16	116	275	417	542	701	801	951	1101	1251
837	-	840	16	115	274	416	541	700	800	950	1100	1250
841	-	843	16	114	273	415	540	699	799	949	1099	1249
844	-	846	16	113	272	414	539	698	798	948	1098	1248
847	-	850	16	112	271	413	538	697	797	947	1097	1247
851	-	853	16	111	270	412	537	696	796	946	1096	1246
854	-	856	16	110	269	411	536	695	795	945	1095	1245
857	-	860	16	109	268	410	535	694	794	944	1094	1244
861	-	863	16	108	267	409	534	693	793	943	1093	1243
864	-	866	16	107	266	408	533	692	792	942	1092	1242
867	-	870	16	106	265	407	532	691	791	941	1091	1241
871	-	873	16	105	264	406	531	690	790	940	1090	1240
874	-	876	16	104	263	405	530	689	789	939	1089	1239
877	-	880	16	103	262	404	529	688	788	938	1088	1238
881	-	883	16	102	261	403	528	687	787	937	1087	1237
884	-	886	16	101	260	402	527	686	786	936	1086	1236
887	-	890	16	100	259	401	526	685	785	935	1085	1235
891	-	893	16	99	258	400	525	684	784	934	1084	1234
894	-	896	16	98	257	399	524	683	783	933	1083	1233
897	-	900	16	97	256	398	523	682	782	932	1082	1232
901	-	903	16	96	255	397	522	681	781	931	1081	1231
904	-	906	16	95	254	396	521	680	780	930	1080	1230
907	-	910	16	94	253	395	520	679	779	929	1079	1229
911	-	913	16	93	252	394	519	678	778	928	1078	1228
914	-	916	16	92	251	393	518	677	777	927	1077	1227
917	-	920	16	91	250	392	517	676	776	926	1076	1226
921	-	923	16	90	249	391	516	675	775	925	1075	1225
924	-	926	16	89	248	390	515	674	774	924	1074	1224
927	-	930	16	88	247	389	514	673	773	923	1073	1223

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
931	-	933*	16	87	246	388	513	672	772	922	1072	1222
934	-	936	16	86	245	387	512	671	771	921	1071	1221
937	-	940	16	85	244	386	511	670	770	920	1070	1220
941	-	943	16	84	243	385	510	669	769	919	1069	1219
944	-	946	16	83	242	384	509	668	768	918	1068	1218
947	-	950	16	82	241	383	508	667	767	917	1067	1217
951	-	953	16	81	240	382	507	666	766	916	1066	1216
954	-	956	16	80	239	381	506	665	765	915	1065	1215
957	-	960	16	79	238	380	505	664	764	914	1064	1214
961	-	963	16	78	237	379	504	663	763	913	1063	1213
964	-	966	16	77	236	378	503	662	762	912	1062	1212
967	-	970	16	76	235	377	502	661	761	911	1061	1211
971	-	973	16	75	234	376	501	660	760	910	1060	1210
974	-	976	16	74	233	375	500	659	759	909	1059	1209
977	-	980	16	73	232	374	499	658	758	908	1058	1208
981	-	983	16	72	231	373	498	657	757	907	1057	1207
984	-	986	16	71	230	372	497	656	756	906	1056	1206
987	-	990	16	70	229	371	496	655	755	905	1055	1205
991	-	993	16	69	228	370	495	654	754	904	1054	1204
994	-	996	16	68	227	369	494	653	753	903	1053	1203
997	-	1000	16	67	226	368	493	652	752	902	1052	1202
1001	-	1003	16	66	225	367	492	651	751	901	1051	1201
1004	-	1006	16	65	224	366	491	650	750	900	1050	1200
1007	-	1010	16	64	223	365	490	649	749	899	1049	1199
1011	-	1013	16	63	222	364	489	648	748	898	1048	1198
1014	-	1016	16	62	221	363	488	647	747	897	1047	1197
1017	-	1020	16	61	220	362	487	646	746	896	1046	1196
1021	-	1023	16	60	219	361	486	645	745	895	1045	1195
1024	-	1026	16	59	218	360	485	644	744	894	1044	1194
1027	-	1030	16	58	217	359	484	643	743	893	1043	1193
1031	-	1033	16	57	216	358	483	642	742	892	1042	1192
1034	-	1036	16	56	215	357	482	641	741	891	1041	1191
1037	-	1040	16	55	214	356	481	640	740	890	1040	1190
1041	-	1043	16	54	213	355	480	639	739	889	1039	1189
1044	-	1046	16	53	212	354	479	638	738	888	1038	1188

\*Net Income Limit      \$931

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1047	-	1050	16	52	211	353	478	637	737	887	1037	1187
1051	-	1053	16	51	210	352	477	636	736	886	1036	1186
1054	-	1056	16	50	209	351	476	635	735	885	1035	1185
1057	-	1060	16	49	208	350	475	634	734	884	1034	1184
1061	-	1063	16	48	207	349	474	633	733	883	1033	1183
1064	-	1066	16	47	206	348	473	632	732	882	1032	1182
1067	-	1070	16	46	205	347	472	631	731	881	1031	1181
1071	-	1073	16	45	204	346	471	630	730	880	1030	1180
1074	-	1076	16	44	203	345	470	629	729	879	1029	1179
1077	-	1080	16	43	202	344	469	628	728	878	1028	1178
1081	-	1083	16	42	201	343	468	627	727	877	1027	1177
1084	-	1086	16	41	200	342	467	626	726	876	1026	1176
1087	-	1090	16	40	199	341	466	625	725	875	1025	1175
1091	-	1093	16	39	198	340	465	624	724	874	1024	1174
1094	-	1096	16	38	197	339	464	623	723	873	1023	1173
1097	-	1100	16	37	196	338	463	622	722	872	1022	1172
1101	-	1103	16	36	195	337	462	621	721	871	1021	1171
1104	-	1106	16	35	194	336	461	620	720	870	1020	1170
1107	-	1110	16	34	193	335	460	619	719	869	1019	1169
1111	-	1113	16	33	192	334	459	618	718	868	1018	1168
1114	-	1116	16	32	191	333	458	617	717	867	1017	1167
1117	-	1120	16	31	190	332	457	616	716	866	1016	1166
1121	-	1123	16	30	189	331	456	615	715	865	1015	1165
1124	-	1126	16	29	188	330	455	614	714	864	1014	1164
1127	-	1130	16	28	187	329	454	613	713	863	1013	1163
1131	-	1133	16	27	186	328	453	612	712	862	1012	1162
1134	-	1136	16	26	185	327	452	611	711	861	1011	1161
1137	-	1140	16	25	184	326	451	610	710	860	1010	1160
1141	-	1143	16	24	183	325	450	609	709	859	1009	1159
1144	-	1146	16	23	182	324	449	608	708	858	1008	1158
1147	-	1150	16	22	181	323	448	607	707	857	1007	1157
1151	-	1153	16	21	180	322	447	606	706	856	1006	1156
1154	-	1156	16	20	179	321	446	605	705	855	1005	1155
1157	-	1160	16	19	178	320	445	604	704	854	1004	1154
1161	-	1163	16	18	177	319	444	603	703	853	1003	1153

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1164	-	1166	16	17	176	318	443	602	702	852	1002	1152
1167	-	1170	16	16	175	317	442	601	701	851	1001	1151
1171	-	1173	16	16	174	316	441	600	700	850	1000	1150
1174	-	1176	16	16	173	315	440	599	699	849	999	1149
1177	-	1180	16	16	172	314	439	598	698	848	998	1148
1181	-	1183	16	16	171	313	438	597	697	847	997	1147
1184	-	1186	16	16	170	312	437	596	696	846	996	1146
1187	-	1190	16	16	169	311	436	595	695	845	995	1145
1191	-	1193	16	16	168	310	435	594	694	844	994	1144
1194	-	1196	16	16	167	309	434	593	693	843	993	1143
1197	-	1200	16	16	166	308	433	592	692	842	992	1142
1201	-	1203	16	16	165	307	432	591	691	841	991	1141
1204	-	1206	16	16	164	306	431	590	690	840	990	1140
1207	-	1210	16	16	163	305	430	589	689	839	989	1139
1211	-	1213	16	16	162	304	429	588	688	838	988	1138
1214	-	1216	16	16	161	303	428	587	687	837	987	1137
1217	-	1220	16	16	160	302	427	586	686	836	986	1136
1221	-	1223	16	16	159	301	426	585	685	835	985	1135
1224	-	1226	16	16	158	300	425	584	684	834	984	1134
1227	-	1230	16	16	157	299	424	583	683	833	983	1133
1231	-	1233	16	16	156	298	423	582	682	832	982	1132
1234	-	1236	16	16	155	297	422	581	681	831	981	1131
1237	-	1240	16	16	154	296	421	580	680	830	980	1130
1241	-	1243	16	16	153	295	420	579	679	829	979	1129
1244	-	1246	16	16	152	294	419	578	678	828	978	1128
1247	-	1250	16	16	151	293	418	577	677	827	977	1127
1251	-	1253	16	16	150	292	417	576	676	826	976	1126
1254	-	1256	16	16	149	291	416	575	675	825	975	1125
1257	-	1260	16	16	148	290	415	574	674	824	974	1124
1261	-	1263*	16	16*	147	289	414	573	673	823	973	1123
1264	-	1266	16	16	146	288	413	572	672	822	972	1122
1267	-	1270	16	16	145	287	412	571	671	821	971	1121
1271	-	1273	16	16	144	286	411	570	670	820	970	1120
1274	-	1276	16	16	143	285	410	569	669	819	969	1119
1277	-	1280	16	16	142	284	409	568	668	818	968	1118

\*Net Income Limit

\$1,261

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1281	-	1283	16	16	141	283	408	567	667	817	967	1117
1284	-	1286	16	16	140	282	407	566	666	816	966	1116
1287	-	1290	16	16	139	281	406	565	665	815	965	1115
1291	-	1293	16	16	138	280	405	564	664	814	964	1114
1294	-	1296	16	16	137	279	404	563	663	813	963	1113
1297	-	1300	16	16	136	278	403	562	662	812	962	1112
1301	-	1303	16	16	135	277	402	561	661	811	961	1111
1304	-	1306	16	16	134	276	401	560	660	810	960	1110
1307	-	1310	16	16	133	275	400	559	659	809	959	1109
1311	-	1313	16	16	132	274	399	558	658	808	958	1108
1314	-	1316	16	16	131	273	398	557	657	807	957	1107
1317	-	1320	16	16	130	272	397	556	656	806	956	1106
1321	-	1323	16	16	129	271	396	555	655	805	955	1105
1324	-	1326	16	16	128	270	395	554	654	804	954	1104
1327	-	1330	16	16	127	269	394	553	653	803	953	1103
1331	-	1333	16	16	126	268	393	552	652	802	952	1102
1334	-	1336	16	16	125	267	392	551	651	801	951	1101
1337	-	1340	16	16	124	266	391	550	650	800	950	1100
1341	-	1343	16	16	123	265	390	549	649	799	949	1099
1344	-	1346	16	16	122	264	389	548	648	798	948	1098
1347	-	1350	16	16	121	263	388	547	647	797	947	1097
1351	-	1353	16	16	120	262	387	546	646	796	946	1096
1354	-	1356	16	16	119	261	386	545	645	795	945	1095
1357	-	1360	16	16	118	260	385	544	644	794	944	1094
1361	-	1363	16	16	117	259	384	543	643	793	943	1093
1364	-	1366	16	16	116	258	383	542	642	792	942	1092
1367	-	1370	16	16	115	257	382	541	641	791	941	1091
1371	-	1373	16	16	114	256	381	540	640	790	940	1090
1374	-	1376	16	16	113	255	380	539	639	789	939	1089
1377	-	1380	16	16	112	254	379	538	638	788	938	1088
1381	-	1383	16	16	111	253	378	537	637	787	937	1087
1384	-	1386	16	16	110	252	377	536	636	786	936	1086
1387	-	1390	16	16	109	251	376	535	635	785	935	1085
1391	-	1393	16	16	108	250	375	534	634	784	934	1084
1394	-	1396	16	16	107	249	374	533	633	783	933	1083

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1397	-	1400	16	16	106	248	373	532	632	782	932	1082
1401	-	1403	16	16	105	247	372	531	631	781	931	1081
1404	-	1406	16	16	104	246	371	530	630	780	930	1080
1407	-	1410	16	16	103	245	370	529	629	779	929	1079
1411	-	1413	16	16	102	244	369	528	628	778	928	1078
1414	-	1416	16	16	101	243	368	527	627	777	927	1077
1417	-	1420	16	16	100	242	367	526	626	776	926	1076
1421	-	1423	16	16	99	241	366	525	625	775	925	1075
1424	-	1426	16	16	98	240	365	524	624	774	924	1074
1427	-	1430	16	16	97	239	364	523	623	773	923	1073
1431	-	1433		16	96	238	363	522	622	772	922	1072
1434	-	1436		16	95	237	362	521	621	771	921	1071
1437	-	1440		16	94	236	361	520	620	770	920	1070
1441	-	1443		16	93	235	360	519	619	769	919	1069
1444	-	1446		16	92	234	359	518	618	768	918	1068
1447	-	1450		16	91	233	358	517	617	767	917	1067
1451	-	1453		16	90	232	357	516	616	766	916	1066
1454	-	1456		16	89	231	356	515	615	765	915	1065
1457	-	1460		16	88	230	355	514	614	764	914	1064
1461	-	1463		16	87	229	354	513	613	763	913	1063
1464	-	1466		16	86	228	353	512	612	762	912	1062
1467	-	1470		16	85	227	352	511	611	761	911	1061
1471	-	1473		16	84	226	351	510	610	760	910	1060
1474	-	1476		16	83	225	350	509	609	759	909	1059
1477	-	1480		16	82	224	349	508	608	758	908	1058
1481	-	1483		16	81	223	348	507	607	757	907	1057
1484	-	1486		16	80	222	347	506	606	756	906	1056
1487	-	1490		16	79	221	346	505	605	755	905	1055
1491	-	1493		16	78	220	345	504	604	754	904	1054
1494	-	1496		16	77	219	344	503	603	753	903	1053
1497	-	1500		16	76	218	343	502	602	752	902	1052
1501	-	1503		16	75	217	342	501	601	751	901	1051
1504	-	1506		16	74	216	341	500	600	750	900	1050
1507	-	1510		16	73	215	340	499	599	749	899	1049
1511	-	1513		16	72	214	339	498	598	748	898	1048

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1514	-	1516		16	71	213	338	497	597	747	897	1047
1517	-	1520		16	70	212	337	496	596	746	896	1046
1521	-	1523		16	69	211	336	495	595	745	895	1045
1524	-	1526		16	68	210	335	494	594	744	894	1044
1527	-	1530		16	67	209	334	493	593	743	893	1043
1531	-	1533		16	66	208	333	492	592	742	892	1042
1534	-	1536		16	65	207	332	491	591	741	891	1041
1537	-	1540		16	64	206	331	490	590	740	890	1040
1541	-	1543		16	63	205	330	489	589	739	889	1039
1544	-	1546		16	62	204	329	488	588	738	888	1038
1547	-	1550		16	61	203	328	487	587	737	887	1037
1551	-	1553		16	60	202	327	486	586	736	886	1036
1554	-	1556		16	59	201	326	485	585	735	885	1035
1557	-	1560		16	58	200	325	484	584	734	884	1034
1561	-	1563		16	57	199	324	483	583	733	883	1033
1564	-	1566		16	56	198	323	482	582	732	882	1032
1567	-	1570		16	55	197	322	481	581	731	881	1031
1571	-	1573		16	54	196	321	480	580	730	880	1030
1574	-	1576		16	53	195	320	479	579	729	879	1029
1577	-	1580		16	52	194	319	478	578	728	878	1028
1581	-	1583		16	51	193	318	477	577	727	877	1027
1584	-	1586		16	50	192	317	476	576	726	876	1026
1587	-	1590		16	49	191	316	475	575	725	875	1025
1591	-	1593*		16	48*	190	315	474	574	724	874	1024
1594	-	1596		16	47	189	314	473	573	723	873	1023
1597	-	1600		16	46	188	313	472	572	722	872	1022
1601	-	1603		16	45	187	312	471	571	721	871	1021
1604	-	1606		16	44	186	311	470	570	720	870	1020
1607	-	1610		16	43	185	310	469	569	719	869	1019
1611	-	1613		16	42	184	309	468	568	718	868	1018
1614	-	1616		16	41	183	308	467	567	717	867	1017
1617	-	1620		16	40	182	307	466	566	716	866	1016
1621	-	1623		16	39	181	306	465	565	715	865	1015
1624	-	1626		16	38	180	305	464	564	714	864	1014
1627	-	1630		16	37	179	304	463	563	713	863	1013

\*Net Income Limit

\$1,591

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1631	-	1633		16	36	178	303	462	562	712	862	1012
1634	-	1636		16	35	177	302	461	561	711	861	1011
1637	-	1640		16	34	176	301	460	560	710	860	1010
1641	-	1643		16	33	175	300	459	559	709	859	1009
1644	-	1646		16	32	174	299	458	558	708	858	1008
1647	-	1650		16	31	173	298	457	557	707	857	1007
1651	-	1653		16	30	172	297	456	556	706	856	1006
1654	-	1656		16	29	171	296	455	555	705	855	1005
1657	-	1660		16	28	170	295	454	554	704	854	1004
1661	-	1663		16	27	169	294	453	553	703	853	1003
1664	-	1666		16	26	168	293	452	552	702	852	1002
1667	-	1670		16	25	167	292	451	551	701	851	1001
1671	-	1673		16	24	166	291	450	550	700	850	1000
1674	-	1676		16	23	165	290	449	549	699	849	999
1677	-	1680		16	22	164	289	448	548	698	848	998
1681	-	1683		16	21	163	288	447	547	697	847	997
1684	-	1686		16	20	162	287	446	546	696	846	996
1687	-	1690		16	19	161	286	445	545	695	845	995
1691	-	1693		16	18	160	285	444	544	694	844	994
1694	-	1696		16	17	159	284	443	543	693	843	993
1697	-	1700		16	16	158	283	442	542	692	842	992
1701	-	1703		16	15	157	282	441	541	691	841	991
1704	-	1706		16	14	156	281	440	540	690	840	990
1707	-	1710		16	13	155	280	439	539	689	839	989
1711	-	1713		16	12	154	279	438	538	688	838	988
1714	-	1716		16	11	153	278	437	537	687	837	987
1717	-	1720		16	10	152	277	436	536	686	836	986
1721	-	1723		16	9	151	276	435	535	685	835	985
1724	-	1726		16	8	150	275	434	534	684	834	984
1727	-	1730		16	7	149	274	433	533	683	833	983
1731	-	1733		16	6	148	273	432	532	682	832	982
1734	-	1736		16	6	147	272	431	531	681	831	981
1737	-	1740		16	4	146	271	430	530	680	830	980
1741	-	1743		16	4	145	270	429	529	679	829	979
1744	-	1746		16	2	144	269	428	528	678	828	978

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1747	-	1750		16	2	143	268	427	527	677	827	977
1751	-	1753		16		142	267	426	526	676	826	976
1754	-	1756		16		141	266	425	525	675	825	975
1757	-	1760		16		140	265	424	524	674	824	974
1761	-	1763		16		139	264	423	523	673	823	973
1764	-	1766		16		138	263	422	522	672	822	972
1767	-	1770		16		137	262	421	521	671	821	971
1771	-	1773		16		136	261	420	520	670	820	970
1774	-	1776		16		135	260	419	519	669	819	969
1777	-	1780		16		134	259	418	518	668	818	968
1781	-	1783		16		133	258	417	517	667	817	967
1784	-	1786		16		132	257	416	516	666	816	966
1787	-	1790		16		131	256	415	515	665	815	965
1791	-	1793		16		130	255	414	514	664	814	964
1794	-	1796		16		129	254	413	513	663	813	963
1797	-	1800		16		128	253	412	512	662	812	962
1801	-	1803		16		127	252	411	511	661	811	961
1804	-	1806		16		126	251	410	510	660	810	960
1807	-	1810		16		125	250	409	509	659	809	959
1811	-	1813		16		124	249	408	508	658	808	958
1814	-	1816		16		123	248	407	507	657	807	957
1817	-	1820		16		122	247	406	506	656	806	956
1821	-	1823		16		121	246	405	505	655	805	955
1824	-	1826		16		120	245	404	504	654	804	954
1827	-	1830		16		119	244	403	503	653	803	953
1831	-	1833		16		118	243	402	502	652	802	952
1834	-	1836		16		117	242	401	501	651	801	951
1837	-	1840		16		116	241	400	500	650	800	950
1841	-	1843		16		115	240	399	499	649	799	949
1844	-	1846		16		114	239	398	498	648	798	948
1847	-	1850		16		113	238	397	497	647	797	947
1851	-	1853		16		112	237	396	496	646	796	946
1854	-	1856		16		111	236	395	495	645	795	945
1857	-	1860		16		110	235	394	494	644	794	944
1861	-	1863		16		109	234	393	493	643	793	943

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1864	-	1866		16		108	233	392	492	642	792	942
1867	-	1870		16		107	232	391	491	641	791	941
1871	-	1873		16		106	231	390	490	640	790	940
1874	-	1876		16		105	230	389	489	639	789	939
1877	-	1880		16		104	229	388	488	638	788	938
1881	-	1883		16		103	228	387	487	637	787	937
1884	-	1886		16		102	227	386	486	636	786	936
1887	-	1890		16		101	226	385	485	635	785	935
1891	-	1893		16		100	225	384	484	634	784	934
1894	-	1896		16		99	224	383	483	633	783	933
1897	-	1900		16		98	223	382	482	632	782	932
1901	-	1903		16		97	222	381	481	631	781	931
1904	-	1906		16		96	221	380	480	630	780	930
1907	-	1910		16		95	220	379	479	629	779	929
1911	-	1913		16		94	219	378	478	628	778	928
1914	-	1916		16		93	218	377	477	627	777	927
1917	-	1920		16		92	217	376	476	626	776	926
1921	-	1923*		16		91*	216	375	475	625	775	925
1924	-	1926		16		90	215	374	474	624	774	924
1927	-	1930				89	214	373	473	623	773	923
1931	-	1933				88	213	372	472	622	772	922
1934	-	1936				87	212	371	471	621	771	921
1937	-	1940				86	211	370	470	620	770	920
1941	-	1943				85	210	369	469	619	769	919
1944	-	1946				84	209	368	468	618	768	918
1947	-	1950				83	208	367	467	617	767	917
1951	-	1953				82	207	366	466	616	766	916
1954	-	1956				81	206	365	465	615	765	915
1957	-	1960				80	205	364	464	614	764	914
1961	-	1963				79	204	363	463	613	763	913
1964	-	1966				78	203	362	462	612	762	912
1967	-	1970				77	202	361	461	611	761	911
1971	-	1973				76	201	360	460	610	760	910
1974	-	1976				75	200	359	459	609	759	909
1977	-	1980				74	199	358	458	608	758	908

\*Net Income Limit

\$1,921

BASIS OF BENEFIT ISSUANCE  
October 2009

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1981	-	1983				73	198	357	457	607	757	907
1984	-	1986				72	197	356	456	606	756	906
1987	-	1990				71	196	355	455	605	755	905
1991	-	1993				70	195	354	454	604	754	904
1994	-	1996				69	194	353	453	603	753	903
1997	-	2000				68	193	352	452	602	752	902
2001	-	2003				67	192	351	451	601	751	901
2004	-	2006				66	191	350	450	600	750	900
2007	-	2010				65	190	349	449	599	749	899
2011	-	2013				64	189	348	448	598	748	898
2014	-	2016				63	188	347	447	597	747	897
2017	-	2020				62	187	346	446	596	746	896
2021	-	2023				61	186	345	445	595	745	895
2024	-	2026				60	185	344	444	594	744	894
2027	-	2030				59	184	343	443	593	743	893
2031	-	2033				58	183	342	442	592	742	892
2034	-	2036				57	182	341	441	591	741	891
2037	-	2040				56	181	340	440	590	740	890
2041	-	2043				55	180	339	439	589	739	889
2044	-	2046				54	179	338	438	588	738	888
2047	-	2050				53	178	337	437	587	737	887
2051	-	2053				52	177	336	436	586	736	886
2054	-	2056				51	176	335	435	585	735	885
2057	-	2060				50	175	334	434	584	734	884
2061	-	2063				49	174	333	433	583	733	883
2064	-	2066				48	173	332	432	582	732	882
2067	-	2070				47	172	331	431	581	731	881
2071	-	2073				46	171	330	430	580	730	880
2074	-	2076				45	170	329	429	579	729	879
2077	-	2080				44	169	328	428	578	728	878
2081	-	2083				43	168	327	427	577	727	877
2084	-	2086				42	167	326	426	576	726	876
2087	-	2090				41	166	325	425	575	725	875
2091	-	2093				40	165	324	424	574	724	874
2094	-	2096				39	164	323	423	573	723	873

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2097	-	2100				38	163	322	422	572	722	872
2101	-	2103				37	162	321	421	571	721	871
2104	-	2106				36	161	320	420	570	720	870
2107	-	2110				35	160	319	419	569	719	869
2111	-	2113				34	159	318	418	568	718	868
2114	-	2116				33	158	317	417	567	717	867
2117	-	2120				32	157	316	416	566	716	866
2121	-	2123				31	156	315	415	565	715	865
2124	-	2126				30	155	314	414	564	714	864
2127	-	2130				29	154	313	413	563	713	863
2131	-	2133				28	153	312	412	562	712	862
2134	-	2136				27	152	311	411	561	711	861
2137	-	2140				26	151	310	410	560	710	860
2141	-	2143				25	150	309	409	559	709	859
2144	-	2146				24	149	308	408	558	708	858
2147	-	2150				23	148	307	407	557	707	857
2151	-	2153				22	147	306	406	556	706	856
2154	-	2156				21	146	305	405	555	705	855
2157	-	2160				20	145	304	404	554	704	854
2161	-	2163				19	144	303	403	553	703	853
2164	-	2166				18	143	302	402	552	702	852
2167	-	2170				17	142	301	401	551	701	851
2171	-	2173				16	141	300	400	550	700	850
2174	-	2176				15	140	299	399	549	699	849
2177	-	2180				14	139	298	398	548	698	848
2181	-	2183				13	138	297	397	547	697	847
2184	-	2186				12	137	296	396	546	696	846
2187	-	2190				11	136	295	395	545	695	845
2191	-	2193				10	135	294	394	544	694	844
2194	-	2196				9	134	293	393	543	693	843
2197	-	2200				8	133	292	392	542	692	842
2201	-	2203				7	132	291	391	541	691	841
2204	-	2206				6	131	290	390	540	690	840
2207	-	2210				6	130	289	389	539	689	839
2211	-	2213				4	129	288	388	538	688	838

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2214	-	2216				4	128	287	387	537	687	837
2217	-	2220				2	127	286	386	536	686	836
2221	-	2223				2	126	285	385	535	685	835
2224	-	2226					125	284	384	534	684	834
2227	-	2230					124	283	383	533	683	833
2231	-	2233					123	282	382	532	682	832
2234	-	2236					122	281	381	531	681	831
2237	-	2240					121	280	380	530	680	830
2241	-	2243					120	279	379	529	679	829
2244	-	2246					119	278	378	528	678	828
2247	-	2250					118	277	377	527	677	827
2251	-	2253*					117*	276	376	526	676	826
2254	-	2256					116	275	375	525	675	825
2257	-	2260					115	274	374	524	674	824
2261	-	2263					114	273	373	523	673	823
2264	-	2266					113	272	372	522	672	822
2267	-	2270					112	271	371	521	671	821
2271	-	2273					111	270	370	520	670	820
2274	-	2276					110	269	369	519	669	819
2277	-	2280					109	268	368	518	668	818
2281	-	2283					108	267	367	517	667	817
2284	-	2286					107	266	366	516	666	816
2287	-	2290					106	265	365	515	665	815
2291	-	2293					105	264	364	514	664	814
2294	-	2296					104	263	363	513	663	813
2297	-	2300					103	267	362	512	662	812
2301	-	2303					102	266	361	511	661	811
2304	-	2306					101	265	360	510	660	810
2307	-	2310					100	264	359	509	659	809
2311	-	2313					99	263	358	508	658	808
2314	-	2316					98	257	357	507	657	807
2317	-	2320					97	256	356	506	656	806
2321	-	2323					96	255	355	505	655	805
2324	-	2326					95	254	354	504	654	804
2327	-	2330					94	253	353	503	653	803

\*Net Income Limit

\$2,251

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2331	-	2333					93	252	352	502	652	802
2334	-	2336					92	251	351	501	651	801
2337	-	2340					91	250	350	500	650	800
2341	-	2343					90	249	349	499	649	799
2344	-	2346					89	248	348	498	648	798
2347	-	2350					88	247	347	497	647	797
2351	-	2353					87	246	346	496	646	796
2354	-	2356					86	245	345	495	645	795
2357	-	2360					85	244	344	494	644	794
2361	-	2363					84	243	343	493	643	793
2364	-	2366					83	242	342	492	642	792
2367	-	2370*					82	241	341	491	641	791
2371	-	2373					81	240	340	490	640	790
2374	-	2376					80	239	339	489	639	789
2377	-	2380					79	238	338	488	638	788
2381	-	2383					78	237	337	487	637	787
2384	-	2386					77	236	336	486	636	786
2387	-	2390					76	235	335	485	635	785
2391	-	2393					75	234	334	484	634	784
2394	-	2396					74	233	333	483	633	783
2397	-	2400					73	232	332	482	632	782
2401	-	2403					72	231	331	481	631	781
2404	-	2406					71	230	330	480	630	780
2407	-	2410					70	229	329	479	629	779
2411	-	2413					69	228	328	478	628	778
2414	-	2416					68	227	327	477	627	777
2417	-	2420					67	226	326	476	626	776
2421	-	2423					66	225	325	475	625	775
2424	-	2426					65	224	324	474	624	774
2427	-	2430					64	223	323	473	623	773
2431	-	2433					63	222	322	472	622	772
2434	-	2436					62	221	321	471	621	771
2437	-	2440					61	220	320	470	620	770
2441	-	2443					60	219	319	469	619	769
2444	-	2446					59	218	318	468	618	768

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2447	-	2450					58	217	317	467	617	767
2451	-	2453					57	216	316	466	616	766
2454	-	2456					56	215	315	465	615	765
2457	-	2460					55	214	314	464	614	764
2461	-	2463					54	213	313	463	613	763
2464	-	2466					53	212	312	462	612	762
2467	-	2470					52	211	311	461	611	761
2471	-	2473					51	210	310	460	610	760
2474	-	2476					50	209	309	459	609	759
2477	-	2480					49	208	308	458	608	758
2481	-	2483					48	207	307	457	607	757
2484	-	2486					47	206	306	456	606	756
2487	-	2490					46	205	305	455	605	755
2491	-	2493					45	204	304	454	604	754
2494	-	2496					44	203	303	453	603	753
2497	-	2500					43	202	302	452	602	752
2501	-	2503					42	201	301	451	601	751
2504	-	2506					41	200	300	450	600	750
2507	-	2510					40	199	299	449	599	749
2511	-	2513					39	198	298	448	598	748
2514	-	2516					38	197	297	447	597	747
2517	-	2520					37	196	296	446	596	746
2521	-	2523					36	195	295	445	595	745
2524	-	2526					35	194	294	444	594	744
2527	-	2530					34	193	293	443	593	743
2531	-	2533					33	192	292	442	592	742
2534	-	2536					32	191	291	441	591	741
2537	-	2540					31	190	290	440	590	740
2541	-	2543					30	189	289	439	589	739
2544	-	2546					29	188	288	438	588	738
2547	-	2550					28	187	287	437	587	737
2551	-	2553					27	186	286	436	586	736
2554	-	2556					26	185	285	435	585	735
2557	-	2560					25	184	284	434	584	734
2561	-	2563					24	183	283	433	583	733

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2564 - 2566					23	182	282	432	582	732
2567 - 2570					22	181	281	431	581	731
2571 - 2573					21	180	280	430	580	730
2574 - 2576					20	179	279	429	579	729
2577 - 2580					19	178	278	428	578	728
2581 - 2583*					18	177*	277	427	577	727
2584 - 2586					17	176	276	426	576	726
2587 - 2590					16	175	275	425	575	725
2591 - 2593					15	174	274	424	574	724
2594 - 2596					14	173	273	423	573	723
2597 - 2600					13	172	272	422	572	722
2601 - 2603					12	171	271	421	571	721
2604 - 2606					11	170	270	420	570	720
2607 - 2610					10	169	269	419	569	719
2611 - 2613					9	168	268	418	568	718
2614 - 2616					8	167	267	417	567	717
2617 - 2620					7	166	266	416	566	716
2621 - 2623					6	165	265	415	565	715
2624 - 2626					6	164	264	414	564	714
2627 - 2630					4	163	263	413	563	713
2631 - 2633					4	162	262	412	562	712
2634 - 2636					2	161	261	411	561	711
2637 - 2640					2	160	260	410	560	710
2641 - 2643						159	259	409	559	709
2644 - 2646						158	258	408	558	708
2647 - 2650						157	257	407	557	707
2651 - 2653						156	256	406	556	706
2654 - 2656						155	255	405	555	705
2657 - 2660						154	254	404	554	704
2661 - 2663						153	253	403	553	703
2664 - 2666						152	252	402	552	702
2667 - 2670						151	251	401	551	701
2671 - 2673						150	250	400	550	700
2674 - 2676						149	249	399	549	699
2677 - 2680						148	248	398	548	698

\*Net Income Limit

\$2,581

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2681	-	2683						147	247	397	547	697
2684	-	2686						146	246	396	546	696
2687	-	2690						145	245	395	545	695
2691	-	2693						144	244	394	544	694
2694	-	2696						143	243	393	543	693
2697	-	2700						142	242	392	542	692
2701	-	2703						141	241	391	541	691
2704	-	2706						140	240	390	540	690
2707	-	2710						139	239	389	539	689
2711	-	2713						138	238	388	538	688
2714	-	2716						137	237	387	537	687
2717	-	2720						136	236	386	536	686
2721	-	2723						135	235	385	535	685
2724	-	2726						134	234	384	534	684
2727	-	2730						133	233	383	533	683
2731	-	2733						132	232	382	532	682
2734	-	2736						131	231	381	531	681
2737	-	2740						130	230	380	530	680
2741	-	2743						129	229	379	529	679
2744	-	2746						128	228	378	528	678
2747	-	2750						127	227	377	527	677
2751	-	2753						126	226	376	526	676
2754	-	2756						125	225	375	525	675
2757	-	2760						124	224	374	524	674
2761	-	2763						123	223	373	523	673
2764	-	2766						122	222	372	522	672
2767	-	2770						121	221	371	521	671
2771	-	2773						120	220	370	520	670
2774	-	2776						119	219	369	519	669
2777	-	2780						118	218	368	518	668
2781	-	2783						117	217	367	517	667
2784	-	2786						116	216	366	516	666
2787	-	2790						115	215	365	515	665
2791	-	2793						114	214	364	514	664
2794	-	2796						113	213	363	513	663

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2797	-	2800						112	212	362	512	662
2801	-	2803						111	211	361	511	661
2804	-	2806						110	210	360	510	660
2807	-	2810						109	209	359	509	659
2811	-	2813						108	208	358	508	658
2814	-	2816						107	207	357	507	657
2817	-	2820						106	206	356	506	656
2821	-	2823						105	205	355	505	655
2824	-	2826						104	204	354	504	654
2827	-	2830						103	203	353	503	653
2831	-	2833						102	202	352	502	652
2834	-	2836						101	201	351	501	651
2837	-	2840						100	200	350	500	650
2841	-	2843						99	199	349	499	649
2844	-	2846						98	198	348	498	648
2847	-	2850						97	197	347	497	647
2851	-	2853						96	196	346	496	646
2854	-	2856						95	195	345	495	645
2857	-	2860						94	194	344	494	644
2861	-	2863						93	193	343	493	643
2864	-	2866						92	192	342	492	642
2867	-	2870						91	191	341	491	641
2871	-	2873						90	190	340	490	640
2874	-	2876						89	189	339	489	639
2877	-	2880						88	188	338	488	638
2881	-	2883						87	187	337	487	637
2884	-	2886						86	186	336	486	636
2887	-	2890						85	185	335	485	635
2891	-	2893						84	184	334	484	634
2894	-	2896						83	183	333	483	633
2897	-	2900						82	182	332	482	632
2901	-	2903						81	181	331	481	631
2904	-	2906						80	180	330	480	630
2907	-	2910						79	179	329	479	629
2911	-	2913*						78	178*	328	478	628

\*Net Income Limit

\$2,911

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2914	-	2916						77	177	327	477	627
2917	-	2920						76	176	326	476	626
2921	-	2923						75	175	325	475	625
2924	-	2926						74	174	324	474	624
2927	-	2930						73	173	323	473	623
2931	-	2933						72	172	322	472	622
2934	-	2936						71	171	321	471	621
2937	-	2940						70	170	320	470	620
2941	-	2943						69	169	319	469	619
2944	-	2946						68	168	318	468	618
2947	-	2950						67	167	317	467	617
2951	-	2953						66	166	316	466	616
2954	-	2956						65	165	315	465	615
2957	-	2960						64	164	314	464	614
2961	-	2963						63	163	313	463	613
2964	-	2966						62	162	312	462	612
2967	-	2970						61	161	311	461	611
2971	-	2973						60	160	310	460	610
2974	-	2976						59	159	309	459	609
2977	-	2980						58	158	308	458	608
2981	-	2983						57	157	307	457	607
2984	-	2986						56	156	306	456	606
2987	-	2990						55	155	305	455	605
2991	-	2993						54	154	304	454	604
2994	-	2996						53	153	303	453	603
2997	-	3000						52	152	302	452	602
3001	-	3003						51	151	301	451	601
3004	-	3006						50	150	300	450	600
3007	-	3010						49	149	299	449	599
3011	-	3013						48	148	298	448	598
3014	-	3016						47	147	297	447	597
3017	-	3020						46	146	296	446	596
3021	-	3023						45	145	295	445	595
3024	-	3026						44	144	294	444	594
3027	-	3030						43	143	293	443	593

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3031	-	3033						42	142	292	442	592
3034	-	3036						41	141	291	441	591
3037	-	3040						40	140	290	440	590
3041	-	3043						39	139	289	439	589
3044	-	3046						38	138	288	438	588
3047	-	3050						37	137	287	437	587
3051	-	3053						36	136	286	436	586
3054	-	3056						35	135	285	435	585
3057	-	3060						34	134	284	434	584
3061	-	3063						33	133	283	433	583
3064	-	3066						32	132	282	432	582
3067	-	3070						31	131	281	431	581
3071	-	3073						30	130	280	430	580
3074	-	3076						29	129	279	429	579
3077	-	3080						28	128	278	428	578
3081	-	3083						27	127	277	427	577
3084	-	3086						26	126	276	426	576
3087	-	3090						25	125	275	425	575
3091	-	3093						24	124	274	424	574
3094	-	3096						23	123	273	423	573
3097	-	3100						22	122	272	422	572
3101	-	3103						21	121	271	421	571
3104	-	3106						20	120	270	420	570
3107	-	3110						19	119	269	419	569
3111	-	3113						18	118	268	418	568
3114	-	3116						17	117	267	417	567
3117	-	3120						16	116	266	416	566
3121	-	3123						15	115	265	415	565
3124	-	3126						14	114	264	414	564
3127	-	3130						13	113	263	413	563
3131	-	3133						12	112	262	412	562
3134	-	3136						11	111	261	411	561
3137	-	3140						10	110	260	410	560
3141	-	3143						9	109	259	409	559
3144	-	3146						8	108	258	408	558

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3147	-	3150						7	107	257	407	557
3151	-	3153						6	106	256	406	556
3154	-	3156						6	105	255	405	555
3157	-	3160						4	104	254	404	554
3161	-	3163						4	103	253	403	553
3164	-	3166						2	102	252	402	552
3167	-	3170						2	101	251	401	551
3171	-	3173							100	250	400	550
3174	-	3176							99	249	399	549
3177	-	3180							98	248	398	548
3181	-	3183							97	247	397	547
3184	-	3186							96	246	396	546
3187	-	3190							95	245	395	545
3191	-	3193							94	244	394	544
3194	-	3196							93	243	393	543
3197	-	3200							92	242	392	542
3201	-	3203							91	241	391	541
3204	-	3206							90	240	390	540
3207	-	3210							89	239	389	539
3211	-	3213							88	238	388	538
3214	-	3216							87	237	387	537
3217	-	3220							86	236	386	536
3221	-	3223							85	235	385	535
3224	-	3226							84	234	384	534
3227	-	3230							83	233	383	533
3231	-	3233							82	232	382	532
3234	-	3236							81	231	381	531
3237	-	3240							80	230	380	530
3241	-	3243*							79	229*	379	529
3244	-	3246							78	228	378	528
3247	-	3250							77	227	377	527
3251	-	3253							76	226	376	526
3254	-	3256							75	225	375	525
3257	-	3260							74	224	374	524
3261	-	3263							73	223	373	523

\*Net Income Limit

\$3,241

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3264 - 3266							72	222	372	522
3267 - 3270*							71	221	371	521
3271 - 3273							70	220	370	520
3274 - 3276							69	219	369	519
3277 - 3280							68	218	368	518
3281 - 3283							67	217	367	517
3284 - 3286							66	216	366	516
3287 - 3290							65	215	365	515
3291 - 3293							64	214	364	514
3294 - 3296							63	213	363	513
3297 - 3300							62	212	362	512
3301 - 3303							61	211	361	511
3304 - 3306							60	210	360	510
3307 - 3310							59	209	359	509
3311 - 3313							58	208	358	508
3314 - 3316							57	207	357	507
3317 - 3320							56	206	356	506
3321 - 3323							55	205	355	505
3324 - 3326							54	204	354	504
3327 - 3330							53	203	353	503
3331 - 3333							52	202	352	502
3334 - 3336							51	201	351	501
3337 - 3340							50	200	350	500
3341 - 3343							49	199	349	499
3344 - 3346							48	198	348	498
3347 - 3350							47	197	347	497
3351 - 3353							46	196	346	496
3354 - 3356							45	195	345	495
3357 - 3360							44	194	344	494
3361 - 3363							43	193	343	493
3364 - 3366							42	192	342	492
3367 - 3370							41	191	341	491
3371 - 3373							40	190	340	490
3374 - 3376							39	189	339	489
3377 - 3380							38	188	338	488

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3381	-	3383							37	187	337	487
3384	-	3386							36	186	336	486
3387	-	3390							35	185	335	485
3391	-	3393							34	184	334	484
3394	-	3396							33	183	333	483
3397	-	3400							32	182	332	482
3401	-	3403							31	181	331	481
3404	-	3406							30	180	330	480
3407	-	3410							29	179	329	479
3411	-	3413							28	178	328	478
3414	-	3416							27	177	327	477
3417	-	3420							26	176	326	476
3421	-	3423							25	175	325	475
3424	-	3426							24	174	324	474
3427	-	3430							23	173	323	473
3431	-	3433							22	172	322	472
3434	-	3436							21	171	321	471
3437	-	3440							20	170	320	470
3441	-	3443							19	169	319	469
3444	-	3446							18	168	318	468
3447	-	3450							17	167	317	467
3451	-	3453							16	166	316	466
3454	-	3456							15	165	315	465
3457	-	3460							14	164	314	464
3461	-	3463							13	163	313	463
3464	-	3466							12	162	312	462
3467	-	3470							11	161	311	461
3471	-	3473							10	160	310	460
3474	-	3476							9	159	309	459
3477	-	3480							8	158	308	458
3481	-	3483							7	157	307	457
3484	-	3486							6	156	306	456
3487	-	3490							6	155	305	455
3491	-	3493							4	154	304	454
3494	-	3496							4	153	303	453

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3497 - 3500							2	152	302	452
3501 - 3503							2	151	301	451
3504 - 3506								150	300	450
3507 - 3510								149	299	449
3511 - 3513								148	298	448
3514 - 3516								147	297	447
3517 - 3520								146	296	446
3521 - 3523								145	295	445
3524 - 3526								144	294	444
3527 - 3530								143	293	443
3531 - 3533								142	292	442
3534 - 3536								141	291	441
3537 - 3540								140	290	440
3541 - 3543								139	289	439
3544 - 3546								138	288	438
3547 - 3550								137	287	437
3551 - 3553								136	286	436
3554 - 3556								135	285	435
3557 - 3560								134	284	434
3561 - 3563								133	283	433
3564 - 3566								132	282	432
3567 - 3570								131	281	431
3571 - 3573*								130	280*	430
3574 - 3576								129	279	429
3577 - 3580								128	278	428
3581 - 3583								127	277	427
3584 - 3586								126	276	426
3587 - 3590								125	275	425
3591 - 3593								124	274	424
3594 - 3596								123	273	423
3597 - 3600								122	272	422
3601 - 3603								121	271	421
3604 - 3606								120	270	420
3607 - 3610								119	269	419
3611 - 3613								118	268	418

\*Net Income Limit

\$3,571

BASIS OF BENEFIT ISSUANCE  
October 2011

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3614 - 3616								117	267	417
3617 - 3620								116	266	416
3621 - 3623								115	265	415
3624 - 3626								114	264	414
3627 - 3630								113	263	413
3631 - 3633								112	262	412
3634 - 3636								111	261	411
3637 - 3640								110	260	410
3641 - 3643								109	259	409
3544 - 3646								108	258	408
3647 - 3650								107	257	407
3651 - 3653								106	256	406
3654 - 3656								105	255	405
3657 - 3660								104	254	404
3661 - 3663								103	253	403
3664 - 3666								102	252	402
3667 - 3670								101	251	401
3671 - 3673								100	250	400
3674 - 3676								99	249	399
3677 - 3680								98	248	398
3681 - 3683								97	247	397
3684 - 3686								96	246	396
3687 - 3690								95	245	395
3691 - 3693								94	244	394
3694 - 3696								93	243	393
3697 - 3700								92	242	392
3701 - 3703								91	241	391
3704 - 3706								90	240	390
3707 - 3710								89	239	389
3711 - 3713								88	238	388
3714 - 3716								87	237	387
3717 - 3720								86	236	386
3721 - 3723								85	235	385
3724 - 3726								84	234	384
3727 - 3730								83	233	383

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3731 - 3733								82	232	382
3734 - 3736								81	231	381
3737 - 3740								80	230	380
3741 - 3743								79	229	379
3744 - 3746								78	228	378
3747 - 3750								77	227	377
3751 - 3753								76	226	376
3754 - 3756								75	225	375
3757 - 3760								74	224	374
3761 - 3763								73	223	373
3764 - 3766								72	222	372
3767 - 3770								71	221	371
3771 - 3773								70	220	370
3774 - 3776								69	219	369
3777 - 3780								68	218	368
3781 - 3783								67	217	367
3784 - 3786								66	216	366
3787 - 3790								65	215	365
3791 - 3793								64	214	364
3794 - 3796								63	213	363
3797 - 3800								62	212	362
3801 - 3803								61	211	361
3804 - 3806								60	210	360
3807 - 3810								59	209	359
3811 - 3813								58	208	358
3814 - 3816								57	207	357
3817 - 3820								56	206	356
3821 - 3823								55	205	355
3824 - 3826								54	204	354
3827 - 3830								53	203	353
3831 - 3833								52	202	352
3834 - 3836								51	201	351
3837 - 3840								50	200	350
3841 - 3843								49	199	349
3844 - 3846								48	198	348

BASIS OF BENEFIT ISSUANCE  
October 2012

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3847 - 3850								47	197	347
3851 - 3853								46	196	346
3854 - 3856								45	195	345
3857 - 3860								44	194	344
3861 - 3863								43	193	343
3864 - 3866								42	192	342
3867 - 3870								41	191	341
3871 - 3873								40	190	340
3874 - 3876								39	189	339
3877 - 3880								38	188	338
3881 - 3883								37	187	337
3884 - 3886								36	186	336
3887 - 3890								35	185	335
3891 - 3893								34	184	334
3894 - 3896								33	183	333
3897 - 3900								32	182	331
3901 - 3903*								31	181	330*
3904 - 3906								30	180	329
3907 - 3910								29	179	328
3911 - 3913								28	178	327
3914 - 3916								27	177	326
3917 - 3920								26	176	325
3921 - 3923								25	175	324
3924 - 3926								24	174	323
3927 - 3930								23	173	322
3931 - 3933								22	172	322
3934 - 3936								21	171	321
3937 - 3940								20	170	320
3941 - 3943								19	169	319
3944 - 3946								18	168	318
3947 - 3950								17	167	317
3951 - 3953								16	166	316
3954 - 3956								15	165	315
3957 - 3960								14	164	314
3961 - 3963								13	163	313

\*Net Income Limit

\$3,7

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]

# BASIS OF BENEFIT ISSUANCE

## October 2009

### BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

[illegible]



PART XXIV		FORMS	
<u>FORM NUMBER</u>	<u>NAME</u>		<u>PAGES</u>
032-03-0824-26-eng	APPLICATION FOR BENEFITS		1-19
032-03-729A-12-eng	ELIGIBILITY REVIEW - Part A		20-21
032-03-729B-12-eng	ELIGIBILITY REVIEW - Part B		22-26
032-03-0823-11-eng	EVALUATION OF ELIGIBILITY		27-31
032-03-823B-03-eng	PARTIAL REVIEWS AND CHANGES		32-34
032-03-0819-11-eng	SNAP - HOTLINE INFORMATION		35-37
032-03-0821-04-eng	KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP BENEFITS		38-39
032-03-0718-07-eng	EXPEDITED SERVICES CHECKLIST		40-41
032-03-0814-10-eng	CHECKLIST OF NEEDED VERIFICATIONS		42-43
032-03-0117-19-eng	NOTICE OF ACTION		44-47
032-03-0018-33-eng	ADVANCE NOTICE OF PROPOSED ACTION		48-51
032-12-0157-18-eng	NOTICE OF EXPIRATION		52-53
<b>032-03-0051-28-eng</b>	CHANGE REPORT		54-56
032-03-0153-14-eng	ENTITLEMENT TO RESTORATION OF LOST BENEFITS		57-59
032-03-0148-02-eng	REQUEST FOR CONTACT		60-61
032-03-0875-13-eng	REQUEST FOR ASSISTANCE – ADAPT		62-66
032-03-0649-07-eng	INTERIM REPORT FORM – REQUEST FOR ACTION		67-69
032-03-823A-04-eng	PERMANENT VERIFICATION LOG		70-72
032-03-0388-03-eng	FOOD REPLACEMENT REQUEST		73-74
032-03-0387-06-eng	INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION		75-77

PART XXIV	FORMS (continued)	
<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-02-0072-12-eng	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM	78-80
032-03-0174-08-eng	SNAP SANCTION NOTICE FOR NON-COMPLIANCE WITH A WORK REQUIREMENT	81-83
032-03-0721-10-eng	NOTICE OF INTENTIONAL PROGRAM VIOLATION	84-86
032-03-0722-03-eng	WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING	87-89
032-03-0725-04-eng	REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING	90-91
032-03-0724-07-eng	ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING	92-94
032-03-0723-09-eng	ADMINISTRATIVE DISQUALIFICATION HEARING DECISION	95-96
032-03-0052-12-eng	NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION	97-98
032-03-0419-02-eng	MISSED INTERVIEW NOTICE	99-100
032-03-0460-03-eng	NOTICE OF ACTION AND EXPIRATION	101-103
032-03-0366-05-eng	ADAPT VERIFICATION FORM	104-110
032-03-0658-02-eng	NOTICE OF TRANSFER	111-113
032-03-0227-10-eng	CASE RECORD TRANSFER FORM	114-115
032-03-0440-00-eng	RIGHTS AND RESPONSIBILITIES	116-117

Commonwealth of Virginia  
Department of Social Services  
**APPLICATION FOR BENEFITS**

**GENERAL INFORMATION**

With this application, you can apply for one or more of the following assistance programs. Refer to the fold-out page for instructions.

- Supplemental Nutrition Assistance Program (SNAP), (formerly food stamps)
- Temporary Assistance for Needy Families (TANF)
- General Relief
- Emergency Assistance
- Auxiliary Grants
- Refugee Cash and Medical Assistance
- Medical Assistance:
  - Medicaid
  - Plan First
  - FAMIS, FAMIS PLUS, FAMIS MOMS

**COMPLETING THE APPLICATION**

If you need help completing this Application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If more than 8 people are living in your home and you need more space to list everyone, tell the agency you need extra pages. If you want Medicaid and you are under 18 years of age, your parent or legal guardian must sign the application.

Individuals who have a disability or who have difficulty with English may receive extra help to make sure they get assistance or services they are eligible to receive.

**COMPLETE AND ACCURATE INFORMATION**

You must give complete, accurate, and truthful information. If you refuse to give needed information, we may not be able to determine your eligibility for assistance. Information regarding your race is not required. However, if you decide not to give this information, your worker will complete that section. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.

**SPECIAL INFORMATION FOR SNAP APPLICANTS**

You may apply for SNAP benefits by leaving a completed Application for Benefits at the agency or by leaving a partially completed Application with at least your name, address, and signature, or by tearing off and leaving this half-sheet with your name, address, and signature. **You must complete the rest of this Application before your eligibility can be determined.**

You must also be interviewed in the office or by telephone. You may turn in your application before you are interviewed. This is important because if you are eligible for the month in which you apply, your SNAP amount will be based on the date you actually turn in your application.

**EXPEDITED SERVICE FOR SNAP BENEFITS**

Your household may qualify for Expedited Service and receive SNAP benefits within 7 days if you are eligible and if your gross monthly income is less than \$150 and liquid resources are \$100 or less; or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or if someone in your household is a migrant or seasonal farm worker with little or no income and resources. **GIVE THE INFORMATION BELOW, SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Total money expected this month before deductions \$ \_\_\_\_\_

Total cash, money in checking/savings accounts, CDs  
\$ \_\_\_\_\_

Total rent or mortgage for this month  
\$ \_\_\_\_\_

Utility expenses for this month  
\$ \_\_\_\_\_

Which utilities do you pay? (check all that apply)

- ☐ Heat   ☐ Lights   ☐ Telephone   ☐ Electricity for Air Conditioning  
☐ Water   ☐ Sewer   ☐ Garbage   ☐ Other

Is anyone in your household a migrant or seasonal farm worker?      **YES ( ) NO ( )**

NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY NUMBER
	TELEPHONE NUMBER
SIGNATURE	DATE

## AGENCY USE ONLY

**CASE NAME**

**CASE NUMBER**

**LOCALITY**

**SCREENER**

**DATE**

### EXPEDITED SERVICE DETERMINATION

Income < \$150 + Resources ≤ \$100 **YES ( ) NO ( )**

Income + resources < shelter bills **YES ( ) NO ( )**

For migrant or seasonal farm workers:

Resources ≤ \$100 and ≤ \$25 is expected in next 10 days  
from new income; **YES ( ) NO ( )**

**OR**

Resources ≤ \$100 and \$0 income is expected from a terminated  
source for the rest of this month or next month.

**YES ( ) NO ( )**

**EXPEDITE IF YES TO ANY OF THE ABOVE.**

## FILING THE APPLICATION

You may turn in a partially completed Application which contains at least your name, address, and signature (or the signature of your authorized representative), **but you must complete the rest of this Application before your eligibility can be determined.** For some programs, you must also be interviewed, but you may turn in your Application before your interview. You may turn in your Application any time during office hours the same day as you contact your local agency. You have the right to turn in your Application even if it looks like you may not be eligible for benefits.

### VERIFICATION AND USE OF INFORMATION

The information you give may be matched against Federal, State and local records, including the Virginia Employment Commission and the Department of Motor Vehicles to determine if it is complete, accurate, and truthful. In addition, your Social Security Number (SSN) will be used to verify your identity, prevent receipt of benefits from more than one social services agency at the same time, and make required program changes.

The Income and Eligibility Verification System (IEVS) may also be used to verify information. This system uses your SSN to verify wages and salary, unearned income, and unemployment benefits by using records from the Internal Revenue Service and the Social Security Administration. The State Verification Exchange System (SVES) uses your SSN to verify your receipt of Social Security and Supplemental Security Income (SSI) benefits. It is also used to verify quarters of coverage under Social Security, if you are an alien. In addition, the U.S. Citizenship and Immigration Services (USCIS) will be used to verify the status of aliens. Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. If a SNAP claim is discovered against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

### YOUR SNAP RIGHTS

In accordance with Federal law and U.S. Department of Agriculture policy, the Virginia Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, religious creed, disability, or political beliefs,

The Virginia Department of Social Services is an equal opportunity provider.

**VIRGINIA DEPARTMENT  
OF SOCIAL SERVICES**

AGENCY USE ONLY				
CASE NAME	CASE NUMBER	PROGRAM	WORKER CASELOAD	DATE RECEIVED
LOCALITY		DATE OF SERVICE REFERRAL	DATE OF INTERVIEW office <input type="checkbox"/> Telephone <input type="checkbox"/> In <input type="checkbox"/>	

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	PHONE NUMBER (HOME/MESSAGES) (WORK/OTHER)
RESIDENCE ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)		DIRECTIONS TO HOME
MAILING ADDRESS (IF DIFFERENT)		E-MAIL ADDRESS
LANGUAGE (Enter Code) _____ 1 - English 2 - Spanish 3 - Cambodian 4 - Vietnamese 5 - Farsi 6 - Haitian-Creole 7 - Laotian 8 - Chinese 9 - Korean A - Somali B - Kurdish C - Arabic F - French G - German J - Japanese O - Other		
YES ( ) NO ( ) A. Does anyone have an emergency medical need? If <b>YES</b> , give name and explain _____ YES ( ) NO ( ) B. Is the applicant living in an Assisted Living Facility, an Adult Family Care Home, a Nursing Facility, or other institution? If <b>YES</b> , Date Applicant Entered _____ City/County and State Applicant lived before entering _____ If <b>outside Virginia</b> , was placement made by a government agency? YES ( ) NO ( ) YES ( ) NO ( ) C. ANSWER THIS QUESTION IF APPLYING FOR MEDICAID, GENERAL RELIEF OR AUXILIARY GRANTS: Does this applicant have a spouse who does not live in the home? If <b>YES</b> , Spouse's Name _____ Spouse's Address _____		

1. YES ( ) NO ( ) Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving any benefits from a social services agency, including SNAP (Food Stamps), AFDC, TANF, Medicaid, General Relief, Auxiliary Grants, Foster Care, Adoption Assistance, or Refugee Cash Assistance?

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	TYPE OF BENEFITS RECEIVED
WHEN	FROM WHAT COUNTY OR CITY OR STATE	

2. YES ( ) NO ( ) Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive TANF, SNAP, or Medicaid in two or more states at the same time? If **YES**, give date and place of conviction \_\_\_\_\_
3. YES ( ) NO ( ) Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony?  
If **YES**, explain \_\_\_\_\_
4. YES ( ) NO ( ) Do you or anyone in your home have a felony conviction for drugs after August 22, 1996 for ( ) Use? ( ) Possession? ( ) Distribution of drugs? (check all that apply) If **YES**, who? \_\_\_\_\_ Did the court assign ( ) Periodic Testing? ( ) Drug Treatment? ( ) Other Action? YES ( ) NO ( ) If **YES**, have you finished the plan or are you cooperating? YES ( ) NO ( )
5. YES ( ) NO ( ) Is there anything that you would like to talk about with a service worker? This could include concerns about your children, school problems, day care needs, family planning, referrals to other community organizations, or other problems or concerns. If **YES**, explain \_\_\_\_\_

# INSTRUCTIONS

1. Do not write in the shaded areas. These areas are for agency use only.
2. Unfold this page. Use this folded page to complete **SECTION A: GENERAL INFORMATION**. Answer the questions in **SECTION A** for everyone who lives in your home, even if you are not applying for that person. You may leave questions about citizenship, immigration and Social Security Number blank for anyone for whom you are NOT requesting assistance.
3. Answer the questions in **SECTION B: RESOURCES** for everyone for whom you are applying unless you are applying for TANF, Plan First or FAMIS PLUS/FAMIS MOMS. In addition, if applying for **Medicaid** also provide resource information for the following persons:
 

**Medicaid:** Spouse and children under age 21 who live with a person for whom you are applying.  
 Parents who live with a child under age 21.  
 Spouse of a person in a nursing facility, state hospital, or community-based care. Provide the spouse's shelter bills to your worker.
4. Answer the questions in **SECTION C: INCOME** for everyone for whom you are applying. In addition, if applying for **TANF, Medicaid, Plan First or FAMIS PLUS/FAMIS** also provide income information for the following persons:
 

**TANF:** Children age 18 or under, even if you are not applying for that child.  
 Stepparent of the children for whom you are applying.

**Medicaid/Plan First:** Spouse and children under age 21 who live with a person for whom you are applying.  
 Spouse of a person in a nursing facility, state hospital, or community-based care. Provide the spouse's shelter bills to your worker.

**FAMIS PLUS/FAMIS** Parents and stepparents who live with a child under age 21.
5. After completing Sections A, B, and C, answer the questions in the sections indicated below, depending on the type of assistance you are requesting.
 

<b>SNAP (Food Stamps)</b>	<b>Section D</b> , pages 8-9
<b>TANF/Medicaid</b>	<b>Section E</b> , page 10
<b>Refugee Cash and Medical Assistance</b>	<b>Section E</b> , page 10 <b>only</b> for children age 18 and under
<b>FAMIS PLUS/FAMIS</b>	<b>Section F</b> , page 11
<b>Medicaid/Auxiliary Grants/General Relief</b>	<b>Section G</b> , page 11
<b>General Relief</b>	<b>Section E</b> , page 10 <b>only</b> for children under age 18 <b>Sections H &amp; J</b> , page 12
<b>Emergency Assistance</b>	<b>Section I</b> , page 12
<b>Auxiliary Grants</b>	<b>Section J</b> , page 12
<b>Plan First</b>	<b>Section K</b> , page 12
6. Read and complete **VOTER REGISTRATION** on page 12 of this application.
7. Read **YOUR RESPONSIBILITIES** on page 13.
8. Read and complete the last page of this application. Be sure to sign and date the application.

# A. GENERAL INFORMATION (ALL APPLICANTS MUST COMPLETE THIS SECTION)

1. EVERYONE IN YOUR HOME		2. TEMPORARILY AWAY FROM HOME	3. RELATIONSHIP TO PERSON ON LINE #1	4. TYPE OF ASSISTANCE REQUESTED (Check (✓) type of assistance requested for each person. If no assistance is requested, check <b>NONE</b> for that person. Note that an application for TANF will also be an application for SNAP. Check TANF - No SNAP if you do not want to apply for SNAP benefits.)										
<p><b>LIST EVERYONE LIVING IN YOUR HOME</b>, even if you are not applying for assistance for that person.</p> <p><b>LIST YOURSELF ON LINE #1.</b></p> <p>Check (✓) <b>YES</b> ( ) <b>NO</b> ( ) Do you expect any change in who lives in your home, either this month or next month? If YES, explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>LAST NAME, FIRST, MI, AND MAIDEN (DO NOT make any entry in the ID# space)</p>		<p>Is this person temporarily away from home?</p> <p>Check (✓) <b>YES</b> or <b>NO</b></p> <p>If <b>YES</b>, give the date the person left and expected return date. If more than 60 days, give the reason for the absence.</p>	<p>Give the relationship of each person to the person listed on Line #1.</p>	SNAP (FOOD STAMPS)	TANF	TANF - NO SNAP	MEDICAL ASSISTANCE	PLAN FIRST	GENERAL RELIEF	EMERGENCY ASSISTANCE	AUXILIARY GRANTS	REFUGEE CASH ASSISTANCE	REFUGEE MEDICAL ASSISTANCE	NONE
1	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
2	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
3	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
4	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
5	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
6	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
7	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												
8	ID# _____	YES ( ) NO ( ) Date Left _____ Expected Return Date _____ Reason _____												

<p>Determine reason person is away.</p> <p>Determine if any parents or spouses live in the home.</p> <p>dependent</p> <p>Determine if persons under 18 are under parental control.</p> <p>Determine if anyone is a payee for anyone else.</p>	<p>Determine living arrangement, such as subsidized housing for elderly, hospital, incarceration, etc.</p> <p>If person is in ALF nursing facility, state hospital, or CBC, determine if a spouse, dependent, child, or relative is in the home.</p> <p>Determine living arrangement of the minor parent.</p>
---	---

## USE THE FOLDOUT TO COMPLETE THIS SECTION

<b>5. U.S. CITIZEN*</b>  Check (✓) <b>YES or NO</b>  If YES, do not answer Question 6.  You may leave this blank for anyone not in the assistance request	<b>6. ANSWER <u>ONLY</u> IF AN ALIEN</b>  Give the <b>Alien Number</b> and <b>Date of Entry</b> for anyone for whom you are requesting assistance.  You may leave this blank for anyone not in the assistance request.	<b>7. PLACE OF BIRTH</b>  Give the <b>State</b> if born in the U.S. or the <b>Country</b> if born outside of the U.S.  <b>8. DATE OF BIRTH</b>	<b>9a. RACE</b> (not required)  Select all that apply 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/ Pacific Islander	<b>9b. ETHNICITY</b> (not required)  Give the <b>code</b> to show ethnicity.  1 - Hispanic or Latino 2 - Not Hispanic or Latino	<b>10. SEX</b>  Give the <b>code</b> to show Sex.  M - Male F - Female	<b>11. SOCIAL SECURITY NUMBER</b>  Give the number for anyone for whom you are requesting assistance.	<b>12. MARITAL STATUS</b>  Give the <b>code</b> to show Marital status.  1 - Married 2 - Never Married 3 - Divorced 4 - Widowed 5 - Separated	<b>13. VETERAN/ DEPENDENT OF A VETERAN</b>  Check (✓) <b>YES or NO</b>
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )
YES ( ) NO ( )	Alien Number  Date of Entry	Place of Birth  Date of Birth						YES ( ) NO ( )

\*U.S. Citizens: You must prove you are a U.S. citizen for Medicaid purposes unless you receive SSI, SSDI, or you are a Medicare beneficiary. You must show documents such as a birth certificate to show that you are a citizen and you must prove your identity (often something with your picture on it) in order to receive Medicaid benefits. If you cannot provide documentation, let the worker know right away. Your Medicaid benefits could be canceled or denied if you do not tell us that you are trying to get these documents or that you need help. For children under age 16, a parent's or an authorized representative's signature on this application will serve as proof of identity, but you must still provide proof of citizenship for children under age 16.

For Aliens, photocopy USCIS document. Inquire if requesting emergency care. Determine if sponsored. Obtain sponsor's name address, income, and resources. For Asylum holders, verify date asylum was granted. For Veterans, make referral to V.A.

# USE THE FOLDOUT TO COMPLETE THIS SECTION

<b>14. MEDICAL EXPENSES DURING THE 3 MONTHS BEFORE THIS MONTH.</b>  Check (√) <b>YES or NO</b>  If <b>YES</b> , give the <b>Date of the Expense</b> .	<b>15. EDUCATION</b>  Give the <b>Last Grade Completed</b> in school.  Check (√) <b>YES or NO</b> Is the person a High School (HS) or GED graduate?  Check (√) <b>YES or NO</b> Is the person <b>Currently Enrolled</b> in school? If <b>YES</b> , give the <b>school name</b> and use one of the <b>codes</b> to show enrollment.  FT - Enrolled full time HT - Enrolled half time LT - Enrolled less than half time  ENROLLMENT  SCHOOL NAME                      CODE			<b>16. DISABILITY/ PREGNANT STATUS</b>  Give the <b>code</b> to show Disability/Pregnant Status  ND - Not disabled DS - Disabled BL - Blind CD - Needed to care for disabld person PG - Pregnant	<b>17. ANSWER ONLY IF DISABLED</b>  A. Check (√) if the disability reduces or prevents the ability to work or to obtain work.  B. Check (√) if the disability reduces or prevents the ability to care for a child in the home.  C. Check (√) if the disability requires someone to be in the home to provide care.	<b>18. ANSWER ONLY IF PREGNANT AND APPLYING FOR MEDICAID AND FAMIS MOMS</b>  Give the <b>Conception</b> month and year and the <b>Expected Delivery Date</b> , and the number of <b>Unborn Children</b> .
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>
YES ( ) NO ( )  Date	<b>A. Last Grade Completed:</b> _____  <b>B. ( ) YES ( ) NO HS or GED Graduate</b>  <b>C. ( ) YES ( ) NO Currently Enrolled</b>				<b>A. ( ) Ability to work is reduced</b>  <b>B. ( ) Ability to care for child is reduced</b>  <b>C. ( ) Someone is needed in the home</b>	<b>Conception</b>  <b>Delivery</b>  <b># Unborn</b>

## B. RESOURCES

**Do not complete this section if you are applying only for TANF, FAMIS PLUS, FAMIS, FAMIS MOMS, or Medicaid for parents of dependent children. If you are applying for Plan First, only answer Question #9 in this section. For all other programs, answer the resource questions for everyone for whom you are applying.** If applying for Medicaid for aged, blind, or disabled adults or medically needy children, also provide resource information for the spouse or parents. See Page 1a. Include any resources anyone owns, is currently buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resource owned by that person. TALK TO YOUR ELIGIBILITY WORKER IF YOU NEED HELP ANSWERING THESE QUESTIONS, INCLUDING THE PERCENTAGE OWNED.

- YES ( ) NO ( )** 1. Cash on hand and not in a bank? If **YES**, list owner(s) \_\_\_\_\_ Amount \_\_\_\_\_
- YES ( ) NO ( )** 2. Checking account, savings or investment account, credit union account, Christmas Club account, CDs or money market account, individual development account, patient funds for people in a nursing facility or Assisted Living Facility, or special welfare fund account? List all accounts, even if there is no money in the account. If **Yes** to savings or investment account, has the savings account been set up to pay for school expenses, to make a down payment on a house, or to start a business? Check (✓) **YES ( ) NO ( )** If the savings account is to pay for school expenses, list the person(s) whose expenses will be paid \_\_\_\_\_. If the savings or investment account is for another purpose, explain \_\_\_\_\_

OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT \$	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT \$	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT \$	DATE ACQUIRED

- YES ( ) NO ( )** 3. Stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, deeds of trust, mutual funds, IRAs, or annuities?

OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	AMOUNT \$	DATE ACQUIRED
OWNER(S)	TYPE OF ACCOUNT ACCOUNT #	WHERE	AMOUNT \$	DATE ACQUIRED

- YES ( ) NO ( )** 4. Has anyone sold, transferred, or given away any resources in the last 3 months if applying for **SNAP** benefits?

In the last 2 years, if applying for **General Relief**? Any resources or income in the last 5 years if applying for **Medicaid**?

PROPERTY TRANSFERRED	VALUE AT TRANSFER \$	AMOUNT RECEIVED \$	EXPLAIN REASON FOR TRANSFER
FROM WHOM	TO WHOM	DATE ACQUIRED	DATE TRANSFERRED

**Answer the questions below this point (5-12B) only if this is an application for Medicaid, General Relief, Emergency Assistance, Auxiliary Grants, or Refugee Medical Assistance.**

- YES ( ) NO ( )** 5. Burial plots, burial arrangement or trust funds for burial?

OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	WHERE	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
OWNER(S)	NUMBER OF PLOTS, TYPE OF ARRANGEMENT	WHERE	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED

- YES ( ) NO ( )** 6. Personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

OWNER(S)	TYPE	YES ( ) NO ( ) Is this property necessary to your business or trade, including farming?	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
----------	------	---	----------------------------------	---------------

**YES ( ) NO ( )** 7. Real property, including life estates, land, buildings, or mobile homes? If **YES**, do you live there? Check (√) **YES ( ) NO ( )**

OWNER(S)	TYPE (INCLUDE NUMBER OF ACRES)	YES ( ) NO ( ) Currently rented YES ( ) NO ( ) Income producing YES ( ) NO ( ) Currently for sale	VALUE \$ AMOUNT OWED \$	DATE ACQUIRED
----------	--------------------------------	---	----------------------------------	---------------

**YES ( ) NO ( )** 8. Licensed or unlicensed vehicles, such as cars, trucks, vans, motorboats, motor homes, mobile homes, recreational vehicles, or motorcycles/mopeds?

OWNERS	TYPE OF VEHICLE: YEAR-MAKE-MODEL VEHICLE ID#	CURRENTLY LICENSED? YES ( ) NO ( )	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
OWNERS	TYPE OF VEHICLE: YEAR-MAKE-MODEL VEHICLE ID#	CURRENTLY LICENSED? YES ( ) NO ( )	LICENSE #	VALUE \$ AMOUNT OWED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED

**YES ( ) NO ( )** 9. Health insurance or long term care insurance?

POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE END DATE	ID NUMBER PREMIUM AMOUNT \$	TYPE OF COVERAGE	PERSON(S) INSURED
POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE END DATE	ID NUMBER PREMIUM AMOUNT \$	TYPE OF COVERAGE	PERSON(S) INSURED

**YES ( ) NO ( )** 10. Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (√) ( ) PART A ( ) PART B	BEGIN DATE END DATE	PREMIUM	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (√) ( ) PART A ( ) PART B	BEGIN DATE END DATE	PREMIUM	PAYMENT METHOD

**YES ( ) NO ( )** 11. Life insurance policies?

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$	CASH VALUE \$	DATE ACQUIRED
OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$	CASH VALUE \$	DATE ACQUIRED

**YES ( ) NO ( )** 12A. Does anyone expect to receive any money because of a legal suit involving personal injury or property damage? If **YES**, explain.

**YES ( ) NO ( )** 12B. Does anyone expect a change in resources this month or next month? If **YES**, explain and give date change is expected.

EXPLAIN
---------

## C. INCOME (ALL APPLICANTS MUST COMPLETE THIS SECTION)

Answer the income questions for everyone for whom you are applying. If applying for **TANF**, **Medicaid**, or **Plan First**, also provide income information for the additional persons indicated on the INSTRUCTIONS page. And for **TANF** and **Medicaid/FAMIS PLUS/FAMIS** for children, also provide income information for the child's parent or stepparent living in the home; or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for **TANF**) or under age 21 (for **Medicaid**), also provide income information for the parent of the minor parent.

1. Does anyone receive any of the following types of money from working? Check (✓) **YES** or **NO** for each type. If **YES**, give the information requested.

<b>YES ( ) NO ( )</b> Wages/salary Other self-employment	<b>YES ( ) NO ( )</b> Vacation Pay	<b>YES ( ) NO ( )</b> Farming/fishing	<b>YES ( ) NO ( )</b>
<b>YES ( ) NO ( )</b> Contract income other money from working	<b>YES ( ) NO ( )</b> Earned sick pay	<b>YES ( ) NO ( )</b> Domestic work	<b>YES ( ) NO ( )</b> Any
<b>YES ( ) NO ( )</b> Commissions, bonuses, tips	<b>YES ( ) NO ( )</b> Babysitting/day care	<b>YES ( ) NO ( )</b> Odd jobs	

PERSON RECEIVING MONEY FROM WORKING	EMPLOYER'S NAME, ADDRESS PHONE NUMBER	EMPLOYMENT BEGIN DATE	HOURS WORKED PER MONTH	RATE OF PAY	HOW OFTEN PAID	DAY OF THE WEEK PAID	GROSS MONTHLY PAY BEFORE DEDUCTIONS
				\$ PER			\$
				\$ PER			\$
				\$ PER			\$

2. Does anyone receive any other type of money? Check (✓) **YES** OR **NO** for each type. If **YES**, give the information requested.

<b>YES ( ) NO ( )</b> Social Security	<b>YES ( ) NO ( )</b> Child support, alimony	<b>YES ( ) NO ( )</b> Cash gifts or contributions	<b>YES ( ) NO ( )</b> Loans
<b>YES ( ) NO ( )</b> SSI	<b>YES ( ) NO ( )</b> Military Allotment	<b>YES ( ) NO ( )</b> Public Assistance	<b>YES ( ) NO ( )</b>
<b>YES ( ) NO ( )</b> Training allowances, including WIA			
<b>YES ( ) NO ( )</b> VA benefits	<b>YES ( ) NO ( )</b> Unemployment benefits	<b>YES ( ) NO ( )</b> Room/board income	<b>YES ( ) NO ( )</b>
<b>YES ( ) NO ( )</b> Inheritance			
<b>YES ( ) NO ( )</b> Black Lung benefits	<b>YES ( ) NO ( )</b> Worker compensation	<b>YES ( ) NO ( )</b> Rental Income	<b>YES ( ) NO ( )</b> All food, clothing,
<b>YES ( ) NO ( )</b> utilities, or rent			
<b>YES ( ) NO ( )</b> Railroad retirement	<b>YES ( ) NO ( )</b> Strike benefits	<b>YES ( ) NO ( )</b> Prize winnings	<b>YES ( ) NO ( )</b> Any other type of
<b>YES ( ) NO ( )</b> money			
<b>YES ( ) NO ( )</b> Other retirement	<b>YES ( ) NO ( )</b> Interest, dividends	<b>YES ( ) NO ( )</b> Insurance settlement	

PERSON RECEIVING MONEY	TYPE OF MONEY RECEIVED	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTHLY AMOUNT BEFORE DEDUCTIONS
				\$
				\$
				\$
				\$

For Self Employment Income, determine expenses.  
 For Day Care Income, determine whether child lives in the home, number of snacks or meals, expenses.  
 For Roomer/Boarder Income, determine whether heat is provided, number of meals provided per day.  
 For Rental Income, determine whether property is actively self-managed, expenses.  
 For Earned Income, determine whether earnings include EITC advance payments.  
 Inquire if SSI has been applied for.

For SNAP, investigate voluntary quit/work reduction.  
 For TANF, determine the day care option.  
 For Medicaid, determine income of spouse, dependent child, or dependent relative of person in nursing facility, state hospital, or CBC.

**YES ( ) NO ( )** 3. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job or reduced hours worked in the last 60 days?

NAME OF PERSON	EMPLOYER'S NAME, ADDRESS PHONE	EMPLOYED FROM/TO	HRS./WK. WORKED	RATE OF PAY	HOW OFTEN PAID	DATE LAST PAY RECEIVED	REASON FOR LEAVING, REDUCING HOURS
				\$ PER			

**YES ( ) NO ( )** 4. Does anyone besides the people for whom you are applying pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? Or, does anyone totally supply food or clothing for you or someone else on a regular basis?

PERSON RECEIVING HELP	PERSON PROVIDING HELP	TYPE OF HELP RECEIVED	AMOUNT	DOES MONEY COME DIRECTLY TO YOU?	IS THIS A LOAN?	IS REPAYMENT EXPECTED
			\$ PER	YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )
			\$ PER	YES ( ) NO ( )	YES ( ) NO ( )	YES ( ) NO ( )

**YES ( ) NO ( )** 5. Has anyone applied for or received student financial aid or work-study for a current school term at a college or university? Or, any school or training program beyond the high school level? Or, any school or training program for the physically or mentally disabled?

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERIOD COVERED	SCHOOL EXPENSES					
				TUITION FEES	BOOKS/ SUPPLIES	TRANSPOR- TATION	DEPENDENT CARE	ROOM & BOARD	OTHER (specify)
		\$	FROM TO	\$	\$	\$	\$	\$	\$
		\$	FROM TO	\$	\$	\$	\$	\$	\$

**YES ( ) NO ( )** 6. Does anyone expect any change in the type of money received, employment, or hours worked, either this month or next month?

If **YES**, explain and give date: \_\_\_\_\_

**YES ( ) NO ( )** 7. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability?

PERSON PAYING FOR CARE	PERSON RECEIVING CARE	CHECK (✓) IF DISABLED	PROVIDER'S NAME, ADDRESS, PHONE NUMBER	AMOUNT PAID
		( ) Disabled		\$ PER
		( ) Disabled		\$ PER

**YES ( ) NO ( )** 8. Does anyone pay legally obligated child support to someone not in the household? If **YES**, person paying: \_\_\_\_\_

Person supported: \_\_\_\_\_ Amount paid and how often: \_\_\_\_\_

**YES ( ) NO ( )** 9. **ANSWER ONLY IF SOMEONE IS APPLYING FOR MEDICAID AND IS BLIND OR DISABLED:** Does this person have a work related expense?

If **YES**, give amount and explain: \_\_\_\_\_

**D. SNAP (formerly FOOD STAMPS)**

1. List the name of the person who is the head of your household: for SNAP purposes \_\_\_\_\_.

**YES ( ) NO ( )** 2. Would you like to name an authorized representative who could apply for SNAP benefits for you, access your SNAP benefit account to buy food for you, or receive SNAP correspondence and notices for you? You may have only one representative who can access your benefits.

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)		CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON	
1		( ) Apply for SNAP benefits ( ) Receive SNAP benefits	( ) Receive correspondence
2		( ) Apply for SNAP benefits ( ) Receive SNAP benefits	( ) Receive correspondence

An authorized representative must have written permission to apply for SNAP benefits. This permission may be given in the space above or in a letter. Only the head of the household, the spouse, or any adult member of the household age 18 or older may give permission for a representative.

**YES ( ) NO ( )** 3. Is anyone living in your home NOT included on your SNAP application?

If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) **YES ( ) NO ( )** IF **YES**, list names: \_\_\_\_\_

**YES ( ) NO ( )** 4. Is anyone living in your home a roomer or a boarder? If **YES**, list names: \_\_\_\_\_

**YES ( ) NO ( )** 5. Is anyone age 60 or older, **OR** approved to receive Medicaid because of a disability, **OR** receiving any type of disability check?

If **YES**, list all current medical expenses for these people, including Medicare premiums, other medical insurance premiums, medical and dental bills, psychotherapy, prescription drugs, eye glasses, dentures, hearing aids, transportation for medical services, nursing services, and any other medical bills. ALSO, indicate how you would like these medical expenses deducted in order to determine your SNAP benefits. TALK TO YOUR WORKER BEFORE ANSWERING METHOD OF DEDUCTION.

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY	METHOD OF DEDUCTION
		\$		( ) Lump sum ( ) Monthly average ( ) Expected payment
		\$		( ) Lump sum ( ) Monthly average ( ) Expected payment
		\$		( ) Lump sum ( ) Monthly average ( ) Expected payment

**YES ( ) NO ( )** 6. Does anyone have shelter expenses for rent or mortgage, real estate tax, property tax on a mobile home, home owner's insurance, electricity, gas, kerosene, coal, oil, wood, water or sewer, telephone, or initial installation fee for utilities or telephone? If **YES**, answer question a, b, and c. Then, give the information requested in boxes.

a. **YES ( ) NO ( )** Are any utilities included in your rent? If **Yes**, leave the boxes for those expenses blank.

b. **YES ( ) NO ( )** Are taxes or insurance included in your mortgage payment? If **Yes**, leave those boxes blank.

c. **YES ( ) NO ( )** Do you have an expense for telephone services? If **Yes**, does anyone living in your home but not included on your SNAP application help you pay your telephone bill? Check (✓) **YES ( )** or **NO ( )**

If **YES**, explain: \_\_\_\_\_

EXPENSE	Rent or Mortgage	Taxes	Insurance	Electricity	Gas	Kerosene	Coal	Oil	Wood	Water/Sewer	Garbage	Installation
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN												
WHO PAYS BILL												

**YES ( ) NO ( )** 7. Does anyone have or expect to have an expense for heating or cooling the home? Or, has anyone received assistance from the Fuel Assistance Program during this past year?

If **YES**, check (✓) whether you would like your SNAP benefits determined using your actual utility expenses or a standard amount we use for these expenses. TALK TO YOUR WORKER BEFORE ANSWERING. **Actual Utility Expenses ( ) Utility Standard ( )**

If the **Utility Standard** is selected, does anyone living in your home but not included on your SNAP application help you pay your heating or cooling bill? Check (✓) **YES ( ) NO ( )** If **YES**, explain: \_\_\_\_\_

**YES ( ) NO ( )** 8. Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If temporarily staying in someone else's home, give the date you moved in: \_\_\_\_\_

If **YES**, check (✓) whether you would like your SNAP benefits determined using your actual shelter expenses or a standard amount we use for these expenses. TALK TO YOUR WORKER BEFORE ANSWERING. **Actual Shelter Expenses ( ) Homeless Shelter Allowance ( )**

**YES ( ) NO ( )** 9. Does anyone have a shelter expense for a home (rented or owned) that is temporarily not lived in because of employment or training away from home, illness, or a disaster?

REASON FOR NOT LIVING THERE	DOES PERSON INTEND TO RETURN?	TYPE AND AMOUNT OF SHELTER EXPENSES	IS SOMEONE ELSE LIVING THERE?	IF SOMEONE ELSE LIVES THERE, DOES THAT PERSON PAY RENT?
	YES ( ) NO ( )		YES ( ) NO ( )	YES ( ) NO ( )

**E. FINANCIAL AND MEDICAL ASSISTANCE FOR FAMILIES WITH CHILDREN**

(ASK FOR AN EXTRA PAGE IF YOU NEED MORE SPACE)

<b>1. CHILD/PARENT INFORMATION</b>  List each child for whom you are applying. Then, list the names of both parents.  YOU MUST IDENTIFY BOTH PARENTS IN ORDER TO RECEIVE TANF. IF YOU INTENTIONALLY MISIDENTIFY A PARENT, YOU SHALL BE PROSECUTED	<b>2. PARENT'S STATUS</b> (Not needed for Medicaid)  Check if either PARENT is:				<b>3. IMMUNIZATION</b> (Not needed for Medicaid) (Answer <u>only</u> if applying for TANF and the child is not in school.)  Has the child received <b>ALL</b> of the immunizations required according to the child's age?  Check (✓) <b>YES</b> or <b>NO</b> or <b>UNKNOWN</b>
	UNEMPLOYED	DISABLED	DEAD	ABSENT	
CHILD'S NAME					YES ( )      NO ( )      UNKNOWN ( )
MOTHER					
FATHER					
CHILD'S NAME					YES ( )      NO ( )      UNKNOWN ( )
MOTHER					
FATHER					
CHILD'S NAME					YES ( )      NO ( )      UNKNOWN ( )
MOTHER					
FATHER					
CHILD'S NAME					YES ( )      NO ( )      UNKNOWN ( )
MOTHER					
FATHER					

**F. FAMIS PLUS/FAMIS**

- YES ( ) NO ( )** 1. Did any of the children listed above have health insurance in the past 4 months? If **YES**, (a) list name of child, type of insurance, such as doctor, hospital, drugs, dental, vision, etc., and the date the insurance ended; and (b) select the reason the insurance ended.

Child: \_\_\_\_\_ Type of insurance: \_\_\_\_\_

Date ended \_\_\_\_\_

Reason insurance ended:

- ( ) The parent or stepparent changed jobs or stopped employment and no other employer contributes to the cost of family coverage.  
 ( ) The parent or stepparent's employer stopped contributing to the cost of family coverage and no other employer contributes to the cost of family coverage.  
 ( ) Child uninsurable—insurance company discontinued coverage. (Provide proof that coverage stopped by insurance company)  
 ( ) Cost exceeded 10% of monthly income (before taxes). (Provide proof of cost of monthly premium)  
 ( ) Stopped/dropped by someone other than parent or stepparent.  
 ( ) Stopped/dropped Cobra policy  
 ( ) Other \_\_\_\_\_

- YES ( ) NO ( )** 2. Is any member of the family, including a stepparent who lives in the home, employed by a state or local government agency? If **YES**, list name of family member(s) and agency name: \_\_\_\_\_

- YES ( ) NO ( )** 3. Does the employer of any member of the family offer health insurance for family members? If **YES**, list the names of the children listed on this application who can get insurance through the employer? \_\_\_\_\_

**G. AGED, BLIND OR DISABLED INDIVIDUALS**

- YES ( ) NO ( )** 1. Have you ever applied for Supplemental Security Income (SSI) or Social Security as a disabled person?  
 If **YES**, date applied: \_\_\_\_\_ Date approved: \_\_\_\_\_ Date denied: \_\_\_\_\_

- YES ( ) NO ( )** 2. If your application was denied, did you file an appeal of the denial? If **YES**, explain the action taken by the Social Security Administration (SSA) on the appeal request? \_\_\_\_\_

- YES ( ) NO ( )** 3. Has it been less than 12 months since your most recent application for Social Security or SSI disability benefits was denied? If **YES**, list the medical conditions that you asked SSA to evaluate. \_\_\_\_\_

- YES ( ) NO ( )** 4. Has your condition changed or worsened since your most recent application for Social Security or SSI disability benefits was denied. If **YES**, explain how your condition has changed or worsened. \_\_\_\_\_

- YES ( ) NO ( )** 5. Do you have a new condition that has occurred since your most recent application for Social Security or SSI disability benefits was denied? If **YES**, explain the new condition. \_\_\_\_\_

- YES ( ) NO ( )** 6. Did you receive a disability check from SSA that has stopped? If **YES**, explain when and why the payments stopped. \_\_\_\_\_  
 \_\_\_\_\_

- YES ( ) NO ( )** 7. Did you receive an Auxiliary Grants check that has stopped? If **YES**, explain when and why the payments stopped. \_\_\_\_\_  
 \_\_\_\_\_

**H. GENERAL RELIEF**

**YES ( ) NO ( )** Does anyone have any responsibility for rent or utility bills (not telephone), even if someone else helps pay?

**I. GENERAL RELIEF/EMERGENCY ASSISTANCE**

**YES ( ) NO ( )** Does anyone have any emergency food, rent, utility (not deposits), medical, clothing, transient or relocation expenses?

DESCRIPTION AND CAUSE OF EMERGENCY

**J. AUXILIARY GRANTS**

**YES ( ) NO ( )** 1. Do you own any household goods or personal effects which are worth more than \$500, such as silver, fine china, furs, artwork, expensive jewelry, or other expensive items?

DESCRIPTION AND VALUE OF ITEMS

**YES ( ) NO ( )** 2. Do you owe or did you pay in the month of application any bills you had before you entered the assisted living facility or adult family care?

DESCRIPTION OF BILLS	DATES OF BILLS	DATES BILLS PAID

**K. PLAN FIRST**

**YES ( ) NO ( )** Has the person(s) applying for Plan First coverage had a procedure that now prevents pregnancies (tubes tied, hysterectomy)? For men, this includes a vasectomy. If yes, please list the person's name: \_\_\_\_\_.

**VOTER REGISTRATION**

**If you are applying for TANF, SNAP, Medicaid or Plan First, check one of the following:**

**If you are not registered to vote where you live now, would you like to register to vote here today?**

☐

Yes, I would like to register to vote. (If you would like help filling out the voter registration application form, we will help you. The decision to accept help is yours. You also have the right to fill out your voter registration application form in private.)

☐

I do not want to apply to register to vote today.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote will not affect the amount assistance or services that you will be provided by this agency. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219, (804) 864-8901.

Agency Use Only: Face-to-face interview not required. A voter registration form was mailed.  
mailed

Date

form

## YOUR RESPONSIBILITIES (READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)

### CHANGES

**Medical Assistance Programs:** Report these changes within 10 days:

**Auxiliary Grants/General Relief :** Report these changes the day the change occurs or the first day that the agency is open after the change occurs:

- 1) Change of address and any changes in shelter costs due to the move.
- 2) Change in the persons in the household – person left, person born, etc.
- 3) Change in a job, earned income, or other benefits:
  - Change in the source - getting or stopping a job.
  - Change in work hours from part-time to full-time or full-time to part-time.
  - Change in rate of pay per hour/day, etc.
- 4) Change in the amount of monthly income received other than from a job, including loss of SSI benefits.
- 5) Changes in resources, including transferring assets/property or in any motor vehicles owned.
- 6) Change in marital status.
- 7) Person in home is no longer disabled.
- 8) Change in dependent care expenses.
- 9) Change in insurance.
- 10) Termination of a pregnancy.
- 11) Other changes that may affect eligibility.

**SNAP:** Report this change within 10 days, but no later than the 10<sup>th</sup> day of the month after the change occurs:

- Change in household income that exceeds 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount.

**TANF:** Report these changes within 10 days, but no later than the 10<sup>th</sup> day of the month after the changes occur:

- 1) Change in household income that exceeds 130% of the Federal poverty level. See the Change Report or the Notice of Action for amount.
- 2) Change in address.
- 3) An eligible child or parent leaves or enters the home.
- 4) Changes needed for VIEW (TANF work program).

### PENALTIES FOR SNAP VIOLATIONS

**You must not give false information or hide information to get SNAP benefits. You must not trade or sell EBT cards. You must not use SNAP benefits to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's, EBT card for your household.**

**If you intentionally break any of these rules you could be barred from getting SNAP benefits for 12 months (1<sup>st</sup> violation), 24 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> violation); subject to \$250,000 fine, imprisoned up to 20 years, or both; and suspended for an additional 18 months and further prosecuted under other Federal and State laws.**

**If you intentionally give false information or hide information about identity or residence to get SNAP benefits in more than one locality at the same time, you could be barred for 10 years.**

**If you are convicted in court of trading or selling SNAP benefits of \$500.00 or more, you could be barred permanently.**

**If you are convicted in court of trading SNAP benefits for a controlled substance, you could be barred for 24 months for the 1<sup>st</sup> violation, permanently for the 2<sup>nd</sup> violation.**

**If you are convicted in court of trading SNAP benefits for firearms, ammunition, or explosives, you could be barred permanently for the first violation.**

### INFORMATION ABOUT THE DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE)

In order to receive TANF, you are required to assign all of your rights to financial support paid to you and to everyone else for whom you are receiving TANF. After your case is approved, you must give any support payments you receive to DCSE.

### PENALTIES FOR TANF VIOLATIONS

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF or to receive supportive or transitional services such as child care or assistance with transportation.

If you are found guilty of intentionally breaking these rules, you will be ineligible to receive TANF for yourself for 6 months (1<sup>st</sup> violation), 12 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> violation). In addition, you may be prosecuted under Federal or State law.

Anyone convicted of misrepresenting his or her residence to get TANF, Medicaid, SNAP benefits or SSI in two or more states is ineligible for TANF for 10 years.

**Anyone convicted of a drug-related felony for actions that occurred after August 22, 1996, could be barred permanently.**

### PENALTIES FOR MEDICAID FRAUD/ABUSE

You must not deliberately withhold or hide information or give false information to get Medicaid, FAMIS Plus or Plan First benefits. Medicaid fraud also occurs when a provider bills for services that were not delivered to a Medicaid recipient, or when a recipient shares the Medicaid number with another person to get medical services.

If you are convicted of Medicaid fraud in a criminal court, you must repay the program for all losses (paid claims or managed care premiums) and cannot get Medicaid for one year after conviction. In addition, the sentence could include a fine up to \$25,000 and up to 20 years in prison. You may also have to repay any claims and managed care premiums paid when you were not eligible for Medicaid due to acts that are not considered criminal. Fraud and abuse should be reported to your local social services office or to the Department of Medical Assistance Services Recipient Audit Unit at (804) 785-0156.

**BY MY SIGNATURE BELOW, I DECLARE:**

- I understand all the information in the GENERAL INFORMATION and the YOUR RESPONSIBILITIES sections of this application.
- I understand that if I refuse to cooperate with any review of my eligibility including review by Quality Assurance, my benefits may be denied until I cooperate.
- I understand that if my application is for SNAP benefits, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for these expenses.
- I understand that Medicaid, FAMIS, and DMAS contractors may exchange information relating to my child(ren)'s coverage with local educational agencies to assist with application, enrollment, administration, and billing for services provided to my child in school. I understand that I can revoke the consent to disclose information at any time.
- I understand that to receive benefits from the Medicaid/FAMIS PLUS/Plan First/FAMIS programs, I must agree to assign my rights and the rights of anyone for whom I am applying to medical support and other third-party payments to the Department of Medical Assistance Services. If I do not agree to assign my rights, I will be ineligible for Medicaid.
- I understand that all money I receive for diagnosis or treatment of any injury, disease, disability, or medical care support must be sent to the Third-Party Liability Section, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, VA 23219.
- I understand that I have the right to file a complaint if I believe I have been discriminated against because of race, color, national origin, sex, age, disability, or religious or political beliefs.
- I understand that I must report ownership of all annuities my spouse or I have. I also understand that my spouse and I may have to name the Commonwealth of Virginia as the beneficiary on any annuities we may have in order for Medicaid to pay long-term care costs.
- If I am applying for Medicaid, I understand that I must cooperate in establishing paternity and obtaining medical support for my children. I understand that failure to cooperate may cause my ineligibility for Medicaid.
- I understand that I have the right to appeal and have a fair hearing if I am: (1) not notified in writing of the decision regarding my application within specified time frames (10 days); (2) denied benefits from the programs for which I applied; or (3) dissatisfied with any other decision that affects my receipt of Medicaid/FAMIS PLUS/Plan First. For FAMIS/ FAMIS MOMS, there will be no opportunity for review of a negative action if the sole basis for the action is exhaustion of funding.
- I will report any changes in my situation within the time frames specified on page 13 to my local department of social services.
- I have given true and correct information on this application to the best of my knowledge and belief. I understand that if I give false information, withhold information, or fail to report a change promptly or on purpose, I may be breaking the law and could be prosecuted for perjury, larceny, and/or welfare fraud. I understand that if I help someone complete this form so as to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- I understand that my signature on this application certifies, under penalty of perjury, that I am a U.S. Citizen or alien in lawful immigration status (unless applying for emergency services only). I understand the information provided on this application can be used to establish identity for children under age 16 for medical assistance purposes.
- I authorize the Department of Social Services and the Department of Medical Assistance Services to obtain any verification necessary to both determine and review financial or medical assistance eligibility. This authorization includes the release of any medical or psychological information obtained from any source to any state or local agency that may review this application and the release to the Department of Medical Assistance Services of any information in any medical records pertaining to any services received by me or anyone for whom I applied. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply as long as my medical assistance case is open or to investigations regarding possible fraud.

**TANF APPLICANTS:**      The diversionary assistance program was explained to me.      **YES ( ) NO ( )**  
    The family cap provision was explained to me.      **YES ( ) NO ( )**

I filled in this application myself. **YES ( ) NO ( )**      If **NO**, it was read back to me when completed. **YES ( ) NO ( )**

APPLICANT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	SPOUSE'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK (NOT NEEDED FOR SNAP)	DATE
WITNESS TO MARK OR INTERPRETER	DATE	WORKER'S SIGNATURE	DATE

Complete the box below if this application was completed for the applicant by someone else.

NAME OF PERSON COMPLETING APPLICATION	DATE	ADDRESS
PHONE NUMBER (HOME) (OTHER)		REALATIONSHIP TO APPLICANT

APPLICATION FOR BENEFITS

FORM NUMBER - 032-03-0824

PURPOSE OF FORM - To record a household's request for assistance and to provide information about the current situation needed to determine eligibility.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The application is to be completed by or on behalf of the applying household. The completed application may be mailed to the agency or completed at the agency prior to or during an interview. The completed application is to be filed in the eligibility case record. The application must be retained for a minimum of three years.

The application may be used to apply for benefits of other programs if assistance is requested within three months of the original filing date. The date of the application in this instance is the date of the secondary request.

INSTRUCTIONS FOR PREPARATION OF FORM - General instructions appear of the form for completion.

If changes need to be made after the application is completed, the applicant should write the revised information near the original entry. The applicant must initial and date the changes. Except for agency-use sections, eligibility workers may not add to or write on a completed application.



**Commonwealth of Virginia**  
**Department of Social Services**  
**ELIGIBILITY REVIEW – PART A**

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED

This is a review to determine if you continue to be eligible for benefits. Please give correct and complete information on both Part A (this form) and Part B (Separate Form).  
**IF YOU ARE REPORTING A NEW HOUSEHOLD MEMBER, COMPLETE THE INFORMATION ON THE BACK OF THIS PAGE FOR THE NEW MEMBER.**

**A. HOUSEHOLD INFORMATION**

1. Give your name, address and phone number.

NAME	PHONE NUMBER (HOME) (WORK)
ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	DIRECTIONS TO HOME
MAILING ADDRESS (IF DIFFERENT)	

2. List yourself on the first line. Then, list everyone else living in your home, **even if you are not applying for that person**. Include people temporarily away and check the "AWAY" block for them. Give the information requested for each person.

NAME (IF AWAY, CHECK AWAY BLOCK)		PROGRAM(S) REQUESTED					RELATIONSHIP TO YOU	You may leave this blank for anyone not in the assistance request.  SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS	CHECK (✓) IF IN SCHOOL?		IF IN SCHOOL NAME OF SCHOOL
LAST, FIRST, MIDDLE INITIAL (MAIDEN)	AWAY	SNAP Benefits (food stamps)	TANF	MEDICAID	IF OTHER, SPECIFY	NONE					YES	NO	

If you answer "YES" to any of the following questions, please explain below.

- YES ( ) NO ( ) 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony?  
YES ( ) NO ( ) 4. Has anyone been convicted of a felony that occurred after August 22, 1996, for possession, use, or distribution of drugs?  
YES ( ) NO ( ) 5. Is anyone now blind, totally incapacitated, too ill or injured to work, pregnant, or needed to care for an incapacitated person?  
YES ( ) NO ( ) 6. Have any of your children received any immunizations since approval of your original application or since your most recent review?  
YES ( ) NO ( ) 7. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your address or identity to receive TANF (AFDC), SNAP benefits, or Medicaid in two or more areas at the same time?

If YES, explain: \_\_\_\_\_

8. **NEW HOUSEHOLD MEMBER INFORMATION** – Give the following information for any new household member you are reporting for the first time. For **TANF and SNAP**, also give this information for any new member you have verbally reported since your original application or since your most recent eligibility review.

NAME LAST NAME, FIRST, MI (MAIDEN)	PROGRAM(S) REQUESTED	RELATION- SHIP TO YOU	SOCIAL SECURITY NUMBER*	DATE OF BIRTH	** RACE	** HISPANIC		SEX	MARITAL STATUS	CITIZEN- SHIP*	ALIEN REGISTRATION NUMBER*	LAST GRADE	CHECK (✓) IF IN SCHOOL		CHECK (✓) IF A VETERAN	
						YES	NO						YES	NO	YES	NO

\* -You may leave this blank for anyone not in the assistance request.

\*\* - Not required.

YES ( ) NO ( ) 9. Is anyone listed above blind, totally incapacitated, too ill or injured to work, pregnant, or needed to care for an incapacitated person? If YES, explain: \_\_\_\_\_

YES ( ) NO ( ) 10. Is anyone listed above in violation of parole or probation, or fleeing capture to avoid prosecution or punishment of a felony? If Yes, explain: \_\_\_\_\_

YES ( ) NO ( ) 11. Has anyone listed above been convicted of a felony that occurred after August 22, 1996, for possession, use, or distribution of drugs? If YES, explain: \_\_\_\_\_

YES ( ) NO ( ) 12. Has anyone listed above ever been convicted of making false or misleading statements about your address or identity to receive TANF (AFDC), SNAP (Food Stamps), or Medicaid in two or more areas at the same time? If YES, give date and place of conviction: \_\_\_\_\_

YES ( ) NO ( ) 13. **(DOES NOT APPLY TO SNAP OR TANF)**: Does anyone listed above have any unpaid medical expenses during the last 3 months?

YES ( ) NO ( ) 14. **(DOES NOT APPLY TO SNAP)**: If applying for children, list the name(s) and address(es) of any absent parent(s): \_\_\_\_\_

YES ( ) NO ( ) 15. **(DOES NOT APPLY TO SNAP OR TANF)**: If the parents are separated and living apart, does the absent parent(s) provide financial support, physical care, or guidance? If YES, explain: \_\_\_\_\_

**ASSIGNMENT OF RIGHTS TO MEDICAL SUPPORT:** As long as you are covered by Medicaid, you are required to assign all of your rights to medical support to the Department of Medical Assistance Services (DMAS) and give to DMAS any payment for medical services you receive from another insurer. You are also required to assign these same rights for everyone else for whom you have the legal right to do so. Failure to assign your rights will make you ineligible for Medicaid. Failure to assign the rights of anyone else will not make that person ineligible for Medicaid. If you are unwilling to assign the rights of a new household member(s), initial the block below and list the name(s) of the person(s) whose rights you do not wish to assign. Otherwise, your signature indicates you agree to assign the rights of the new household member(s).

☐ I refuse to assign the rights of \_\_\_\_\_

\_\_\_\_\_  
Your Signature or Authorized Representative's Signature or Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness for Mark

\_\_\_\_\_  
Date

By my signature below, I declare that the household member(s) for whom I am requesting SNAP benefits, TANF, Medicaid (unless I am applying for emergency medical services only), is/are either a U.S. citizen(s) or alien(s) in lawful immigration status, and I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. The Virginia Department of Social Service is an equal opportunity provider. I understand that if there is a SNAP or TANF claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

\_\_\_\_\_  
Your Signature or Authorized Representative's Signature or Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness for Mark

\_\_\_\_\_  
Date

**Commonwealth of Virginia**  
**Department of Social Services**  
**ELIGIBILITY REVIEW – PART B**

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKER	DATE RECEIVED

**B. RESOURCES** Answer for everyone for whom you are applying. Include any resources anyone owns, is buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resources owned by that person. **Talk to your eligibility worker if you need help answering these questions, including help with the percentage owned. Answer only #1 and #2 for SNAP. Do not complete this section if you are applying only for TANF.**

- ☐ YES ☐ NO 1. Does anyone have cash, money in checking/savings/credit union/Christmas Club/money market/individual development account/or any other account, CD's, patient funds, special welfare accounts, stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, deeds of trust, or burial plots/ arrangements/trust funds? Has a savings or investment account been set up to pay for school, to make a down payment on a house or to start a business, or for another purpose? If the savings or other investment accounts is for **school expenses**, give name of person whose expenses will be paid: \_\_\_\_\_  
 If the savings or investment account is for another purpose, explain \_\_\_\_\_

OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT #)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED

- ☐ YES ☐ NO 2. Has anyone sold, transferred or given away any resources in the last 3 months (for **SNAP**), in the last 3 years (for **Auxiliary Grants**), or resources **or income** in the last five years (for **Medicaid**)? If YES, explain: \_\_\_\_\_

- ☐ YES ☐ NO 3. Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

OWNER(S)	TYPE	YES ( ) NO ( ) Is this property used in your business or trade, including farming?	VALUE \$ AMOUNT \$ OWED	DATE ACQUIRED
----------	------	--	-------------------------------	---------------

- ☐ YES ☐ NO 4. Does anyone own any real property, including life estates, inherited property, land, buildings, or mobile homes? If YES, do you live there? Check (✓): ☐ YES ☐ NO

OWNER(S)	TYPE	YES ( ) NO ( ) Currently rented YES ( ) NO ( ) Income-producing YES ( ) NO ( ) Currently for sale	VALUE \$ AMOUNT \$ OWED	DATE ACQUIRED
----------	------	---	-------------------------------	---------------

- ☐ YES ☐ NO 5. Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds?

OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT \$ OWED	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
	VEHICLE ID#					
OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT \$ OWED	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
	VEHICLE ID#					

- ☐ YES ☐ NO 6. Does anyone have health insurance?

POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE	ID NUMBER	TYPE OF COVERAGE	PERSON(S) INSURED
		END DATE	PREMIUM AMOUNT \$		

☐ YES ☐ NO 7. Does anyone have Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE  END DATE	PREMIUM \$	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE  END DATE	PREMIUM \$	PAYMENT METHOD

☐ YES ☐ NO 8. Does anyone have life insurance, retirement insurance, or other related types of insurance policies?

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE \$	CASH VALUE \$	DATE ACQUIRED
----------	-------------------	------------------------------	----------------	---------------	------------------	------------------	---------------

**C. INCOME** Answer for everyone for whom you are applying. For **TANF** and **Medicaid** for children, also provide income information for the child's parent or stepparent living in the home; or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for **TANF**) or under age 21 (for **Medicaid**), also provide information for the parent of the minor parent.

☐ YES ☐ NO 1. Does anyone receive any money from any source? Include money received from self-employment, pensions, income-producing property, support, a lump sum, or other contributions? If **YES**, give the information requested. If the money is received from working, give employment information.

PERSON RECEIVING MONEY	TYPE OF MONEY	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTHLY AMT. BEFORE DEDUCTIONS	EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	EMPLOYMENT BEGIN DATE	HRS/MONTH WORKED
				\$			
				\$			
				\$			
				\$			

☐ YES ☐ NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If **YES**, give name and explain: \_\_\_\_\_

☐ YES ☐ NO 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: \_\_\_\_\_

☐ YES ☐ NO 4. Has anyone applied for or received student financial aid or work-study for a current school term at any college, university, school or training program beyond the high school level, or any school or training program for persons with a physical or mental disability? **(This question is not required for SNAP.)**

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERIOD COVERED	TUITION FEES	BOOKS SUPPLIED	TRANSPORTATION	DEPENDENT CARE	ROOM & BOARD	OTHER (Specify)
		\$	FROM TO	\$	\$	\$	\$	\$	

☐ YES ☐ NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If **YES**, give name, amount and explain: \_\_\_\_\_

☐ YES ☐ NO 6. Does anyone pay legally obligated child support to someone not in the household? If **YES**, give name of person paying, person supported, and amount: \_\_\_\_\_

**D. SNAP Benefits**

1. List the name of the person who is the head of your household.

HEAD OF HOUSEHOLD

NOTE: Talk to your worker for additional information.

☐ YES ☐ NO 2. Would you like to name an authorized representative who could apply for SNAP benefits for you, receive or use your SNAP benefits in grocery stores for you, or receive SNAP correspondence and notices for you?

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)	CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON
	<input type="checkbox"/> APPLY FOR SNAP BENEFITS <input type="checkbox"/> RECEIVE CORRESPONDENCE <input type="checkbox"/> RECEIVE OR USE SNAP BENEFITS

☐ YES ☐ NO 3. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) ☐ YES ☐ NO

☐ YES ☐ NO 4. Is anyone living in your home a roomer or boarder? If **YES**, list names: \_\_\_\_\_

☐ YES ☐ NO 5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability check? If **YES**, list all current medical expenses for these people..

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY
		\$	
		\$	
		\$	

☐ YES ☐ NO 6. Does anyone have any of the following shelter expenses? Check (✓) here ☐ if these expenses are for a house not lived in.

EXPENSES	RENT/ MORTGAGE	TAXES	INSURANCE	ELECTRICITY	GAS/ OIL// KEROSENE	COAL /WOOD	WATER/SEWER/ GARBAGE	TELEPHONE	INSTALLATION
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN									
WHO PAYS BILL									

☐ YES ☐ NO 6a. Do you have a heating or cooling expense for your home? If **YES**, what is the average amount for heating or cooling your home? \_\_\_\_\_

☐ YES ☐ NO 6b. Did you receive energy/fuel assistance during this past year?

☐ YES ☐ NO 6c. Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping?  
If **YES**, how much does it cost to stay there during the month? \_\_\_\_\_

If you are staying temporarily in someone else's home, give the date you moved in: \_\_\_\_\_

**E. AUXILIARY GRANTS**

☐ YES ☐ NO 1. Do you own any household goods or personal effects worth more than \$500? If **YES**, list the items and their value here if you did not report these items in the Resource Section. \_\_\_\_\_

**F. FINANCIAL AND MEDICAL ASSISTANCE FOR CHILDREN**

☐ YES ☐ NO 1. Has the absent parent(s) changed the amount of financial support, physical care, or guidance regularly provided to the children?

If **YES**, explain: \_\_\_\_\_

☐ YES ☐ NO 2. Has the legal parent become disabled such that he or she is unable to work? If **YES**, explain: \_\_\_\_\_

☐ YES ☐ NO 3. Do you have any new information that would help us locate the absent parent(s)? If **YES**, explain: \_\_\_\_\_

**G. CHANGES EXPECTED THIS MONTH OR NEXT:** \_\_\_\_\_**Commonwealth of Virginia Voter Registration Agency Certification**

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Please check only one)**

☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.

☐ Yes, I would like to apply to register to vote. (please fill out the voter registration application form)

☐ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

**If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, phone (804) 864-8901.**

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Voter Registration form completed:

☐ Yes

☐ No

Voter Registration form given to applicant for later mailing (at applicant's request)

☐

\_\_\_\_\_  
**Agency Staff Signature**

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

**BY MY SIGNATURE BELOW, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.** I understand:

- All of my responsibilities, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If my application is for SNAP, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility AND the release of any medical or psychological information obtained from any source to the state or local agency that may review this application for financial or medical assistance. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: ☐ YES ☐ NO

If NO, it was read back to me when complete: ☐ YES ☐ NO

YOUR SIGNATURE OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	SPOUSE'S SIGNATURE OR MARK (NOT NEEDED FOR SNAP)	DATE
WITNESS TO MARK OR INTERPRETER	DATE	WORKER'S SIGNATURE	DATE

Complete the box below if this application was completed for the applicant by someone else.

NAME OF PERSON COMPLETING APPLICATION	DATE	ADDRESS
PHONE NUMBER (HOME)	(WORK)	RELATIONSHIP TO APPLICANT

## ELIGIBILITY REVIEW FORMS

FORM NUMBER - 032-03-729A  
032-03-729B

PURPOSE OF FORM - (1) To record a household's situation in order to review eligibility; and (2) to gather information about a new household member who is to be added at the time of the review. Though not required for SNAP benefits, the review forms may be used to gather information about a new household member who is to be added during the certification period.

USE OF FORM - These forms are limited to reviews. They may not be used in lieu of an application to either apply for benefits or to protect the date of application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - These forms are completed at the time of the eligibility review or when new household members are added. Completed forms are to be filed in the eligibility case record.

INSTRUCTIONS FOR PREPARATION OF FORMS - For reviewing eligibility, the front of Part A and all of Part B must be completed. If new household members are to be added at the time of the review, the back of Part A must also be completed.

Requirements for adding new household members between reviews vary by program. For SNAP purposes, a new member may be added based on information provided verbally by a responsible household member. The household does not have to annotate the application, sign and date the application again, or complete the back of Part A. At a minimum, the household must provide a verbal statement of the information on the back of Part A about the new member and note income, resource, or expense changes. The back of Part A and Part B, in its entirety, must be completed in writing at the end of the next review.



**EVALUATION OF ELIGIBILITY**

**1. GENERAL INFORMATION**

		PROGRAM	APPLICATION DATE	INTERVIEW DATE
CASE NAME	CASE NUMBER			
SECONDARY CASE NAME	SECONDARY CASE NUMBER			
IDENTITY (NAME)	VERIFICATION			
HEAD OF HOUSEHOLD ADULT PARENT/PARENTAL CONTROL? <input type="checkbox"/> Y <input type="checkbox"/> N DESIGNATED BY HH <input type="checkbox"/> AGENCY <input type="checkbox"/>			FACE-TO-FACE INTERVIEW <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, REASON:  Telephone Interview? <input type="checkbox"/> Y <input type="checkbox"/> N	
ADDRESS	SECONDARY ADDRESS TYPE		INSTITUTIONAL STATUS Date NF CBC ACR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
VERIFICATION/REMARKS	VIRGINIA <input type="checkbox"/> Y <input type="checkbox"/> N RESIDENT?	ACR/AFC RATE:	DMAS-96 <input type="checkbox"/> Y <input type="checkbox"/> N SAR <input type="checkbox"/> Y <input type="checkbox"/> N	

**2. MEMBER INFORMATION**

NAME OR MBR#	HH/UNIT MEMBERSHIP CHECK (✓) IF INCLUDED						PERMANENT VERIFICATIONS CHECK (✓) IF REQ. MET				SNAPET/ESP/VIEW REGISTRATION OR REFERRAL	ATTENDING SCHOOL?	DEPRIVATION (MED - ONLY EFF 7/1/99)	IMMUNIZATION REQUIREMENT MET?
	SNAP	TANF	MED	AG	MEDICAID/AG CATEGORY	OTHR (LIST)	SSN	DOB	CIT	REL	IF YES, DATE IF NO, REASON	DOCUMENT TRUANCY	GIVE REASON	GIVE VERIFICATION
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

NAME	PROGRAM	REASON FOR EXCLUSION, DISQUALIFICATION OR INELIGIBILITY	TIME PERIOD

ASSIGNMENT OF RIGHTS <input type="checkbox"/> Y <input type="checkbox"/> N	NOTICE OF COOPERATION AND GOOD CAUSE SIGNED? <input type="checkbox"/> Y <input type="checkbox"/> N IDENTITY EXCEPTION CLAIMED: <input type="checkbox"/> Y <input type="checkbox"/> N	GOOD CAUSE CLAIMED? <input type="checkbox"/> Y <input type="checkbox"/> N	LIVING WITH SPECIFIED RELATIVE/GUARDIAN <input type="checkbox"/> Y <input type="checkbox"/> N
DEPRIVATION, TRUANCY, PREGNANCY, CONCEPTION/DELIVERY DATE, FOSTER CARE/ADOPTION STATUS, DISABILITY/BLINDNESS OR OTHER DOCUMENTATION			

### 3. MEDICAID

RETROACTIVE DETERMINATION NECESSARY? <input type="checkbox"/> Y <input type="checkbox"/> N  RETROACTIVE PERIOD	POTENTIALLY PROTECTED MEMBERS PROTECTED MEMBERS (INCLUDED STATUS)	COMMUNITY SPOUSE?  <input type="checkbox"/> Y <input type="checkbox"/> N
--	--	--

### 4. DOCUMENTATION OF UNIT OR HH MEMBERSHIP, MEDICAID PROTECTED STATUS, VOLUNTARY QUIT, WORK REDUCTION, WORK REQUIREMENT.

--

### 5. RESOURCES (EVALUATE SAVINGS OR INVESTMENT ACCOUNT FOR ANY PURPOSE LEADING TO SELF-SUFFICIENCY)

CASH <input type="checkbox"/> Y <input type="checkbox"/> N	ACCOUNTS <input type="checkbox"/> Y <input type="checkbox"/> N	STOCKS/BONDS TRUST FUNDS <input type="checkbox"/> Y <input type="checkbox"/> N	PENSION PLANS RETIREMENT <input type="checkbox"/> Y <input type="checkbox"/> N	PROGRAM(S)
--	--	---	---	------------

MBR	TYPE	AMOUNT	INSTITUTION, ACCT NAME, ACCT#	VERIFICATION CALCULATIONS, WITHDRAWALS			
				COUNTABLE			

PROMISSORY NOTES/DEEDS OF TRUST ☐ Y ☐ N    BURIAL ☐ Y ☐ N    PERSONAL PROPERTY ☐ Y ☐ N    REAL PROPERTY ☐ Y ☐ N    PROGRAM(S)

MBR	TYPE	AMOUNT	ADDITIONAL EXPLANATION, VERIFICATION, CALCULATIONS			
			COUNTABLE			

VEHICLES ☐ Y ☐ N    DMV ☐ MATCH ☐ NO MATCH    DATE    PROGRAM(S)

MBR	YEAR, MAKE, MODEL	USE	FMV	FS LIMIT	EXCESS	LIEN	EQUITY	VERIFICATION, CALCULATIONS			
								COUNTABLE			

HEALTH INSURANCE ☐ Y ☐ N    MEDICAID: HIPPA APPLICATION, MEDICAL QUESTIONNAIRE COMPLETED ☐ Y ☐ N

MBR	TYPE	COMPANY	POLICY ID#	VERIFICATION	PREMIUM

LIFE INSURANCE ☐ Y ☐ N (NOT APPLICABLE FOR SNAP)

PROGRAM(S)

MBR	OWNER	TYPE	FACE \$	CASH \$	COMPANY ACCT#	VERIFICATION			
01									
						COUNTABLE			

**6. TRANSFER OF RESOURCES** ☐ Y ☐ N (MEDICAID: ALSO EVALUATE TRANSFER OF INCOME)

MBR	TYPE, DATE	VALUE	AMOUNT \$	VERIFICATION, CALCULATION OF PERIOD OF INELIGIBILITY	
					SNAP TANF MED _____

**7. EARNED INCOME** ☐ Y ☐ N

PROGRAM(S)

MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	HRS/WK	VERIFICATION			
						COUNTABLE			

**8. UNEARNED INCOME** ☐ Y ☐ N

PROGRAM(S)

MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	VERIFICATION			
					COUNTABLE			

VEC ☐ Match ☐ No Match Date SOLQ-I ☐ SVES ☐ Match ☐ No Match Date APCS ☐ Match ☐ No Match Date

CALCULATIONS (DOCUMENT DISREGARDS, INCOME SCREENINGS, SELF EMPLOYMENT EXPENSES, SCHOOL EXPENSES, CHILD SUPPORT)

APPLICATION FOR OTHER BENEFITS: (☐) SSA (☐) SSI (☐) UCB (☐) VA (☐) OTHER

TOTAL COUNTABLE RESOURCES			
SNAP	TANF	MEDICAID	
\$	\$	\$	\$

TOTAL COUNTABLE INCOME			
SNAP	TANF	MEDICAID	
\$	\$	\$	\$

9. EXPENSES

SHELTER EXPENSES <input type="checkbox"/> Y <input type="checkbox"/> N		
TYPE OF EXPENSE	MO. AMT.	VERIFCIATION
RENT/MORTGAGE		
ELECTRICITY		
GAS/KEROSENE/COAL OIL/WOOD		
WATER/SEWER		
GARBAGE		
INSTALLATION		
TAX/INSURANCE		

DAY CARE EXPENSES <input type="checkbox"/> Y <input type="checkbox"/> N CHILD SUPPORT DEDCUTION <input type="checkbox"/> Y <input type="checkbox"/> N		
MBR	MO. AMT.	DESCRIPTION VERIFICATION

MEDICAL EXPENSES <input type="checkbox"/> Y <input type="checkbox"/> N		
MBR	MO. AMT.	DESCRIPTION, VERIFICATION, METHOD OF DEDUCTION

UTILITY STANDARD <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 1-3 <input type="checkbox"/> 4+	PHONE STANDARD <input type="checkbox"/> Y <input type="checkbox"/> N	HOMELESS STANDARD <input type="checkbox"/> Y <input type="checkbox"/> N
REASON FOR ENTITLEMENT TO STANDARD:		

10. GENERAL RELIEF (MAINTENANCE)

Period of Unemployment
Applied for SSI <input type="checkbox"/> Decision appealed <input type="checkbox"/>
Release of SSI check signed
Modified Standard <input type="checkbox"/> Full Standard <input type="checkbox"/>
Reason for Standard

11. EMERGENCY ASSISTANCE (☐ GR (☐ TANF-EA

Date and Reason for Emergency:
Assistance Previously Received <input type="checkbox"/> Y <input type="checkbox"/> N
Date and Amount Received:

12. STATE AND LOCAL HOSPITALIZATION

MBR	Services Dates	Provider Name	Applied within 30 days? <input type="checkbox"/> Y <input type="checkbox"/> N
-----	----------------	---------------	--

13. DIVERSIONARY ASSISTANCE PROGRAM

Loss/Delay of Income <input type="checkbox"/> Y <input type="checkbox"/> N TANF Requirement Met? <input type="checkbox"/> Y <input type="checkbox"/> N	EVALUATION:
Emergency Need \$ Type	
TANF \$ (Max 4 months) Payment \$ Date Issued	
Vendor Payment Issued to:	
TANF Period of Ineligibility:	
Diversiory Assistance Ineligibility (60 mos.) Ends:	
Acceptance Signed: <input type="checkbox"/> Y <input type="checkbox"/> N Date:	

14. SPEND-DOWN CALCULATION

COUNTABLE INCOME \$ \$ \$	SPEND-DOWN PERIOD: FROM TO
MINUS INCOME LEVEL	Person(s) on Spend-down:
EXCESS INCOME	Person(s) on Spend-down:

BENEFIT PROGRAMS DATE GIVEN: BOOKLET		SNAP HOTLINE		MEDICAID HANDBOOK		
PROGRAM	DISPOSITION (Denial Resources)	EFFECTIVE DATE/ CERT/COVERED PERIOD	HH/AU SIZE	MONTHLY BENEFITS	PRORATED BENEFITS	SIGNATURE AND DATE (WORKER/SUPERVISOR)

EVALUATION OF ELIGIBILITY

FORM NUMBER - 032-03-0823

PURPOSE OF FORM - To document verification of elements used to determine eligibility and to document eligibility decisions.

USE OF FORM – May be completed by the eligibility worker at application and review.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the elements required for the program. If an element section is not appropriate for the program, mark Not Applicable (NA). If an entire section does not apply, leave the section blank.

Complete the disposition section to summarize the eligibility decision. The form must be signed by the eligibility worker and should be signed by the supervisor, if a review of the action is completed.



**PARTIAL REVIEWS AND CHANGES**

CASE NAME	CASE NUMBER	FIPS
-----------	-------------	------

PROGRAM	ACTION DATE	EFFECTIVE DATE	REASON FOR REVIEW, METHODS AND DATES OF VERIFICATION	SIGNATURE AND DATE (Worker/Supervisor)

PROGRAM	ACTION DATE	EFFECTIVE DATE	REASON FOR REVIEW, METHODS AND DATES OF VERIFICATION	SIGNATURE AND DATE (Worker/Supervisor)

PARTIAL REVIEWS AND CHANGES

FORM NUMBER - 032-03-823B

PURPOSE AND USE OF FORM – May be completed by the eligibility worker to document changed information and partial eligibility evaluations.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the eligibility case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information for the case at the top of the form.

The eligibility worker may complete the form to record changed elements and to document the impact of the change(s) on the household's eligibility.



**SNAP – HOTLINE INFORMATION**

**NAME OF APPLICANT:** \_\_\_\_\_

**YOUR DATE OF APPLICATION:** \_\_\_\_\_

**THE DATE THE AGENCY MUST GIVE YOU  
YOUR SNAP BENEFITS OR A DECISION:** \_\_\_\_\_

☐ IF THIS BOX IS CHECKED, YOUR APPLICATION IS ENTITLED TO EXPEDITED SERVICE  
(7-DAY SERVICE)

If you don't get your SNAP benefits or a decision by this date, you should call the Client Services Hotline for immediate help. The Hotline is open Monday through Friday, except holidays, from 8:15 a.m. to 5:00 p.m. The numbers are:

For the Richmond Calling Area: **692-2198**

For the Rest of Virginia: **1-800-552-3431**

Once you have called this number, you must be told by the next business day that you are either eligible or ineligible. If you are told that you are eligible, SNAP benefits will be provided the next business day. However, if you call before 3:00 p.m. on Thursday or Friday and are eligible, SNAP benefits will be provided on the next business day.

If you are not satisfied with the action the local agency took on your application, or if there are other problems with your SNAP case, you may contact the local legal aid office in your area. Names and addresses of legal aid offices are on the back of this flyer.

In order to determine if you are eligible for SNAP benefits, the agency may ask you to verify certain information. If you have provided the required verifications, you should either have your SNAP benefits or receive a denial notice within 30 days from the day you filed your application.

If you are in an emergency situation, you should have your SNAP benefits within 7 days. This is called "expedited service." Your application will be given expedited service if:

- Your household's monthly income is less than \$150, and resources are \$100 or less; or
- Your total income and resources are less than your shelter bills; or
- A migrant or seasonal farm worker lives in your household, and you have little or no income or resources.

\_\_\_\_\_  
Name of Worker Completing This Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Telephone

The Virginia Department of Social Services is an Equal Opportunity Provider

**Call 1-866-LEGLAID (1-866-534-5243) Legal Aid Hotline**  
**or visit [www.valegalaid.org](http://www.valegalaid.org)**

Blue Ridge Legal Services, Inc.  
204 North High Street  
Harrisonburg VA 22803  
(540) 433-1830

Blue Ridge Legal Services, Inc.  
119 South Kent Street  
Winchester VA 22604  
540-662-5021

Blue Ridge Legal Services, Inc.  
203 North Main Street  
Lexington VA 24450  
540-463-7334

Blue Ridge Legal Services, Inc.  
132 Campbell Avenue, SW  
Suite 300  
Roanoke VA 24011  
540-344-2080

Central VA Legal Aid Society  
101 West Broad Street, Suite 101  
Richmond VA 23220  
804-648-1012

Central VA Legal Aid Society  
1000 Preston Ave, Suite B  
Charlottesville VA 22903  
(434) 296-8851

Central VA Legal Aid Society  
10-A Bollingbrook  
Petersburg VA 23803  
804-862-1100

Legal Aid Society of Eastern Virginia  
125 St. Paul's Boulevard, Suite 400  
Norfolk VA 23510  
757-627-5423

Legal Aid Justice Center  
1000 Preston Avenue, Suite A  
Charlottesville VA 22903  
(434) 977-0553

Legal Aid Justice Center  
123 East Broad Street  
Richmond, VA 23219  
804-643-1086

Legal Aid Justice Center  
37 Bollingbrook Street  
Petersburg, VA 23803  
804-862-2205

Legal Aid Society of Eastern Virginia  
291 Independence Blvd.  
Pembroke Four, Suite 532  
Virginia Beach, VA 23462  
757-552-0026

Legal Aid Society of Roanoke Valley  
416 Campbell Avenue SW  
Roanoke VA  
(540) 344-2088

Legal Aid Society of Eastern VA  
30 W. Queens Way  
Hampton VA 23669  
757-275-0080

Legal Aid Society of Eastern VA  
199 Armistead Avenue  
Williamsburg VA 23185  
757-220-6837

Legal Aid Society of Eastern VA  
36314 Lankford Highway, Suite 5  
Belle Haven VA 23306  
757-442-3014

Legal Services of Northern VA  
6066 Leesburg Pike, Suite 500  
Falls Church VA 22041  
703-778-6800

Legal Services of Northern VA  
603 King Street, 4<sup>th</sup> Floor  
Alexandria VA 22314  
703-684-5566

Legal Services of Northern VA  
1916 Wilson Boulevard, Suite 200  
Arlington VA 22201  
(703) 532-3733

Legal Services of Northern VA  
4080 Chain Bridge Road  
Fairfax VA 22030  
703-246-4500

Legal Services of Northern VA  
109 N. King Street, SW  
Leesburg VA 20176  
703-777-7450

Legal Services of Northern VA  
9240 Center Street  
Manassas VA 20110  
703-371-1105

Rappahannock Legal Services, Inc.  
618 Kenmore Avenue, Suite 1-A  
Fredericksburg VA 22401  
540-371-1105

Rappahannock Legal Services, Inc.  
146 North Main Street  
Culpeper VA 22701  
540-825-3131

Legal Services of Northern VA  
8305 Richmond Highway, Suite 17B  
Alexandria, VA 22309  
703-778-3448

Southwest VA Legal Aid Society, Inc.  
155 Arrowhead Trail  
Christiansburg VA 24073  
540-382-6157

Southwest VA Legal Aid Society, Inc.  
227 West Cherry Street  
Marion VA 24354  
(276) 783-8300

Rappahannock Legal Services, Inc.  
407 Prince Street  
Tappahannock VA 22560  
(804) 443-9393

Virginia Legal Aid Society  
513 Church Street  
Lynchburg VA 24504  
434- 846-1326

Virginia Legal Aid Society  
105 S. Union Street, Suite 400  
Danville VA 24541  
804-799-3550

Southwest VA Legal Aid Society, Inc.  
16932 West Hills Drive  
Castlewood VA 24224  
(276) 762-9356

Virginia Legal Aid Society, Inc.  
155 E. Washington Street  
Suffolk VA 23434  
757-539-3441

Virginia Legal Aid Society, Inc.  
412 South Main Street  
Emporia VA 23847  
804-634-5172

Virginia Legal Aid Society, Inc.  
104 High Street  
Farmville VA 23901  
804-392-8108

Legal Services Corp. of Virginia  
700 E. Main Street, Suite 1504  
Richmond, VA 23219  
(804) 782-9438

Virginia Poverty Law Center, Inc.  
700 E. Franklin Street, Suite 14T1  
Richmond, VA 23219  
(804) 782-9430

10/09

VOLUME V, PART XXIV, PAGE 37

SNAP - HOTLINE INFORMATION

FORM NUMBER - 032-03-0819

PURPOSE AND USE OF FORM - To inform each new or reapplying household of the time frame the agency has to process its application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must complete the form and give it to the household on the day of application for benefits for any period for which the household has not already received benefits, i.e., new application, reapplication, or late recertification. The agency must mail the form if the household filed the application by mail.

INSTRUCTIONS FOR PREPARATION OF FORM -

The local agency must complete all blanks on the form.

Enter the name of the person filing the application at "Name of Applicant."

Enter the date the household filed the application at "Your Date of Application."

At "The Date the Agency Must Give You Your SNAP Benefits or Decision," enter the date that is 30 days from the date of application, unless the applicant is entitled to expedited service. If expedited service is appropriate, enter 7 days from the application date.

If the application is expedited, the worker must check the block indicating that entitlement.

Enter the information requested at "Name of Worker Completing This Form."

The worker must circle the name and number of the legal aid office serving the locality on the back of the flyer.



**DEPARTMENT OF SOCIAL SERVICES  
Supplemental Nutrition Assistance Program (SNAP)**

**KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP Benefits**

If you are interested in applying for SNAP benefits, here is information you need to know:

Persons applying for SNAP benefits must file an application by submitting the application form to the Department of Social Services in the county or city where they live, either in person, through an authorized representative, by fax, online, or by mail.

You have the right to file an application on the same day you contact the Department of Social Services in your locality. The address and hours of the office are shown at the bottom of this notice. Your application may be submitted any time during office hours.

You may come to the office to pick up an application any time during office hours, or the agency can mail you an application on the same day you request it.

If your resources and income are very low (\$100 in resources and \$150 in income), or you are a migrant or seasonal farm worker, or your combined gross monthly income and resources are less than your family's shelter expenses, you may be eligible for expedited service. This means that if you are eligible, you are entitled to receive benefits within 7 days following the date your application is filed at the local social services department.

Your Application will be reviewed on the day it is received for possible eligibility for expedited service.

You have the right to file an application even if you appear to be ineligible for the program.

You or a designated authorized representative may file an incomplete application as long as it contains a name, address, and signature of a responsible household member or properly designated authorized representative. The agency has 30 days to process your application (7days, if expedited). The 30-day (or 7-day, if expedited) processing time begins the day after the application is received at the office. Additionally, your SNAP benefits for the month of application will be prorated from the date of application if you are found eligible.

If your case is approved, you must receive your benefits within 30 days following the date of application (or 7 days, if expedited)

As part of the SNAP application process, you must have an interview before you are certified. The interview is not necessary before you file the application. The interview may be held in the office or by telephone.

SNAP has separate rules and processes from other programs. You should apply for SNAP benefits even if there are limitations on receiving benefits for other programs.

**YOU ARE ENCOURAGED TO APPLY FOR SNAP BENEFITS THE SAME DAY YOU CONTACT THE AGENCY FOR ASSISTANCE.**

AGENCY NAME:

ADDRESS:

PHONE NUMBER:

OFFICE HOURS:

SNAP is administered without regard to age, race, color, sex, disability, religion, national origin, or political beliefs. The Virginia Department of Social Services is an equal opportunity provider.

KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP BENEFITS

FORM NUMBER - 032-03-0821

PURPOSE OF FORM - To consolidate information the local agency must share with an applicant for SNAP benefits. The form is optional.

USE OF FORM - May be given to applicants requesting SNAP information instead of a verbal explanation of applicants' rights. The agency must advise applicants that the form is a listing of program rights. The agency must also ensure that the applicant is able to read the form in English and comprehend it.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The flyer may be given to applicants inquiring about SNAP benefits.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the bottom of the form, supplying the local agency's name, address, telephone number, and office hours.

## EXPEDITED SERVICE CHECKLIST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

- I. ☐ YES ☐ NO Has anyone for whom you are applying received SNAP benefits this month?

If YES, who: \_\_\_\_\_

where: \_\_\_\_\_

- II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

- III. RESOURCES for everyone in your household:

Cash on Hand \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Savings Accounts

\$ \_\_\_\_\_

- IV. SHELTER EXPENSES this month.

Rent/Mortgage \$ \_\_\_\_\_

Utility expenses this month \$ \_\_\_\_\_

Which utilities do you pay? (check all that apply)

- ☐ Heat ☐ Lights ☐ Telephone  
☐ Electricity for Air Conditioning ☐ Sewer  
☐ Garbage ☐ Other

- V. ☐ YES ☐ NO Is anyone in your household a Migrant or a Seasonal Farm worker?

### AGENCY USE ONLY

1. ☐ YES ☐ NO Is income less than \$150 AND resources \$100 or less?

IF YES, EXPEDITE

2. ☐ YES ☐ NO Is income plus resources less than shelter?

Income \$ \_\_\_\_\_

Resources +\$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Shelter \$ \_\_\_\_\_

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, apply the Standard to determine Shelter, unless the household chooses to use actual shelter costs.

### FOR MIGRANT & SEASONAL FARMWORKERS

- 3A. ☐ YES ☐ NO Are resources \$100 or less AND, in the next 10 days, \$25 or less is expected from new income source?

IF YES, EXPEDITE

- 3B. ☐ YES ☐ NO Are resources \$100 or less AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

### DETERMINATION

☐ EXPEDITED ☐ NOT EXPEDITED

Screened by:

\_\_\_\_\_  
\_\_\_\_\_

EXPEDITED SERVICES CHECKLIST

FORM NUMBER - 032-03-0718

PURPOSE OF FORM - To assist agencies in screening households for entitlement to expedited services.

USE OF FORM - To be completed, as needed, at the time of a new application, reapplication or a late recertification to identify households who are eligible for expedited services.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - File in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Obtain the information on the left side of the form from the applicant. The applicant, eligibility worker, screener, volunteer, or anyone else designated by the agency, may complete the left side of form.

Agency personnel must complete the "Agency Use Section." The form identifies each of the ways a household could be eligible for expedited service. If a household is entitled to expedited services, the EW must conduct an interview, determine eligibility, and authorize benefits, if eligible, within the expedited service time frames.

NOTE: This form will assist in screening households for expedited services. Agencies that use appointment systems for interviews must screen all applicants to ensure that those entitled to expedited services are given appointments and delivered benefits within expedited time frames.

Agencies that interview clients on a walk-in, daily basis may not necessarily need to use this checklist since determination for expedited service can be made during the interview.

## CHECKLIST OF NEEDED VERIFICATIONS

Name   Address	Case Number	
	Program(s)	Date
	Worker	Telephone  FAX

In order for us to see if you are eligible for assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. If you do not provide this information or contact the agency by the following dates, your application may be denied.

TANF:

SNAP:

MEDICAID:

OTHER:

1. INCOME (Earned and Unearned)  
for \_\_\_\_\_

- ☐ Pay stubs
- ☐ Statement from employer
- ☐ Self-employment records
- ☐ Social Security/SSI benefits
- ☐ VA benefits
- ☐ Retirement income
- ☐ Child support, alimony payments
- ☐ Unemployment benefits
- ☐ Worker's Compensation benefits
- ☐ Loans (personal or education)
- ☐ (fl) Scholarships, (BEOG, PELL SEOG, CSAP, or other)
- ☐ Work-study pay stubs
- ☐ Other \_\_\_\_\_

2. WORK OR SCHOOL EXPENSES

- ☐ Day care expenses for child or adult
- ☐ School expenses (tuition, fees, books supplies, transportation, or other)
- ☐ Other \_\_\_\_\_

3. RESOURCES

- ☐ Checking, savings, credit union, Christmas Club account statements
- ☐ Stocks, bonds or CDs
- ☐ Pension plans, retirement accounts, IRAs
- ☐ Burial plots, funds, contracts
- ☐ Real estate property
- ☐ Title, registration, or personal property tax receipt for motor vehicles, motor boats, motor homes

- ☐ Life insurance policies
- ☐ Other \_\_\_\_\_

4. SHELTER EXPENSES

- ☐ Rent or mortgage receipt
- ☐ Real estate taxes
- ☐ Homeowner's insurance
- ☐ Electric bill
- ☐ Gas/Kerosene/oil/wood bill
- ☐ Water/sewage bill
- ☐ Garbage bill
- ☐ Phone bill
- ☐ Initial installation charge
- ☐ Other \_\_\_\_\_

5. LEGALLY RESPONSIBLE  
RELATIVE

- ☐ Income verification
- ☐ Statement of contribution
- ☐ Child support or alimony
- ☐ Extraordinary expenses
- ☐ Proof of continued absence
- ☐ Copy of support order
- ☐ Other \_\_\_\_\_

6. WORK REGISTRATION

- ☐ Registration information

7. IDENTITY

- ☐ Driver's license
- ☐ Voter registration card
- ☐ Clinic, medical card
- ☐ Work ID, school ID, library card
- ☐ Other \_\_\_\_\_

8. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT

- ☐ Verification of residence
- ☐ Verification of child(ren) living in the home
- ☐ School enrollment
- ☐ Separate arrangements to buy and prepare food
- ☐ Other \_\_\_\_\_

9. DOCUMENTS

- ☐ SSN Cards/numbers
- ☐ Application for SSN card
- ☐ Declaration of citizenship
- ☐ Immigrant/Alien documentation
- ☐ Birth verification
- ☐ Verification of paternity
- ☐ Marriage certificate
- ☐ Divorce decree
- ☐ Death certificate
- ☐ Deprivation statement
- ☐ Other \_\_\_\_\_

10. MEDICAL INFORMATION

- ☐ Assignment of Rights form
- ☐ Medical form, statements
- ☐ Pregnancy statement
- ☐ Health insurance policies, cards
- ☐ Medicare card
- ☐ Health insurance premiums
- ☐ Medical bills for
- ☐ Prescription drug bills
- ☐ HIPPA forms
- ☐ Immunization records
- ☐ Other \_\_\_\_\_

Other information or verification needed: \_\_\_\_\_

CHECKLIST OF NEEDED VERIFICATIONS

FORM NUMBER - 032-03-0814

PURPOSE OF FORM - To advise households of verifications needed to process their applications.

USE OF FORM - To be completed by the eligibility worker and given to the applicant to meet the requirement that households receive written notice of verification requirements. The form is required for SNAP. It may be used to inform applicants of verifications needed for other programs.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original is given to the household. The agency retains a copy with the SNAP application and a copy may be filed with applications for other benefits.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the sentence "Please provide information by: \_\_\_\_\_" with the date by which verification is needed. This date would be 10 days from the interview date or other date when the household was told what was needed. No action may be taken to deny the application before the 30<sup>th</sup> day after the request date if verification is not provided by the 10th day.

In the body of the form, check the items requiring verification.

Use the blank lines at the bottom of the form for additional information or instructions. For example, for expedited applications, information not available during the interview can be noted with instructions to submit the information within seven days following the application date. The form must still indicate the verifications needed for normal processing however.

## NOTICE OF ACTION

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR SNAP APPLICATION/CASE.

CASE NUMBER

DATE

COUNTY/CITY

### SECTION 1. ACTION ON APPLICATION DATED \_\_\_\_\_

- ☐ Approved for following months \_\_\_\_\_  
Amount first month \$ \_\_\_\_\_ Month covered \_\_\_\_\_ Amount for following months \$ \_\_\_\_\_  
You selected \_\_\_\_\_ as Head of Household. If all adult members do not agree, contact your worker in 10 days.  
**NOTE:** If you applied for both SNAP and TANF or GR-Unattached Child benefits at the same time, and then are approved for TANF or GR-Unattached Child benefits, your SNAP amount may be reduced without advance notice.
- ☐ If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: \_\_\_\_\_  
\_\_\_\_\_  
If we do not receive these by \_\_\_\_\_ your case will be closed effective \_\_\_\_\_  
If this verification results in changes in your household's eligibility or benefit amount, we will make the changes without another notice.
- ☐ Denied. If your application was denied because of your failure to provide proof/information, we will reopen your application if you provide the information by \_\_\_\_\_. See Section 3
- ☐ Continue to hold application pending. The cause for delay is:  
☐ Agency delay. Your application will be processed as soon as possible.  
☐ Client delay.  
☐ We are waiting for the following information from you: \_\_\_\_\_  
We must have this information by \_\_\_\_\_ or your application will be denied.

### SECTION 2. ACTION ON SNAP CASE

- ☐ Changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ effective \_\_\_\_\_  
☐ If this box is checked, we must receive the following verification from you: \_\_\_\_\_  
We must receive this verification by \_\_\_\_\_. If your allotment was increased but we do not receive this verification, your benefits will go back to the amount \$ \_\_\_\_\_ effective \_\_\_\_\_ without advance notice.
- ☐ Reinstated - - Amount \$ \_\_\_\_\_ effective \_\_\_\_\_
- ☐ Supplemented - - Amount \$ \_\_\_\_\_ for the month of \_\_\_\_\_
- ☐ Suspended for the month of \_\_\_\_\_
- ☐ Terminated effective \_\_\_\_\_

### SECTION 3. ACTION ON SNAP CASE

Manual Reference: \_\_\_\_\_

**YOU MUST REPORT IF YOUR HOUSEHOLD'S INCOME GOES OVER THE LIMIT OF \$ \_\_\_\_\_.  
If necessary, you may call collect.**

Children approved for SNAP benefits and attending public school may be eligible for free meals. Call your school for more information.

If you do not agree with the action we have taken or the amount of SNAP benefits you are receiving, you may have a fair hearing on your case. You must request your fair hearing within the next 90 days. If you appeal the action on your case before \_\_\_\_\_ assistance may continue. However, if assistance is continued, you may have to repay SNAP benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Worker	Telephone Number	For Free Legal Advice Call <b>1-866-534-5243</b>
--------	------------------	---

## APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901
- Call me at the number listed on the front
- Call 1-800-552-3431

### When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.\*

\* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearing officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearing officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

7/12

VOLUME V, PART XXIV, PAGE 46

NOTICE OF ACTION

FORM NUMBER - 032-03-0117

PURPOSE OF FORM - To notify an applicant/recipient of eligibility action taken on an application or an ongoing SNAP case.

USE OF FORM - To be prepared and sent immediately or within the appropriate time standard following action on an application or a SNAP case unless ADAPT notices are used.

The Notice of Action may be used in place of the Advance Notice of Proposed Action for SNAP only cases. It may be used in all instances where policy requires the use of an "adequate notice" **for SNAP actions**.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original must be sent to the head of the household. One (1) copy is to be retained in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form.

SECTION 1

Use this section to inform the household of the disposition of an application, reapplication or recertification.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the months of certification, the amount of benefits and months covered by the first issuance, and the amount for following months.

For application denials, note the deadline for submitting verification/information if the application is denied before the end of processing period.

If the application was expedited and verification was postponed, check the box which says "If this box is checked..." List the postponed verification, the date by which the verification is needed, and the effective date of closure if the verification is not received. The deadline date for submitting the verifications will be the 30th day after the application filing date and the closure date will be the last day of the month of application for applications filed before the 15th day of the month. For applications filed on or after the 16th day of the month, the verification deadline and closure date will be the last day of the month after the month of application.

For applications which must be held pending an additional 30 days, check whether the delay was caused by the agency or household. If information is still needed, indicate the missing information and date by which information is needed to prevent denial.

TRANSMITTAL #8

## SECTION 2

Use this section to inform the household of action taken on an ongoing SNAP case.

Check the appropriate box to show a change in an allotment, a reinstatement, a supplement, a termination or a suspension. An "other" block is also provided for situations that may not be covered by the choices listed.

**Enter the effective date of the proposed action. For actions that require advance notice, enter either the last day of the month or the first day of the next month, provided that day is at least 10 days from the date the notice is given or mailed.**

If verification is needed of a change, check the indented block which explains that verification must be received or the allotment will revert to the previous amount. Complete blanks as needed for the specific situation.

## SECTION 3

Use this section to explain the reason for the action taken or to give a further explanation of any of the items checked in Sections 1 or 2.

Complete the information at the bottom of the form. A date must be entered in the space provided in the appeal information section whenever the form is sent for negative actions to reduce, terminate, or to suspend benefits. A date must not be entered when the form is sent for approvals or denials of applications.

Enter the SNAP Manual Reference.

## ADVANCE NOTICE OF PROPOSED ACTION

Case number	Program
Date of Mailing:	
Call <b>1-866-534-5243</b> , Legal Aid Hotline, for free legal assistance.	

**ACTION TO BE TAKEN ON YOUR CASE IS EXPLAINED BELOW.**

<input type="checkbox"/> <b>SNAP Benefits</b>				Your SNAP allotment will be:		<input type="checkbox"/> Reduced	<input type="checkbox"/> Suspended	<input type="checkbox"/> Terminated
Effective Date:	Amount of reduction:		Eligibility Worker:		Telephone:			
	From:	To:						
Reason for Proposed Action:								
Manual Reference								

<input type="checkbox"/> <b>FINANCIAL ASSISTANCE</b>				Your assistance check will be :		<input type="checkbox"/> Reduced	<input type="checkbox"/> Suspended	<input type="checkbox"/> Terminated
Effective Date:	Amount of Reduction:		Eligibility Worker:		Telephone:			
	From:	To:						
Manual Reference:				Reason for proposed action:				
<input type="checkbox"/> VIEW Termination – The TANF case is closed until you reapply and are found eligible for TANF/TANF-UP								
<input type="checkbox"/> VIEW Sanction - your household's entire TANF or TANF-UP benefits will be suspended for the above reason.								
<input type="checkbox"/> 1 <sup>ST</sup> Sanction - 1 month and compliance <input type="checkbox"/> 2 <sup>ND</sup> Sanction - 3 months and compliance <input type="checkbox"/> 3 <sup>RD</sup> Sanction - 6 months and compliance								
<b>YOU HAVE 10 DAYS AFTER THE DATE OF THIS NOTICE TO CONTACT YOUR VIEW WORKER TO SHOW DOCUMENTED GOOD CAUSE.</b>								
VIEW worker's name				Telephone:				
<input type="checkbox"/> While your TANF payment is suspended, any support paid to the Division of Child Support Enforcement (DCSE) in the month of suspension for you or your dependents will be mailed to you. If your case is reinstated, any support paid to the DCSE for you or your dependents will be kept by the state to repay TANF assistance received by your family.								
<input type="checkbox"/> If there is someone who is supposed to pay support for you or your dependents, you will continue to receive support enforcement services unless you send written notice that you do not want this service to the Division of Child Support Enforcement. You can obtain their address and telephone number from your local social services agency.								

<input type="checkbox"/> <b>MEDICAID OR FAMIS PLUS</b>			
<input type="checkbox"/> No longer eligible for full Medicaid. Approved for limited Medicaid coverage:			
Qualified Medicare Beneficiary (QMB)		Special Low-Income Medicare Beneficiary (SLMB)	Qualified Individual (QI)
<input type="checkbox"/> No longer eligible for Medicaid. <input type="checkbox"/> No longer eligible for FAMIS PLUS.			
<input type="checkbox"/> No longer eligible for payment of long-term care because of transfer of assets.			
Effective date	Manual reference:	Eligibility worker:	Telephone:
Ineligible family members:			
Reason for proposed action:			
<input type="checkbox"/> Income exceeds the full Medicaid limit. If medical or dental expenses of \$ _____ are incurred between _____ and _____ or medical or dental expenses of \$ _____ are incurred between _____ and _____, bring your bills to this agency and your eligibility will be reviewed.			
<input type="checkbox"/> Other: _____			

If you disagree with the action we have proposed, you may appeal the decision. If you appeal this action before \_\_\_\_\_, the change will not go into effect and your benefits for SNAP, General Relief-Unattached Child, or Auxiliary Grant Program may continue until a hearing officer makes a decision. If you appeal before \_\_\_\_\_ for actions for the TANF, Refugee Assistance, Medicaid, or FAMIS PLUS Program, the assistance may continue. You may have to repay any assistance you get during the appeal process if the hearing decision supports the action we propose. You may appeal the decision proposed in this notice up to 30 days of this notice or by the effective date for Refugee Assistance, Medicaid, or FAMIS PLUS actions. You may appeal TANF, General Relief-Unattached Child, or Auxiliary Grants Program actions within 30 days of this notice. You may appeal SNAP actions within 90 days of this notice. See the back of this notice for additional information about appeals and fair hearings.

## **APPEALS AND FAIR HEARINGS**

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services or the Department of Medical Assistance Services (DMAS).

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request for Medicaid or FAMIS PLUS appeals to Client Appeal Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia 23219.
- Send a written request for financial assistance and SNAP benefits appeals to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901 or call me at the number listed on the front, or call 1-800-552-3431

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request. You will get the hearings officer's decision within 90 days of the date the Department of Medical Assistance Services receives your appeal request for Medicaid, FAMIS PLUS, or SLH appeals.

## **HIPAA PORTABILITY RIGHTS**

Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems. You may request a "Certificate of Creditable Coverage" for your coverage by visiting the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) or contacting the Helpline at 804-786-6145.

ADVANCE NOTICE OF PROPOSED ACTION

FORM NUMBER - 032-03-0018

PURPOSE OF FORM - (1) To notify a household of a reduction, termination or suspension of benefits which occurs within the certification period; and, (2) to advise the household of its right to a local agency conference and its right of appeal to the State agency.

USE OF FORM - (1) To be prepared immediately following the decision of the local agency that the above action is indicated; and, (2) to be mailed to the recipient immediately or as soon as possible after such decision.

This form may be used to advise recipients of simultaneous decreases or terminations in more than one program. Mandates for joint use in Public Assistance and SNAP are contained in Part XIV.A.3. of this manual and in Section 401.4 of the TANF Manual.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original must be issued to the head of the household. One (1) copy is to be retained in the SNAP case file and one (1) copy is to be placed in another program file, if appropriate.

INSTRUCTIONS FOR PREPARATION OF FORM - Enter the appropriate identifying information at the top of the form. Enter the case numbers and categories related to the proposed action.

For each program section, enter, as appropriate:

- a. Action Type
- b. Reason for Proposed Action
- c. Manual Reference
- d. Worker's Name and Telephone Number
- e. Amount of Reduction - Enter the former and new assistance or allotment amounts.
- f. Effective Date - Enter the date of the proposed action. **For SNAP, this date must be at least 10 days from the date the form is mailed or given. For reduced benefits, the effective date will be the first day of the next month. When benefits are suspended or terminated, the effective date will be the last day of the month.**

Examples

- (1) An Advance Notice of Proposed Action is mailed on October 15; the effective date of the proposed action would be November 1 **if benefits are being reduced. The effective date of the proposed action would be October 31 if benefits are being suspended or terminated..**
- (2) An Advance Notice of Proposed Action is mailed on October 25; the effective date would be December 1 **for a reduction of benefits or November 30 for a suspension or termination of benefits.**

APPEALS -

- a. For SNAP and Financial Services actions, enter the date that is **10 days from** the date of mailing to indicate the date before which a timely appeal can be filed.

For Medicaid actions, enter the effective date of the proposed action to indicate the date before which a timely appeal can be filed.

- b. Enter the effective date of the proposed action.

## Notice of Expiration

To:

SNAP Case Number

County/City

Department of Social Services

Address

City, State, Zip

Telephone Number

Your SNAP eligibility will end on:

Your eligibility for SNAP benefits is expiring. For uninterrupted benefits, you must file a new application by \_\_\_\_\_, have an interview, and be found eligible based on the information you give. If you do not file an application by this date, there may be an interruption in your benefits.

We can only start the renewal process once you file an application. You or your authorized representative may file an application that has at least your name, address, and your signature:

- in person at the address shown above or below;
- by mail, fax, by e-mail; or
- online at [www.vafood.org](http://www.vafood.org).

☐ in the office

☐ by telephone

You must have an interview. We have scheduled an appointment for an interview on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. If this interview appointment is not convenient, please let us know immediately. If you miss this interview appointment, it will be your responsibility to reschedule it.

In addition to the application and interview, you must give us proof of your income, expenses, or other information to help us make a decision on your application. Please have your information available when you file the application or have your interview.

If a telephone interview is scheduled, you must:

- complete the enclosed application form;
- return the completed application by \_\_\_\_\_ to the address above or below;
- provide a telephone number where you can be reached during the scheduled time.

If you do not agree with the action taken on your application, you may appeal the action. You must file your appeal within ninety days of the agency's notice to you. You may get an appeal form from this department or from the Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219-2901, or you may call 1-800-552-3431.

If everyone in your house receives Supplemental Security Income (SSI) or plan to apply for SSI, you may renew your eligibility for SNAP benefits at the Social Security (SSA) office instead of filing your application at the local social services department. The Social Security office must also receive your application by the date indicated above.

The Virginia Department of Social Services is an equal opportunity provider.

Alternate Agency Address:

Eligibility Worker

Date

☐ Mailed

☐ Given

10/09

VOLUME V, PART XXIV, PAGE 53

### NOTICE OF EXPIRATION

FORM NUMBER - 032-12-0157 (The version presented here does not match the version prepared monthly by the Home Office with specific case information. This version may be used manually by local agencies.)

PURPOSE OF FORM - To advise the household (1) that its certification period is about to expire; and, (2) that a new application is necessary to establish further entitlement.

USE OF FORM - Households approved in the last month of their certification period, i.e., households certified retroactive to a previous month(s), must have the expiration notices at the time of certification. All other households must have the expiration notices no later than the last day of the next to the last month of the current certification period, but not earlier than the first day of the next to the last month of the current certification period. When the agency mails the Notice of Expiration, allow two days for delivery in addition to the postmark date. The Notice of Expiration will run on the 8<sup>th</sup> of the month. If the 8<sup>th</sup> is on a Friday, weekend or holiday, the Notice of Expiration will run on the last working day before the Friday, weekend or holiday.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must give or mail the original Notice of Expiration to the head of the household. One (1) copy remains in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete all blanks.

Below the agency's address enter the date the certification period will end, which is the last day of the last month of certification, in the space provided. Enter an alternate address for the agency at the bottom of the form, if appropriate.

Enter the date by which the household must file an application for recertification. For households approved in the last month of their certification period, this will be 15 calendar days from the date the notice will be received. (Allow two days for mailing in addition to the postmark date.) For all other households, this will be the 15th calendar day of the last month of certification.

Indicate whether the agency mailed or gave the form to the recipient on the date indicated.

Enter information regarding an interview date and time.

## CHANGE REPORT

CASE NAME	CASE NUMBER
WORKER NAME	LOCALITY
AGENCY TELEPHONE NUMBER	

Use this form or call your worker to report changes listed below for your Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) case.

Report changes within 10 days of the day they occur; but at the latest, you have until the 10<sup>th</sup> day of the following month to report the change.

Note: If you have a Medicaid case, you must report **all** changes to your Medicaid worker within 10 days.

### TELL US IF THE GROSS INCOME FOR YOUR HOUSEHOLD GOES OVER THESE LIMITS

Number of People in your Household	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$ 1,211	\$281.63	\$ 563.26	\$ 605.50
2	1,640	381.40	762.79	820.00
3	2,069	481.16	962.33	1,034.50
4	2,498	580.93	1,161.86	1,249.00
5	2,927	680.70	1,361.40	1,463.50
6	3,356	780.47	1,560.93	1,678.00
7	3,785	880.23	1,760.47	1,892.50
8	4,214	980.00	1,960.00	2,107.00
For each additional member add	+429	+99.77	+199.53	+214.50

These amounts are good through 09/30/13

Add together the gross income for all of the people in your household. New income total \$ \_\_\_\_\_

\*Gross income is the total amount of income before taxes or any other deductions are taken out.

### IF YOU RECEIVE TANF, TELL US IF:

☐

**Your address changes**

New Address (Street, Apt. Number)	City, State, ZIP	Telephone
-----------------------------------	------------------	-----------

☐

**A child, including a newborn, enters or leaves your home.** (Tell us about this child at the top of the next page).

☐

**The father or mother of a child, including a newborn, enters or leaves your home.** (Tell us about this father or mother at the top of the next page).

☐

**Any change happens that may affect your VIEW participation.** Tell us here about the change that occurred. Also remember to tell your VIEW worker about the change: \_\_\_\_\_

## CHANGES YOU MAY WANT TO REPORT

### CHANGE IN THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD

Has ANYONE MOVED IN?

Name		Date moved in		Relationship to you		Social Security Number	
Date of Birth		Race (not required)		Sex		Marital Status	
U.S. Citizen Yes ( ) No ( )		If Alien, give alien number, date of entry		Last school grade completed		Currently in School? Yes ( ) No ( )	

HAS ANYONE MOVED OUT?

Name		Date moved out		Name		Date moved out	
------	--	----------------	--	------	--	----------------	--

### CHANGE IN YOUR ADDRESS

New Address (Street, Apt. Number)		City, State, ZIP	
-----------------------------------	--	------------------	--

### CHANGE IN SHELTER EXPENSES

Rent or Mortgage \$ _____ per _____	Property Taxes \$ _____ per _____	Homeowner's Insurance \$ _____ per _____	Electricity \$ _____ per _____
Gas \$ _____ per _____	Oil \$ _____ per _____	Kerosene, Coal, wood, etc. List and give amount	
Water/Sewer \$ _____ per _____	Garbage \$ _____ per _____	Telephone (Basic Service Only) \$ _____ per _____	Installation Fees \$ _____ per _____

### CHANGE IN DAY CARE EXPENSES

Person paying for care	Person receiving care	Amount billed \$ _____	How often?
------------------------	-----------------------	---------------------------	------------

### CHANGE IN MEDICAL EXPENSES FOR MEMBERS WHO ARE 60 OR MORE OR DISABLED

Name	Type of expense	Amount billed \$ _____

### CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

Person paying support	Person receiving support	Amount legally obligated \$ _____ per _____	Amount paid \$ _____ per _____
-----------------------	--------------------------	--	-----------------------------------

## HOW LONG DO YOU EXPECT THE CHANGE(S) TO CONTINUE

( ) YES ( ) NO	Do you expect any of the change(s) you listed on this report to continue beyond this month? If YES, explain

I declare that all information I gave on this form is correct and complete to the best of my knowledge and belief.	
Signature _____	Date _____

The Virginia Department of Social Services is an equal opportunity provider.

10/09

VOLUME V, PART XXIV, PAGE 56

## CHANGE REPORT

FORM NUMBER - 032-03-051

PURPOSE OF FORM - To provide a recipient household with a method of reporting changes in circumstances.

USE OF FORM - Recipient households may use the form to report changes in circumstances. Households must report changes to the agency when they occur but no later than 10 days after the month of the change.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must provide the Change Report to all households at the time of initial application and reapplication and at recertification if the income limits listed on the form have changed or if the household needs another form. The agency must also provide the Change Report form whenever the household returns a completed one or reports a change in the household size.

INSTRUCTIONS FOR PREPARATION OF FORM – The EW must complete information at the top of the form before providing the form to the household. The EW must also highlight the household size and income limit that applies to the household when the form is provided.



## ENTITLEMENT TO RESTORATION OF LOST BENEFITS

[ ]

[ ]

CASE NUMBER	
DATE	
LOCALITY	WORKER

☐ YOU ARE ENTITLED TO A RESTORATION OF BENEFITS BECAUSE YOUR PRIOR ALLOTMENT WAS INCORRECTLY CALCULATED OR YOU WERE DENIED IMPROPERLY.

TOTAL AMOUNT OWED \$ \_\_\_\_\_ MONTH(S) RESTORATION COVERS \_\_\_\_\_

REASON \_\_\_\_\_

\_\_\_\_\_

☐ IF THIS BLOCK IS CHECKED, YOU WERE OVERISSUED SNAP BENEFITS, YOUR RESTORATION WAS REDUCED BY THE AMOUNT YOU WERE OVERISSUED.

AMOUNT YOU WERE OVERISSUED \$ \_\_\_\_\_ AMOUNT YOU ARE ENTITLED TO RECEIVE \$ \_\_\_\_\_

☐ YOUR REQUEST FOR RESTORATION OF BENEFITS, DATED \_\_\_\_\_, WAS DENIED DUE TO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU DO NOT AGREE WITH THIS DECISION, YOU MAY REQUEST A FAIR HEARING.

IF YOU WANT TO REQUEST A FAIR HEARING, YOU MUST DO SO WITHIN 90 DAYS FROM THE DATE OF THIS NOTICE.

FOR ADDITIONAL INFORMATION ABOUT APPEALS AND FAIR HEARINGS, PLEASE SEE THE BACK OF THIS NOTICE.

ELIGIBILITY WORKER	TELEPHONE NUMBER	FOR FREE LEGAL ADVICE CALL <b>1-866-534-5243</b>
--------------------	------------------	---

## **APPEALS AND FAIR HEARINGS**

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the Virginia Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### **How to File an Appeal**

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901.
- Call me at the number listed on the front.
- Call 1-800-552-3431

### **When to Appeal**

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.\*

\*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

### **Local Agency Conference**

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### **Hearing Process and Decision**

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance agreements; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

10/09

VOLUME V, PART XXIV, PAGE 61

ENTITLEMENT TO RESTORATION OF LOST BENEFITS

FORM NUMBER - 032-03-0153

PURPOSE OF FORM - To notify a household of its entitlement to restoration of lost benefits.

USE OF FORM - To be completed at the time the local agency determines a household is entitled to restoration of lost benefits, or denies a request for restoration.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – Send a copy to the household and retain a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM

Complete the identifying information at the top.

Check the first box to inform a household that it is entitled to a restoration. Complete the information requested on the form. If the restoration was offset against an amount which was previously overissued, check the small block in the second paragraph and complete the information requested.

Check the second box if the request for restoration is denied and complete the information requested.

Complete the information at the bottom of the form.



**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
REQUEST FOR CONTACT**

TO:	<div></div>	Case Name: _____
		Case Number: _____
	<div></div>	Agency: _____
		Date: _____

In order to determine your continued eligibility for SNAP benefits, you must provide the following information or take the following actions:

\_\_\_\_\_ Proof of your household's income  
                  ☐ Verification Form Attached  
\_\_\_\_\_ Other \_\_\_\_\_

Please take the requested action by \_\_\_\_\_ or we will close your SNAP case or deny your application.

\_\_\_\_\_  
Eligibility Worker

\_\_\_\_\_  
Telephone number

Request for Contact

FORM NUMBER - 032-03-0148

PURPOSE OF FORM - To request a household provide clarification or verification of the household's circumstances.

USE OF FORM - The EW must complete the form to request clarification, verification, or action taken by an applying or participating household. The household must take the requested action within ten days. The EW must follow this form with an Advance Notice of Proposed Action or Notice of Action if the agency alters the household's eligibility or benefit level in response to the Request for Contact.

This form is not intended to amend the request for information or verification needed for an application. The EW should send a revised Checklist of Needed Verifications in this instance. **This form is also not intended to be sent to clarify circumstances the household is not required to report unless the partially reported change suggests the household is ineligible for SNAP benefits. See Part XIV.A.1.**

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must mail the form to the household and retain a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM - The worker must complete the general case information and note the specific request for which the household is responsible for completing. The worker must also include the deadline for the submission of the information that is ten days after the mailing date.

**Commonwealth of Virginia  
Department of Social Services  
REQUEST FOR ASSISTANCE  
--- ADAPT ---**

**GENERAL INFORMATION**

This Request for Assistance is the first part of the application process and protects your application date. You must also complete the second part of the application process by (1) having an interview, or (2) completing an Application for Benefits form, or another appropriate application.

With this Request for Assistance, you can begin the application process for one or more of the following assistance programs. You can also use this Request to request a Medicaid resource assessment for long term care.

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- TANF Emergency Assistance
- Refugee Cash Assistance
- Refugee Medical Assistance
- General Relief – Unattached Child
- Medical Assistance:
  - Medicaid
  - FAMIS, FAMIS PLUS, FAMIS MOMS

**COMPLETE AND ACCURATE INFORMATION**

You must give complete, accurate, and truthful information. If you refuse to give needed information, we may not be able to determine your eligibility for assistance. Information regarding your race is not required. However, if you decide not to give this information, your worker will complete that section. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.. You must also provide required verifications.

**SPECIAL INFORMATION FOR MEDICAID/FAMIS PLUS APPLICANTS**

For Medicaid applicants who declare that they are U.S. citizens on the application, a data match will be conducted with the Social Security Administration (SSA) to verify your claim of U.S. citizenship. If the SSA cannot verify your claim of U.S. citizenship, you will receive a written request from your eligibility worker at your local department of social services to provide a document that proves you are a U.S. citizen and a photo identification card or document that identifies you. Information about documents that are acceptable will be provided with the request. **These requirements do not apply to persons who: 1) receive Supplemental Security Income (SSI); 2) receive Social Security benefits on the basis of a disability; 3) are entitled to or receiving Medicare; 4) are children in foster care or who receive Title IV-A Adoption Assistance payments; or 5) were born in the United States to mothers who were covered by Medicaid at the time of the birth.**

**SPECIAL INFORMATION FOR SNAP APPLICANTS**

You may begin the application process for SNAP benefits by completing this Request for Assistance or by completing only the information in the boxes below and providing at least your **name, address, and signature**. You must complete the rest of the application process before your eligibility can be determined.

You must also be interviewed in the office or by telephone. You may turn in this Request for Assistance before you are interviewed. This is important because if you are eligible for the month in which you apply, your SNAP amount will be based on the date you actually turn in your Request.

**EXPEDITED SERVICE FOR SNAP BENEFITS**

Your household may qualify for Expedited Service and receive SNAP benefits within 7 days if you are eligible and your gross monthly income is less than \$150 and liquid resources are \$100 or less; or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or your household is a migrant or seasonal farm worker household with little or no income and resources. **GIVE THE INFORMATION REQUESTED IN THE BOXES BELOW, SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE MAY BE DETERMINED.**

Total money expected this month before deductions \$ \_\_\_\_\_

Total cash, money in checking/savings accounts, CDs \$ \_\_\_\_\_

Total rent or mortgage for this month \$ \_\_\_\_\_

Utility expenses for this month \$ \_\_\_\_\_

Which utilities do you pay? (check all that apply)

- ☐ Heat    ☐ Lights    ☐ Telephone    ☐ Electricity for Air Conditioning  
☐ Water    ☐ Sewer    ☐ Garbage    ☐ Other

Is anyone in your household a migrant or seasonal farm worker? YES ( ) NO ( )

NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY NUMBER
	TELEPHONE NUMBER
SIGNATURE	DATE

## VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

Virginia Employment Commission (VEC)  
Internal Revenue Service (IRS)  
Department of Motor Vehicles (DMV)  
U.S. Citizenship and Immigration Services (USCIS)  
Social Security Administration (SSA)

Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. Information may be used to:

- determine the correctness, accuracy, and truthfulness of the application;
- verify your identity and citizenship; verify wages and salary, unemployment benefits, and unearned income, such as Social Security and Supplemental Security Income (SSI) benefits; verify quarters of coverage under Social Security for an alien, or to verify the status of aliens;
- prevent receipt of benefits from more than one social service agency at the same time;
- make required program changes;
- allow disclosure for official examination and to law enforcement officials to assist in apprehending persons fleeing to avoid the law; or
- assist in SNAP or TANF claims collection actions.

## YOUR SNAP RIGHTS

In accordance with federal law and U/S Department of Agriculture policy, the Virginia Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer..

## FILING A REQUEST FOR ASSISTANCE

You may turn in a partially completed Request for Assistance which contains at least your **name, address, and signature** (or the signature of your authorized representative), but you must complete the rest of the application process before your eligibility can be determined. For some programs, you must also be interviewed, but you may turn in your Request for Assistance before your interview.

You may return your Request for Assistance by mail, fax, or in person. If you return the form in person, you may turn it in any time during office hours the same day you contact your local social services agency. You have the right to file your Request for Assistance, even if it looks like you may not be eligible for benefits.

## COMPLETING THE REQUEST FOR ASSISTANCE

If you need help completing this Request for Assistance, a friend or relative or your eligibility worker may help you. If you are completing this Request for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If more than 6 people are living in your home and you need more space to list everyone, tell the agency you need extra pages.

### AGENCY USE ONLY EXPEDITED SERVICE DETERMINATION

**Screener:** \_\_\_\_\_  **Date:** \_\_\_\_\_

Income < \$150 + resources ≤ \$100  **YES ( ) NO ( )**

Income + resources < shelter bills  **YES ( ) NO ( )**

For migrants or seasonal farm workers:

- Resources ≤ \$100 and ≤ \$25 is expected in next 10 days from new income:  **YES ( ) NO ( )**

**OR**

- Resources ≤ \$100 and \$0 income is expected from a terminated source for the rest of this month or next month  **YES ( ) NO ( )**

**EXPEDITE IF YES TO ANY OF THE ABOVE**

**Commonwealth of Virginia  
Department of Social Services  
REQUEST FOR ASSISTANCE  
--- ADAPT ---**

AGENCY USE ONLY			
Case Name	Case Number(s)	Program(s)	Registration Number
Application Type	Locality	Worker	Caseload Number
Date Received		DATE OF INTERVIEW	
		<input type="checkbox"/> In office <input type="checkbox"/> Telephone	

1.

Applicant's Name	Phone Number (Home/Messages) (Work/Other)	E-mail Address (if you would like to receive electronic messages)
Residence Address (Include City, State And Zip)		Mailing Address (If Different)

2. Check ( ) your household's primary language:
- |             |             |               |                |             |                    |
|-------------|-------------|---------------|----------------|-------------|--------------------|
| ( ) English | ( ) Spanish | ( ) Cambodian | ( ) Vietnamese | ( ) French  | ( ) Farsi          |
| ( ) Kurdish | ( ) Arabic  | ( ) Japanese  | ( ) German     | ( ) Chinese | ( ) Haitian-Creole |
| ( ) Somali  | ( ) Korean  | ( ) Laotian   | ( ) Other      |             |                    |

3. LIST EVERYONE LIVING IN YOUR HOME even if you are not requesting assistance for that person. List yourself on the first line. If you are married, list your spouse on the second line. Then list everyone else. Provide the information requested for each person listed. Check (✓) type of assistance requested for each person. If no assistance is requested, check NONE for that person. A Social Security Number and an Alien Registration Number do not have to be provided for any individual for whom assistance is not being requested. Please note that an application for TANF will also be an application for SNAP (food stamps). Check TANF - No SNAP if you do not want to apply for SNAP benefits.

Name First Mi Last Suffix (Jr., Sr.)	Sex M / F	Race (Not required) Select all that apply  1- White 2- Black/African American 3- American Indian/ Alaska Native 4- Asian 5- Native Hawaiian/ Pacific Islander	Ethnicity (Not required)  1 Hispanic/ Latino  2 Not Hispanic/ Latino	Date Of Birth	Social Security Number	Alien Registration Number	SNAP (food stamps)	TANF	TANF - No SNAP	Medical Assistance	General Relief – Unattached Child	TANF Emergency Assistance	Auxiliary Grants	Refugee Cash Assistance	Refugee Medical Assistance	Medicaid Resource Assessment	None	This Person's Relationship To You	Agency Use Only Client Id
(Your Name)																			
(Your Spouse's Name, if your are married)																			

4. List anyone from #3 above who is pregnant or who is disabled: \_\_\_\_\_
5. List anyone from #3 above who is requesting Medical Assistance who had medical treatment during the 3 months before this request: \_\_\_\_\_
6. YES ( ) NO ( ) Have you or anyone for whom you are applying ever applied for or received or are currently receiving any benefits from a social services agency, including SNAP (food stamps), TANF, Medicaid, Children's Health Insurance (FAMIS/FAMIS Plus), General Relief, Auxiliary Grants, Foster Care, Adoption Assistance, Refugee Cash or Medical Assistance?

Person Who Applied for or Received Benefits	Under What Case Name	Type of Benefits Received
When	From What County or City of State	

7. YES ( ) NO ( ) Does anyone have any of the following emergencies? If **YES**, check (✓) the type of emergency and explain the cause.  
 ( ) Food ( ) Shelter ( ) Medical ( ) Clothing ( ) Other Emergency \_\_\_\_\_  
 Cause: \_\_\_\_\_
8. YES ( ) NO ( ) Is there anything that you would like to talk about with a service worker? This could include concerns about your children, school problems, child care needs, family planning, family violence, referrals to other community organizations, or other problems or concerns. If **YES**, explain.

Explain:
----------

<p><b>BY MY SIGNATURE BELOW I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b> I understand:</p> <ul style="list-style-type: none"> <li>■ All of the information in the GENERAL INFORMATION Section on pages 1 and 2.</li> <li>■ If I give false, incorrect, or incomplete information, I may be breaking the law and could be prosecuted for perjury, larceny, or welfare fraud.</li> <li>■ If I helped someone else complete this form so as to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.</li> </ul> <p>I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits.  <input type="checkbox"/> <b>I allow</b> <input type="checkbox"/> <b>I do not allow</b> the Department of Social Services to disclose certain information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Health, the Department for the Aging, the Department of Rehabilitative Services and the Department of Vocational Rehabilitation. I can withdraw this authorization at any time by notifying my eligibility worker.</p> <p>I filled in this Request for Assistance myself. YES ( ) NO ( ) If <b>NO</b>, it was read back to me when completed. YES ( ) NO ( )</p>
---

APPLICANT <u>OR</u> AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	WITNESS TO MARK <u>OR</u> INTERPRETER	DATE
---	------	---------------------------------------	------

COMPLETE THE BOX BELOW IF THIS REQUEST FOR ASSISTANCE WAS COMPLETED FOR THE APPLICANT BY SOMEONE ELSE:

APPLICANT <u>OR</u> AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	ADDRESS
PHONE NUMBER (HOME) (WORK)	RELATIONSHIP TO APPLICANT	

REQUEST FOR ASSISTANCE

FORM NUMBER - 032-03-0875

PURPOSE OF FORM - To indicate an intent to apply for benefits by an applicant. If a telephone interview is planned, it is recommended that this form is not given to applicants for completion.

USE OF FORM - To be completed by an applicant to begin the application process through the ADAPT system. The form, completed with the applicant's name, address and signature, will secure the application date regardless of the eventual date of completion of the interactive interview and signed Statement of Facts or Application for Benefits. The form will also allow an evaluation of entitlement to expedited service processing.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form must be retained in the case record with the corresponding Statement of Facts or Application for Benefits.

INSTRUCTIONS FOR PREPARATION OF FORM - General instructions appear on the form for completion.

If changes need to be made after the application is completed, the applicant should write the revised information near the original entry. The applicant must initial and date the changes. Except for agency-use sections, eligibility workers may not add to or write on a completed application.



## INTERIM REPORT FORM - REQUEST FOR ACTION


Case Name: \_\_\_\_\_

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

Agency: \_\_\_\_\_

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

You were required to send in a completed Interim Report to this agency by the fifth (5<sup>th</sup>) of the month for your TANF and/or your SNAP case. Please note the information checked below.

( ) We have not received an Interim Report form from you. Complete the Interim Report form that was sent to you. When you send the Interim Report form in, please make sure you answer every question, give us all the information the report asks for, and sign and date the report.

( ) The Interim Report form you submitted was incomplete. The form you submitted is attached. This form is incomplete because:

1. ( ) You did not answer every question. Please answer the following questions:


2. ( ) You did not sign and/or date the report. Please sign and date the report.

( ) Proof of some of the statements made on your report was missing. Please send in the following:


You must return a completed Interim Report and proof of any changes within ten (10) days. If you do not submit a completed report, your SNAP or TANF case will close. **You will not receive an additional notice** unless the information you submit changes your benefits.

If you are unable to complete the Interim Report or if you have any questions about how to complete it or what information you need to send in, please ask for help. For more information about the Interim Report process, see Part 14.C of the SNAP Manual and Section 401.3H of the TANF Manual.

**If you have taken the actions listed above, please disregard this reminder.**

Worker	Telephone Number	For Free Legal Advice Call <b>1-866-534-5243</b>
--------	------------------	---

## **APPEALS AND FAIR HEARINGS**

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901.
- Call me at the number listed on the front.
- Call 1-800-552-3431.

### When to Appeal

- Within the next 30 days for TANF and within the next 90 days for SNAP benefits.
- Within 10 days of the date on this form to get the SNAP benefits continued.\*
- Before the effective date of the change to get the TANF benefits continued.\*

\*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

INTERIM REPORT FORM – REQUEST FOR ACTION

FORM NUMBER – 032-03-0649

PURPOSE OF FORM – To notify a household of required actions it must take for submitting the Interim Report or any needed verifications.

USE OF FORM – The agency may use this form to tell households what action is needed to process the Interim Report to avoid closure of the case.

NUMBER OF COPIES – Two

INSTRUCTIONS FOR PREPARATION OF FORM – The EW must complete identifying case and agency information at the top of the form. The EW must complete the action required of the household. The EW must sign and date the form.



**PERMANENT VERIFICATION LOG**

Case Name	Case Number	FIPS	EW	Date
Secondary Case Name	Secondary Case Number			

**DOCUMENT METHODS AND DATES OF VERIFICATION REQUIRED BY PROGRAM(S) BEING EVALUATED.**

**1. MEMBER INFORMATION**

MBR #	LAST	NAME FIRST	MI	SOCIAL SECURITY NUMBER (# or APP mm/dd/yy)	DATE OF BIRTH	CITIZENSHIP/ ALIEN STATUS	IDENTITY	RELATIONSHIP
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:
				VFN:	VFN:	VFN:	VFN:	VFN:

**INDICATE ANY CHANGES TO THE ABOVE INFORMATION AND DOCUMENT METHOD AND DATE OF VERIFICATION.**

## 2. DOCUMENTS AND VERIFICATIONS (WHEN REQUIRED BY POLICY)

### BIRTH RECORDS AND IMMUNIZATIONS

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name		BVS#/VFN	
Immunizations, Dates				

### MARRIAGE RECORDS

Wife's Maiden Name		Husband's Name
Date of Marriage	Place	VFN

### DIVORCE RECORDS

Husband		Wife
Date of Divorce	Place	VFN

### DEATH RECORDS

Name of Deceased		
Date of Death	Place	VFN

PERMANENT VERIFICATION LOG

FORM NUMBER - 032-03-823A

PURPOSE OF FORM – May be used to document verification of eligibility factors which are generally not subject to change. The form is optional.

USE OF FORM – May be completed at initial certification, recertification or during the certification period if a change is reported

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form may be kept in the case record. If additional space is needed, use an additional form.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form.

Document the method and date of verification for required elements for SNAP purposes.

Document changes to previously verified information and document the method and date of verification of the change.



CASE NAME	LOCALITY
CASE NUMBER	DATE

### FOOD REPLACEMENT REQUEST

**In order for us to consider replacing the value of your destroyed food, you must complete and return this form. You must return the completed form within 10 days of the date the food was destroyed or within 10 days of the date above.**

Case Name	Address
How was food destroyed or damaged?	
Value of the destroyed food	
When was the food destroyed or damaged?	
I certify that the household listed above experienced the destruction of food in the month of _____, 20____.	
Signature	Date

**The Virginia Department of Social Services is an equal opportunity provider.**

Food Replacement Request

FORM NUMBER - 032-03-0388

PURPOSE OF FORM - This form will allow the local agency determine the value of food destroyed so that the agency may provide additional SNAP benefits to cover the value of food destroyed.

USE OF FORM - The agency must provide the form to households that report a household disaster that resulted in the loss of food purchased with SNAP benefits.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency must provide a copy of the completed form to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Local agency staff should complete the identifying case information at the top of the form. A household member or an authorized representative must complete or provide information for the bottom section regarding the replacement of food destroyed. A household member must sign and date the form.

## INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION

TO: \_\_\_\_\_ Vault Card Issuance Unit \_\_\_\_\_ EBT Administrative Terminal Personnel Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FROM Eligibility Worker/Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RE: Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I. ☐ Authorization for a Vault EBT Card

Vault card reason: (1) \_\_\_\_ Timely processing (2) \_\_\_\_ Household emergency (3) \_\_\_\_ Agency determination

Case Name Social Security Number \_\_\_\_\_ Case Name Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Issue a vault card to Authorized Representative \_\_\_\_\_

Address of vault card recipient: \_\_\_\_\_

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster: ☐ Lost in the mail ☐ Household Violence  
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for \$ \_\_\_\_\_.

IV. ☐ Repay SNAP Claim of \$ \_\_\_\_\_ from EBT account

---

### Issuance/Administrative Unit Use

I. EBT Vault Card Number: \_\_\_\_\_ Card destroyed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of identification seen:

☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card  
☐ Library Card ☐ Social Security Card ☐ Other \_\_\_\_\_

I acknowledge that I received my EBT card or that I received the card on behalf of another household. I understand that I need to select a Personal Identification Number to use my benefits.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

☐ Cardholder failed to pick up vault card ☐ Card destroyed ☐ Vault card not prepared

II. Replacement fee credited on \_\_\_\_/\_\_\_\_/\_\_\_\_.

III. EBT account debited for \$ \_\_\_\_\_ for an administrative error on \_\_\_\_/\_\_\_\_/\_\_\_\_.

IV. Repaid \$ \_\_\_\_\_ to SNAP Claim on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Completed by \_\_\_\_\_

Issuance/Administrative Worker

\_\_\_\_\_  
Date



Internal Action and Vault EBT Card Authorization

FORM NUMBER - 032-03-0387

PURPOSE OF FORM - The Eligibility Unit will use this form to communicate with the Issuance or Administrative Unit in the local agency.

USE OF FORM - The EW must complete the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to an eligible household or authorized representative. The Eligibility Supervisor must complete the top portion of the form to authorize the Issuance or Administrative Supervisor, as designated by the agency, to credit the card replacement fee to a household's EBT account. The Issuance or Administrative Unit must complete the bottom portion of the form to document the action taken. The primary cardholder or authorized representative must also sign the form to acknowledge receipt of the vault card. The agency must use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The Eligibility Worker or Supervisor must retain a copy of the form and forward the remaining copies to the Issuance or Administrative Unit for completion. The Issuance or Administrative Unit must retain a copy of the fully completed form and return the second copy to the Eligibility Unit. Upon receipt of the form, the Eligibility Worker or Supervisor must file the copy in the case file. The initial copy completed only by the Eligibility Unit may be discarded.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW or Supervisor must complete the identifying case and unit information. The EW or Supervisor must complete the appropriate section of the top portion of the form to explain or authorize actions, including Section I to note why a vault card is necessary. The EW must include the address of the person who will receive the vault card, either the primary cardholder or authorized representative, for entry in the EBT system. The EW may attach a copy of the AECASE or AECAS1 ADAPT screen, as appropriate, to avoid transcription errors.

The Eligibility Supervisor must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.

The Issuance Unit must promptly act to prepare a vault card for a household upon receipt of the form completed by the Eligibility Unit. The Issuance Worker must obtain and record identity verification before releasing the vault card and secure the signature of the primary cardholder or authorized representative on the form.

The completed form must remain with a prepared vault card until the cardholder comes to the agency. The Issuance Unit must destroy the card after five business days if the cardholder does not receive it or make additional arrangements to receive the card. The Issuance Worker must note the date of the destruction of the card on the form. If the agency opts to wait until the cardholder comes to pick up the vault card before preparing the card, the Issuance Unit must notify the EW if the cardholder fails to obtain the card within five business days after the initial authorization by the certification unit.

The supervisor of the Issuance or Administrative Unit, as determined by the agency, must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS  
COMMUNICATION FORM- From EW to ESW

To \_\_\_\_\_, ESW  
From \_\_\_\_\_, EW  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reply Needed By \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Copy Sent to Child Care Worker

Name of Participant \_\_\_\_\_  
Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

Participant's Client ID # \_\_\_\_\_  
☐ SNAPET ☐ TANF ☐ TANF-UP

- ☐ Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on \_\_\_\_/\_\_\_\_/\_\_\_\_ (APR attached). Effective Date of TANF approval: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- ☐ Result of reevaluation of non-exempt/mandatory status: \_\_\_\_\_
- ☐ Volunteer no longer wishes to participate.
- ☐ Non-exempt/mandatory individual now exempt. Reason: \_\_\_\_\_
- ☐ Individual may be unable to participate in ESP/SNAPET program because \_\_\_\_\_

☐ Individual is not able to ☐ Read English ☐ Write English

☐ Individual will enter/entered employment at \_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Scheduled # of Hours/week \_\_\_\_\_. Rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_.  
Frequency of pay: \_\_\_\_\_. Date of First Pay: \_\_\_\_/\_\_\_\_/\_\_\_\_.

- ☐ Individual/household no longer eligible for SNAP. Case closed due to: (check one)  
☐ Employment/benefit reduction/savings information provided below  
☐ Other: \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Individual removed from the SNAP household because \_\_\_\_\_  
Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Effective with payment on \_\_\_\_/\_\_\_\_/\_\_\_\_, benefits will be reduced from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

- ☐ Individual appealed TANF sanction. Case remains open until appeal resolved.
- ☐ TANF Sanction ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ TANF case reopened.

☐ 24-Month Eligibility Termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Appeal prior to 24-Month Closure or ☐ Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_. ☐ Client has requested that case remain open until appeal resolved.

☐ VIEW Transitional Payment established effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ VIEW Transitional Payment ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Reason: \_\_\_\_\_

☐ Amount of SNAP allotment for the month of \_\_\_\_\_ was \$ \_\_\_\_\_.

☐ New certification period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Individual is a refugee. Contact \_\_\_\_\_ (refugee resettlement agency) at \_\_\_\_\_ (telephone) before conducting VIEW/SNAPET initial assessment.

☐ Other \_\_\_\_\_

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS  
COMMUNICATION FORM- From ESW to EW

To \_\_\_\_\_, EW  
From \_\_\_\_\_, ESW  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reply Needed By \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Copy Sent to Child Care Worker

Name of Participant \_\_\_\_\_  
Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

Participant's Client ID # \_\_\_\_\_  
☐ SNAPET ☐ TANF ☐ TANF-UP

- ☐ Volunteer signed APR on \_\_\_\_\_. Please update AEGNFS screen and run ED/BC.  
☐ Reevaluation of non-exempt/mandatory status is requested. Reason: \_\_\_\_\_  
☐ Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.

- ☐ Individual will enter education or training activity on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Individual will be a participant in work experience. Please provide the SNAP amount for the month of \_\_\_\_\_.

- ☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Employer \_\_\_\_\_  
Scheduled # of Hours/week: \_\_\_\_\_. Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_.  
Frequency of pay: \_\_\_\_\_. Date of First Pay: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Please send verification of employment.

- ☐ Individual has failed to comply with program requirements of \_\_\_\_\_. Good cause does not exist.  
☐ Notify ESW if aware of good cause reason.  
☐ Sanction TANF for (check appropriate answer)  
☐ 1 month and compliance ☐ 3 months and compliance ☐ 6 months and compliance  
☐ SNAPET case will close effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Please provide the dollar amount of SNAP reduction due to employment or sanction.  
☐ Please notify when suspended TANF case has been reinstated.

- ☐ VIEW Transitional Payment enrollment opened effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ VIEW Transitional Payment enrollment closed effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Reason: \_\_\_\_\_

- ☐ Hardship denied on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Hardship granted from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Hardship terminated on \_\_\_\_/\_\_\_\_/\_\_\_\_.

- ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10/09

VOLUME V, PART XXIV, PAGE 80

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072

PURPOSE OF FORM - To exchange information about an employment services participant between the eligibility worker(EW) and the employment services worker (ESW).

USE OF FORM - Either the eligibility worker or the employment services may originate the form when circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The form consists of an EW to ESW page and an ESW to EW page. When the form is sent, both pages should be provided. A copy of the entire form should be retained in both the TANF/SNAP and VIEW/SNAPET files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the EW and the ESW, the date the form is sent, and the date the reply is needed must be entered in the upper right hand corner by the worker who originates the form.

Enter the identifying information for the case and participant.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or is applicable to the situation. If the worker needs to communicate information that is not listed on the form, check "Other" and enter the information.



**SNAP Sanction Notice for Non-Compliance with a Work Requirement**

	Case Number	
	Locality	
	Worker	Date

Name: \_\_\_\_\_

- ☐ Voluntarily quit a job without good cause.
- ☐ Voluntarily reduced work hours to less than 30 hours per week without good cause.

**The following sanction will be applied in your SNAP case as a result of the action:**

- ☐ The person named above is disqualified and will not be eligible to receive SNAP benefits for the months of \_\_\_\_\_.
- ☐ Your household's SNAP benefit of \$\_\_\_\_\_ will be changed to \$\_\_\_\_\_ effective\_\_\_\_\_.
- ☐ Your entire household will not be eligible to receive SNAP benefits for the months of \_\_\_\_\_.

The sanction indicated above may be lifted before the end of the sanction period if your household is otherwise eligible and the person named above leaves the household or becomes exempt from the requirement to register for work.

If you do not agree with the proposed action, you may write or call me at the address and phone number below and ask for a conference or, you may have a fair hearing on your case. At the hearing, you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, call or write me, or write:

**Virginia Department of Social Services  
801 East Main Street  
Richmond, Virginia 23219-2901  
Attention: Hearing and Legal Services Manager**

You may also request a fair hearing by calling toll free 1-800-552-3431. Please see the back of this form for additional information about the appeals process.

You must request your fair hearing within 90 days. If you appeal the action on your case before \_\_\_\_\_assistance may continue. However, if assistance is continued, you may have to repay benefits you receive during the appeal process if the hearing decision supports the agency action.

Eligibility Worker:	Agency Address	Agency Telephone
For free legal advice call: <b>1-866-534-5243</b>		

## **APPEALS AND FAIR HEARINGS**

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for food stamps. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901.
- Call me at the number listed on the front.
- Call 1-800-552-3431.

### When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.\*

Note: You may have to repay benefits you receive during the appeal process if the hearing decision supports the agency action.

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearing officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearing officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

SNAP SANCTION NOTICE FOR NONCOMPLIANCE WITH A WORK REQUIREMENT

FORM NUMBER - 032-03-0174

PURPOSE OF FORM - To notify households or individuals of the **reduction or termination of their SNAP benefits because of the** disqualification penalty caused by quitting a job or reducing work without good cause.

USE OF FORM - The EW must complete this form if an individual voluntarily quit a job or reduced work hours without good cause.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original must be sent to the household. The copy must be retained in the SNAP case record.

INSTRUCTIONS FOR PREPARATION OF THE FORM

The agency must send this form for findings of voluntary quit or work reduction. The agency must send the form even if the certification period is expiring or the household had previously been notified of adverse action for some other reason on another form.

Enter the appropriate identifying information at the top of the form.

Enter the name of the person who did not comply, and the requirement with which he/she did not comply.

Check the appropriate entry to indicate if the entire household or if only an individual is to be sanctioned. List the months of the sanction, the reduction in benefits and the effective date, as appropriate.

Enter the date by which an appeal may be requested in order to continue benefits at the original amount. Enter the day that is 11 days after the date of mailing.

Complete the information at the bottom of the form.



## NOTICE OF INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name
	Case Number
	Locality Date

An investigation of your \_\_\_\_\_ Temporary Assistance for Needy Families (TANF) or your \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP) case has recently been completed. We have reason to believe you intentionally violated a program rule because :

We have the following evidence to support our case against you:

We will request an Administrative Disqualification Hearing (ADH) to determine if you or another person in your household should be disqualified from TANF or SNAP benefits. Please tell me if you have a disability or limited ability to speak and understand English or if you need special arrangements made so you can attend or present your case at the hearing.

You or your representative may look at the evidence we have. Please call the number below to arrange a convenient time to come to the local social services department to see the evidence.

You have the right to an ADH before we take any action to disqualify you from receiving benefits. However, if you wish, you may waive your right to this hearing. If you sign the attached waiver, you will be disqualified from receiving benefits for the period shown below even if you do not admit the facts as presented.

Temporary Assistance for Needy Families (TANF)  
\_\_\_\_\_ 6 months, 1st violation \_\_\_\_\_ 12 months, 2nd violation \_\_\_\_\_ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

Supplemental Nutrition Assistance Program (SNAP)  
\_\_\_\_\_ months, 1st violation \_\_\_\_\_ months, 2nd violation \_\_\_\_\_ permanently, 3rd violation  
\_\_\_\_\_ Other (Specify)

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period of time as shown above.

Please note that neither signing the attached waiver nor holding the hearing will prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment. You have the right to remain silent about the allegations as anything said or signed by you could be used against you in a court of law.

Worker	Telephone	For Free Legal Advice Call <b>1-866-534-5243</b>
--------	-----------	---

---

## **What is an Administrative Disqualification Hearing?**

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) rules. This is called an “intentional program violation.” The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

## **What is an Intentional Program Violation?**

An “intentional program violation” is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get SNAP or TANF benefits to which you are not entitled. Even if your SNAP or TANF application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get SNAP or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

## **Advance Notification of an Administrative Disqualification Hearing**

The hearing officer will provide the date, time, and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed, however, for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

## **What Happens at the Administrative Disqualification Hearing?**

The hearing officer will decide if you are guilty of an “intentional program violation.” The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member’s side of the case.
- Remain silent about the charges.

NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-0721

PURPOSE OF FORM - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

USE OF FORM – The worker must complete this form to advise a household that an IPV is suspected. The worker must send this form with the Waiver of Administrative Disqualification Hearing. The Administrative Disqualification Hearings pamphlet (b032-01-0961) may also be sent.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - Send the original to the individual suspected of committing an IPV and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the form with appropriate information to note the program involved, the actions allegedly committed, the supporting evidence, and the length of the disqualification period. Sign the form and complete the information at the bottom of the form.



Commonwealth of Virginia  
Department of Social Services  
WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

Name and Address	Case Name	
	Case Number	
	Locality	Date

The Notice of Intentional Program Violation told you that we suspect you intentionally violated a program rule for ☐ Temporary Assistance for Needy Families (TANF) or ☐ Supplemental Nutrition Assistance Program (SNAP) benefits. The Notice listed the evidence against you.

The amount of benefits overpaid: \$ \_\_\_\_\_ TANF benefits \$ \_\_\_\_\_ SNAP benefits

This form is a WAIVER of an Administrative Disqualification Hearing (ADH).

IF YOU CHOOSE TO SIGN THIS WAIVER, you must indicate whether or not you admit the facts as presented in the Notice of Intentional Program Violation. Please note: You do not have to admit to any of the allegations.

If you choose to sign this waiver, please return it by \_\_\_\_\_ to avoid scheduling a hearing. Please return the form to:

Agency Name and Address		
Worker	Telephone	For Free Legal Advice Call 1-866-534-5243

WAIVER

Check one of the following statements:

- ☐ I admit to the facts as presented and understand that a disqualification penalty will be imposed and a reduction of benefits will occur if I sign this waiver.
- ☐ I do not admit that the facts presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty and reduction of benefits will result.

Signature	Date
IF YOU ARE NOT THE CASE NAME, THAT PERSON MUST ALSO SIGN THIS WAIVER.	
Signature of Case Name if Other Than You	Date

---

## **What is an Administrative Disqualification Hearing?**

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) rules. This is called an “intentional program violation.” The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

## **What is an Intentional Program Violation?**

An “intentional program violation” is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get SNAP or TANF benefits to which you are not entitled. Even if your SNAP or TANF application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get SNAP or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

## **What are the Penalties for an Intentional Program Violation?**

If the hearing officer finds that you are guilty, you be disqualified from receiving SNAP or TANF benefits . The length of the disqualification for SNAP will be 12 months for the first offense; 24 months for the second offense; and permanently for the third offense. For TANF, the disqualification will be 6 months for the first offense; 12 months for the second offense; and permanently for the third offense.

In addition, if the hearing officer finds that you intentionally gave false information or hid information about identity or residence to get SNAP benefits in more than one locality at the same time, you will be disqualified for 10 years.

## **Advance Notification of an Administrative Disqualification Hearing**

The hearing officer will provide the date, time, and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed, however, for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

## **What Happens at the Administrative Disqualification Hearing?**

The hearing officer will decide if you are guilty of an “intentional program violation.” The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member’s side of the case.
- Remain silent about the charges.

WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-0722

PURPOSE OF FORM - To advise a household member suspected of having committed an intentional program violation (IPV) that the right to a hearing may be waived but the disqualification penalty will be imposed if the waiver is signed.

USE OF FORM – The local agency must complete the form and send it to determine if a waiver to the administrative disqualification hearing can be obtained before referring the case to the Hearing Authority. This form must be sent with the Notice of Intentional Program Violation.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency must **provide a copy of the completed waiver** to the individual suspected of committing an IPV and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Enter the amount of the overpayment or overpayment for the program involved. Complete the form with the date by which the form must be returned if the waiver is to be activated. Enter a date that is 10 days after the mailing date.

If the individual waives the right to the hearing, the individual must complete the rest of the form and return it to the local agency.



Commonwealth of Virginia  
Department of Social Services  
REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

Case Name	Case Number	Locality
Address	<input type="checkbox"/> TANF Violation 1 2 3	<input type="checkbox"/> SNAP Violation 1 2 3
	IPV Period	IPV Period
	Overpayment Amount \$	Overpayment Amount \$

\_\_\_\_\_ is alleged to have committed the following act(s) of intentional program violation:

We have the following evidence to support our case:

Copies of evidence to be presented at the hearing to prove the allegation are attached, including: 1) Verification or documents to support the charge; 2) Any applications for Temporary Assistance for Needy Families or Supplemental Nutrition Assistance Program benefits signed by the accused during the time in which the intentional program violation allegedly occurred.

Information in this referral is provided with the knowledge it will be used in reaching a decision on the allegations made in this referral, and will be made available to the accused individual or representative.

Submitted by	Title	Telephone	Date
--------------	-------	-----------	------

10/09

VOLUME V, PART XXIV, PAGE 91

REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-0725

PURPOSE OF FORM - To refer cases to the State Hearing Authority when an individual is suspected of having committed an intentional program violation (IPV).

USE OF FORM – The local agency worker must complete the form to provide information needed by the State Hearing Authority in order to initiate an administrative disqualification hearing. Mail the referral to:

Virginia Department of Social Services  
Hearings and Legal Services Manager  
801 East Main Street  
Richmond, VA 23219-2901

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency must send two copies to the Hearings Manager and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the information requested at the top of the form. The IPV Period is the span of time over which the IPV occurred. This will often coincide with the dates over which a claim was established.

The " Overpayment Amount" is the total amount of the claim that relates to the IPV. If the IPV was due to an act that did not result in an overpayment, indicate "0" overpayment in this block. This may include, for example, misrepresenting the household's income on an application that was subsequently denied.

Explain the intentional act alleged and the evidence the agency has to support its claim. Evidence listed here must be made available to the individual and will be presented at the hearing. Confidential or other information restricted from the household cannot be the basis of the evidence to support the accusation of an IPV.

The agency director or designee must sign the form.

Commonwealth of Virginia  
Department of Social Services  
ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Name and Address	Case Name
	Case Number
	Locality

The local social service department has recently completed an investigation of your ☐ Temporary Assistance to Needy Families (TANF) case, or ☐ Supplemental Nutrition Assistance Program (SNAP) case.

The department believes you committed an intentional violation of a program rule because:

The department has the following evidence to support the case against you:

You or your representative may look at this evidence at the local social service department by calling your local worker to arrange a convenient time.

An Administrative Disqualification Hearing has been scheduled to examine the facts of your case. The hearing will be held at:

Time	Place
Date	

If it is found that you intentionally violated a program rule, you will be disqualified from receiving benefits for the period shown below.

TANF

\_\_\_\_ 6 months, 1st violation \_\_\_\_ 12 months, 2nd violation \_\_\_\_ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to this disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

SNAP

\_\_\_\_ months, 1st violation \_\_\_\_ months, 2nd violation \_\_\_\_ permanently, 3rd violation  
\_\_\_\_ Other (Specify) \_\_\_\_\_

It is important that you or your representative be at the hearing. Otherwise a decision will be based solely on information provided by the local social service department. If you are unable to attend the scheduled hearing, you must contact the local social service department at least 10 days in advance of the hearing date to get the hearing rescheduled. If you or your representative fail to appear at a scheduled hearing, you must contact the local social service department within 10 days after the date of the hearing and present a good reason for not attending in order to receive a new hearing.

Hearing Officer	Phone Number	For Free Legal Advice Call 1-866-534-5243
-----------------	--------------	--

---

## **What is an Administrative Disqualification Hearing?**

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) rules. This is called an “intentional program violation.” The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

Even though a hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for an intentional violation of a program rule in a court of law or from collecting the overpayment

## **What is an Intentional Program Violation?**

An “intentional program violation” is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get SNAP or TANF benefits to which you are not entitled. Even if your SNAP or TANF application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get SNAP or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

## **What Happens at the Administrative Disqualification Hearing?**

The hearing officer will decide if you are guilty of an “intentional program violation.” The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member’s side of the case.
- Remain silent about the charges.

## **Notification of Decision by Hearing Officer**

The hearing officer will make a decision on the case based on all the evidence presented. The hearing officer will tell you in writing what the decision is. You will receive this written decision within 90 days after the hearing date.

If the hearing officer decides that you are guilty of an intentional program violation, the local agency will send a notice to say:

- You will be disqualified from getting benefits;
- When you will be disqualified; and
- The amount of benefits the rest of the household will get.

## **Review of the Hearing Officer’s Decision**

If you are not satisfied with the hearing officer’s decision, you may seek a ruling from a court. You may also ask to have the decision reviewed but the review cannot change the decision.

ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-724

PURPOSE OF FORM - To schedule an administrative disqualification hearing (ADH).

USE OF FORM – The hearing officer must complete the form to provide an individual with a notice in advance of an ADH. The form must be sent by first class mail or certified mail with return receipt requested, or may be provided by any other reliable method. The ADH pamphlet may be sent to the individual with the advance notice or provided on request.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send a copy to the individual alleged to have committed an IPV and to the local agency. The hearing officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Information provided on the referral for the ADH will be used as the basis for the hearing.

Complete the form with the date, time and location of the hearing. Note the disqualification period for the IPV. Include other information as needed to complete the form.



Commonwealth of Virginia  
Department of Social Services  
ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

Name and Address	Case Name
	Case Number
	Locality

On the basis of evidence presented at the Administrative Disqualification Hearing held on \_\_\_\_\_, it has been determined that you:

\_\_\_\_\_ DID NOT COMMIT an intentional violation of a Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program(SNAP) rule.

\_\_\_\_\_ DID COMMIT an intentional violation of a Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) rule.

If you did commit an intentional program violation, the local agency will disqualify you from receiving benefits for the time shown below:

TANF Benefits

\_\_\_\_\_ 6 months, 1st violation \_\_\_\_\_ 12 months, 2nd violation \_\_\_\_\_ permanently, 3rd violation

If you are not receiving TANF benefits now, the period of disqualification will be postponed until such time as you apply for TANF benefits and are found eligible again.

SNAP Benefits

\_\_\_\_\_ months, 1st violation \_\_\_\_\_ months, 2nd violation \_\_\_\_\_ permanently, 3rd violation  
\_\_\_\_\_ Other (Specify)

The local agency will notify you of the date the disqualification will take effect. Also, the local agency will notify you of the effect the disqualification will have on the benefits to be received by any remaining household members.

This hearing decision does not prevent the local agency, State or Federal government from asking you to pay back the amount of any extra TANF or SNAP benefits your household was not eligible to receive. The local agency will send you a letter requesting repayment.

If you are not satisfied with the hearing decision, you may seek a ruling from a court. You may also ask for a review of this decision but this review cannot change the decision however. Send a written request within 10 days of receipt of this notice to:

Virginia Department of Social Services  
Hearings and Legal Services Manager  
801 East Main Street  
Richmond, VA 23219-2901

Hearing Officer	Date
-----------------	------

10/09

VOLUME V, PART XXIV, PAGE 96

ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

FORM NUMBER - 032-03-0723

PURPOSE OF FORM - To advise the household member suspected of an intentional program violation (IPV) of the outcome of the Administrative Disqualification Hearing (ADH).

USE OF FORM – The hearing officer must complete the form to include the decision rendered.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the household member and send a copy to the local agency. The hearings officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information requested at the top of the form. Complete the form showing the date of the hearing and note whether an IPV was committed. If an IPV was determined, note the disqualification period for the program involved. The hearing officer must provide the written decision within 90 days of the date of the hearing.

NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name	
	Case Number	
	Locality	Date

This notice is to inform you of the disqualification of a person from the \_\_\_\_ Temporary Assistance for Needy Families (TANF) program, or \_\_\_\_ Supplemental Nutrition Assistance Program (SNAP).

\_\_\_\_\_ has been disqualified for the amount of time shown:

TANF \_\_\_\_ 6 months \_\_\_\_ 12 months \_\_\_\_ Permanently

SNAP \_\_\_\_ months \_\_\_\_ Permanently \_\_\_\_ Other (specify) \_\_\_\_\_

The reason for the disqualification is shown below:

\_\_\_\_ Court of appropriate jurisdiction found the person guilty of committing an intentional program violation of \_\_\_\_ TANF or \_\_\_\_ SNAP policy.

\_\_\_\_ An Administrative Disqualification Hearing found the person guilty of committing an intentional program violation of \_\_\_\_ TANF or \_\_\_\_ SNAP policy.

\_\_\_\_ The person waived his or her right to an Administrative Disqualification Hearing. The person had been informed that the disqualification penalty would be imposed.

The disqualification period will begin:

\_\_\_\_ From the TANF program, effective \_\_\_\_\_.

The TANF payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

\_\_\_\_ If this blank is checked, the disqualification will begin when the person next applies for and is found eligible for TANF.

\_\_\_\_ For SNAP benefits, effective \_\_\_\_\_.

The SNAP allotment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Worker	Telephone	For Free Legal Advice Call 1-866-534-5243
--------	-----------	--

10/09

VOLUME V, PART XXIV, PAGE 98

NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-0052

PURPOSE OF FORM - To advise the household of a disqualification due to an intentional program violation.

USE OF FORM – The local agency worker must send this form to advise the household of the length, reason, effective date of a disqualification, and the benefit impact.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - Send the original to the household and keep a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the form with information appropriate for the case and for the program involved. Enter the name of the individual who is to be disqualified.

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
MISSED INTERVIEW NOTICE**

TO: 

--

 Case Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Date: \_\_\_\_\_

You missed the interview to discuss your SNAP application on \_\_\_\_\_. You must reschedule the interview or we will deny your application if no interview takes place within 30 days of your application date. Your application for SNAP benefits was filed \_\_\_\_\_

Please call \_\_\_\_\_ to schedule the interview.

\_\_\_\_\_  
Eligibility Worker

\_\_\_\_\_  
Telephone number

Missed Interview Notice

FORM NUMBER - 032-03-0419

PURPOSE OF FORM - To notify an applying household about missing an interview and the need to reschedule the interview.

USE OF FORM - The Eligibility Worker (EW) must complete the form after an applicant has missed a scheduled interview. The notice advises the applicant to reschedule the interview before the 30<sup>th</sup> day following the application filing date.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must provide the form to the household and retain a copy of the completed form or document the case to show that the form was sent.

INSTRUCTIONS FOR PREPARATION OF FORM - The worker must complete the identifying case information and note the date of the missed interview and the deadline for rescheduling the interview. The deadline will be the 30<sup>th</sup> day after the application date or the last business day before the 30<sup>th</sup> day if the 30<sup>th</sup> day falls on a weekend or holiday.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)  
**NOTICE OF ACTION AND EXPIRATION**

This is to inform you of action taken on your SNAP application

[  
  
L

CASE NUMBER
DATE
COUNTY/CITY

---

**SECTION 1. ACTION ON APPLICATION DATED** \_\_\_\_\_

Approved for following months \_\_\_\_\_

Amount first month \$ \_\_\_\_\_ Months covered \_\_\_\_\_ Amount for following months \$ \_\_\_\_\_

You selected \_\_\_\_\_ as Head of Household. If all adult members do not agree, contact your worker within 10 days.

---

**YOU MUST REPORT WITHIN 10 DAYS REQUIRED CHANGES IN THE PERSON IN YOUR HOUSEHOLD AND IN YOUR FINANCIAL SITUATION.** If necessary, you may call collect.

If you do not agree with the action we have taken or the amount of SNAP benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within the next 90 days. If you appeal the action on your case before \_\_\_\_\_ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

---

**SECTION 2. ACTION REQUIRED TO RECEIVE UNINTERRUPTED BENEFITS**

Your SNAP certification period will end on \_\_\_\_\_

Your eligibility for SNAP benefits is expiring. For uninterrupted benefits, you must file a new application by \_\_\_\_\_ have an interview, and be found eligible based on the information you give. If you do not file an application by this date, there may be an interruption in your benefits.

We can only start the renewal process once you file an application. You or your authorized representative may file an application that has at least your name, address, and your signature.

- In person at the address shown above or below;
- By mail, fax, by e-mail; or
- Online at [www.vafood.org](http://www.vafood.org).

You must have an interview. We have scheduled an appointment for an interview on \_\_\_\_\_ ☐ in the office  
\_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. ☐ by telephone  
If this interview appointment is not convenient, please let us know immediately. If you miss this interview appointment, it will be your responsibility to reschedule it.

In addition to the application and interview, you must give us proof of your income, expenses, or other information to help us make a decision on your application. Please have your information available when you file the application or have your interview.

If a telephone interview is scheduled, you must:

- complete the enclosed application form;
- return the completed application by \_\_\_\_\_ to the address above or below;
- provide a telephone number where you can be reached during the scheduled time.

If everyone in your house receives Supplemental Security Income (SSI) or plan to apply for SSI, you may renew your eligibility for SNAP benefits at the Social Security Administration (SSA) office instead of filing you application at the local social services department. The Social Security office must also receive your application by the date indicated above.

Worker	Telephone Number	For Free Legal Advice Call <b>1-866-534-5243</b>
--------	------------------	---

## APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901.
- Call me at the number listed on the front.
- Call 1-800-552-3431.

### When to Appeal

- Within the next 90 days.
  - Within 10 days of the date on this form to get the SNAP benefits continued.\*
- \* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearing officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearing officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

NOTICE OF ACTION AND EXPIRATION

FORM NUMBER - 032-03-0460

PURPOSE OF FORM - To notify applying households of the approval of the application and the end of the certification period so that households will have the opportunity to file a timely application for recertification.

USE OF FORM - To be sent by the local agency to advise the household of the approval of the application, the certification period, amount of benefits and the date by which a recertification application must be filed.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – Mail or give a copy to the household. Retain a copy in the case record.

INSTRUCTIONS FOR PREPARATION - The form may be used in place of the Notice of Action and the Notice of Expiration. If used, the Notice of Action And Expiration must be completed by the eligibility worker and provided to the applicant upon the approval of the application. This form is appropriate only for those households assigned a one-month certification period or those approved in the last month of eligibility.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**ADAPT VERIFICATION FORM**

FIPS:

Case Name:	ADAPT Case #: Legacy Case #:	Residence Verification:
Programs:	Application/Renewal Date:	Identity Verification:
Authorized Representative/Identity Verification:		Interview Date: Face to Face Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No

**1. Resources:**

**2. Vehicles:**

Per#	Type/Code	Verification	Per #	Identifier	Verification
					DMV <input type="checkbox"/> Match <input type="checkbox"/> No Match Date _____

**3. Earned Income/Unearned Income:**

Per#	Type/Code	Verification

VEC ☐ Match ☐ No Match Date \_\_\_\_\_ SOLQI/SVES ☐ Match ☐ No Match Date \_\_\_\_\_ APECS ☐ Match ☐ No Match Date \_\_\_\_\_

**4. Shelter Expenses:**

**5. Day Care/Medical/Support Expenses:**

Per#	Type	Verification	Per #	Type	Verification

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+ PHONE STANDARD ☐ Y ☐ N HOMELESS STANDARD ☐ Y ☐ N

REASON FOR ENTITLEMENT TO STANDARD

**6. Divisionary Assistance Program**

Documentation of Circumstances:	Amount/Type Emergency      Verification
Remember: Enter Sanction Period (POI) in ADAPT	

**7. Other (Check any items that require verification and document your verification in the space below)**

<input type="checkbox"/> Deprivation <input type="checkbox"/> Living with Specified Relative <input type="checkbox"/> Immunizations <input type="checkbox"/> Truancy <input type="checkbox"/> Excluded Persons/Reason <input type="checkbox"/> SNAP Work Requirement Exemption <input type="checkbox"/> SNAPET/ESP VIEW Registration or Participation <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Sanction/Penalty <input type="checkbox"/> Resource/Income Transfer <input type="checkbox"/> Disability/Aged <input type="checkbox"/> Health Insurance <input type="checkbox"/> HIPPA Medical Questionnaire <input type="checkbox"/> Medicaid Assignment of Rights (Indicate Person(s) Ineligible) <input type="checkbox"/> Pregnancy/Conception Date/ Estimated Due Date <input type="checkbox"/> Other Specify: _____	
--	--

**8. Good Cause Claimed:**

<input type="checkbox"/> DCSE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FAMIS  Dropped Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation: _____
Good Cause: <input type="checkbox"/> Exists <input type="checkbox"/> Does Not Exist	

**IF ALL PROGRAMS APPLIED FOR ARE ON ADAPT, PLEASE GO TO PAGE 4.**

## Evaluation of Eligibility

9. Programs: ☐ Medicaid ☐ GR ☐ AG ☐ SLH ☐ TANF-EA ☐ RRP ☐ FAMIS

### 10. Case Number

### 11. Retroactive Medicaid Determination:

	Retroactive Period From:	to:
	Service in past 3 months: <input type="checkbox"/> Y	Date <input type="checkbox"/> N

### 12. Institutional Status:

<input type="checkbox"/> NF	<input type="checkbox"/> CBC	<input type="checkbox"/> ACR/AFC	Date Entered	ACR/AFC Rate
DMAS-96 <input type="checkbox"/> Y <input type="checkbox"/> N	SAR <input type="checkbox"/> Y <input type="checkbox"/> N	Community Spouse? <input type="checkbox"/> Y <input type="checkbox"/> N		

### 13. Income:

Type	Countable Y/N	Calculations/Comments:	Amount
INCOME LIMIT:			TOTAL COUNTABLE INCOME:

### 14. Resources

Type	Countable Y/N	Calculations/Comments:	Amount
RESOURCE LIMIT:			TOTAL COUNTABLE INCOME:

### 15. Spend-down Calculation:

Period	Person(s)	Countable Income	Income Limit	Excess Income

### 16. Medicaid Covered Group:

--

### 17. State/Local Hospitalization:

Person(s)	Service Date(s)	Provider(s)	Applied within 30 days? Y/N

**18. General Relief Maintenance:**

Period of Unemployment:	Applied for SSI? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
SSI Decision Appealed? <input type="checkbox"/> Y <input type="checkbox"/> N	Release of SSI Check Signed? <input type="checkbox"/> Y	Date:	<input type="checkbox"/> N
<input type="checkbox"/> Full Standard	<input type="checkbox"/> Modified Standard	Reason for Modified Standard:	

**19. Emergency Assistance:**

Date and Reason for Emergency:	
Assistance Previously Received: <input type="checkbox"/> Y <input type="checkbox"/> N	Dates and Amounts Received:

**20. Comments:**

--

**21. Disposition:** Date Given: SNAP Hotline Info      Benefit Programs Pamphlet      Medicaid Handbook

SNAP	TANF	Medicaid	FAMIS	TANF-EA/GR/AG//SLH/RRP
Certification Period:      to				

**22. Signatures:**

EW Signature	Date	Supervisor Signature	Date

**PARTIAL REVIEWS AND CHANGES**

Program	Action Date	Effective Date	Reason for review, methods and dates of verification	Worker's Signature and Date (Supervisor's Signature/Date)

10/09

VOLUME V, PART XXIV, PAGE 108

## ADAPT VERIFICATION FORM

FORM NUMBER - 032-03-0366

PURPOSE OF FORM – May be used to document methods and dates of verification of eligibility factors for SNAP and TANF cases. In addition, this form may be used to document verification and determine eligibility for Medicaid, General Relief, SLH, TANF-EA, Refugee Assistance, and Auxiliary Grants when the evaluation is being completed at the same time for TANF or SNAP benefits. When eligibility for other programs is being evaluated separately from SNAP or TANF, the Evaluation of Eligibility form (032-03-0823) may be completed. Documentation must be in sufficient detail to permit a supervisor, Quality Assurance, fraud investigator, or any other person reviewing the case record and information in ADAPT to determine the reasonableness and accuracy of the determination of eligibility.

USE OF FORM - The form may be completed at application and renewal for all programs for which the applicant/recipient is applying or receiving assistance. The form may also be used to document and verify interim changes and determine continued eligibility, as appropriate.

DISPOSITION OF FORM - The form must be retained in the case record with the appropriate application.

INSTRUCTIONS FOR PREPARATION OF FORM - When completing this form, it is not necessary to restate information if it is attached. Reference must be made to any information attached to the form.

### CASE INFORMATION

Enter identifying case and application information, as appropriate.

- Residence Verification: Verify residence, as required by the program.
  - Identity Verification: Verify identity, as required by the program.
  - Authorized Representative/Identity Verification: Enter the authorized representative's name and verify identity, as required by the program.
  - Interview Date: Enter the date the applicant/recipient or authorized representative is interviewed. Indicate whether the interview was held in person or by telephone.
1. Resources: Verify and assess resources as required by the program. For each resource verified, enter the ADAPT person number, the type of resource or ADAPT resource code (e.g., bank accounts, real property, business or farming equipment) and verification (date, method, and source of verification).
  2. Vehicles: Complete vehicle information as required by the program. For each vehicle, enter the ADAPT person number, the vehicle identifier used in ADAPT, and verification (date, method, and source of verification). Complete a DMV inquiry and indicate whether a match was found, the date of the DMV records check, and attach the match. Document resolution of any discrepancies. If matches must be completed on more than

TRANSMITTAL #1

10/09

VOLUME V, PART XXIV, PAGE 109

one person, use the Comments section for the additional persons. If no change has occurred since the previous match, the agency may indicate "no change" and is not required to print the match information again.

3. Earned and Unearned Income: For each source of income verified, enter the ADAPT person number, the type of income or the ADAPT income code, and verification (date, method, and source of verification, and explanation as to the pay verification used, if applicable). Include in-kind income and vendor payments.

Indicate when APECS, VEC, or SOLQ-!/SVES matches were checked, and attach any matches. Document resolution of any discrepancies. If matches must be completed on more than one person, use the Comments section for the additional persons. If no change has occurred since the previous match, the agency may indicate "no change" and is not required to print the match information again.

4. Shelter Expenses: Verify shelter expenses as required by the program. Enter the ADAPT person number, the type of expense, and the date, method and source of verification.
5. Day Care/Medical/Support Expenses: Verify these expenses as required by the program. For each expense verified, enter the ADAPT person number, the type (day care, medical expense, or support), and verification (date, method, and source of verification).
6. Diversionsary Assistance Program: Enter the date, method, and source of the verification received documenting the need(s) for diversionsary assistance, the type of emergency, and the amount needed to resolve the emergency.
7. Other Documentation: Check the appropriate items and enter the date, method, and source of verification. If "Other" is checked, specify the requirement being documented or questionable information being resolved, e.g., separate household status.
8. Good Cause Claimed: Check the type of good cause claim applicable to the program(s) evaluated. Indicate whether good cause exists and explain the basis for the decision.

NOTE: IF ALL PROGRAMS APPLIED FOR ARE ON ADAPT, PROCEED TO ITEMS 20 -22, AS APPLICABLE, otherwise complete #9-19.

9 -12 Complete as appropriate.

13. Income: Enter the type of income, whether it is countable, any calculations/explanations, and the amount of countable income from each source. Enter the appropriate income limit and the total countable income.
14. Resources: Enter the type of resource, whether it is countable, any calculations/explanations, and the amount of each countable resource. Enter the appropriate resource limit and the total countable resources.
15. Spend-down Calculation: Complete, as appropriate.

10/09

VOLUME V, PART XXIV, PAGE 110

16. Medicaid Covered Group: Complete as appropriate. Specify the covered group from Volume XIII, Chapter M03. If the applicant/recipient does not meet a covered group, document the basis for the decision.
- 17.-19 Complete as appropriate.
20. Comments: Enter any additional information pertinent to the case not stated elsewhere, including calculations, such as Medicaid budget units.
21. Disposition: Enter the disposition for applicable programs. Enter the certification period for the SNAP case.
22. Signatures: The Eligibility Worker must sign and date the form. If a supervisory review is done, the supervisor must sign and date the form also.

PARTIAL REVIEWS AND CHANGES - Complete, as appropriate, for changes that occur between renewals to determine the effect on eligibility.



**NOTICE OF TRANSFER**


Case Name: \_\_\_\_\_

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

Agency: \_\_\_\_\_

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

Your \_\_\_\_\_ SNAP (Food Stamp), \_\_\_\_\_ Medicaid, or \_\_\_\_\_ Temporary Assistance for Needy Families (TANF) case(s) was transferred to \_\_\_\_\_ because of your recent move to that city or county.

**Your benefits for these programs will continue without interruption.**

Your TANF grant will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ because of your move to the new city/county.

\_\_\_\_\_ If the amount of your SNAP or TANF benefits went up because of a reported change in income, expenses, or the number of people in your household, you must show proof of the change. You will need to give this information to the new agency within 10 days or the amount of your SNAP or TANF benefits will go back to \$ \_\_\_\_\_ without additional notice.

You must report changes or file applications with the new agency. The address and telephone number of the new agency is:

_____
_____
_____
_____

Telephone \_\_\_\_\_

\_\_\_\_\_  
(Worker Signature)

\_\_\_\_\_  
(Telephone Number)

**REMINDER: Please keep your Virginia EBT Card, if you receive SNAP benefits, your EPPICard, if you receive TANF benefits, and your Medicaid card, if you receive Medicaid. You do not need a new card just because of your move.**

## **APPEALS AND FAIR HEARINGS**

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services or the Department of Medical Assistance Services (DMAS).

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request for Medicaid, FAMIS PLUS, or SLH appeals to Client Appeal Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia 23219.
- Send a written request for financial assistance and SNAP benefits appeals to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901 or call me at the number listed on the front, or call 1-800-552-3431

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request. You will get the hearings officer's decision within 90 days of the date the Department of Medical Assistance Services receives your appeal request for Medicaid, FAMIS PLUS, or SLH appeals.

## **HIPAA PORTABILITY RIGHTS**

Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems. You may request a "Certificate of Creditable Coverage" for your coverage by visiting the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) or contacting the Helpline at 804-786-6145.

10/09

VOLUME V, PART XXIV, PAGE 113

Notice of Transfer

FORM NUMBER - 032-03-0658

PURPOSE AND USE OF FORM - To advise a household that responsibility for a case has been transferred from one locality to another and to provide the contact information of the new agency.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency worker must complete the form and mail it to the household when a case record is transferred to another locality.

INSTRUCTIONS FOR PREPARATION OF FORM –

Complete the form with identifying information of the case and with the telephone number and address of the local social services agency to which the case has been transferred. Mark the section to note if the household is required to provide verifications that affect the benefit amount to the new agency. Identify the information needed from the household on the Notice of Action or checklist and on the Case Record Transfer Form.



## CASE RECORD TRANSFER FORM

TO: DEPARTMENT OF SOCIAL SERVICES

FROM: DEPARTMENT OF SOCIAL SERVICES

COUNTY/CITY \_\_\_\_\_

COUNTY/CITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

---

---

### I. TRANSFERRING LOCALITY CASE INFORMATION

---

---

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

MOVED TO YOUR LOCALITY ON \_\_\_\_\_ AND IS RESIDING AT \_\_\_\_\_

UNIT MEMBERS \_\_\_\_\_

TYPE OF ASSISTANCE:

☐ TANF VIEW CASE      ☐ TANF NON-VIEW CASE      ☐ REFUGEE CASH ASSISTANCE      ☐ OTHER \_\_\_\_\_

AMOUNT OF PAYMENT \_\_\_\_\_

LAST PAYMENT MONTH \_\_\_\_\_

☐ VERIFICATION OF \_\_\_\_\_ NEEDED BEFORE ISSUANCE OF \_\_\_\_\_ BENEFITS

☐ SNAP Benefits      CERTIFICATION PERIOD END DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ VERIFICATION OF \_\_\_\_\_ NEEDED BEFORE ISSUANCE OF \_\_\_\_\_ BENEFITS

☐ PENDING MEDICAID      ☐ RECEIVING MEDICAID      ☐ RECEIVING REFUGEE MEDICAL ASSISTANCE

☐ RECEIVING FAMIS (APPLICATION, EVALUATION, INCOME VERIFICATION, AND NOTICE OF ACTION ATTACHED)

ADDITIONAL REMARKS:

**SIGNATURE** (AGENCY REPRESENTATIVE) \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ **TITLE:** \_\_\_\_\_

---

---

### II. CONFIRMATION OF RECEIPT & DISPOSITION

---

---

CASE RECORD WAS RECEIVED \_\_\_\_\_ DETERMINED: ☐ ELIGIBLE      ☐ INELIGIBLE

EFFECTIVE \_\_\_\_\_  
DATE

FOR \_\_\_\_\_  
TYPES OF ASSISTANCE

ADDITIONAL REMARKS

**SIGNATURE** (AGENCY REPRESENTATIVE) \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ **TITLE:** \_\_\_\_\_

Case Record Transfer Form

FORM NUMBER - 032-03-0227

PURPOSE AND USE OF FORM - To communicate between local departments of social services when transferring responsibility for a case for program benefits from one agency to another. The form also serves as confirmation to acknowledge receipt of the case record.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency worker in the transferring agency must complete the names and addresses of the affected agencies and appropriate parts Section I of the form to address the types of assistance affected. The worker must prepare the case record for transfer to the new locality and send two copies of the form and case record to the receiving agency. The transferring agency must keep a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM –

Complete the form with identifying information of the case and with the names and addresses of the agency from which the case is being transferred and the agency to which the case is being transferred. Complete Section I to identify the types of assistance and benefit amounts for the household. Add additional comments as needed. A representative of the transferring agency must sign the form.

A representative of the receiving local agency must complete Section II of the form to acknowledge the receipt of the case record. The agency must send copy of the completed form to the agency from which the case was transferred and keep a copy of the form.

Case Name \_\_\_\_\_

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

### Rights and Responsibilities

- ☐ I declare that I reviewed a listing of my rights and responsibilities in writing about applying for or receiving public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits.
- ☐ I declare that a representative of the \_\_\_\_\_ agency discussed rights and responsibilities with me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

### Agency Use

- ☐ I declare that I discussed applicant and recipient rights and responsibilities with \_\_\_\_\_ on \_\_\_\_\_ during a telephone interview or other contact.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Rights and Responsibilities

PURPOSE AND USE OF FORM – May be used to document that an applicant was provided written and verbal guidance on rights and responsibilities for applying and receiving public assistance benefits.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The case file must contain documentation that the local agency provided each applicant with information about the rights and responsibilities for applying and receiving public assistance benefits. The agency must present the information in writing and verbally. Written information is included as part of the benefit application forms. Applicants must acknowledge receipt of the rights and responsibilities information.

The local agency may use the Rights and Responsibilities form to have an applicant acknowledge receipt of rights and responsibilities information or to document that information was provided during a telephone interview or other contact with an applicant.

### INSTRUCTIONS FOR PREPARATION OF FORM –

The applicant must complete the top portion of the form to acknowledge receipt of rights and responsibilities information in writing or verbally. The applicant must sign and date the form.

The local agency worker who provides the verbal presentation must complete the bottom portion of the form to acknowledge that rights and responsibilities information was presented. The worker must record the name of the applicant or other household member with whom a telephone interview was conducted and record the date the information was provided. The worker must sign and date the form.

PART XXV SNAP EMPLOYMENT & TRAINING (SNAPET)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	SNAPET PURPOSE	1
B.	REFERRAL TO SNAPET	
	1. Eligibility Process	1
	2. <b>Participant</b> Categories	1
	3. SNAPET Categories	1-2
C.	ASSESSMENT	2
	1. Pre-Assessment	2-4
	2. Initial Assessment	3-4
	3. Procedures	4-5
	4. Plan of Participation	5-6
	5. Reassessment	6
D.	PROGRAM COMPONENTS	7
	1. Job Search	7-8
	2. Job Search Training	8-9
	3. Work Experience	9-11
	4. Education	11-12
	5. Training	12-13
	6. Employment and Training for Ex-Offenders	13
	7. Employment and Training for Refugees	13
E.	SOCIAL/SUPPORTIVE SERVICE	13-14
	1. SNAPET Worker Responsibilities	14
	2. Social/Supportive Services for <b>Participants</b>	14-15
	3. Duration of SNAPET Services	15
F.	VOLUNTEERS	16
G.	CHANGES/TRANSFERS	16-17
H.	CONTRACTS	17-19
I.	<b>TERMINATION OF SNAPET ENROLLMENT</b>	19
	1. Good Cause for Failure to Participate	19-20
	2. Reasons for <b>Terminating SNAPET</b>	20-21
	3. Required Documentation	21
	4. SNAPET Notice of <b>Case Closure</b>	21
J.	APPEALS/HEARINGS	21-22

PART XXV                      SNAP EMPLOYMENT & TRAINING (continued)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
K.	STATISTICS AND REPORTING	<b>22</b>
L.	LOCAL SNAP EMPLOYMENT & TRAINING PLAN	<b>22-24</b>
APPENDIX I	Virginia SNAPET Agencies	1
APPENDIX II	Forms	1-40

A. SNAP EMPLOYMENT AND TRAINING PURPOSE

The SNAP Employment and Training (SNAPET) component provides Job Search, Job Search Training, Education, Training and Work Experience to non-public assistance SNAP recipients. The program provides SNAP recipients with opportunities that will lead to paid employment and decrease dependency on assistance programs. **Participation in SNAPET is voluntary.**

See Appendix I for a list of Virginia localities that operate SNAPET.

B. REFERRAL TO SNAPET

1. Eligibility Process

The Eligibility Worker (EW) **must determine the work registration status for each household member. The EW must record any member as registered if the member does not meet a registration exemption or if the member wants to volunteer to participate in SNAPET. Mandatory registrants and those who want to volunteer** are referred to SNAPET through the ESP/VIEW/ SNAP ADAPT screen at application or reapplication and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification. See Part VIII.A for a discussion on the registration exemptions.

2. Participant Categories

- a. New – participant who has not been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).
- b. Re-registrant – participant who has been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).

3. SNAPET Categories

- a. Active - a category in which participants with no barriers to employment are placed.
- b. Pending - a category in which participants are placed when they cannot move immediately into an activity or when they have short-term barriers to employment (less than 60 days).
- c. Inactive - a category in which participants with long-term (60 or more days) or substantial barriers to employment are placed.

Barriers may include, but, are not limited to:

- 1. unavailability of dependent care;
- 2. unavailability of transportation;
- 3. second and third trimester pregnancies;

4. medical problems that would make participation impractical;
5. significant family issues;
6. homeless, as defined in Definitions; or
7. status as a migrant or seasonal farm worker away from the home base following the work stream.

### C. ASSESSMENT

An assessment will identify participants' job readiness and, if appropriate, to develop a plan that outlines participants' future course of action in the program, ultimately leading to self-sufficiency.

Some SNAPET participants may have disabilities, including temporary medical conditions, or are caring for household members with disabilities, that may affect program participation. Disabilities may be identified during the application process or later at a SNAPET assessment. When the SNAPET worker has documentation of a verified disability and the effect of the disability on program participation, accommodations must be put in place so that the participant is not denied the opportunities available through SNAPET.

Accommodations may include, but are not limited to:

- part-time or flexible hours for work activities;
- providing the individual with work activities in a specific work environment that enables the individual to participate in work activities;
- providing particular types of jobs or work activities that are consistent with the person's limitations;
- activities that are scheduled so they do not conflict with ongoing medical or mental health treatment or care-taking responsibilities;
- additional notices of program appointments;
- additional explanations of program rules;
- job coaches;
- additional time to complete program requirements; and
- additional intervention before an individual's SNAPET case is closed because of non-compliance with SNAPET requirements.

See the Job Accommodation Network site for an extensive list of accommodations by disability <http://www.jan.wvu.edu/media/atoz.htm>.

There are three types of assessments: pre-assessments, initial assessments and reassessments. Assessments may be conducted either individually or in a group.

#### 1. Pre-Assessment

A pre-assessment may be conducted for any participant due for an initial assessment.

- a. If the SNAPET worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant's status and inform the SNAPET worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See Appendix II or Part XXIV for the Communication Form.
  - b. The pre-assessment may be conducted face-to-face, by mail or by phone.
  - c. If conducted by mail, the participant must complete and return the pre-assessment form to the agency within 14 calendar days. The participant must be provided with a self-addressed, stamped envelope in which to return the form. The SNAPET worker must send the registrant a letter that advises:
    1. The purpose of the SNAPET component;
    2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency;
    3. That failure to complete and return the form by the required date may affect the registrant's or household's eligibility for SNAPET; and
    4. How to contact the SNAPET worker if the participant is unable to complete and return the form by the required date.
  - d. Based on the information provided by the participant on the pre-assessment form, the worker must decide if the participant will be scheduled for an initial assessment (with the intent of placing the participant in an active component) or if the participant will be placed in a pending or inactive category. If the decision is to schedule the participant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.
  - e. Participants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The Contact Sheet must be documented with the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.
2. Initial Assessment
- a. The SNAPET worker must assess each participant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the participant was placed in a pending or inactive category.
  - b. The assessment may be a face-to-face interview (individual or group) between the participant and the SNAPET worker or by a telephone interview.
  - c. The SNAPET worker must send the participant a letter that provides:

- The date of the assessment interview;
- An explanation that appearance for the interview is a condition of continued eligibility for SNAPET benefits and that the consequence of not attending the interview may be **the inability to enroll in SNAPET**;
- Instructions for contacting the SNAPET worker; and
- Instructions for contacting the SNAPET worker if the participant is unable to attend the interview or needs to reschedule the appointment.

To the extent possible, employed registrants must have their initial assessment interviews scheduled at a time that does not interfere with their normal work hours.

### 3. Procedures

- a. The SNAPET Assessment Form or an assessment tool that has been pre-approved by the SNAPET Manager must be completed on each participant. See Appendix II for the Assessment form.
- b. The assessment must include the following:
  1. An identification and evaluation of the participant's recent work history, occupational skills, education and training and a determination of the individuals' ability to read and write English.
  2. An identification of the participant's employment goal(s).
  3. A detailed evaluation of supportive service needs.
- c. The SNAPET worker must inform the participant of the following information:
  1. program goals;
  2. program requirements, including an explanation of responsibilities and expectations for participants;
  3. that failure to comply, without good cause, with program requirements **will result in closure of the SNAPET case and termination of supportive services**;
  4. what constitutes good cause for not complying with program requirements;
  5. name and phone number of the SNAPET worker or other persons who might need to be contacted; and
  6. requirement to respond to all agency correspondence.
- d. After the assessment, the SNAPET worker must determine the participant's ability to participate in the program.

1. A participant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of SNAPET.
  2. A participant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.
  3. A participant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.
  - e. If the SNAPET worker has sufficient reason to believe that a participant's mandatory status needs to be reevaluated following the assessment, this determination will be communicated to the EW through an ADAPT Alert. Copies of all documentation must be forwarded to the EW at the time the reevaluation is requested.
4. Plan of Participation
- a. For initial assessments and reassessments, the SNAPET worker must develop a written Plan of Participation with the participant, recording the outcome of the assessment.
    1. For participants placed in an active status, the Plan must:
      - a. state the component to which the participant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the SNAPET worker and report changes which impact employment and/or participation;
      - b. identify the component begin and end dates;
      - c. describe the supportive services needed by the participant to carry out the assignment;
      - d. describe a plan for monitoring the participant's progress while he/she is participating in a component.
    2. For participants placed in a pending or inactive status, the Plan must document:
      - a. that active participation will not be required at this time;
      - b. the time frame of the placement;
      - c. the reason a participant's ability to participate is restricted.

3. A new Plan must be completed whenever the participant is assigned to a different component. If the participant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be provided to the participant.
4. Both the SNAPET worker and the participant must sign the Plan if the Assessment is conducted face-to-face.

5. Reassessment

- a. A reassessment must be conducted whenever a participant completes the requirement of a component or when a re-evaluation of an individual's placement in a pending or inactive category is required.
  1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.
  2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
    - a. participants placed in a pending category must be reassessed at least every 2 months;
    - b. participants in education, training and work experience components must be reassessed at the end of the scheduled component's completion;
    - c. participants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

Procedures for the reassessment will be the same as the initial assessment procedures that are outlined in Section D.3.

Note: A participant may be reassigned to the same component.

D. PROGRAM COMPONENTS

Individuals participating in any program component other than Job Search must be monitored monthly for attendance of scheduled hours. In addition, individuals participating in an education, training and/or work experience component must be monitored for satisfactory progress at periodic intervals.

**Note that completion of a SNAPET component assignment does not mean the SNAPET case must close. The SNAPET case must close however if the EW closes the SNAP case.**

1. Job Search

This component requires participants make a predetermined number of inquiries to prospective employers over a specified period of time.

- a. Participants assigned to this component must participate in up to 8 weeks of job search every 12 months.
- b. Job Search may be performed individually or in a group setting.
  1. Individual

A participant makes a predetermined number of job contacts on his/her own.
  2. Group

A group of participants access telephones, computers, fax machines, newspapers, photocopiers and any other equipment to aid in a job search.
- c. The participant must schedule up to 48 job interviews or submit up to 48 applications/resumes to prospective employers per 8-week session. The SNAPET worker must provide support and direction to the registrant throughout the job search assignment.
  1. The participant must be registered with the nearest Virginia Employment Commission Office. Registration with the Virginia Employment Commission will be considered as one employer contact.
  2. The participant must report employer contacts in writing to the SNAPET worker by completing the SNAPET Job Search Form.
  3. To qualify as an employer contact, four conditions must be met:
    - a. The participant must present himself/herself to an employer as being available for work;
    - b. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified in terms of experience, training or ability;
    - c. The participant cannot count the same employer more than once during a given job search period unless different positions were sought; and
    - d. Contacts with employers may only be in the form of face-to-face interviews or by submission of applications or resumes to businesses that are hiring.

4. The SNAPET worker may contact any employer listed on the SNAPET Job Search Form to verify the contact.
- d. The specific requirements of Job Search will be determined by the local agency and described in each agency's Local SNAPET Plan.
- e. Participants who obtain full-time employment while participating in the Job Search component will have fulfilled all program requirements for that assignment.
- f. Participants who obtain full-time employment during Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search. For example, if a registrant assigned to Job Search was required to have 24 job contacts but had completed only 17 at the time of employment, the registrant must make 7 more contacts.
- g. Participants who obtain part-time employment during Job Search and remain employed for 30 calendar days or more will have fulfilled all program requirements for that assignment.
- h. Participants who obtain part-time employment during Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search requirement.
- i. If, at the end of the job search assignment, the participant is unemployed or employed part-time and remains registered, he/she must be re-assessed and assigned to an appropriate component within 30 days.
- j. Participants who are employed part-time will continue active participation in SNAPET with their activities scheduled around their work hours.
- k. The Job Search component does not qualify as a work program for the purpose of maintaining SNAP eligibility for individuals subject to the work requirement.

For purposes of the SNAPET evaluation, full-time employment is defined as employment of at least 30 hours per week and part-time employment is defined as less than 30 hours per week.

## 2. Job Search Training

This component strives to enhance the job readiness of participants by providing job seeking techniques and methods to increase motivation and self-confidence.

- a. Job Search Training includes activities that may consist of job skill assessments, job finding clubs, training in techniques for employability, job placement services, or other direct training or support activities, including educational programs to expand the job search abilities or employability of the registrant. The annual SNAPET plan must describe whether the local department will utilize Job Club or other group methods. If a group process other than Job Club is used; the annual SNAPET plan must describe that process. Examples of some acceptable programs are as follows:

1. Job Club

- a. Job Club is a tightly-structured, extensive program including instruction in job search methods, extensive use of the telephone to obtain job leads and interviews, peer support, direct monitoring of participant activities, and self-placement through job search.
- b. Classroom instruction provides the participant with sound skills for finding and keeping employment.

2. Nutrition Class

- a. Classroom instruction on how to pack a nutritious lunch.
- b. Classroom instruction on how to provide nutritious meals for a household and still be employed.

- b. The Job Search Training component does not qualify as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

3. Work Experience

This work component is designed to improve the employability of participants through actual work experience and/or training and to enable them to move into regular employment.

The work experience placement may be followed by two (2) weeks of job search.

The primary focus of work experience is the development of good work habits, additional job skills, positive work attitudes, an understanding of the employee-employer relationship, and to obtain a recent job reference.

The Work Experience component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

a. Time Frames

- 1. The number of weeks a registrant may participate depends on the job site.
- 2. The amount of time used in traveling to and from the job site is not included when determining the number of hours the participant can work.
- 3. The participant cannot be required to be on a work site more than 120 hours per calendar month.
- 4. The total amount of time spent each month by a mandatory or voluntary participant in an SNAPET work program, combined with work for compensation, is unlimited. However, the State must provide Worker's Compensation coverage for a maximum of 120 hours a month.

b. Assignment Criteria

Each assignment must take the prior training, experience, skills and employment goal(s) of the participant into consideration in order to determine whether:

- The individual is in need of additional job skills or
- Work experience will yield a job reference or the development of good work habits or job skills.

c. Limitations

The use of the Work Experience component is limited by the following:

1. Participants must not be required to use their personal resources to pay participation costs.
2. Participants in the Work Experience component must not displace persons currently employed or be placed in established, unfilled positions.

Participants must not perform tasks that would have been undertaken by current employees or which would have the effect of reducing the work hours of paid employees. Work Experience participants cannot be placed in the position of workers who are on sick leave, annual leave, leave without pay, or any other granted leave with or without pay, as that would be an act of displacement.

3. Participants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the participant's home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

d. Worker's Compensation

For Worker's Compensation purposes only, the Virginia Department of Social Services is considered the individual's employer. The Virginia Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer's First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with *0765-000e, SNAP WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part. The Employer's First Report of Accident form is in Appendix II.

2. The Local Agency Supervisor must develop a Panel of Physicians (with no less than three physicians) to offer to the injured employee. The Panel of Physicians form is available at <http://www.covwc.com/physicianform.php>. Providers should be in close proximity if possible and have skills related to employee's needs. A provider list is available at <http://www.covwc.com/pponetwork.php>.
3. The work site must mail the original copy of the Employer's First Report of Accident form, all bills, and physician reports to:  
  
Managed Care Innovations  
P.O. Box 1140  
Richmond, VA 23218
4. The work site must send a copy of the accident report to the SNAPET Worker at the local agency.
5. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the Managed Care Innovations. All invoices must show the participant's/employee's social security number.

4. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability or job retention of participants. Education services are allowed for up to 90 days after employment.

The Education component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

- a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.
- b. Educational programs to which participants may be assigned include, but are not limited to:
  1. Adult Basic Education;
  2. GED;
  3. Vocational Education;
  4. Community College Programs;
  5. Post-Secondary Education;

6. Employment Training and Education Programs.

- c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.
- d. During an individual's participation in an education program, progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution's quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant's grade(s). Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of an education assignment may be followed by two weeks of job search.

5. Training

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment or to retain employment. Training services are allowed for up to 90 days after employment.

- a. Training placements must be based on an assessment that indicates training is necessary to improve the registrant's employability or job retention.
- b. Training programs to which registrants may be referred include, but are not limited to:
  - 1. Computer classes,
  - 2. Vocational Rehabilitation,
  - 3. Employment Training and Education Programs.
- c. Participation in training programs is limited to the amount of time generally allowed for the completion of the program.
- d. During an individual's participation in a training program, progress must be monitored to ensure that satisfactory progress, as defined by the training facility, is being made. However, at a minimum, an evaluation may consist of documentation from the training facility that shows the registrant's progress. Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.

- f. The completion of a training assignment may be followed by two weeks of job search.

6. Employment and Training for Ex-Offenders

Employment and training services for ex-offenders are offered in partnership with the Virginia Department of Criminal Justice. This component includes job skills assessments, occupational exploration, training and counseling in personal preparation for employability, employment opportunities, including information on local emerging and demand occupations and job placement services. This component will share costs for education and vocational training and supportive services. A referral form will be used. See Appendix II for the referral form.

7. Employment and Training for Refugees

Employment and training services for refugees are offered in a partnership with the Office of Newcomer Services through local Refugee Resettlement Agencies. Employment and training participants under the Refugee Social Services Program or Match Grant Program meet participation requirements for SNAPET by way of their enrollment in the Refugee Program(s). Participants enrolled in both the Refugee Resettlement Program and SNAPET must meet the following procedures:

- a. The refugee resettlement staff will accompany the participant to the initial SNAPET assessment to help with language barriers, if any, and to talk about the Comprehensive Resettlement Plan (CRP) that will substitute for a SNAPET Plan of Participation.
- b. SNAPET agencies must stay in contact with the resettlement agency but, the resettlement agency is not required to send a break-down of component activities and hours to the SNAPET agency.
- c. SNAPET will be notified if a refugee refuses to comply with refugee resettlement requirements to determine whether the SNAPET case should be closed; when someone leaves the program; and when there is a job placement.

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in SNAPET, including volunteers, for expenses that are reasonably necessary and directly related to participation in SNAPET. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation in a component and neither the registrant nor the agency can provide them, and no alternatives are available, place the participant in either the pending or inactive status.

The need for any supportive services must be linked to needs identified on the Participant's Plan of Participation. Supportive services related to starting or retaining employment are allowed for a period not to exceed 90 days.

Participants who **fail to comply with SNAPET requirements** are not entitled to supportive services.

1. SNAPET Worker Responsibilities

- a. The SNAPET worker is a case manager. The worker must assist the participant in meeting the service needs. This may be done directly by the SNAPET worker or through a referral to a service/social worker or an outside service provider.
- b. When providing social services to recipients, the Plan of Participation may replace the Service Application regardless of the funding source for the service.

2. Social/Supportive Services for Participants

There are four categories of social/supportive services available to SNAPET participants. These SNAPET social/supportive services may be provided directly or may be purchased.

a. Child Day Care

Child day care services are provided to enable a caretaker to participate in program components.

1. Arrangement for and/or payment of child day care as a supportive service must be provided when the participant needs this service to participate in component activities.
2. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, childcare may be authorized.
3. Participants who need day care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child day care policy. Payment may also include child day care related transportation costs.

b. Transportation

This service is provided to enable participants to travel to and from authorized SNAPET activities.

1. The participant is primarily responsible for arranging transportation to participate in an SNAPET component. Transportation will be provided only when the registrant is unable to make arrangements.
2. Transportation may be provided by any of the following means:
  - a. Agency or public transportation;

- b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or
      - c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.
    - c. Medical/Dental Services
      - 1. Payment for Medical/Dental services must directly relate to SNAPET activities and exclude medical/dental services covered by the State Medical Assistance Plan (Medicaid).
      - 2. Medical/dental services include, but are not limited to, payments for medical statements or other necessary medical verifications; and payments for dentures, glasses, orthopedic shoes, or other items needed by participants to participate in a component.
    - d. One-time Emergency Intervention
      - 1. Payment of one-time crisis expenses is allowable when needed to enable a participant to participate in a SNAPET component.
      - 2. Expenses which are allowable include, but are not limited to:
        - a. Clothing suitable for job interviews;
        - b. Licensing and bonding fees for a work experience placement;
        - c. Uniforms;
        - d. Work shoes;
        - e. Purchase of an initial set of tools or equipment.
        - f. Eye exam and vision correction, such as the purchase of eyeglasses, bifocals;
        - g. Dental work, such as routine cleanings or restorative care such as bridgework.
- 3. Duration of SNAPET Services

SNAPET social/supportive services may be provided for as long as the individual needs the service to participate in a SNAPET component.

F. VOLUNTEERS

SNAP household members who are exempt from the work registration requirement may volunteer to participate in SNAPET.

1. Agencies may, at their option, permit volunteers to participate in a SNAPET component.
2. The same assessment procedures that apply to mandatory participants will apply to volunteers.
3. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the SNAPET program.

Example

A volunteer works part-time and has been assigned to the training component for 5 hours a week. Child day care services may only be provided for the 5 hours that the individual participates in the Training activity.

G. CHANGES/TRANSFERS

1. The SNAPET worker must notify the Eligibility Worker of any changes in the participant's situation that may affect the SNAP benefits or the individual's exemption status. This notification must be in writing and must occur within five working days of the change. The Communication Form must be used for this purpose.
2. SNAP cases may be transferred from one Virginia locality to another. SNAPET case transfer procedures follow.
  - When a SNAPET case transfers from one SNAPET locality to another SNAPET locality, daily alerts are generated to the SNAPET worker in the sending locality and to the transfer in caseload in the receiving locality
  - The sending SNAPET locality will need to close all open SNAPET enrollments for the SNAP case with the SNAPET Closure Status value = "05" for Transferred.
  - In the SNAPET database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
  - The SNAPET worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAPET worker has closed the enrollment record.
  - When the receiving SNAPET locality opens a SNAPET Enrollment for the transferred in SNAPET client, the rule for the SNAPET Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAPET enrollment closed for transfer(closure status = 05)
  - The Date Entered Employment may equal the Date Entered Employment on the Enrollment in the Transfer Out locality. However, any "MMYYYY of Change" entered in the new FIPS can only start with the month after the last "MMYYY of Change" in

- the Transfer Out locality.
- If a SNAP case transfers from a SNAPET to a non-SNAPET agency, the enrollment is closed in the sending agency. No action is taken in the receiving agency.
- If a SNAP case transfers from a non-SNAPET to a SNAPET agency, a referral is made to the SNAPET queue **if the SNAP participant volunteers during the certification period.**
- No action must be taken if a SNAP case transfers from a non-SNAPET to a non-SNAPET agency.

#### H. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their SNAPET program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supersede the Act. Contracts with other state entities, including community colleges and WIA Service Delivery Area (SDA) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

1. A copy of the contract must be submitted to the Division of Benefit Programs in order to maintain a central library of SNAPET contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.

2. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency's SNAPET Plan. Prior to contracting, however, the agency should ascertain that the contractor could provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor's demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

5. Expected Services

The deliverable services of the contract should be written in such a way as to identify the

performance and outcomes acceptable through the contract. These performance measures and outcomes will assist in determining the success of the contract. The definition of effectiveness and progress measures for the contract should be agreed upon prior to the start of the contract. Success should be defined incrementally and in terms of completion.

6. Payment and Reimbursement

Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.

7. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating SNAPET, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies that choose to contract for 12 months and who later become dissatisfied with the contractor's performance may terminate the contract by providing notice as stated in the contract.

8. Contract Requirements

a. Format

The agency must use the revised contract format approved by the Office of the Attorney General. Other formats may be used in addition if required by the local government. A completed version of the state-approved format must be signed and sent to the Division of Benefit Programs along with a description of the services to be provided. The contract must show the total cost for all contracted services between the agency and the contractor. If more than one service will be provided, a separate cost for each service should be included in the description of the services.

b. Description of Services

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a description of each service.

The description must contain:

1. A summary of activities included in the service;
2. An explanation of roles of the contractor and agency in providing the service;
3. An explanation of the contractor's responsibility regarding required reporting;
4. A description of the numbers and kinds of clients who will receive the service (age, volunteers, and high school graduates, etc.);

5. A statement of the time frame for the service, including beginning and ending dates; and
  6. A description of the specific anticipated outcomes
- c. Contract Monitoring
1. It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals.  
  
Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency must require the contractor to submit monthly client specific progress reports as well as quarterly reports. The quarterly report should include information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress.
  2. It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor.

#### I. TERMINATION OF SNAPET ENROLLMENT

**SNAPET participants are expected to comply with component requirements. Failure to comply may result in the closure of the SNAPET case or the loss of supportive services unless there is good cause for the noncompliance.**

1. Good Cause for Failure to Participate
  - a. Prior to **termination**, the SNAPET worker must determine if a good cause reason for the noncompliance existed at the time of the noncompliance. Documentation must be requested from the participant as part of the evaluation.
  - b. A participant who has good cause for noncompliance will not be **terminated**. Good cause exists if:
    1. The participant's inability to fulfill program requirements is due to circumstances outside his/her control or is the result of a change in circumstances over which the participant had no control;
    2. Childcare is necessary for an individual to accept employment or enter or continue in the program, and childcare cannot be arranged by the recipient nor provided by the agency.

3. Transportation is necessary for an individual to accept employment or enter or continue in the program, and transportation can not be arranged by the recipient nor provided by the agency.
- c. The good cause investigation will consist of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts must be made to determine if the participant has contacted the SNAPET worker to discuss the problem, giving a reason for not attending an interview, or for not completing an assignment, or having not kept any program related appointment.
- d. A reasonable effort must be made to contact participants. The worker must document that an attempt by telephone or a personal contact has been made prior to **terminating the case.**

The purpose of this contact is to ensure the participant understands the program and has an opportunity to explain the reason for noncompliance.
- e. **The SNAPET worker may issue a warning to a participant instead of closing the SNAPET case when there has been a misunderstanding of the requirements and there have been no prior acts of noncompliance.**

2. Reasons for **Terminating** SNAPET

Failure to:

- a. complete and return the pre-assessment form or other requested information by the required date;
- b. report for scheduled appointments and/or interviews;
- c. actively engage in Job Search or to complete requirements designated in the annual local SNAPET plan and state policy;
- d. report to or complete a Work Experience assignment, including job search;
- e. report to or complete assigned education and training activities, including job search;
- f. report to or complete other assigned SNAPET activities as stated on the Plan of Participation;
- g. accept available supportive services, thereby preventing participation in any mandatory program activity;
- h. accept a bona fide offer of suitable employment. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
  1. not be beyond the physical or intellectual capabilities of the registrant; and

2. provide reasonable compensation (either the federal minimum wage or the prevailing wage in the community for that type of job).
    - i. report to an employer to whom the participant was referred by the SNAPET worker.
  3. Required Documentation
    - a. A copy of all correspondences with the participant must be in the case record.
    - b. The Plan of Participation (unless the participant fails to appear for assessment, or appears but refuses to participate in the assessment) stating the SNAPET activity to which the participant was assigned and any actions required by the participant.
    - c. Contact Sheet documenting all contacts with the participant.
    - d. SNAPET Notice of Case Closure.
    - e. Any referrals to an education, training or work experience provider.
    - f. Any records of the participant's performance or progress in an activity.
    - g. Any records of the participant's attendance, i.e. The Weekly Time and Attendance Record or the Work Experience Attendance and Performance Record.
  4. **SNAPET Notice of Case Closure**
    - a. The SNAPET worker must send the Notice within three working days of the date he/she becomes aware of the act of noncompliance.
    - b. The Notice must inform the participant of the specific requirement that was not met and advise the participant to contact the SNAPET worker within five working days from the date the Notice of Sanction was mailed to establish good cause.
      1. If the participant does not respond to the Notice by the date given, he/she is **subject to termination from the program.**
      2. If the participant responds to the Notice, the information becomes part of the documentation needed to determine if the **SNAPET case will close.** If the registrant does not present good cause, **the SNAPET case must close.** If good cause is determined to exist, **the SNAPET case will not be affected.**
- J. APPEALS/HEARINGS
1. Right of Appeal
- All participants have the right to appeal an agency decision that results in adverse action being taken against them, **including the closure of the SNAPET case and the termination of supportive services..** See Part XIX for the appeals process.

The SNAPET case must remain open until a decision is rendered.

1. If the agency action is reversed, the participant must be reassessed to determine the appropriate component assignment.
2. If the agency action is sustained, the SNAPET case must be closed.

#### K. STATISTICS AND REPORTING

The SNAPET Local Monthly Report is produced using the Data Warehouse. The local agency should maintain a copy of the report.

#### L. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each Local Agency must submit an annual SNAPET Plan to the Virginia Department of Social Services by July 1<sup>st</sup> of each year **or as directed**. The plan must describe the locality's SNAPET component and must follow the following format:

1. Intent of the SNAPET in the locality.
2. A numerical description of the SNAPET population.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with SNAPET duties.
6. The locality's budget for the SNAPET program. This is the total SNAPET allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency's Standard Operating Procedures that address these elements:
  - a. Referral and Case Opening Procedures
    1. The procedure by which a potential participant is referred.
    2. The steps for opening a case once it has been referred and the time frame by which this must be done.
  - b. Assessment Procedures
    1. Describe what will be used to identify and evaluate the participant's

occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.

2. Describe procedures for conducting educational tests and assessments. Include the following in the description of the procedures:
  - Assessment tools that will be used
  - Types of tests to be used
  - Criteria for determining who should be tested
  - Incorporation of test results into case records
  - Staff responsible for conducting assessment
  - Referral procedures if test and assessments are conducted outside of the agency
3. Describe how assessment information of other agencies will be integrated with the SNAPET assessment. Other agencies include DRS, VEC, and Mental Health.

c. Component Assignment

1. Describe how program components are assigned.
2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
3. Describe how the agency monitors component activities and evaluates them for effectiveness.

d. Social and Supportive Services

1. Develop a list of the specific services available to SNAPET registrants in the locality.
2. Describe how and why spending limits are set and describe what steps will be taken to assure equity for each registrant.

e. Monitoring Worker Performance

1. Explain how caseloads will be monitored.
2. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.

f. Monitoring Participation and Progress

1. Delineate the optimal time frames the agency has set for completion of each component activity when applicable. Describe the methods and means by which the agency monitors registrant progress in each of the components.
2. Describe how the agency tracks and documents the registrant's advancement in and completion of components.
3. Describe how the agency documents participation hours and how the documentation is maintained.

g. Contracts

1. Describe the process by which decisions are made to contract for SNAPET services, the factors involved in making these decisions, and the level of responsibility for the decisions. Consideration should be given to the following issues:
  - Local procurement process
  - Development of the contract, including clear outcome measures and quantifiable agency and contractor expectations
  - Contract monitoring
  - Contract termination for non-performance
2. Describe the procedures and timeframes the agency will follow in providing the Division of Benefit Programs with copies of the proposed contract.

VIRGINIA SNAPET AGENCIES

<b>AGENCY</b>	<b>FIPS</b>	<b>AGENCY</b>	<b>FIPS</b>
Alexandria	510	Norfolk	710
Arlington	013	Pittsylvania	143
Bristol	520	Portsmouth	740
Brunswick	025	Prince William	153
Chesapeake	550	Richmond City	760
Danville	590	Roanoke City	770
Fairfax	059	Roanoke County	161
Hampton	650	Rockbridge/Lexington/Buena Vista	163
Henry/Martinsville	089	Surry	181
King & Queen	097	Tazewell	185
Newport News	700	Virginia Beach	810



## SNAPET FORMS

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
<b>032-01-0921-03-eng</b>	Working Your Way to a Better Life Pamphlet	1-3
032-02-0014-02-eng	SNAPET Pre-Assessment Form	4-5
032-02-0074-11-eng	SNAPET Assessment Form	6-9
<b>032-02-0075-05-eng</b>	SNAPET Plan of Participation	10-12
<b>032-02-0077-07-eng</b>	SNAPET Job Search Form	13-15
<b>032-02-0081-06-eng</b>	SNAPET Work Site Agreement	16-17
032-02-0080-02-eng	Work Experience Position Form	18-19
<b>032-02-0082-07-eng</b>	Referral to Work Experience Site	20-21
032-02-0083-02-eng	Work Experience Attendance and Performance Record	22-23
032-02-083A-03-eng	Time and Attendance Record	24-25
<b>032-02-0072-12-eng</b>	Employment Services Programs Communication Form	26-28
032-02-0078-06-eng	Contact Sheet	29-31
<b>032-02-0089-08-eng</b>	<b>SNAPET Notice of Case Closure</b>	32-34
032-03-0045-00-eng	SNAPET Medical Evaluation	35-37
032-03-0412-02-eng	Local Department of Social Services Re-Entry Client Referral Sheet	38-39
VWC Form No. 3 (rev. 10/08)	First Report of Injury	40-41



A pocket Résumé is a summary of your work and education history. When you apply for a job, employers will ask you to list this information on an application form or to discuss it with them during an interview. By filling in the Pocket Résumé, you will be prepared to give an accurate and complete description of your qualifications – and thereby get one step ahead of other job seekers.

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

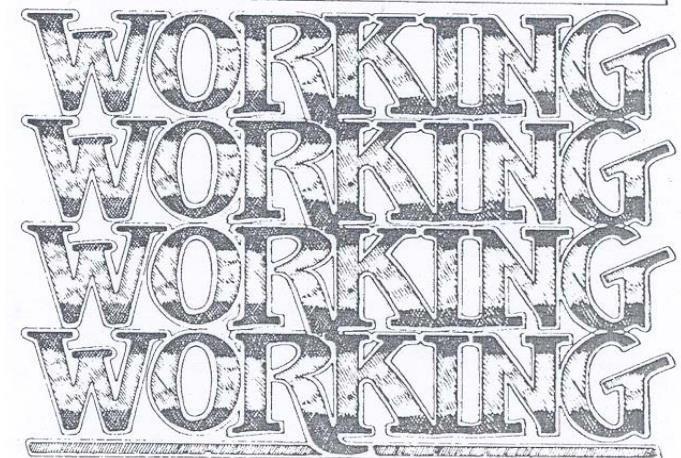
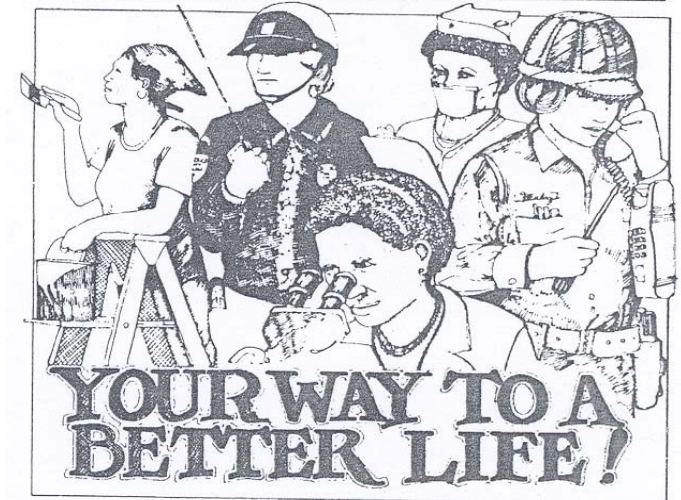
BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EDUCATION		
NAME/ADDRESS OF SCHOOL	YEAR COMPLETED	COURSE/DEGREE
GRADE SCHOOL		
HIGH SCHOOL		
VOCATIONAL		
COLLEGE		
OTHER		

<b>WORK EXPERIENCE (PAID OR VOLUNTEER)</b>					
<b>EMPLOYER'S NAME &amp; ADDRESS</b>	<b>SUPERVISOR</b>	<b>DUTIES</b>	<b>FROM</b>	<b>TO</b>	<b>WAGES/SALARY</b>

REFERENCES			
NAME	ADDRESS	POSITION	TELEPHONE NO.

OTHER INFORMATION		
HOBBIES	INTERESTS	SPECIAL SKILLS



## **Tips For Job-Seeking Success**

### **BELIEVE IN YOURSELF**

Remember, you have much to offer an employer.

### **THERE ARE MANY JOBS AVAILABLE**

even when unemployment is high. Jobs open up all the time as people move, get transferred, stop work, or retire.

### **DON'T LIMIT YOURSELF TO ONE TYPE OF JOB.**

Remember that you can do many things. If there are no jobs available in the kind of work that you have done before, don't be afraid to look for a job in a Different field.

### **GO AFTER THE "HIDDEN JOB MARKET"**

by getting job leads from the yellow pages of the phone book, from your friends and relatives, and by going directly to places for employment. Study the want ads, too, but don't limit yourself to them since most job openings are never anticipated.

### **GET YOUR FAMILY TO HELP**

so that your times is as free as possible to look for a job. Tell your friends and relatives you are looking for a job. Over half of all jobs are found due to the help of friends and relatives.

### **TREAT JOB-SEEKING AS A FULL TIME JOB.**

About half of each day should be spent getting job leads and interviews. Plan to spend the rest of each day on actual interviews and in filling out job applications.

### **KEEP YOURSELF ORGANIZED.**

Have a folder to keep your papers in. Keep records of where you've been and who you talked to.

### **FILL OUT THE POCKET RÉSUMÉ**

on the back of this pamphlet and use it when you are asked to fill out a job application. If you need any help, see your Employment Services Worker.

### **GET LETTERS OF RECOMMENDATION**

from former employers and friends who know you well. Have copies made so that you can leave them with interviewers and attach them to job applications.

### **ALWAYS GET THE NAME OF THE PERSON WHO CAN ACTUALLY HIRE YOU**

and talk to that person. Usually someone's secretary or a personnel department employee cannot hire you. Phone or go in person to get face-to-face interview.

### **DRESS NEATLY.**

First impressions do count!

### **LEAVE FAMILY AND FRIENDS AT HOME WHEN YOU GO FOR THE INTERVIEW.**

The employer is looking for an independent, capable person. One way to show that you are that kind of person is to handle the interview by yourself.

### **DON'T FORGET TO MENTION THE PERSONAL QUALITIES**

that will make you a good worker.

Some of these qualities might include getting along well with people, learning quickly, being reliable, etc.

### **KEEP TRYING!**

Get in the habit of arranging a time to call back to check on the status of your application or to see if there are any new openings. By doing this, your chances of getting hired are greater.

### **DON'T GET DISCOURAGED!**

Your chances of getting a job increase with each interview you have.

### **THERE IS NO REASON TO TELL AN EMPLOYER YOU ARE RECEIVING ASSISTANCE**

unless you wish to do so.

### **YOUR EMPLOYMENT SERVICES WORKER**

is available to offer any help you may need. Good luck

WORKING YOUR WAY TO A BETTER LIFE PAMPHLET

FORM NUMBER - b032-01-0921

PURPOSE OF FORM - This pamphlet provides SNAPET participants with "Tips for Job-Seeking Success."

USE OF FORM - SNAPET Workers/Case Managers may give this pamphlet to participants to provide helpful hints on how to seek employment successfully. The pamphlet also provides participants with a place to record basic educational and employment history.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original to participants

INSTRUCTIONS FOR USE OF PAMPHLET:

Distribute to participants as needed.

This pamphlet is designed for use in individual or group job search efforts.



## PRE-ASSESSMENT FORM

**Please complete this form and mail it back to us in the enclosed envelope by \_\_\_\_\_.**

### A. General Information/Education

YOUR FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LAST GRADE COMPLETED \_\_\_\_\_

ARE YOU ABLE TO READ ENGLISH? ☐ YES ☐ NO

LIST ANY TRAINING, SKILLS OR SPECIAL SCHOOLING YOU HAVE TAKEN:

DID YOU COMPLETE A COURSE? \_\_\_\_\_

DID YOU RECEIVE A CERTIFICATE? \_\_\_\_\_

WHEN? \_\_\_\_\_

### B. Employment

ARE YOU WORKING NOW? ☐ YES ☐ NO IF NO, DO YOU EXPECT TO BE WORKING SOON? ☐ YES ☐ NO

PLEASE TELL US ABOUT YOUR CURRENT JOB OR LAST JOB:

EMPLOYER'S NAME: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DATE BEGAN: \_\_\_\_\_

DATE LEFT: \_\_\_\_\_

YOUR DUTIES: \_\_\_\_\_

PAY PER HOUR: \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

WHAT OTHER TYPES OF JOBS HAVE YOU HELD IN THE PAST?

WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?

### C. Employment/Training Needs:

IS THERE ANYTHING WE NEED TO KNOW IN HELPING YOU FIND EMPLOYMENT? (CHECK ALL THAT APPLY TO YOU)

☐ LACK OF SKILLS OR TRAINING

☐ LACK OF CHILD CARE

☐ NEED EYEGLASSES

☐ MEDICAL PROBLEMS

☐ NO JOBS AVAILABLE

☐ LACK OF TRANSPORTATION

☐ CANNOT READ

☐ FAMILY PROBLEMS

☐ DID NOT FINISH HIGH SCHOOL

☐ LANGUAGE PROBLEMS

☐ OTHER \_\_\_\_\_

PLEASE GIVE DETAILS FOR ANY ITEMS YOU HAVE CHECKED:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU OR YOUR SITUATION?

YOUR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\* PLEASE RETURN THIS FORM IN THE ENCLOSED STAMPED ENVELOPE TODAY \***

### AGENCY USE ONLY

Assigned to \_\_\_\_\_ Pending

☐ Inactive

☐ Active (specify) \_\_\_\_\_

Reason: \_\_\_\_\_

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

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

Worker #: \_\_\_\_\_

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

SNAPET PRE-ASSESSMENT FORM

FORM NUMBER - 032-02-014

**PURPOSE OF FORM** - This form may be used prior to conducting an initial assessment in order to screen participants for SNAPET. The form records basic information concerning the participant's education level, skills and abilities, ability to read English, recent work experience, employment goal and barriers to employment.

**USE OF FORM** - The information on this form is used to assess the job readiness of the participant and serves as a screening tool to help the SNAPET Worker decide whether participation in the program is feasible.

**NUMBER OF COPIES** - One

**DISPOSITION OF COPIES** - Original must be maintained in the participant's case record.

**INSTRUCTIONS FOR PREPARATION OF FORM:** - This form may be mailed to the participant, completed by the participant, signed and returned to the agency in the envelope provided by the agency. The form may also be completed by the Eligibility Worker during the certification interview.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SNAP EMPLOYMENT AND TRAINING  
(SNAPET)

Registrant Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Case Number: \_\_\_\_\_  
Date: \_\_\_\_\_

☐ Assessment \_\_\_\_\_  
(Date)  
☐ Reassessment \_\_\_\_\_  
(Date)

☐ ABAWD

## SNAPET ASSESSMENT FORM

### A. EDUCATIONAL BACKGROUND

1. Last Grade Completed \_\_\_\_\_ Date \_\_\_\_\_
2. Other (test results, date given, type, etc.): \_\_\_\_\_
3. \_\_\_\_\_  
Other training/special schooling and dates: \_\_\_\_\_  
\_\_\_\_\_

### B. EMPLOYMENT HISTORY\* (Begin with the most recent job):

\*(Note: This information will be used to identify jobs into which participants may be placed immediately)

- |                          |                              |
|--------------------------|------------------------------|
| 1. Employer _____        | Job Title _____              |
| Duties _____             |                              |
| Date Started _____       | Left _____ Highest Pay _____ |
| Reason for leaving _____ |                              |
| 2. Employer _____        | Job Title _____              |
| Duties _____             |                              |
| Date Started _____       | Left _____ Highest Pay _____ |
| Reason for leaving _____ |                              |
| 3. Employer _____        | Job Title _____              |
| Duties _____             |                              |
| Date Started _____       | Left _____ Highest Pay _____ |
| Reason for leaving _____ |                              |
| 4. Employer _____        | Job Title _____              |
| Duties _____             |                              |
| Date Started _____       | Left _____ Highest Pay _____ |
| Reason for leaving _____ |                              |

Most favorite job? \_\_\_\_\_  
Least favorite job? \_\_\_\_\_

Why? \_\_\_\_\_  
Why? \_\_\_\_\_

### C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Do you have a current driver's license? \_\_\_\_\_
2. Do you have access to a car? \_\_\_\_\_ If not, what do you do for transportation?  
\_\_\_\_\_
3. Have you ever been convicted of a felony? \_\_\_\_\_ Explain \_\_\_\_\_
4. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? \_\_\_\_\_ Explain \_\_\_\_\_
5. What type of child care could you arrange to help you accept a job? \_\_\_\_\_
6. Have you registered with the Virginia Employment Commission (VEC)? \_\_\_\_\_  
If so, when was the last time you contacted the VEC? \_\_\_\_\_
7. Have you registered with WIA (Workforce Investment Act) or like programs? \_\_\_\_\_
8. Are you scheduled to begin an education or training program in the next sixty (60) days? \_\_\_\_\_  
If so, where? \_\_\_\_\_

D. Which of the following are barriers to your finding and/or keeping a job? (Circle all that apply):

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Homeless   | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Legal/Criminal       | <input type="checkbox"/> Child Care | <input type="checkbox"/> Transportation  |

Other: \_\_\_\_\_

List ways that you can help to overcome each barrier circled: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. CONSIDERATIONS IN EMPLOYMENT PLANNING: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> No prior Work History/Intermittent Work History | <input type="checkbox"/> Homeless        |
| <input type="checkbox"/> Lack of Credentials/Certifications              | <input type="checkbox"/> Child Day Care  |
| <input type="checkbox"/> Limited English Speaking/Reading Ability        | <input type="checkbox"/> Migrant Worker  |
| <input type="checkbox"/> Lack of Transportation                          | <input type="checkbox"/> Legal/Criminal  |
| <input type="checkbox"/> Lack of HS Diploma/GED                          | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Lack of Job Skills                              |  |
| <input type="checkbox"/> Disability _____                                |  |
| <input type="checkbox"/> Other _____                                     |  |

F. JOB INTERESTS/EMPLOYMENT GOAL: \_\_\_\_\_

G. GENERAL COMMENTS/SUMMARY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SNAPET ASSESSMENT FORM

FORM NUMBER - 032-02-0074

PURPOSE OF FORM - This form is initially completed at the time of the SNAPET assessment interview. The form records information concerning the SNAPET participant's educational background, employment history, interests and abilities, and employment goals. This form will also be updated at reassessment interviews.

USE OF FORM - The information on this form is used to assess the job readiness of the SNAPET participant and serves as a foundation for development of the participant's SNAPET Plan of Participation. This form will be used after the initial assessment process to record dated information of the participant's educational background, employment history, abilities, and employment goals. Information added after the initial assessment needs to be dated as to MM/DD/YY of entry. Update the form, as appropriate, or complete a new form if the information changes significantly during the course of the program participation.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original will be maintained in the participant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Check the appropriate line to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews. If the participant is an ABAWD check the appropriate line.

A. **EDUCATIONAL BACKGROUND:**

Information about the last grade completed is obtained from the participant during the assessment interview. The worker/case manager will use this part of the form to record functional education level testing. Record any training, special schooling or post-secondary education. Be sure to include dates attended and any certification(s) or degree(s) obtained. Information about test results may be recorded at the time of initial assessment, if known, or may be added at the time of reassessment.

B. **EMPLOYMENT HISTORY:**

This section provides a chronological listing of the SNAPET participant's employment. Information about the participant's duties on the job, reasons for leaving, and job preferences are important for employability planning.

C. **VOLUNTEER WORK/HOBBIES/ABILITIES:**

In this section include any information that could assist the on-going employability planning process. This information will be particularly useful in assessing SNAPET participants with limited skills/employment histories.

D. These questions are designed to help the SNAPET participant think about some of the things, which may affect employability as well as the ability to be self-sufficient. Each question needs to be completed as thoroughly as possible and discussed with the registrant at the time of the interview.

- E. This section is designed to allow the SNAPET participant to acknowledge things that may impact progress toward self-sufficiency. If problems are identified, the participant may decide how these problems may be resolved.
- F. This section is designed to help the worker/case manager identify major considerations in planning with the participant. This is a list of potential obstacles to the registrant's achieving employment. In discussing employability planning with each participant, this list will enable the worker to identify these obstacles and to discuss how the participant and the worker/case manager will cooperatively endeavor to remove them.
- G. This section is designed to record any employment goal or area of job interest of the participant after careful evaluation of discussion about all of the information gathered during the interview.
- H. This section is designed for the worker/case manager to record any additional information not addressed on the form.

### SNAPET PLAN OF PARTICIPATION

#### PLANNED COMPONENT ASSIGNMENT

	YES	NO	
Currently employed full-time	<input type="checkbox"/>	<input type="checkbox"/>	
Currently employed part-time	<input type="checkbox"/>	<input type="checkbox"/>	
	Planned Begin Date	Planned End Date	Planned Weekly Hrs
Job Search	_____	_____	_____
Job Search Training	_____	_____	_____
Work Experience	_____	_____	_____
Education	_____	_____	_____
Training	_____	_____	_____

#### CURRENT PROGRAM ACTIVITY ASSIGNMENT

Program Activity Assignment Planned Hrs.	Description/ Location	Planned Begin Date	Planned End Date	Planned Weekly Hrs.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ **PENDING**      Dates: \_\_\_\_\_      ☐ **INACTIVE**      Dates: \_\_\_\_\_

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

---

---

---

## SUPPORTIVE SERVICES

☐ Day Care  
None

☐ Transportation

☐ Other (please describe)

☐

Participant responsibilities for current component assignment(s): \_\_\_\_\_

---

---

---

Agency responsibilities: \_\_\_\_\_

---

---

## PARTICIPANT OBLIGATIONS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my worker/case manager.

I understand that, if I fail to participate without a good reason, my SNAPET case may be closed.

☐ **FOR PARTICIPANTS ASSIGNED TO COMPONENTS**

**I will carry out the responsibilities as agreed.**

☐ **FOR PARTICIPANTS ASSIGNED TO PENDING**

I understand that I am not actively participating at this time, but that I must answer all calls and letters from agency staff since I may be required to participate in the future.

☐ **FOR PARTICIPANTS ASSIGNED TO INACTIVE**

I understand that I will not actively participate at this time. I also understand that I must answer all calls and letters from agency staff since I may be required to participate in the future.

**PARTICIPANT'S SIGNATURE**\_\_\_\_\_ **DATE**

\_\_\_\_\_

**CASE MANAGER'S SIGNATURE**\_\_\_\_\_ **PHONE**\_\_\_\_\_

## SNAPET PLAN OF PARTICIPATION

FORM NUMBER - 032-02-075

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the SNAPET participant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the SNAPET Assessment Form. It details specific activities to which the participant will be assigned and identifies any service needs during the assignments to these activities.

USE OF FORM - This form is prepared initially at assessment and at the time of each reassessment. A copy of this form may serve as the Service Application if there is a need for supportive services.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in participant's case record with a copy provided to the participant and a copy to the Service Worker, if necessary.

### INSTRUCTIONS FOR PREPARATION OF FORM:

**PLANNED COMPONENT ASSIGNMENT** - This section is designed to list the components to that the SNAPET participant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each assessment.

**CURRENT PROGRAM ACTIVITY ASSIGNMENT** - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location dates and hours. Record the date as MM/DD/YY. Any placement to pending or inactive needs to be explained in the space provided.

**SUPPORTIVE SERVICES** - Identify any services needed by the participant to engage in the required program activities.

**PARTICIPANT RESPONSIBILITIES** - Outline the specific steps the participant is required to take in order to comply with program requirements. The worker/case manager will determine the amount of detail needed in this section on a case by case basis.

**AGENCY RESPONSIBILITIES** - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

**PARTICIPANT OBLIGATIONS** - By signing this section of the form, the participant notes participation in planning for the activities described and acceptance of responsibility as a SNAPET participant.



**SNAPET JOB SEARCH FORM**

**IMPORTANT!** YOU HAVE BEEN ASSIGNED TO JOB SEARCH. USE THIS FORM TO RECORD THE CONTACTS YOU ARE REQUIRED TO MAKE WITH EMPLOYERS WHILE YOU ARE LOOKING FOR A JOB. IF YOU DO NOT COMPLETE THIS FORM AND RETURN IT TO YOUR CASE MANAGER, YOUR SNAPET CASE MAY BE CLOSED.

**REMEMBER YOU MUST:**

- Have a face-to-face interview and/or leave a job application and/or a resume' with at least \_\_\_\_\_ employers during the next \_\_\_\_\_ weeks.
- Accept suitable job offers.
- Notify your SNAPET Worker/Case Manager as soon as you get a job.
- Register with the Virginia Employment Commission. This is considered a contact.
- Complete the Job Search Form(s) and:

Return this form by \_\_\_\_\_ to \_\_\_\_\_.

Keep the interview scheduled with your case manager and bring your completed forms on:

\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Address

SNAPET Worker/Case Manager: \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYER CONTACT LIST:**

REMEMBER! These contacts may be verified by your worker/case manager. You do not need to get the signature of the employers you contact. To count as a contact, you must have a face-to-face interview or leave an application and/or a resume.

**YOUR CONTACTS**

**DID YOU: (CHECK ANY THAT APPLY)**

COMPANY: VIRGINIA EMPLOYMENT COMMISSION

REGISTER

ADDRESS: \_\_\_\_\_

SUBMIT AN APPLICATION/RESUMÉ

INTERVIEW

TYPE OF JOB: \_\_\_\_\_

RESULT OF CONTACT:

PERSON CONTACTED: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_

**YOUR CONTACTS**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF JOB: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_

**DID YOU: (CHECK ANY THAT APPLY)**

REGISTER

SUBMIT AN APPLICATION/RESUMÉ

INTERVIEW

RESULT OF CONTACT: \_\_\_\_\_

\_\_\_\_\_

**YOUR CONTACTS**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF JOB: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_

**DID YOU: (CHECK ANY THAT APPLY)**

REGISTER

SUBMIT AN APPLICATION/RESUMÉ

INTERVIEW

RESULT OF CONTACT: \_\_\_\_\_

\_\_\_\_\_

**YOUR CONTACTS**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF JOB: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_

**DID YOU: (CHECK ANY THAT APPLY)**

REGISTER

SUBMIT AN APPLICATION/RESUMÉ

INTERVIEW

RESULT OF CONTACT: \_\_\_\_\_

\_\_\_\_\_

**YOUR CONTACTS**

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF JOB: \_\_\_\_\_

PERSON CONTACTED: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_

**DID YOU: (CHECK ANY THAT APPLY)**

REGISTER

SUBMIT AN APPLICATION/RESUMÉ

INTERVIEW

RESULT OF CONTACT: \_\_\_\_\_

\_\_\_\_\_

SNAPET JOB SEARCH FORM

FORM NUMBER - 032-02-0077

PURPOSE OF FORM - This form provides written documentation of the SNAPET participant's job search contacts.

USE OF FORM - SNAPET participants may use this form to record employer contacts and the outcome of the contacts during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the SNAPET participant completes job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The SNAPET worker/case manager must complete the first section of the form. Discuss the information with the SNAPET participant.

The "Employer Contact List" must be completed by the SNAPET participant. The first lines in this section are to record the mandatory registration/contact with the Virginia Employment Commission. At the end of the job search assignment or at a time designated by the SNAPET worker/case manager, the form is returned to the agency. The SNAPET worker/case manager must explain to the SNAPET registrant how the form is to be returned. Employers are not required to sign the form.

A statement on the form cautions the SNAPET participant that the SNAPET worker/case manager may contact the employer to verify the contact.

The second page of the form will need to be photocopied to provide enough space on the Employer Contact List to accommodate the number of job search contacts assigned to each participant.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**SNAPET EMPLOYMENT AND TRAINING (SNAPET)**

**SNAPET WORK SITE AGREEMENT**

The \_\_\_\_\_ Department of Social Services (hereafter referred to as the Agency) and \_\_\_\_\_ (hereafter referred to as the Work Site) enter into this agreement in good faith to provide work experience and/or training to SNAPET participants.

**THE AGENCY AGREES AS FOLLOWS:**

1. To refer appropriate participants to the Work Site for consideration.
2. To provide a detailed explanation of SNAPET and the necessary paperwork for reporting requirements.
3. To provide necessary supportive services to enable the participant to participate in SNAPET.

**THE WORK SITE AGREES AS FOLLOWS:**

1. To provide work experience and/or training for participants chosen by the Work Site.
2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lockout or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to participants.
6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the fifth working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_  
(not to exceed one year)

\_\_\_\_\_  
Authorized Signature (Work Site)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

Date \_\_\_\_\_

SNAPET WORK SITE AGREEMENT

FORM NUMBER - 032-02-0081

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the work site and the agency.

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. The work site retains copy

INSTRUCTIONS FOR PREPARATION OF FORM:

After discussion with the work site representative, this agreement must be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**EMPLOYMENT AND TRAINING PROGRAM**

**WORK EXPERIENCE POSITION(S)**

This form is used to record information about each Work Experience position at a specific work site.

NAME OF WORKSITE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

If directions are needed, put on back of form

CONTACT PERSON AND JOB TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ NUMBER OF POSITIONS \_\_\_\_\_

SPECIFIC DUTIES \_\_\_\_\_

\_\_\_\_\_

WORK SITE WILL ACCEPT PARTICIPANT(S) DURING THE FOLLOWING HOURS.

Monday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ Total # Hours/Wk \_\_\_\_\_

WORK SITE SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_

LEAD TIME NEEDED FOR ASSIGNMENT/CHANGES \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORK SITE CONTACT \_\_\_\_\_ DATE \_\_\_\_\_

Signature

LOCAL AGENCY CONTACT \_\_\_\_\_ DATE \_\_\_\_\_

Signature

WORK EXPERIENCE POSITION FORM

FORM NUMBER - 032-02-0080

PURPOSE OF FORM - This information provides a description of a single position available at an organization with which the agency has a work site agreement.

USE OF FORM - The form is prepared by the worker/case manager as a guide for matching the participant's qualifications with the requirements of the position.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency.  
The copy is sent to work site.

INSTRUCTIONS FOR PREPARATION OF FORM:

Identifying information at the top of the form will be as specific as possible and updated regularly when changes occur at the site.

Details for the position description will be as specific as possible and will also be updated regularly.

Each available position at the site will have a separate position description form.

Case # \_\_\_\_\_

**SNAP EMPLOYMENT AND TRAINING (SNAPET)**  
**REFERRAL TO WORK EXPERIENCE SITE**

Employment Goal: \_\_\_\_\_

PARTICIPANT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**TO THE PARTICIPANT:** Take this form with you when you report for your interview with:

\_\_\_\_\_ Work Site Representative

on \_\_\_\_\_ a.m./p.m.  
Day of Week Month Day of Month Time

at \_\_\_\_\_  
Name of Work Site

Address \_\_\_\_\_

Specific Location \_\_\_\_\_  
(Give building name, floor, room number, etc., as needed. If further directions are needed, put on back of form.)

If you are unable to keep this appointment, call your SNAPET Worker/Case Manager whose name and phone number are at the bottom of this form. Call as soon as possible. DO NOT WAIT UNTIL AFTER THE TIME OF YOUR APPOINTMENT! If you do not have a good reason, your SNAPET case may be closed. YOU MUST PRESENT THIS REFERRAL FORM AT THE INTERVIEW.

**TO THE WORK SITE REPRESENTATIVE:** The participant named above has been scheduled to interview with you for the Work Experience position of:

\_\_\_\_\_ As agreed, this participant is available to work the following schedule:

Monday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ Sunday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Saturday \_\_\_\_\_ to \_\_\_\_\_ Total # Hours/Wk \_\_\_\_\_

This assignment will begin on \_\_\_\_\_  
Date

**TO THE PARTICIPANT AND WORK SITE REPRESENTATIVE:**

If you have any question call \_\_\_\_\_  
SNAP Employment and Training Worker/Case Manager

at \_\_\_\_\_  
Phone

## REFERRAL TO WORK EXPERIENCE SITE

FORM NUMBER - 032-02-0082

PURPOSE OF FORM - This form provides the participant and the work site with written information about the participant's assignment to or interview at the work site.

USE OF FORM - The form is used to refer registrants to a work site to interview for a position for which there is a Work Experience Position(s) Form on file. In addition, it may be used to refer a participant to a specific assignment at a site.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in participant's case record

1<sup>st</sup> Copy is sent to the work site

2<sup>nd</sup> Copy is given to the participant

### INSTRUCTIONS FOR PREPARATION OF FORM

This form serves to refer a participant for an interview or an assignment to a work experience position for which there is a position description on file.

The form contains information that the participant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.

The form also contains information, which will help the work site representative interview the registrant, to understand the position being sought, and to provide the local agency contact information.

All sections of the form need to be completed in some detail for all parties to understand the referral.

## WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

Participant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Local Social Service Agency \_\_\_\_\_

Work Site Agency \_\_\_\_\_

MONTH: \_\_\_\_\_

### Date and Hours Worked

Date	Hours	Date	Hours
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

### Performance Evaluation

	Very Good	Good	Average	Poor
Knowledge of Assignment				
Punctuality				
Attitude				
Safety Habits				
Quality of Work				
Cooperation				
Initiative				
Grooming				
Works Well With Others				
Accepts Supervision				
OVERALL PERFORMANCE				

Participant has \_\_\_\_\_ days of unexcused absences.

Will the Participant be given a favorable job reference if requested? ☐ Yes ☐ No

If Participant is being dismissed, please give reason(s) on reverse of this form.

Total hours worked this month \_\_\_\_\_

Total hours participant was assigned to work this month \_\_\_\_\_

Work Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
032-02-0083-02-eng

WORK EXPERIENCE ATTENDANCE AND PERFORMANCE RECORD

FORM NUMBER - 032-02-0083

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a participant's progress in a work experience placement.

USE OF FORM - This form is used by the work site supervisor to record the attendance and evaluate the performance of the participant in the work experience position. The form is also used by the worker/case manager to evaluate satisfactory participation (attendance) and any need for intervention to enhance the participant's progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency is responsible for informing the work site supervisor of the responsibility to prepare the form monthly.

The agency is responsible for informing the work site supervisor of the number of hours the participant will be assigned each month.

Both the "Date and Hours Worked" and the "Performance Evaluation" sections need to be completed in their entirety to enable the worker/case manager to provide supportive services (i.e. counseling, day care, etc.) and to monitor attendance.

The work site supervisor is responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
**SNAP EMPLOYMENT AND TRAINING (SNAPET)**

**TIME AND ATTENDANCE RECORD**

Education and Training

This form should be completed each month by the Instructor and returned to the local social services agency by the 5<sup>th</sup> calendar day of the following month. It enables SNAPET staff to monitor the participant's time and attendance.

\_\_\_\_ Participant Name                      \_\_\_\_\_ Social Security Number

\_\_\_\_ Training Agency                      \_\_\_\_\_ Instructor's Name

\_\_\_\_ Training Agency Phone #                      \_\_\_\_\_ Local Social Services Agency

**Date and hours Worked**

Date	Hours	Date	Hours
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_

TIME AND ATTENDANCE RECORD

FORM NUMBER - 032-02-083A

PURPOSE OF FORM - This form provides a written means for the worker/case manager to monitor a participant's time and attendance in an educational or training activity.

USE OF FORM - This form is used by the instructor to record the time and attendance of the participant in an education or training activity. The form is also used by the worker/case manager to evaluate satisfactory attendance and to note any need for intervention to enhance the participant's progress.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is mailed to the agency by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The agency will be responsible for informing the instructor of their responsibility to prepare the form monthly.

The agency will be responsible for informing the instructor of the number of hours the participant will be assigned each month.

The "Date and Hours Worked" section needs to be completed in its entirety to enable the worker/case manager to monitor attendance.

The instructor will be responsible for completing, signing, dating and returning the form to the agency by the fifth calendar day after the close of the report month.

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS  
COMMUNICATION FORM- From EW to ESW

To \_\_\_\_\_, ESW  
From \_\_\_\_\_, EW  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reply Needed By \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Copy Sent to Child Care Worker

Name of Participant \_\_\_\_\_  
Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

Participant's Client ID # \_\_\_\_\_  
☐ SNAPET ☐ TANF ☐ TANF-UP

- ☐ Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on \_\_\_\_/\_\_\_\_/\_\_\_\_ (APR attached). Effective Date of TANF approval: \_\_\_\_/\_\_\_\_/\_\_\_\_.
- ☐ Result of reevaluation of non-exempt/mandatory status: \_\_\_\_\_
- ☐ Volunteer no longer wishes to participate.
- ☐ Non-exempt/mandatory individual now exempt. Reason: \_\_\_\_\_
- ☐ Individual may be unable to participate in ESP/SNAPET program because \_\_\_\_\_

☐ Individual is not able to ☐ Read English ☐ Write English

☐ Individual will enter/entered employment at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Scheduled # of Hours/week \_\_\_\_\_. Rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_.  
Frequency of pay: \_\_\_\_\_. Date of First Pay: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Individual/household no longer eligible for SNAP. Case closed due to: (check one)

☐ Employment/benefit reduction/savings information provided below

☐ Other: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Individual removed from the SNAP household because \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Effective with payment on \_\_\_\_/\_\_\_\_/\_\_\_\_, benefits will be reduced from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

☐ Individual appealed TANF sanction. Case remains open until appeal resolved.

☐ TANF Sanction ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ TANF case reopened.

☐ 24-Month Eligibility Termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Appeal prior to 24-Month Closure or ☐ Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_. ☐ Client has requested that case remain open until appeal resolved.

☐ VIEW Transitional Payment established effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ VIEW Transitional Payment ended effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason: \_\_\_\_\_

☐ Amount of SNAP allotment for the month of \_\_\_\_\_ was \$ \_\_\_\_\_.

☐ New certification period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Individual is a refugee. Contact \_\_\_\_\_ (refugee resettlement agency) at \_\_\_\_\_ (telephone) before conducting VIEW/SNAPET initial assessment.

☐ Other \_\_\_\_\_

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAMS  
COMMUNICATION FORM- From ESW to EW

To \_\_\_\_\_, EW  
From \_\_\_\_\_, ESW  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reply Needed By \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Copy Sent to Child Care Worker

Name of Participant \_\_\_\_\_  
Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

Participant's Client ID # \_\_\_\_\_  
☐ SNAPET ☐ TANF ☐ TANF-UP

- ☐ Volunteer signed APR on \_\_\_\_\_. Please update AEGNFS screen and run ED/BC.  
☐ Reevaluation of non-exempt/mandatory status is requested. Reason: \_\_\_\_\_

- ☐ Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.

- ☐ Individual will enter education or training activity on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Individual will be a participant in work experience. Please provide the SNAP amount for the month of \_\_\_\_\_.

- ☐ Individual will enter/entered employment on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Employer \_\_\_\_\_  
Scheduled # of Hours/week: \_\_\_\_\_. Rate of pay: \$\_\_\_\_\_ per \_\_\_\_\_.  
Frequency of pay: \_\_\_\_\_. Date of First Pay: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Please send verification of employment.

- ☐ Individual has failed to comply with program requirements of \_\_\_\_\_. Good cause does not exist.  
☐ Notify ESW if aware of good cause reason.  
☐ Sanction TANF for (check appropriate answer)  
☐ 1 month and compliance ☐ 3 months and compliance ☐ 6 months and compliance  
☐ SNAPET case will close effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Please provide the dollar amount of SNAP reduction due to employment or sanction.  
☐ Please notify when suspended TANF case has been reinstated.

- ☐ VIEW Transitional Payment enrollment opened effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ VIEW Transitional Payment enrollment closed effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Reason: \_\_\_\_\_

- ☐ Hardship denied on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Hardship granted from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
☐ Hardship terminated on \_\_\_\_/\_\_\_\_/\_\_\_\_.

- ☐ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10/09

VOLUME V, PART XXV, APPENDIX II, PAGE 28

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072

PURPOSE OF FORM - To exchange information about an employment services participant between the eligibility worker (EW) and the employment services worker (ESW).

USE OF FORM - Either the eligibility worker or the employment services may originate the form when circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The form consists of an EW to ESW page and an ESW to EW page. When the form is sent, both pages should be provided. A copy of the entire form should be retained in both the TANF/SNAP and VIEW/SNAPET files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the EW and the ESW, the date the form is sent, and the date the reply is needed must be entered in the upper right hand corner by the worker who originates the form.

Enter the identifying information for the case and participant.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or is applicable to the situation. If the worker needs to communicate information that is not listed on the form, check "Other" and enter the information.



Temporary Assistance for Needy Families (TANF)  
Supplemental Nutrition Assistance Program Employment and Training (SNAPET)

## CONTACT SHEET

WORKER NAME OR NUMBER	DATE (M,D,Y)	CIRCLE ONE	PERSON(S) CONTACTED	CIRCLE ONE	RECORD BRIEF INFORMATION ABOUT EACH CONTACT.* PLEASE PRINT
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			

\*This form may replace the case narrative if it is used to record all case information.  
032-02-0078-06-eng (9/2009)

WORKER NAME OR NUMBER	DATE (M,D,Y)	CIRCLE ONE	PERSON(S) CONTACTED	CIRCLE ONE	RECORD BRIEF INFORMATION ABOUT EACH CONTACT.* PLEASE PRINT
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			
		Phone		Assessment	
		Officer		Review/ Assessment	
		Field		Other	
		Letter			

\*This form may replace the case narrative if it is used to record all case information.

CONTACT SHEET

FORM NUMBER - 032-02-0078

PURPOSE AND USE OF FORM - This form provides a record of each case action and each client and collateral contact.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original is maintained in the participant's case record

INSTRUCTIONS FOR COMPLETION OF FORM:

This form includes all contacts with a SNAPET participant and any case action taken. These include, but are not limited to interviews with the participant, other contacts (letters, notices, phone calls) with the participant regarding SNAPET assignments, and other case information such as the date a participant begins or leaves an assigned activity.

This form may replace the case narrative. If the form is used to replace the case narrative, it must include all pertinent case information.



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SNAP EMPLOYMENT AND TRAINING (SNAPET)

TO: \_\_\_\_\_ Agency \_\_\_\_\_  
 \_\_\_\_\_ (Name)  
 \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ Case Number \_\_\_\_\_  
 \_\_\_\_\_ (City State & ZIP)

## SNAPET NOTICE OF CASE CLOSURE

You are out of compliance with rules for SNAPET participation.

You did not participate as required in SNAPET. Because of this, your SNAPET participation will be terminated.

## SNAPET WILL END BECAUSE:

- ☐ You did not keep your scheduled appointment on \_\_\_\_.
- ☐ You did not complete your assignment to \_\_\_\_.
- ☐ Other \_\_\_\_.

In order to avoid having your case closed, you must contact me by \_\_\_\_\_ to give me a good reason why you did not complete the activity checked above.

If we do not hear from you on or before \_\_\_\_\_, your SNAPET case will close effective \_\_\_\_\_

SNAPET Worker/Case Manager:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

## **APPEALS AND FAIR HEARINGS**

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

### How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901
- Call me at the number listed on the front
- Call 1-800-552-3431

### When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.\*

\* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

SNAPET NOTICE OF CASE CLOSURE

FORM NUMBER - 032-02-0089

PURPOSE OF FORM -

This form informs households of the closure of the SNAPET case due to the failure to comply with SNAPET requirements. The form also establishes the time frame of five working days to establish good cause and notes the reason for being out of compliance.

USE OF FORM - The form must be sent to each participant after the participant fails to comply with SNAPET requirements.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original is sent to the participant  
Copy is maintained in participant's case record

INSTRUCTIONS FOR PREPARATION OF FORM:

1. Complete the identifying case information and the name and address of the person who did not comply with SNAPET requirements.
2. Check the appropriate block indicating what the participant failed to do..
3. Enter the last day of the 5-working-day good cause time period in the two remaining blanks.

Example

The SNAPET Worker sent a SNAPET Notice of Case Closure to a participant who was out of compliance on Thursday, March 3<sup>rd</sup>. The date by which the participant must contact the worker no later than March 10<sup>th</sup>.

4. Include the SNAPET worker/case manager's name and phone number.



### SNAPET MEDICAL EVALUATION

It is our goal to assist the individual named below in becoming economically self-sufficient. This person states that he/she is unable to participate in employment and training activities. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine program activities that this individual may be able to perform, even if there are some limitations.

Patient's Name

Address

Phone #

Birthdate      /      /

Agency Name

Address

Agency Contact

Phone #

#### **ABILITY TO PARTICIPATE IN EMPLOYMENT AND TRAINING ACTIVITIES:**

1. Date of examination on which this medical evaluation is based:      /      /      (Examination must have been conducted within the last 90 days).
2. In terms of participating in employment and training activities and the patient's current health issue(s), check that which is **MOST** applicable at this time.

A. ☐ Able to participate in employment and training activities without limitations or modifications

↓

**Skip the remaining questions and sign at the bottom of page 2.**

B. ☐ Able to participate in employment and training activities at least **10** hours per week with limitations and/or modifications as needed

↓

Anticipated duration of limitation or need for modification (Check one)

↓

☐ Less than 30 days  
☐ 31 – 60 days  
☐ More than 60 days.  
Specify duration: \_\_\_\_\_

☐ Do you recommend that this patient apply for SSI or SSA disability at this time?  
Yes ☐ No ☐

↓

**Skip to question 3 and continue through the signature section on page 2**

C. ☐ Unable to participate in employment and training activities in any capacity at this time

↓

Anticipated duration of incapacity. (Check one)

↓

☐ Less than 30 days  
☐ 31 – 60 days  
☐ More than 60 days.  
Specify duration: \_\_\_\_\_

☐ Do you recommend that this patient apply for SSI or SSA disability at this time?  
Yes ☐ No ☐

↓

**Skip to question 4 and continue through the signature section on page 2**

3. Please check the total number of hours per week that the patient can participate in employment and training activities.  
Circle one: ☐10 ☐15 ☐20 ☐25 ☐30 ☐35
4. In your professional opinion, and based on your medical knowledge of the patient's condition, list any limitations that would affect the patient's ability to participate in employment and training activities.
- ☐ Physical Limitations:
- ☐ Psychiatric Limitations:
- ☐ Other Limitations Not Listed Above:

**DIAGNOSIS AND TREATMENT:**

5. Please indicate the primary medical reason for the patient's inability to participate, or to participate with modifications and/or limitations, in employment and training activities in the "primary diagnosis" space below.

Primary Diagnosis:

If other medical issues contribute to the patient's inability to participate, or to participate with modifications and/or limitations, in employment and training activities, please record those in "secondary diagnosis" space below.

Secondary Diagnosis:

6. Would reviewing this form jeopardize the patient's health or well-being? ☐ Yes ☐ No

**COMPLIANCE:**

7. If physical therapy, counseling, medication or other treatments were prescribed, is the patient complying? ☐ Yes ☐ No ☐ Don't know
8. If patient is not complying with recommendations, are you aware of the reason for not complying? ☐ Yes ☐ No ☐ Don't know
9. Does the patient's condition hinder his/her ability to care for his/her children? ☐ Yes ☐ No

**REFERRALS:**

10. Does the patient require additional evaluation and/or assessment to determine current and/or future functioning?  
☐ Yes ☐ No

If yes, by whom:

Field or area of expertise

Date Referred:

**SIGNATURE:**

This form may be signed **only** by a medical doctor, including a psychiatrist, a doctor of osteopathy, or by a physician's assistant or nurse practitioner working in the practice of a medical doctor or doctor of osteopathy.

Signature \_\_\_\_\_  
(Physician or Nurse Practitioner or, Physician's Assistant)

Office telephone number: \_\_\_\_\_

Name \_\_\_\_\_  
(Please print)

Date form was completed: \_\_\_\_\_

Office Address \_\_\_\_\_

SNAPET MEDICAL EVALUATION

FORM NUMBER– 032-03-0045

PURPOSE OF FORM – To provide medical information about the mental or physical condition of a household member.

USE OF FORM –May be used by the local social services agency to secure medical information when a written statement is necessary to determine the ability to work.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the examining or treating physician and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM – The worker must complete the information at the top of the form and submit it to the examining or treating physician. The worker may fill in element 5, item g with an activity not listed, if appropriate. The examining or treating physician must complete information requested in Items 1 through 14 and sign the form.



**Local Department of Social Services Client Referral Sheet**

**Full Name of Client:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/County** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Client Case #:** \_\_\_\_\_ **Time-Limited:** \_\_\_\_\_ **yes** \_\_\_\_\_ **no** \_\_\_\_\_

**Referred To:** \_\_\_\_\_  
(Name of Re-entry Services Coalition Member)

**Services requested:** \_\_\_\_\_

\_\_\_\_\_  
**Local Social Services Agency:** \_\_\_\_\_

**Person Referring:** \_\_\_\_\_

**Signature of Person Referring:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Authorization to release information:**

**Confidentiality:** Any information obtained by the Re-entry Services Coalition concerning recipients of social services shall be treated as confidential in accordance with relevant provisions of State and federal law.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Person Receiving Client:** \_\_\_\_\_

**Signature of Staff Receiving Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Client Referred to One-Stop:** \_\_\_\_\_ **yes** \_\_\_\_\_ **no** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Local department of social service worker making referral must be notified via e-mail.

Local Department of Social Services Re-Entry Client Referral Sheet

FORM NUMBER - 032-03-0412

PURPOSE OF FORM – This form provides Re-Entry Services Coalition Members with a written request from the local department of social services to provide services to a SNAPET participant who is also an ex-offender.

USE OF FORM – The SNAPET worker must prepare the form to refer SNAPET participants who are ex-offenders to a Re-entry Services Coalition Member for necessary services.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The original form must be sent to the Re-entry Coalition Member for inclusion in the case file maintained at that organization. A copy of the completed form must be maintained in the SNAPET file.

## First Report of Injury

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond Virginia 23220  
1-877-664-2566



Reason for filing: \_\_\_\_\_  
VWC Jurisdiction Claim #: \_\_\_\_\_  
(If assigned) \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE SIDE

[www.vwc.state.va.us](http://www.vwc.state.va.us)

Claim Administrator File#: \_\_\_\_\_

Employer		
Employer's Legal Name		Federal Employer Identification Number (FEIN)
Employer's Mailing Address		
Name/FEIN of Entity on Policy		Nature of Business
Name and Address of Insurer or Self-Insurer for this Claim		Policy Number
Time and Place of Accident		
Location where accident occurred	Date of injury	Hour of injury <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Date injury or illness reported	If fatal, give date of death	If fatal, give marital status
	If fatal, give number of dependent children	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Injured Worker		
Name of Injured Worker	Phone Number	Injured Worker ID Number
Injured Worker's mailing address		Type of ID <input type="checkbox"/> Social Security No. <input type="checkbox"/> Employment Visa <input type="checkbox"/> Green Card <input type="checkbox"/> Passport No. <input type="checkbox"/> Unknown
Occupation at time of injury or illness	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Nature and Cause of Accident		
Machine, tool, or object causing injury or illness		
Describe fully how injury or illness occurred		
Describe nature of injury, occupational disease, or illness, including body parts affected		
Signatures		
Submitter (name, signature, title)		Date
Submitter's Address		Phone number

## **First Report of Injury**

### **Filing Instructions**

The Virginia Workers' Compensation Act requires that **ALL** injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

#### **Employer**

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers' compensation insurance provider for additional information.

#### **Claim Administrator**

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criterion.\* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave "reason for filing" blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

\*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed \$1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers' Compensation Commission.

PART XXVI

SNAP QUALITY ASSURANCE

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	Overview	1
B.	Review Findings	1
C.	Local Agency Procedures upon Receipt of QA Findings	1
	Responding to a QA Error Findings Report	1-2
	Time Frame for Responding	2
	Resolution of a Non-concurrence	2

## SNAP Quality Assurance

### A. Overview

The Quality Assurance (QA) Unit is responsible for the state's implementation of the SNAP Quality Control process as required by the U.S. Department of Agriculture (USDA). Each month, a random sample of households is selected for review from households that are receiving SNAP benefits (referred to as active or positive cases) and households for which participation was denied, suspended or terminated (referred to as closed or negative cases).

Reviews are conducted on active cases to determine if households are eligible and receiving the correct amount of SNAP benefits. The determination of whether the household received the correct benefit amount is made by comparing the eligibility data gathered during the review against the amount authorized on the master issuance file. Reviews of negative cases are conducted to determine whether the agency's decision to deny, suspend, or terminate the household was correct, as of the review date.

### B. Review Findings

Regional QA staff forward correct and error case notifications and findings to local agencies for each case review. Error findings are forwarded via email. The email notification includes:

- 1) A cover letter summarizing the QA findings, also known as the Notification of QA Finding. Listed is the QA contact name and phone number, detailed non-concurrence action items and instructions, and other pertinent information.
- 2) The QA Findings Report identifying the error and the specific circumstances of the case including case record information, QA findings, and QA conclusion. Additional information contained therein is the case name and number, sample month, active or negative case findings, procedural problems, and noted attachments.
- 3) An Agency/Client Corrective Action Report form required for each error case. This form tracks worker experience, action(s) taken for case resolution, proposed preventative measures, and request for action from the state in agency error reduction activities.

Sample forms are available at <http://spark.dss.virginia.gov/divisions/bp/qa/fs/procedures.cgi>.

### C. Local Agency Procedures upon Receipt of QA Findings

Listed below are the steps for a local agency to file a concurrence or non-concurrence to QA findings.

Responding to a QA Error Findings Report:

- The local agency will receive a findings report for all cases: correct and error cases.

- The local agency responds as appropriate and as instructed in the Notification of QA Error Finding letter. Concurrence or agreement with an error finding may be noted on a memorandum, forwarded via email notification, acknowledgement by facsimile, or confirmation mailed in letter format.
- Non-concurrence or disagreement with an error finding must be received in any of the aforementioned written formats within the designated timeframe. The local agency must include written evidence and policy justification contrary to the error finding to support a non-concurrence or disagreement.

Time Frame for Responding:

- The local agency has seven (7) work days from the email notification sent date to respond. The non-concurrence documentation must be received at the designated Regional Quality Assurance Office by the close of business on the seventh (7<sup>th</sup>) work day.
- Failure to respond appropriately within the timeframe will default to concurrence with the error finding.

Resolution of a Non-concurrence:

- The first step of resolution is a review of the written evidence and non-concurrence documentation by the designated Regional Quality Assurance Supervisor. The QA Supervisor may telephone or email the local agency for discussion or clarification. The QA Supervisor will notify the local agency if a change to the error citation is made.
- If resolution is not reached at the first step, the local agency must request a second step in coordination with the respective QA Supervisor. The second step resolution will consist of formal or informal contact methodologies between the QA Supervisor, Home Office Quality Assurance staff, local agency representatives, SNAP staff, and federal partners from the USDA. The QA Supervisor and Home Office staff must coordinate this activity within five (5) work days after the first step resolution has ended.
- If the resolution has not been concluded at the second step, the local agency may request the State Quality Assurance Manager to review the error finding in the third and final non-concurrence step. This request must be in writing together with all evidence the agency wishes to have considered. This information must be received at the Home Office within three (3) work days after the second step resolution has ended. If the information is not received within the designated time frame, the QA finding will stand.
- The decision of the State Quality Assurance Manager is final.