

Date – October 1, 2023

Manual - Supplemental Nutrition Assistance Program Manual

Transmittal - # 34

The purpose of this transmittal is to provide annual updates for the determination of eligibility and benefit amounts for the Supplemental Nutrition Assistance Program (SNAP). Updates also include changes to the work requirement, as required by the Fiscal Responsibility Act of 2023, changes to the Disaster SNAP (DSNAP) policy, to incorporate the Disaster Standard Expense Deduction (DSED), updated DSNAP income limits, and the updated DSNAP application, and revisions to the SNAP Employment and Training (SNAP E&T) policy, to provide clarification and for some of its components and to update the list of participating SNAP E&T agencies. Additionally, new policies and procedures were added to Part XVI of the SNAP manual based on Virginia's approved plan for replacing SNAP benefits due to skimming, cloning, and other fraudulent activities.

The provisions of this transmittal are effective October 1, 2023 for all SNAP applications filed or actions taken on cases on or after October 1, 2023.

This transmittal and manual are available on FUSION at <https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Guidance> and on the public site for VDSS at <https://www.dss.virginia.gov/benefit/snap/manual.cgi>.

Significant changes to the manual are as follows:

| Chapter(s) Changed | Significant Changes | Reason for Change |
|---------------------------|--|---|
| Definitions | | |
| (p. 5) | The definition of a veteran was added. | The veteran definition was added to provide clarity surrounding the new temporary work requirement exemption. |
| Part III | | |
| Chapter D (p. 10) | The requirement to verify a change in unearned income at recertification is \$50. | This policy was revised to align with Federal Regulations 7 CFR 273.2(f)(8). |
| Part VI | | |
| Chapter A (pp. 3-4) | The maximum income amounts were increased to allow separate household status for disabled, elderly persons from others in the household. The | This chapter was revised to reflect the SNAP annual |

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| | minimum amounts for boarders to pay for lodging was increased. | updates that go into effect on October 1, 2023. |
| Chapter B (pp. 5-6) | The minimum amounts for boarders to pay for lodging was increased. | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| Part VII | | |
| Appendix I (pp. 1-2) | The Social Security credit figures were added for 2023. | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| Part VIII | | |
| Chapter A (pp. 1-4) | <p>The number of SNAP E&T agencies was updated from 39 to 37 and a reference to the SNAP E&T script was added to the second paragraph.</p> <p>The work registration exemption regarding chronic homelessness was removed from Part VIII and placed in Part XV as a work requirement exemption.</p> | <p>This change was necessary to reflect the current number of SNAP E&T agencies.</p> <p>This change is a result of a policy citing from the SNAP E&T review with Food and Nutrition Service (FNS).</p> |
| Part X | | |
| Chapter A (pp. 1-4 and 7-8) | <p>The amounts for the standard deduction were increased.</p> <p>The maximum shelter deduction was increased from \$624 to \$672.</p> <p>The utility standard amounts were increased. The amount for households with one to three members was increased from \$374 to \$414 and the amount for households with four or more members was increased from \$473 to \$524.</p> <p>The homeless shelter allowance increased from \$166.81 to \$179.66.</p> | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| Part XI | | |
| Chapter A | The gross and net income limits were increased. | This chapter was revised to reflect the SNAP annual |

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| (pp. 1-2) | | updates that go into effect on October 1, 2023. |
| Part XII | | |
| Chapter A (pp. 5-6) | The allowable meal costs for daycare providers increased to \$1.65 for breakfast, \$3.12 for lunch/supper, and \$.93 for snacks. | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| Part XIV | | |
| Chapter A (pp. 1-2) | The income limits for reporting changes were revised. | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| Part XV | | |
| Chapter A (p. 1) | The work requirement age limit was increased to 52. | This chapter was changed as a result of the Fiscal Responsibility Act of 2023. This change goes into effect on October 1, 2023. |
| Chapter B (pp. 2-3) | The work requirement exemptions were updated to include three new exemptions, which are homelessness, classification as a United States veteran, and individuals 24 years old and younger who were in foster care on their 18 th birthday. | This chapter was changed as a result of the Fiscal Responsibility Act of 2023. |
| Appendix I | The list of localities who are exempt from the work requirement was updated. | FNS approved the Work Requirement (Time-Limited Benefits) waiver, effective July 1, 2023 – June 30, 2024. The list of Virginia localities was updated to reflect the exempt agencies. |
| Part XVI | | |
| Table of Contents (p. i) | The Table of Contents was updated to reflect the adjusted page numbers and to add Chapter H. | Due to adding Chapter H, the Table of Contents was revised. |
| Chapter H (pp. 4-8) | Chapter H was added to Part XVI and includes the new policy for replacing SNAP benefits due to skimming, cloning, and other fraudulent means. | This guidance is based on Virginia's approved SNAP Replacement Plan. |

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| Part XX | | |
| Table of Contents (pp. i-ii) | The Table of Contents was updated to reflect the adjusted page numbers. | Due to policy changes, which extended some chapters beyond the current pages, the Table of Contents was revised. |
| Chapter E (pp. 7-8) | The policy was updated to reflect the current Electronic Benefit Transfer (EBT) expungement policy. | The policy was updated to reflect the current EBT expungement policy in the EBT manual. |
| Chapters K - U (pp. 13-21) | The DSED was added to the policy and DSNAP income limits and allotments were updated. | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. It was also updated to incorporate the DSED to align with Virginia's State DSNAP Plan. Due to policy changes, which extended Chapter K, the page numbers required updating from Chapters L through U. |
| Appendix I | The DSNAP application was updated to provide examples of disaster expenses and to provide the current United States Department of Agriculture (USDA) statement regarding non-discrimination. | These updates were necessary to align with Virginia's State DSNAP Plan. |
| Part XXIII | | |
| Table of Contents | The Table of Contents was revised to update the page numbers. | The updated allotment table resulted in the number of pages changing. |
| Chapter B (pp. 1-68) | The allotment tables were revised with the new Benefits of Issuance (BOI) figures provided by FNS. | This chapter was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| Part XXIV | | |
| Forms (pp. i-ii) | The Table of Contents was revised. | This update was necessary to reflect all relevant changes listed in this transmittal. |

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| 032-03-1100-39-eng (pp. 1-16) | The Application for Benefits was updated to include the current USDA non-discrimination statement | This form was revised to reflect the SNAP annual updates and the most current non-discrimination statement provided by the USDA. |
| 032-03-0051-41-eng (pp. 54-56) | The Change Report form was revised to reflect the increased 130 percent and 200 percent Federal Poverty Limits (FPL). | This form was revised to reflect the SNAP annual updates that go into effect on October 1, 2023. |
| 032-03-1140-01-eng | The SNAP EBT Replacement and Client Attestation form was added to Part XXIV. | This form was added to comply with the policy procedures based on Virginia's approved State Plan for replacing SNAP benefits due to skimming, cloning, and other fraudulent activities. |
| Part XXV | | |
| All Chapters | The SNAP E&T updates include changing the Plan of Participation to the Activity Service Plan of Participation. The SNAP E&T Program Documentation section was added to clarify the documentation requirements. The Program Components, Social and Support Services, and Statistics and Reporting sections were all updated. | This chapter was updated to provide clarity to the existing policy and some components had minor changes. This resulted in the page numbers changing which is reflected in the Table of Contents. |
| Appendix I | The list of Virginia SNAP E&T agencies was updated to 37. | This change was necessary to align with the current number of SNAP E&T agencies. |
| Appendix II | The SNAP E&T forms listed below were revised. 032-22-1090-01-eng SNAP E&T Assessment Form 032-02-1000-13-eng ESP Activity and Service Plan 032-02-1030-02-eng SNAP E&T Job Search Form 032-02-1070-02-eng SNAP E&T Work Site Agreement | Appendix II was updated to reflect the current SNAP E&T forms. |

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| | 032-02-1060-10-eng Referral to Work Experience Site | |
| | 032-02-1010-03-eng Work Experience Attendance and Performance Record | |
| | 032-02-1020-04-eng Education and Training Attendance Sheet | |
| | 032-03-1040-11-eng SNAP E&T Medical Evaluation | |

Questions about this transmittal should be directed to practice program consultants or Michele Thomas, SNAP Program Manager, at michele.thomas@dss.virginia.gov or (804) 726-7866.

Danny TK Avula, M.D.
Commissioner

Trafficking - Trafficking means:

- a. Directly or indirectly buying, selling, stealing, or otherwise obtaining SNAP benefits by an Electronic Benefits Transfer (EBT) card and Personal Identification Number (PIN) or manual voucher and signature for cash or consideration other than eligible food;
- b. Attempting to buy, sell, steal, or otherwise obtain SNAP benefits by an EBT card and PIN or manual voucher and signature for cash or consideration other than eligible food directly or indirectly;
- c. The exchange of firearms, ammunition, explosives, or controlled substances for SNAP benefits; or
- d. Purchasing a product with SNAP benefits and intentionally:
 - discarding the contents in order to return the container for the return deposit amount;
 - reselling the purchased product for cash; or
 - exchanging the purchased product for cash or for consideration other than eligible food.

Veteran – An individual who served in the United States Armed Forces (such as the Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, and National Guard), including an individual who served in a reserve component of the Armed Forces, and who was discharged or released therefrom, regardless of the conditions of such discharge or release.

Virginia Restaurant Meals Program – Virginia SNAP households that include at least one member who are 60 or older, permanently disabled or experiencing homelessness would have the ability to purchase prepared meals using their Electronic Benefits Transfer (EBT) card at approved restaurants.

contact. The local department 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 \$235 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. |

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

Normally, everyone who lives together and who purchases and prepares meals together must be a household for SNAP purposes. However, separate household status may be allowed for a person who is 60 years of age or older and who has a permanent disability, as recognized under the Social Security Act, or one who has a non-disease-related, severe, permanent disability. Separate household status will also be allowed for the spouse of an elderly, disabled individual and children under the age of 18 for whom parental control is exercised. 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 | \$2,005 | 6 | \$5,539 |
| 2 | 2,712 | 7 | 6,246 |
| 3 | 3,419 | 8 | 6,952 |
| 4 | 4,125 | each additional | |
| 5 | 4,832 | member | +\$707 |

Do not count the income of the elderly, disabled person and 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 department of social services.

The key factor in determining whether a disability qualifies a household for separate status under this provision is the inability to purchase and prepare meals. Assessment of a disability under the Social Security Act, as well as other disability programs, is based on an inability to work. The worker must not automatically assume a disability constitutes an inability to purchase and prepare meals apart from others.

No specific verification is required if it is obvious to the worker that the person in question could not purchase and prepare meals. However, when the inability to purchase and prepare meals is not obvious, the worker should request a statement from a physician that the person is unable to purchase and prepare meals separately.

Note: This section does not apply to elderly or 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 separate household status for people who live together in the same house. Consider factors, such as, but not limited to the following, to determine separate household status:

- a. If there are separate, identifiable units within the dwelling, separate households probably exist.
- b. If common facilities, such as a kitchen and/or a bathroom are shared, separate households probably do not exist.

- c. If a dwelling is constructed as a single-family home, separate households probably do not exist but, a dwelling constructed as a multi-family structure (e.g., a duplex, apartment building), separate households probably exist.

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 residents 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 residents 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 worker 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 an 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. A required household member, who is part of more than one household, must be considered a member of the unit where the majority of time is spent, if both units apply for SNAP benefits.

Example

Household A receives SNAP for a child who visits on the weekends. Household B subsequently applies for SNAP and includes the child, as the child resides with Household B the majority of the time. The child must be removed from Household A's case, and added to Household B's case.

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.
 - 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 count 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 | \$194 |
| 2 | 356 |
| 3 | 510 |
| 4 | 648 |
| 5 | 770 |
| 6 | 924 |
| 7 | 1,021 |
| 8 | 1,167 |

- 3) A reasonable monthly payment must 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 | \$ 291 |
| 2 | 535 |
| 3 | 766 |
| 4 | 973 |
| 5 | 1,155 |
| 6 | 1,386 |
| 7 | 1,532 |
| 8 | 1,751 |

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.

Individuals furnished only meals are not considered boarders. These individuals must be considered members of the household where most of the meals are taken.

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 the date of entry into the country for the applicant, spouse and/or parent using USCIS documents or other documents. 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 | 2001 | \$830 | \$3320 |
| 1979 | \$260 | \$1040 | 2002 | \$870 | \$3480 |
| 1980 | \$290 | \$1160 | 2003 | \$890 | \$3560 |
| 1981 | \$310 | \$1240 | 2004 | \$900 | \$3600 |
| 1982 | \$340 | \$1360 | 2005 | \$920 | \$3680 |
| 1983 | \$370 | \$1480 | 2006 | \$970 | \$3880 |
| 1984 | \$390 | \$1560 | 2007 | \$1000 | \$4000 |
| 1985 | \$410 | \$1640 | 2008 | \$1050 | \$4200 |
| 1986 | \$440 | \$1760 | 2009 | \$1090 | \$4360 |
| 1987 | \$460 | \$1840 | 2011 | \$1120 | \$4480 |
| 1988 | \$470 | \$1880 | 2012 | \$1130 | \$4520 |
| 1989 | \$500 | \$2000 | 2013 | \$1160 | \$4640 |
| 1990 | \$520 | \$2080 | 2014 | \$1200 | \$4800 |
| 1991 | \$540 | \$2160 | 2015 | \$1220 | \$4880 |
| 1992 | \$570 | \$2280 | 2016 | \$1260 | \$5040 |
| 1993 | \$590 | \$2360 | 2017 | \$1300 | \$5200 |
| 1994 | \$620 | \$2480 | 2018 | \$1320 | \$5280 |
| 1995 | \$630 | \$2520 | 2019 | \$1360 | \$5440 |
| 1996 | \$640 | \$2560 | 2020 | \$1410 | \$5640 |
| 1997 | \$670 | \$2680 | 2021 | \$1470 | \$5880 |
| 1998 | \$700 | \$2800 | 2022 | \$1510 | \$6040 |
| 1999 | \$740 | \$2960 | 2023 | \$1640 | \$6560 |
| 2000 | \$780 | \$3120 | | | |

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 earnings 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.

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. 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.

Work registration status information in VaCMS is used to register participants for the SNAP E&T component. SNAP E&T is operated through 37 local social services departments. **Participation in SNAP E&T is voluntary; however, the EW should encourage participation in SNAP Employment and Training (SNAP E&T) and review the SNAP E&T script with the applicant, if applicable.**

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 services program participants. This exemption applies to TANF recipients who participate in the Virginia Initiative for Employment not Welfare (VIEW) or refugee services programs.
- 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 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, 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 social worker 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 SNAP E&T 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

Work registration must be identified at:

- a. Initial Application and Reapplication. Registration information will be forwarded to the SNAP E&T worker.
- b. Every twelve months thereafter -
- c. Changes in Work Registration Information - The EW must record changes to the work registration status 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 SNAP E&T Worker, through the ESP Communication Form, when there are changes in household or individual circumstances that affect registration or compliance with SNAP E&T 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.

B. VOLUNTARY QUIT AND WORK REDUCTION (7 CFR 273.7(j))

Individuals who quit a job of 30 hours or more per week or who reduce the work effort so that less than 30 hours per week remain after the reduction are 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 exists 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 application, the local agency must explain the consequences of a household member quitting a job or reducing the number of hours worked without good cause and 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 agency must assess whether voluntary quit or work reduction applies at application. While households are not required to report job losses or reduction of work hours during the certification period, as per Part XIV.A, the agency must evaluate voluntary quit or work reduction when it is discovered. If good cause does not exist, the household or individual is disqualified from receiving future benefits, as allowed in this chapter.

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 **and refugees** who are exempted from the work registration provisions because of their employment services registration 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.

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 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 Low-Income Home Energy Assistance Program (LIHEAP) 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. LIHEAP participants (Virginia Energy Assistance Program) may have actual utility expenses considered or may 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 worker 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. The worker must also assess who has responsibility to pay expenses and whose income is used to pay in order to determine if the full expense or a prorated amount is used. If an eligible household member is responsible for an expense or pays an expense, the household is entitled to the full expense. If a disqualified household member is responsible for an expense or pays an expense, the expense may be subject to proration as allowed by Part 12.E.

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 | \$198 |
| 4 members | \$208 |
| 5 members | \$244 |
| 6 or more members | \$279 |

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 over issued 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))

Dependent care expenses are allowed as a deduction only if it is necessary for household

members to accept or continue employment, seek employment, comply with employment and training requirements, attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent. An expense that could qualify as a dependent care expense or a medical expense may be allowed as either, dependent care or medical, but not both.

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 worker 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 **\$672** 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 **\$672** 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 are made on a household's behalf, except as noted in item e. 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 that lead 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 a personal disaster, 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 LIHEAP 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 LIHEAP benefits at the current residence.

| Number of Persons | Utility Standard |
|-------------------|------------------|
| 1 - 3 | \$414 |
| 4 or more | \$524 |

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, regardless of whether 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 **\$262**, i.e., **\$524** based on total number of persons in the home (4 or more) divided by 2, the number of units contributing to heating costs. The SNAP unit may opt to use **\$262** as its utility costs, or may use its actual utility expenses.

Only those households that receive LIHEAP 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 LIHEAP payments. Actual costs of utilities incurred by households that are 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 LIHEAP 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 LIHEAP 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.

- 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 once Medicaid actually begins paying the expense as verified through SOLQ-I or SVES.
- 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. This excludes costs for emotional support animals.
- 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 aide, 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 expense may be allowed as a medical expense or a dependent care expense, but not both.
- 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. An allowable medical expense of \$200 is incurred monthly. Insurance policies reimburse the household \$100 a month for the expense. Disallowing the first \$35 a month, the monthly medical deduction for this expense is \$65 if the household elects to use actual amounts instead of the medical standard deduction.

6. 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 **\$179.66** 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.

A. INCOME ELIGIBILITY STANDARDS (7 CFR 273.9(a))

To be eligible for SNAP benefits, the countable gross monthly income of broad-based categorically eligible households may not exceed 200 percent of the gross income limit shown below. The countable gross monthly income of non-categorically eligible households may not exceed 130 percent of the gross monthly income limits shown below. Households with at least one member who is 60 years of age or over or with at least one member who is disabled, as described in Definitions must only meet the 100 percent net monthly income limits. This exception will also apply to a household with a member whose 60th birthday is in the month of application.

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 below.

| Federal Poverty Level (FPL) Gross and Net Income Eligibility Limits | | | |
|--|--|--|--|
| Household Size | 200% FPL Gross Income Limit | 130% FPL Gross Income Limit | 100% FPL Net Income Limit |
| 1 | \$2,430 | \$1,580 | \$1,215 |
| 2 | \$3,287 | \$2,137 | \$1,644 |
| 3 | \$4,143 | \$2,694 | \$2,072 |
| 4 | \$5,000 | \$3,250 | \$2,500 |
| 5 | \$5,857 | \$3,807 | \$2,929 |
| 6 | \$6,713 | \$4,364 | \$3,357 |
| 7 | \$7,570 | \$4,921 | \$3,785 |
| 8 | \$8,427 | \$5,478 | \$4,214 |
| Each additional member | +\$857 | +\$557 | +\$429 |

Net income determines the amount of SNAP benefits all eligible households will receive. While categorically eligible households, excluding broad-based categorical eligibility, as defined in Part II.G.3, do not have to meet either the gross or net income eligibility standards, the net income limit 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 department of social services must verify gross amounts and the rate and frequency (i.e., weekly, semi-monthly, etc.) of the income received. For income received more often than monthly, verify the payment cycle, i.e., the day the income is received.

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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 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.) For self-employed households, the eligibility worker must exclude the cost of doing business to determine the countable income.

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

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.) These include, but are not limited to, vocational rehabilitation incentive payments.

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- 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 - **\$1.65** per meal; Lunch or Supper - **\$3.12** per meal;
Snacks - **\$.93** 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 or 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 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. The maximum SNAP benefit amount for the number of boarders If the boarders are provided more than two meals per day; or,
- b. Two-thirds of the maximum SNAP benefit amount for the number of boarders If the boarders are provided two meals or less per day; or,
- c. The actual documented costs for providing room and meals, if they are higher than the appropriate SNAP benefit amount.

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 department of social services. The household must report certain changes in income and household status; the local department of social services must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Households certified for seven months or longer must file an Interim Report about their circumstances during the certification period except households certified through the VaCAP or ESAP component.

1. Changes that Must Be Reported

The length of the certification period determines change-reporting requirements for each household.

a. Certification periods - one to four months

Households certified up to four months must report the following items:

- Change in household composition with members moving in or out of the SNAP household;
- Change in the household's residence and shelter costs that result from a move;
- Change in legally obligated child support paid outside the household;
- Receipt of lottery or gambling winnings of \$4,250 or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week.
- Change of more than \$125 in the amount of income;
- Change in the source of income including starting or stopping a job; and
- Changing from full-time to part-time status or from part-time to full-time status.

The household does not have to report changes in TANF income for a Virginia TANF case.

b. Certification periods – five months or longer

With the exception of households that receive benefits through the Transitional Benefits component for former TANF recipients or certified through VaCAP, households certified for five months or longer must report the following items:

- Receipt of lottery or gambling winnings of \$4,250 or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week; and
- The total income exceeds the gross income limit based on household size as established as 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> | | | |
|-----------------------|----------------------|------------------|-------------------|--------------------|
| | Household Size | Monthly Amount | Weekly Amount | Bi-Weekly Amount |
| 1 | \$ 2,430 | \$ 565.11 | \$1,130.23 | \$ 1,215.00 |
| 2 | 3,287 | 764.41 | 1,528.83 | 1,643.50 |
| 3 | 4,143 | 963.48 | 1,926.97 | 2,071.50 |
| 4 | 5,000 | 1,162.79 | 2,325.58 | 2,500.00 |
| 5 | 5,857 | 1,362.09 | 2,724.18 | 2,928.50 |
| 6 | 6,713 | 1,561.16 | 3,122.32 | 3,356.50 |
| 7 | 7,570 | 1,760.46 | 3,520.93 | 3,785.00 |
| 8 | 8,427 | 1,959.76 | 3,919.53 | 4,213.50 |
| Additional members | +857 | +199.30 | +398.60 | +428.50 |

- c. ESAP households must report the following changes during the certification period:
- Changes to household composition;
 - If a household member receives earned income during the certification period; and
 - Lottery and gambling winnings of \$4,250 or more.

2. Time Required and Methods for Reporting Changes

Households must report required changes listed above 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.

Households may report changes using 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 department of social services. 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 department of social services receives the information.

During the interview, the worker must advise applicants:

- the responsibility to report changes;
- when changes needed to be reported;
- how to report changes;
- the changes that need to be reported; and
- 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 department of social services must provide the Change Report form to each household at initial application, reapplication, and when the household size changes. Additionally, the local department of social services must provide the form at recertification, if the household needs another form, whenever the household returns a form, or reports a change in the number of household members.

| PART XV | | WORK REQUIREMENT | |
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A. GENERAL PROVISIONS

All individuals 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. Individuals must be evaluated for exemptions as allowed in Part XV.B. 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 (Y2 benefits), as allowed in Part XV.C. The E9 allowance does not apply when an individual's status changes during an established certification period. After the initial and regained benefit months (Y1, Y2) have been exhausted, an individual may receive benefits only if there is an exemption to the work requirement.

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 (VDSS) 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 between 18 and **52** years of age is certified in Virginia. The 36-month period will begin and continue for any household member who is at least 18 and under **53** years of age, 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 individuals 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.

For the purposes of this provision, a work program will include programs operated under the Workforce Innovation and Opportunity Act (WIOA) and the Trade Adjustment Assistance Act in addition to the agency-sponsored employment and training programs. Job search activities assigned through SNAP E&T 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 WIOA will be evaluated as an acceptable task, however.

An unemployed (0 work hours) or underemployed (<30 work hours) individual is not entitled to additional benefits during the balance of the 36-month period after receiving benefits for three countable months, unless the individual meets an exemption from the work requirement or meets the regaining provisions of Part XV.C. The agency must send an advance notice to participating households when a member becomes ineligible to participate further because of the work requirement. Such a household member is a disqualified household member during any period in which the individual does 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 individuals are exempt from the work requirement:

1. Any individual who is under 18 years of age or **53** years of age or older. See Part XIII.A.2.
2. Any individual who is medically certified as mentally or physically unfit for work or **have other barriers that make them unfit for work, such as chronic homelessness. Chronic homelessness is defined as meeting at least one of the components of the homeless household, as found in Definitions, for six months or more.**
3. Any adult member of a SNAP household of which a child under age 18 is part of the SNAP household.
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 individual who is otherwise exempt from work registration as outlined in Part VIII.A.1.
7. **A United States veteran.**
8. **An individual who is 24 years of age or younger and who was in foster care on their 18th birthday.**
9. **A homeless individual.**

The local department must:

- assess each individual for exemption from time-limited benefits;
- assess fitness for employment at certification or recertification; and
- document that the household was informed of the exemptions or how to comply. Documentation may include that the SNAP Time-Limited Benefit flyer was provided.

The agency must establish the 36-month period and track the reasons for the exemption for each individual who 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; or
- 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 worker establishes eligibility for Y2 benefits, the certification period must end.

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*

| May 2016- April 2017 | May 2016- April 2017 | May 2017- April 2018 | May 2018 March 2020 | May 2018- March 2020 |
|--|--|--|---|---|
| Accomack Alleghany/ Covington Bland Bristol Brunswick Buchanan Buckingham Carroll Charles City Charlotte Craig Cumberland Danville Dickenson Franklin City Galax Grayson Greensville/ Emporia Halifax Hampton Henry/ Martinsville Hopewell Lancaster Lee Lunenburg Mecklenburg Northampton Northumberland Norton Page Patrick Petersburg Pittsylvania Portsmouth | Prince Edward Prince George Pulaski Rappahannock Richmond County Russell Scott Smyth Southampton Surry Sussex Tazewell Washington Williamsburg Wise Wythe May 2017- April 2018 Accomack Alleghany/ Covington Bath Bland Bristol Brunswick Buchanan Buckingham Carroll Charles City Charlotte Craig Cumberland Danville Dickenson Franklin City | Galax Grayson Greensville/ Emporia Halifax Hampton Henry/ Martinsville Hopewell Lancaster Lee Lunenburg Mecklenburg Northampton Northumberland Norton Page Patrick Petersburg Pittsylvania Portsmouth Prince Edward Prince George Pulaski Richmond County Russell Scott Smyth Surry Sussex Tazewell Washington Westmoreland Williamsburg Wise Wythe | Accomack Alleghany/ Covington Bath Bland Bristol Brunswick Buchanan Buckingham Carroll Charles City Charlotte Craig Cumberland Danville Dickenson Dinwiddie Franklin City Galax Grayson Greensville/ Emporia Halifax Hampton Henry/ Martinsville Highland Hopewell Lancaster Lee Lunenburg Mecklenburg Northampton Northumberland Norton Page Patrick Petersburg | Pittsylvania Portsmouth Prince Edward Prince George Pulaski Richmond County Russell Scott Smyth Surry Sussex Tazewell Washington Westmoreland Williamsburg Wise Wythe April 2020- June 2023 Statewide Exemption July 2023 - June 2024 Brunswick Buchanan Danville Dinwiddie Franklin City Greensville/ Emporia Hopewell Nottoway Petersburg Portsmouth Prince George Sussex |

*The agency must track the work requirement for all household members except those persons under 18 or over age 53.

| PART XVI | | RESTORATION OF LOST BENEFITS | |
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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.

H. SNAP REPLACEMENT DUE SKIMMING, CLONING OR OTHER FRAUDULENT MEANS

On December 29, 2022, the 117th Congress enacted the Consolidated Appropriations Act of 2023 ([H.R. 2617](#)) that authorized states to utilize federal funds for a limited period to replace SNAP benefits that were stolen due to skimming, card cloning and other similar fraudulent methods. States were directed to develop a plan for the implementation and use of these federal dollars. The Commonwealth of Virginia's plan was approved on May 18, 2023, and implemented by VDSS on July 17, 2023.

1. Eligibility for SNAP Replacement Benefits due to skimming, cloning and other fraudulent means.

- Replacement due to the loss of SNAP benefits because of skimming, cloning and other similar fraudulent methods is limited to the losses of SNAP benefits between October 1, 2022, and September 30, 2024.
- Only two replacements are allowed from October 1 to September 30 of each year.
- The client must submit and sign a completed SNAP EBT Replacement Request and Client Attestation in the timeframe designated below.
- The LDSS must determine, based on a review of the transaction history and the information provided by the client using reasonable, consistent, and prudent judgement, that the transaction(s) that resulted in the loss of benefits are most likely due to cloning, scamming, phishing, or other fraudulent methods.

2. Timing and due dates.

For those that lost benefits from October 1, 2022, to July 31, 2023, the households must report the loss of benefits and submit a signed and completed [“SNAP EBT Replacement Request and Client Attestation”](#) to the local department by September 30, 2023.

For those that lost benefits from August 1, 2023, to September 30, 2024, the households must report the loss of benefits to the local department within 30 days of discovering their loss of benefits. Households must submit a signed and completed [“SNAP EBT Replacement Request and Client Attestation”](#) to the local department within 10 days of reporting the loss.

LDSS will process and pay all validated and eligible requests for replacements by the later of:

- Ten (10) business days after the LDSS receives the completed and signed SNAP EBT Replacement Request and Client Attestation request from the household,
- OR
- Two (2) business days after receiving a signed and completed “SNAP EBT Replacement Request and Client Attestation”.

| Date of loss of benefits | Required to report loss of benefits to LDSS | Attestation due to LDSS |
|---------------------------------------|---|--|
| October 1, 2022, to July 31, 2023 | Between July 17, 2023 & September 30, 2023 | Within 10 days of reporting loss to LDSS |
| August 1, 2023, to September 30, 2024 | Within 30 days of discovering the loss | Within 10 days of reporting loss to LDSS |

3. Calculating the replacement benefits.

The amount of the replacement benefits is the **lesser** of:

- Twice the amount of all the SNAP benefits in the month prior to the fraud transaction,
OR
- The amount of the fraud transaction.

If the theft occurred in the first month of the household's receipt of SNAP benefits, then the LDSS will use the first month of SNAP benefits to calculate the replacement benefits.

If the theft occurred after a gap in receipt of benefits, then the LDSS will use the last prior issuance month of SNAP benefits to calculate the replacement benefits.

Example 1:

On July 17, 2023, the household reported a loss of \$2,195 in SNAP benefits as a result of an October 23, 2022 transaction. The client submitted a completed and signed SNAP EBT Replacement Request and Client Attestation on July 19, 2023, which states that the transaction is due to skimming, cloning, or other similar fraudulent methods. The LDSS worker reviewed the transaction in question in EPPIC and found that the transaction was a single transaction from a farmers' market vendor based out of New York City at 2:13 am. Based on the review of the transaction and the attestation, the LDSS worker determines that it is likely that the transaction is a result of skimming, cloning or other similar fraudulent methods. The household does not have any previous SNAP EBT replacements.

To calculate the amount of the replacement, the worker will review all the SNAP transactions in September 2022 (the month prior to the occurrence of the theft). In September, the household received the following in SNAP benefits:

- \$500 in emergency allotments
- \$125 in regular SNAP benefits

These amounts totaled \$625. Twice the monthly benefit of September is \$1,250. Since \$1,250 (twice the monthly benefit) is less than \$2,195 (amount of fraud), the household would receive \$1,250.

Example 2:

On July 17, 2023, the household reported a loss of \$2,195 in SNAP benefits as a result of an October 23, 2022 transaction. The client submitted a completed and signed SNAP EBT Replacement Request and Client Attestation on July 19, 2023, which states that the transaction is due to skimming, cloning, or other similar fraudulent methods. The LDSS worker reviewed the transaction in question in EPPIC and found that the transaction was a single transaction from a farmers market vendor based out of New York City at 2:13 am. Based on the review of the transaction and the attestation, the LDSS worker determines that it is likely that the transaction is a result of skimming, cloning or other similar fraudulent methods. The household does not have any previous SNAP EBT replacements.

To calculate the amount of the replacement, the worker will review all the SNAP transactions in September 2022. In September, the household received the following in SNAP benefits:

- \$1,000 in emergency allotments
- \$125 in regular SNAP benefits

These amounts combined totals \$1,125. Twice the monthly benefit of September is \$2,250. Since \$2,195 (amount of fraud) is less than \$2,250 (twice the monthly benefit), the household would receive \$2,195.

Example 3:

On July 17, 2023, the household reported a loss of \$2,195 in SNAP benefits as a result of an October 23, 2022 transaction. The client submitted a completed and signed SNAP EBT Replacement Request and Client Attestation form on July 19, 2023, which states that the transaction is due to skimming, cloning, or other similar fraudulent methods. The LDSS worker reviewed the transaction in question in EPPIC and found that the transaction was a single transaction from a farmers market vendor based out of New York City at 2:13 am. Based on the review of the transaction and the attestation, the LDSS worker determines that it is likely that the transaction is as a result of skimming, cloning or other similar fraudulent methods. The household does not have any previous SNAP EBT replacements; however, the household has a gap in benefit months in the months prior to the fraudulent transaction month of October, 2022.

To calculate the amount of the replacement, the worker will review all the SNAP transactions in the first prior month to the reported fraudulent activity. The LDSS worker discovers the prior month to be July 2022 in which the household received the following in SNAP benefits:

- \$1,000 in emergency allotments
- \$125 in regular SNAP benefits

These amounts combined totals \$1,125. Twice the monthly benefit of September is \$2,250. Since \$2,195 (amount of fraud) is less than \$2,250 (twice the monthly benefit), the household would receive \$2,195.

4. Restoring Benefits to households not residing in the locality.

There may be times when a household that no longer resides in the locality is due restoration of lost benefits. In these instances, if the household is receiving SNAP benefits in another Virginia locality, the local department must notify the new locality and submit documentation to allow the new LDSS to authorize restored benefits. If the household is not receiving SNAP benefits in another Virginia locality, the LDSS must authorize restored benefits.

5. Record keeping.

The LDSS will upload any documents to support the SNAP Replacement transaction to the case in VaCMS via DMIS. The items that should be uploaded, include but are not limited to:

- Complete Attestation
- EPPIC Transaction History screenshot or PDF
- Notice of Action (approval or denial letter)
- Any information submitted by the client
- Police report (optional)

The LDSS will provide the household, in writing, the determination of approval or denial of the restoration of benefits within 2 business days of the LDSS determination. The notice of determination will include, at a minimum, a summary of the determination, the approval status, the amount requested, the amount approved, and the right to appeal.

For disputed benefits, refer to the previous Chapter, Part XVI.G.

PART XX DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

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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 **274** days. The EBT system will expunge unused benefits on the **275th** 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)

- 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.

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.

Note: This may be an infrequent occurrence, as households can usually access their resources via online banking or ATMs even if the bank branches are closed in the affected area.

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 **with unreimbursed out-of-pocket expenses** in order to qualify under this criterion for the D-SNAP. The client will not have to verify these expenses.

Eligible expenses include but are not limited to: home and business repairs, home and business protection, temporary shelter expenses, evacuation expenses, medical expenses due to personal injury, disaster-related funeral expenses, disaster-related pet boarding fees, disaster-related damaged vehicle expenses, storage expenses, expenses for clean-up supplies, and expenses related to replacement of items, such as clothing, appliances, tools and educational materials.

d. Loss of Food. (state option)

Food lost or damaged in a disaster or lost because of a power outage that exceeded four hours.

Virginia will utilize a Disaster Standard Expense Deduction (DSED) in lieu of actual disaster expenses incurred by a household. Only households with actual unreimbursed disaster-related expenses equal to or greater than \$100 qualify for the DSED. Households with deductible disaster-related expenses that fall below the \$100 threshold should have their eligibility determined using their actual expenses.

The DSED is designed to capture food loss along with other disaster-related expenses, such as loss of income and damage to or destruction of property. The DSED must not be applied to cases where food loss was the only disaster-related expense.

All applicants must list the type and value of their disaster-related expenses on their D-SNAP applications.

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 **and the disaster benefit period is September 18 – October 3**. 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.

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 **accessible liquid** resources must be below the allowable levels.

Chart A is for households with \$100 or more in unreimbursed disaster-related expenses. The income levels in Chart A incorporate the Disaster Standard Expense Deduction (DSED). Households whose total income plus accessible liquid resources that are less than or equal to the levels in Chart A would qualify for D-SNAP.

Chart B is for households with \$100 or less in unreimbursed disaster-related expenses, or food loss as the only expense. The income levels in Chart B do not incorporate the Disaster Standard Expense Deduction (DSED). In order to qualify for D-SNAP, households total income plus their accessible liquid resources minus their actual disaster-related expenses must be less than or equal to the levels in Chart B.

If the household's income is at or below the limit **for its size**, the household is eligible for the benefit shown:

Chart A (DSED):

| HOUSEHOLD SIZE | INCOME LIMIT | BENEFIT AMOUNT FULL MONTH | BENEFIT AMOUNT HALF MONTH* |
|------------------------|--------------|------------------------------|-------------------------------|
| 1 | \$2,879 | \$281 | \$141 |
| 2 | \$3,745 | \$516 | \$258 |
| 3 | \$4,295 | \$740 | \$370 |
| 4 | \$5,047 | \$939 | \$469 |
| 5 | \$5,550 | \$1,116 | \$558 |
| 6 | \$6,196 | \$1,339 | \$670 |
| 7 | \$6,659 | \$1,480 | \$740 |
| 8 | \$7,121 | \$1,691 | \$846 |
| Each additional person | +\$462 | \$211 | +\$106 |

* The half-month benefit amount is calculated by dividing the full month amount by two and rounding up to the nearest whole dollar amount.

Chart B:

| HOUSEHOLD SIZE | INCOME LIMIT | BENEFIT AMOUNT FULL MONTH | BENEFIT AMOUNT HALF MONTH* |
|------------------------|--------------|------------------------------|-------------------------------|
| 1 | \$1,950 | \$281 | \$141 |
| 2 | \$2,343 | \$516 | \$258 |
| 3 | \$2,737 | \$740 | \$370 |
| 4 | \$3,130 | \$939 | \$469 |
| 5 | \$3,555 | \$1,116 | \$558 |
| 6 | \$3,982 | \$1,339 | \$670 |
| 7 | \$4,375 | \$1,480 | \$740 |
| 8 | \$4,768 | \$1,691 | \$846 |
| Each additional person | +\$394 | \$211 | +\$106 |

* 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 Appendix I 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 of 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 L.

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 the stand-alone D-SNAP system 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 HEARING

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.

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

The VDSS must report daily to FNS the number of households and persons approved for disaster benefits. The report must distinguish between households and persons participating in the normal, ongoing program and new, nonparticipating households and persons. This information will be gathered at the end of each business day from the web-based system or the Master Issuance File or EBT files if a paper application is used. Daily reports will also capture the value of benefits issued and the number of households denied benefits.

The VDSS must submit additional reports at the end of the disaster period. These reports include:

| | |
|------------|--|
| FNS - 292B | Report of Supplemental Nutrition Assistance Program Benefit Issuance for Disaster Relief |
| FNS – 388 | Monthly Issuance Report |
| FNS – 209 | Status of Claims Against Households Report |
| FNS – 46 | Issuance Reconciliation Report |

Appendix VII contains guidance for the completion of these reports.

The VDSS will complete reconciliation and settlement reports through established processes and must address card production and delivery, benefit authorization, and posting issues.

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 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> |
|---------------------------|---|--------------|
| 032-03-1120-06-eng | Application for Disaster Supplemental Nutrition Assistance Program Benefits | 1-8 |
| 032-03-0663-00-eng | Request for Disaster Assistance | 9-10 |
| 032-03-0664-02-eng | Internal Action and Vault EBT Card Authorization for Disaster Benefits | 11-13 |
| 032-03-0662-02-eng | Notice of Action–Disaster Supplemental Nutrition Assistance Program | 14-15 |
| 032-03-0391-00-eng | Vault EBT Card Issuance Log | 16-17 |
| | D-SNAP Card Activation and PIN Selection Handout | 18 |

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS

| | | | | |
|-------------------------|-----------------|---------------|---------------|---------------------|
| Disaster Benefit Period | AGENCY USE ONLY | | | |
| | CASE NAME | FIPS | CASE NUMBER | ATTACHMENTS: Y or N |
| TO | 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 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? __YES __NO Written permission from the household to access the account? __YES NO |

PART I: HOUSEHOLD SITUATION

| | | |
|-------------------|----|--|
| <i>CIRCLE ONE</i> | | |
| YES | NO | 1. Were you residing in the disaster area at the time of the disaster? |
| YES | NO | 2. Has your home property or self-employment property in the disaster area been damaged or destroyed by the disaster? |
| YES | NO | 3. Will you be purchasing food during the Disaster Benefit Period indicated above? |
| YES | NO | 4. Did your household lose food because of the disaster? |
| YES | NO | 5. Has your income been delayed, reduced, or stopped because of the disaster? |
| YES | NO | 6. Does your household have any cash or money in bank or other financial institution accounts that are <u>not</u> accessible to your household to use because of the disaster? |
| YES | NO | 7. Do you or anyone in your household currently receive SNAP benefits? Name of person: _____ From where: _____ 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, including 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 from federal, state, or local governments or disaster assistance agencies during the benefit period. List all income including any received for a child or children in your household.

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: |
| DISASTER BENEFIT PERIOD to INCOME AMOUNTS | TYPE | | | | | |
| | 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) LIST ALL INCOME INCLUDING ANY RECEIVED FOR A CHILD OR CHILDREN IN YOUR HOUSEHOLD. | AMOUNT | | | | |
| | | SOURCE | | | | |

| | | | | | | | |
|---------------------------------|--|--------|--|--|--|--|--|
| CURRENT RESOURCE AMOUNTS | CASH ON HAND | AMOUNT | | | | | |
| | | SOURCE | | | | | |
| | CHECKING ACCOUNT(S) | AMOUNT | | | | | |
| | | SOURCE | | | | | |
| | SAVINGS ACCOUNT(S) CHRISTMAS CLUBS, VACATION CLUBS | AMOUNT | | | | | |
| | | SOURCE | | | | | |
| | OTHER RESOURCES | AMOUNT | | | | | |
| | | SOURCE | | | | | |

DISASTER EXPENSES AMOUNTS

Please list the disaster expenses that you have paid or expect to pay out-of-pocket during the disaster benefit period. If you have received or anticipate receiving reimbursement for an expense, please list only the net expense. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR EXPECTED TO BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.**

| EXPENSE TYPE | AMOUNT | SOURCE |
|---|--------|--------|
| HOME OR BUSINESS REPAIRS | | |
| TEMPORARY SHELTER | | |
| EVACUATION EXPENSES | | |
| MEDICAL EXPENSES DUE TO PERSONAL INJURY | | |
| DISASTER-DAMAGE VEHICLE EXPENSES | | |
| FUEL FOR PRIMARY HEATING SOURCE | | |
| CLEAN-UP ITEMS EXPENSES | | |
| STORAGE EXPENSES | | |
| EXPENSES RELATED TO REPLACING ITEMS, SUCH AS CLOTHING, APPLIANCES, TOOLS, AND EDUCATIONAL MATERIALS | | |
| DISASTER-RELATED PET BOARDING | | |
| DISASTER-RELATED FUNERAL EXPENSES | | |
| HOME OR BUSINESS PROPERTY PROTECTION | | |
| OTHER (EXPLAIN) | | |

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: _____

USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

DISASTER ALLOTMENT CALCULATION

1. Anticipated Income \$ _____
2. Disaster Income Limit: HH Size _____ \$ _____
 - INELIGIBLE if #1 is greater than #2
3. Resources \$ _____
 - INELIGIBLE if #1 plus #3 is greater than #2
4. Total Disaster related expenses* \$ _____
 - INELIGIBLE if #1 plus #3 minus #4 is greater than #2
 - ELIGIBLE if household meets the income test (#1 plus #3 minus #4 is less than or equal to #2)
 - WITHDRAWN on: _____
 - DENIED because: _____
 - APPROVED on: _____
 - DISASTER ALLOTMENT AMOUNT: \$ _____

WORKER: _____ Date: _____

DEPENDING ON THE DISASTER, CALCULATION FOR CURRENTLY CERTIFIED HOUSEHOLDS

1. DISASTER ALLOTMENT AMOUNT \$ _____
2. Ongoing Allotment (prorated) minus \$ _____
3. Difference (1 minus 2) \$ _____
4. Amount of Food Loss plus \$ _____
5. DISASTER ALLOTMENT AMOUNT (3 plus 4) \$ _____

WORKER: _____ Date: _____

**Households with actual, unreimbursed disaster-related expenses equal to or greater than \$100 qualify for Disaster Standard Expense Deduction. Households with countable disaster-related expenses that fall below the \$100 threshold should have the eligibility determined using actual expenses.*

IDENTITY VERIFIED
YES NO

RESIDENCE VERIFIED
YES NO

INCOME VERIFIED
YES NO

RESOURCES VERIFIED
YES NO

METHOD and DATE:

METHOD and DATE:

SOURCE, METHOD, and DATE:

SOURCE, METHOD, and DATE:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

RECEIVED BY:

NOTES:

Application For Disaster Supplemental Nutrition Assistance Program_Benefits

Form Number – **032-03-1120-06-eng**

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.

PART XXIII

BENEFIT ALLOTMENTS

CHAPTER

SUBJECT

PAGES

A. CALCULATING BENEFIT ALLOTMENTS

1

B. BENEFIT ALLOTMENT TABLES

1-68

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, \$23 is the minimum allotment for all eligible households, including 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 reflect the maximum benefit allotment to the \$1 minimum allotment. **NOTE: ONLY 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 **\$2,500**. The allotment offered at that level of income is **\$223**. The rest of the allotment table, from the net income of **\$2,501** through **\$3,240**, the last income figure, for which an allotment is available, applies to 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 **\$219** to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$429** to the monthly maximum net income. **NOTE:** Maximum monthly net income limits do not apply to categorically eligible households.

BASIS OF BENEFIT ISSUANCE
October 2023

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| *Net Income Limit Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 0 - 0 | 291 | 535 | 766 | 973 | 1155 | 1386 | 1532 | 1751 | 1970 | 2189 |
| 1 - 3 | 290 | 534 | 765 | 972 | 1154 | 1385 | 1531 | 1750 | 1969 | 2188 |
| 4 - 6 | 289 | 533 | 764 | 971 | 1153 | 1384 | 1530 | 1749 | 1968 | 2187 |
| 7 - 10 | 288 | 532 | 763 | 970 | 1152 | 1383 | 1529 | 1748 | 1967 | 2186 |
| 11 - 13 | 287 | 531 | 762 | 969 | 1151 | 1382 | 1528 | 1747 | 1966 | 2185 |
| 14 - 16 | 286 | 530 | 761 | 968 | 1150 | 1381 | 1527 | 1746 | 1965 | 2184 |
| 17 - 20 | 285 | 529 | 760 | 967 | 1149 | 1380 | 1526 | 1745 | 1964 | 2183 |
| 21 - 23 | 284 | 528 | 759 | 966 | 1148 | 1379 | 1525 | 1744 | 1963 | 2182 |
| 24 - 26 | 283 | 527 | 758 | 965 | 1147 | 1378 | 1524 | 1743 | 1962 | 2181 |
| 27 - 30 | 282 | 526 | 757 | 964 | 1146 | 1377 | 1523 | 1742 | 1961 | 2180 |
| 31 - 33 | 281 | 525 | 756 | 963 | 1145 | 1376 | 1522 | 1741 | 1960 | 2179 |
| 34 - 36 | 280 | 524 | 755 | 962 | 1144 | 1375 | 1521 | 1740 | 1959 | 2178 |
| 37 - 40 | 279 | 523 | 754 | 961 | 1143 | 1374 | 1520 | 1739 | 1958 | 2177 |
| 41 - 43 | 278 | 522 | 753 | 960 | 1142 | 1373 | 1519 | 1738 | 1957 | 2176 |
| 44 - 46 | 277 | 521 | 752 | 959 | 1141 | 1372 | 1518 | 1737 | 1956 | 2175 |
| 47 - 50 | 276 | 520 | 751 | 958 | 1140 | 1371 | 1517 | 1736 | 1955 | 2174 |
| 51 - 53 | 275 | 519 | 750 | 957 | 1139 | 1370 | 1516 | 1735 | 1954 | 2173 |
| 54 - 56 | 274 | 518 | 749 | 956 | 1138 | 1369 | 1515 | 1734 | 1953 | 2172 |
| 57 - 60 | 273 | 517 | 748 | 955 | 1137 | 1368 | 1514 | 1733 | 1952 | 2171 |
| 61 - 63 | 272 | 516 | 747 | 954 | 1136 | 1367 | 1513 | 1732 | 1951 | 2170 |
| 64 - 66 | 271 | 515 | 746 | 953 | 1135 | 1366 | 1512 | 1731 | 1950 | 2169 |
| 67 - 70 | 270 | 514 | 745 | 952 | 1134 | 1365 | 1511 | 1730 | 1949 | 2168 |
| 71 - 73 | 269 | 513 | 744 | 951 | 1133 | 1364 | 1510 | 1729 | 1948 | 2167 |
| 74 - 76 | 268 | 512 | 743 | 950 | 1132 | 1363 | 1509 | 1728 | 1947 | 2166 |
| 77 - 80 | 267 | 511 | 742 | 949 | 1131 | 1362 | 1508 | 1727 | 1946 | 2165 |
| 81 - 83 | 266 | 510 | 741 | 948 | 1130 | 1361 | 1507 | 1726 | 1945 | 2164 |
| 84 - 86 | 265 | 509 | 740 | 947 | 1129 | 1360 | 1506 | 1725 | 1944 | 2163 |
| 87 - 90 | 264 | 508 | 739 | 946 | 1128 | 1359 | 1505 | 1724 | 1943 | 2162 |
| 91 - 93 | 263 | 507 | 738 | 945 | 1127 | 1358 | 1504 | 1723 | 1942 | 2161 |
| 94 - 96 | 262 | 506 | 737 | 944 | 1126 | 1357 | 1503 | 1722 | 1941 | 2160 |
| 97 - 100 | 261 | 505 | 736 | 943 | 1125 | 1356 | 1502 | 1721 | 1940 | 2159 |
| 101 - 103 | 260 | 504 | 735 | 942 | 1124 | 1355 | 1501 | 1720 | 1939 | 2158 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 104 - 106 | 259 | 503 | 734 | 941 | 1123 | 1354 | 1500 | 1719 | 1938 | 2157 |
| 107 - 110 | 258 | 502 | 733 | 940 | 1122 | 1353 | 1499 | 1718 | 1937 | 2156 |
| 111 - 113 | 257 | 501 | 732 | 939 | 1121 | 1352 | 1498 | 1717 | 1936 | 2155 |
| 114 - 116 | 256 | 500 | 731 | 938 | 1120 | 1351 | 1497 | 1716 | 1935 | 2154 |
| 117 - 120 | 255 | 499 | 730 | 937 | 1119 | 1350 | 1496 | 1715 | 1934 | 2153 |
| 121 - 123 | 254 | 498 | 729 | 936 | 1118 | 1349 | 1495 | 1714 | 1933 | 2152 |
| 124 - 126 | 253 | 497 | 728 | 935 | 1117 | 1348 | 1494 | 1713 | 1932 | 2151 |
| 127 - 130 | 252 | 496 | 727 | 934 | 1116 | 1347 | 1493 | 1712 | 1931 | 2150 |
| 131 - 133 | 251 | 495 | 726 | 933 | 1115 | 1346 | 1492 | 1711 | 1930 | 2149 |
| 134 - 136 | 250 | 494 | 725 | 932 | 1114 | 1345 | 1491 | 1710 | 1929 | 2148 |
| 137 - 140 | 249 | 493 | 724 | 931 | 1113 | 1344 | 1490 | 1709 | 1928 | 2147 |
| 141 - 143 | 248 | 492 | 723 | 930 | 1112 | 1343 | 1489 | 1708 | 1927 | 2146 |
| 144 - 146 | 247 | 491 | 722 | 929 | 1111 | 1342 | 1488 | 1707 | 1926 | 2145 |
| 147 - 150 | 246 | 490 | 721 | 928 | 1110 | 1341 | 1487 | 1706 | 1925 | 2144 |
| 151 - 153 | 245 | 489 | 720 | 927 | 1109 | 1340 | 1486 | 1705 | 1924 | 2143 |
| 154 - 156 | 244 | 488 | 719 | 926 | 1108 | 1339 | 1485 | 1704 | 1923 | 2142 |
| 157 - 160 | 243 | 487 | 718 | 925 | 1107 | 1338 | 1484 | 1703 | 1922 | 2141 |
| 161 - 163 | 242 | 486 | 717 | 924 | 1106 | 1337 | 1483 | 1702 | 1921 | 2140 |
| 164 - 166 | 241 | 485 | 716 | 923 | 1105 | 1336 | 1482 | 1701 | 1920 | 2139 |
| 167 - 170 | 240 | 484 | 715 | 922 | 1104 | 1335 | 1481 | 1700 | 1919 | 2138 |
| 171 - 173 | 239 | 483 | 714 | 921 | 1103 | 1334 | 1480 | 1699 | 1918 | 2137 |
| 174 - 176 | 238 | 482 | 713 | 920 | 1102 | 1333 | 1479 | 1698 | 1917 | 2136 |
| 177 - 180 | 237 | 481 | 712 | 919 | 1101 | 1332 | 1478 | 1697 | 1916 | 2135 |
| 181 - 183 | 236 | 480 | 711 | 918 | 1100 | 1331 | 1477 | 1696 | 1915 | 2134 |
| 184 - 186 | 235 | 479 | 710 | 917 | 1099 | 1330 | 1476 | 1695 | 1914 | 2133 |
| 187 - 190 | 234 | 478 | 709 | 916 | 1098 | 1329 | 1475 | 1694 | 1913 | 2132 |
| 191 - 193 | 233 | 477 | 708 | 915 | 1097 | 1328 | 1474 | 1693 | 1912 | 2131 |
| 194 - 196 | 232 | 476 | 707 | 914 | 1096 | 1327 | 1473 | 1692 | 1911 | 2130 |
| 197 - 200 | 231 | 475 | 706 | 913 | 1095 | 1326 | 1472 | 1691 | 1910 | 2129 |
| 201 - 203 | 230 | 474 | 705 | 912 | 1094 | 1325 | 1471 | 1690 | 1909 | 2128 |
| 204 - 206 | 229 | 473 | 704 | 911 | 1093 | 1324 | 1470 | 1689 | 1908 | 2127 |
| 207 - 210 | 228 | 472 | 703 | 910 | 1092 | 1323 | 1469 | 1688 | 1907 | 2126 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 211 - 213 | 227 | 471 | 702 | 909 | 1091 | 1322 | 1468 | 1687 | 1906 | 2125 |
| 214 - 216 | 226 | 470 | 701 | 908 | 1090 | 1321 | 1467 | 1686 | 1905 | 2124 |
| 217 - 220 | 225 | 469 | 700 | 907 | 1089 | 1320 | 1466 | 1685 | 1904 | 2123 |
| 221 - 223 | 224 | 468 | 699 | 906 | 1088 | 1319 | 1465 | 1684 | 1903 | 2122 |
| 224 - 226 | 223 | 467 | 698 | 905 | 1087 | 1318 | 1464 | 1683 | 1902 | 2121 |
| 227 - 230 | 222 | 466 | 697 | 904 | 1086 | 1317 | 1463 | 1682 | 1901 | 2120 |
| | | | | | | | | | | |
| 231 - 233 | 221 | 465 | 696 | 903 | 1085 | 1316 | 1462 | 1681 | 1900 | 2119 |
| 234 - 236 | 220 | 464 | 695 | 902 | 1084 | 1315 | 1461 | 1680 | 1899 | 2118 |
| 237 - 240 | 219 | 463 | 694 | 901 | 1083 | 1314 | 1460 | 1679 | 1898 | 2117 |
| 241 - 243 | 218 | 462 | 693 | 900 | 1082 | 1313 | 1459 | 1678 | 1897 | 2116 |
| 244 - 246 | 217 | 461 | 692 | 899 | 1081 | 1312 | 1458 | 1677 | 1896 | 2115 |
| 247 - 250 | 216 | 460 | 691 | 898 | 1080 | 1311 | 1457 | 1676 | 1895 | 2114 |
| | | | | | | | | | | |
| 251 - 253 | 215 | 459 | 690 | 897 | 1079 | 1310 | 1456 | 1675 | 1894 | 2113 |
| 254 - 256 | 214 | 458 | 689 | 896 | 1078 | 1309 | 1455 | 1674 | 1893 | 2112 |
| 257 - 260 | 213 | 457 | 688 | 895 | 1077 | 1308 | 1454 | 1673 | 1892 | 2111 |
| 261 - 263 | 212 | 456 | 687 | 894 | 1076 | 1307 | 1453 | 1672 | 1891 | 2110 |
| 264 - 266 | 211 | 455 | 686 | 893 | 1075 | 1306 | 1452 | 1671 | 1890 | 2109 |
| 267 - 270 | 210 | 454 | 685 | 892 | 1074 | 1305 | 1451 | 1670 | 1889 | 2108 |
| | | | | | | | | | | |
| 271 - 273 | 209 | 453 | 684 | 891 | 1073 | 1304 | 1450 | 1669 | 1888 | 2107 |
| 274 - 276 | 208 | 452 | 683 | 890 | 1072 | 1303 | 1449 | 1668 | 1887 | 2106 |
| 277 - 280 | 207 | 451 | 682 | 889 | 1071 | 1302 | 1448 | 1667 | 1886 | 2105 |
| 281 - 283 | 206 | 450 | 681 | 888 | 1070 | 1301 | 1447 | 1666 | 1885 | 2104 |
| 284 - 286 | 205 | 449 | 680 | 887 | 1069 | 1300 | 1446 | 1665 | 1884 | 2103 |
| 287 - 290 | 204 | 448 | 679 | 886 | 1068 | 1299 | 1445 | 1664 | 1883 | 2102 |
| | | | | | | | | | | |
| 291 - 293 | 203 | 447 | 678 | 885 | 1067 | 1298 | 1444 | 1663 | 1882 | 2101 |
| 294 - 296 | 202 | 446 | 677 | 884 | 1066 | 1297 | 1443 | 1662 | 1881 | 2100 |
| 297 - 300 | 201 | 445 | 676 | 883 | 1065 | 1296 | 1442 | 1661 | 1880 | 2099 |
| 301 - 303 | 200 | 444 | 675 | 882 | 1064 | 1295 | 1441 | 1660 | 1879 | 2098 |
| 304 - 306 | 199 | 443 | 674 | 881 | 1063 | 1294 | 1440 | 1659 | 1878 | 2097 |
| 307 - 310 | 198 | 442 | 673 | 880 | 1062 | 1293 | 1439 | 1658 | 1877 | 2096 |
| | | | | | | | | | | |
| 311 - 313 | 197 | 441 | 672 | 879 | 1061 | 1292 | 1438 | 1657 | 1876 | 2095 |
| 314 - 316 | 196 | 440 | 671 | 878 | 1060 | 1291 | 1437 | 1656 | 1875 | 2094 |
| 317 - 320 | 195 | 439 | 670 | 877 | 1059 | 1290 | 1436 | 1655 | 1874 | 2093 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 321 - 323 | 194 | 438 | 669 | 876 | 1058 | 1289 | 1435 | 1654 | 1873 | 2092 |
| 324 - 326 | 193 | 437 | 668 | 875 | 1057 | 1288 | 1434 | 1653 | 1872 | 2091 |
| 327 - 330 | 192 | 436 | 667 | 874 | 1056 | 1287 | 1433 | 1652 | 1871 | 2090 |
| 331 - 333 | 191 | 435 | 666 | 873 | 1055 | 1286 | 1432 | 1651 | 1870 | 2089 |
| 334 - 336 | 190 | 434 | 665 | 872 | 1054 | 1285 | 1431 | 1650 | 1869 | 2088 |
| 337 - 340 | 189 | 433 | 664 | 871 | 1053 | 1284 | 1430 | 1649 | 1868 | 2087 |
| 341 - 343 | 188 | 432 | 663 | 870 | 1052 | 1283 | 1429 | 1648 | 1867 | 2086 |
| 344 - 346 | 187 | 431 | 662 | 869 | 1051 | 1282 | 1428 | 1647 | 1866 | 2085 |
| 347 - 350 | 186 | 430 | 661 | 868 | 1050 | 1281 | 1427 | 1646 | 1865 | 2084 |
| 351 - 353 | 185 | 429 | 660 | 867 | 1049 | 1280 | 1426 | 1645 | 1864 | 2083 |
| 354 - 356 | 184 | 428 | 659 | 866 | 1048 | 1279 | 1425 | 1644 | 1863 | 2082 |
| 357 - 360 | 183 | 427 | 658 | 865 | 1047 | 1278 | 1424 | 1643 | 1862 | 2081 |
| 361 - 363 | 182 | 426 | 657 | 864 | 1046 | 1277 | 1423 | 1642 | 1861 | 2080 |
| 364 - 366 | 181 | 425 | 656 | 863 | 1045 | 1276 | 1422 | 1641 | 1860 | 2079 |
| 367 - 370 | 180 | 424 | 655 | 862 | 1044 | 1275 | 1421 | 1640 | 1859 | 2078 |
| 371 - 373 | 179 | 423 | 654 | 861 | 1043 | 1274 | 1420 | 1639 | 1858 | 2077 |
| 374 - 376 | 178 | 422 | 653 | 860 | 1042 | 1273 | 1419 | 1638 | 1857 | 2076 |
| 377 - 380 | 177 | 421 | 652 | 859 | 1041 | 1272 | 1418 | 1637 | 1856 | 2075 |
| 381 - 383 | 176 | 420 | 651 | 858 | 1040 | 1271 | 1417 | 1636 | 1855 | 2074 |
| 384 - 386 | 175 | 419 | 650 | 857 | 1039 | 1270 | 1416 | 1635 | 1854 | 2073 |
| 387 - 390 | 174 | 418 | 649 | 856 | 1038 | 1269 | 1415 | 1634 | 1853 | 2072 |
| 391 - 393 | 173 | 417 | 648 | 855 | 1037 | 1268 | 1414 | 1633 | 1852 | 2071 |
| 394 - 396 | 172 | 416 | 647 | 854 | 1036 | 1267 | 1413 | 1632 | 1851 | 2070 |
| 397 - 400 | 171 | 415 | 646 | 853 | 1035 | 1266 | 1412 | 1631 | 1850 | 2069 |
| 401 - 403 | 170 | 414 | 645 | 852 | 1034 | 1265 | 1411 | 1630 | 1849 | 2068 |
| 404 - 406 | 169 | 413 | 644 | 851 | 1033 | 1264 | 1410 | 1629 | 1848 | 2067 |
| 407 - 410 | 168 | 412 | 643 | 850 | 1032 | 1263 | 1409 | 1628 | 1847 | 2066 |
| 411 - 413 | 167 | 411 | 642 | 849 | 1031 | 1262 | 1408 | 1627 | 1846 | 2065 |
| 414 - 416 | 166 | 410 | 641 | 848 | 1030 | 1261 | 1407 | 1626 | 1845 | 2064 |
| 417 - 420 | 165 | 409 | 640 | 847 | 1029 | 1260 | 1406 | 1625 | 1844 | 2063 |
| 421 - 423 | 164 | 408 | 639 | 846 | 1028 | 1259 | 1405 | 1624 | 1843 | 2062 |
| 424 - 426 | 163 | 407 | 638 | 845 | 1027 | 1258 | 1404 | 1623 | 1842 | 2061 |
| 427 - 430 | 162 | 406 | 637 | 844 | 1026 | 1257 | 1403 | 1622 | 1841 | 2060 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 431 - 433 | 161 | 405 | 636 | 843 | 1025 | 1256 | 1402 | 1621 | 1840 | 2059 |
| 434 - 436 | 160 | 404 | 635 | 842 | 1024 | 1255 | 1401 | 1620 | 1839 | 2058 |
| 437 - 440 | 159 | 403 | 634 | 841 | 1023 | 1254 | 1400 | 1619 | 1838 | 2057 |
| 441 - 443 | 158 | 402 | 633 | 840 | 1022 | 1253 | 1399 | 1618 | 1837 | 2056 |
| 444 - 446 | 157 | 401 | 632 | 839 | 1021 | 1252 | 1398 | 1617 | 1836 | 2055 |
| 447 - 450 | 156 | 400 | 631 | 838 | 1020 | 1251 | 1397 | 1616 | 1835 | 2054 |
| 451 - 453 | 155 | 399 | 630 | 837 | 1019 | 1250 | 1396 | 1615 | 1834 | 2053 |
| 454 - 456 | 154 | 398 | 629 | 836 | 1018 | 1249 | 1395 | 1614 | 1833 | 2052 |
| 457 - 460 | 153 | 397 | 628 | 835 | 1017 | 1248 | 1394 | 1613 | 1832 | 2051 |
| 461 - 463 | 152 | 396 | 627 | 834 | 1016 | 1247 | 1393 | 1612 | 1831 | 2050 |
| 464 - 466 | 151 | 395 | 626 | 833 | 1015 | 1246 | 1392 | 1611 | 1830 | 2049 |
| 467 - 470 | 150 | 394 | 625 | 832 | 1014 | 1245 | 1391 | 1610 | 1829 | 2048 |
| 471 - 473 | 149 | 393 | 624 | 831 | 1013 | 1244 | 1390 | 1609 | 1828 | 2047 |
| 474 - 476 | 148 | 392 | 623 | 830 | 1012 | 1243 | 1389 | 1608 | 1827 | 2046 |
| 477 - 480 | 147 | 391 | 622 | 829 | 1011 | 1242 | 1388 | 1607 | 1826 | 2045 |
| 481 - 483 | 146 | 390 | 621 | 828 | 1010 | 1241 | 1387 | 1606 | 1825 | 2044 |
| 484 - 486 | 145 | 389 | 620 | 827 | 1009 | 1240 | 1386 | 1605 | 1824 | 2043 |
| 487 - 490 | 144 | 388 | 619 | 826 | 1008 | 1239 | 1385 | 1604 | 1823 | 2042 |
| 491 - 493 | 143 | 387 | 618 | 825 | 1007 | 1238 | 1384 | 1603 | 1822 | 2041 |
| 494 - 496 | 142 | 386 | 617 | 824 | 1006 | 1237 | 1383 | 1602 | 1821 | 2040 |
| 497 - 500 | 141 | 385 | 616 | 823 | 1005 | 1236 | 1382 | 1601 | 1820 | 2039 |
| 501 - 503 | 140 | 384 | 615 | 822 | 1004 | 1235 | 1381 | 1600 | 1819 | 2038 |
| 504 - 506 | 139 | 383 | 614 | 821 | 1003 | 1234 | 1380 | 1599 | 1818 | 2037 |
| 507 - 510 | 138 | 382 | 613 | 820 | 1002 | 1233 | 1379 | 1598 | 1817 | 2036 |
| 511 - 513 | 137 | 381 | 612 | 819 | 1001 | 1232 | 1378 | 1597 | 1816 | 2035 |
| 514 - 516 | 136 | 380 | 611 | 818 | 1000 | 1231 | 1377 | 1596 | 1815 | 2034 |
| 517 - 520 | 135 | 379 | 610 | 817 | 999 | 1230 | 1376 | 1595 | 1814 | 2033 |
| 521 - 523 | 134 | 378 | 609 | 816 | 998 | 1229 | 1375 | 1594 | 1813 | 2032 |
| 524 - 526 | 133 | 377 | 608 | 815 | 997 | 1228 | 1374 | 1593 | 1812 | 2031 |
| 527 - 530 | 132 | 376 | 607 | 814 | 996 | 1227 | 1373 | 1592 | 1811 | 2030 |
| 531 - 533 | 131 | 375 | 606 | 813 | 995 | 1226 | 1372 | 1591 | 1810 | 2029 |
| 534 - 536 | 130 | 374 | 605 | 812 | 994 | 1225 | 1371 | 1590 | 1809 | 2028 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 537 - 540 | 129 | 373 | 604 | 811 | 993 | 1224 | 1370 | 1589 | 1808 | 2027 |
| 541 - 543 | 128 | 372 | 603 | 810 | 992 | 1223 | 1369 | 1588 | 1807 | 2026 |
| 544 - 546 | 127 | 371 | 602 | 809 | 991 | 1222 | 1368 | 1587 | 1806 | 2025 |
| 547 - 550 | 126 | 370 | 601 | 808 | 990 | 1221 | 1367 | 1586 | 1805 | 2024 |
| 551 - 553 | 125 | 369 | 600 | 807 | 989 | 1220 | 1366 | 1585 | 1804 | 2023 |
| 554 - 556 | 124 | 368 | 599 | 806 | 988 | 1219 | 1365 | 1584 | 1803 | 2022 |
| 557 - 560 | 123 | 367 | 598 | 805 | 987 | 1218 | 1364 | 1583 | 1802 | 2021 |
| 561 - 563 | 122 | 366 | 597 | 804 | 986 | 1217 | 1363 | 1582 | 1801 | 2020 |
| 564 - 566 | 121 | 365 | 596 | 803 | 985 | 1216 | 1362 | 1581 | 1800 | 2019 |
| 567 - 570 | 120 | 364 | 595 | 802 | 984 | 1215 | 1361 | 1580 | 1799 | 2018 |
| 571 - 573 | 119 | 363 | 594 | 801 | 983 | 1214 | 1360 | 1579 | 1798 | 2017 |
| 574 - 576 | 118 | 362 | 593 | 800 | 982 | 1213 | 1359 | 1578 | 1797 | 2016 |
| 577 - 580 | 117 | 361 | 592 | 799 | 981 | 1212 | 1358 | 1577 | 1796 | 2015 |
| 581 - 583 | 116 | 360 | 591 | 798 | 980 | 1211 | 1357 | 1576 | 1795 | 2014 |
| 584 - 586 | 115 | 359 | 590 | 797 | 979 | 1210 | 1356 | 1575 | 1794 | 2013 |
| 587 - 590 | 114 | 358 | 589 | 796 | 978 | 1209 | 1355 | 1574 | 1793 | 2012 |
| 591 - 593 | 113 | 357 | 588 | 795 | 977 | 1208 | 1354 | 1573 | 1792 | 2011 |
| 594 - 596 | 112 | 356 | 587 | 794 | 976 | 1207 | 1353 | 1572 | 1791 | 2010 |
| 597 - 600 | 111 | 355 | 586 | 793 | 975 | 1206 | 1352 | 1571 | 1790 | 2009 |
| 601 - 603 | 110 | 354 | 585 | 792 | 974 | 1205 | 1351 | 1570 | 1789 | 2008 |
| 604 - 606 | 109 | 353 | 584 | 791 | 973 | 1204 | 1350 | 1569 | 1788 | 2007 |
| 607 - 610 | 108 | 352 | 583 | 790 | 972 | 1203 | 1349 | 1568 | 1787 | 2006 |
| 611 - 613 | 107 | 351 | 582 | 789 | 971 | 1202 | 1348 | 1567 | 1786 | 2005 |
| 614 - 616 | 106 | 350 | 581 | 788 | 970 | 1201 | 1347 | 1566 | 1785 | 2004 |
| 617 - 620 | 105 | 349 | 580 | 787 | 969 | 1200 | 1346 | 1565 | 1784 | 2003 |
| 621 - 623 | 104 | 348 | 579 | 786 | 968 | 1199 | 1345 | 1564 | 1783 | 2002 |
| 624 - 626 | 103 | 347 | 578 | 785 | 967 | 1198 | 1344 | 1563 | 1782 | 2001 |
| 627 - 630 | 102 | 346 | 577 | 784 | 966 | 1197 | 1343 | 1562 | 1781 | 2000 |
| 631 - 633 | 101 | 345 | 576 | 783 | 965 | 1196 | 1342 | 1561 | 1780 | 1999 |
| 634 - 636 | 100 | 344 | 575 | 782 | 964 | 1195 | 1341 | 1560 | 1779 | 1998 |
| 637 - 640 | 99 | 343 | 574 | 781 | 963 | 1194 | 1340 | 1559 | 1778 | 1997 |
| 641 - 643 | 98 | 342 | 573 | 780 | 962 | 1193 | 1339 | 1558 | 1777 | 1996 |
| 644 - 646 | 97 | 341 | 572 | 779 | 961 | 1192 | 1338 | 1557 | 1776 | 1995 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 647 - 650 | 96 | 340 | 571 | 778 | 960 | 1191 | 1337 | 1556 | 1775 | 1994 |
| 651 - 653 | 95 | 339 | 570 | 777 | 959 | 1190 | 1336 | 1555 | 1774 | 1993 |
| 654 - 656 | 94 | 338 | 569 | 776 | 958 | 1189 | 1335 | 1554 | 1773 | 1992 |
| 657 - 660 | 93 | 337 | 568 | 775 | 957 | 1188 | 1334 | 1553 | 1772 | 1991 |
| 661 - 663 | 92 | 336 | 567 | 774 | 956 | 1187 | 1333 | 1552 | 1771 | 1990 |
| 664 - 666 | 91 | 335 | 566 | 773 | 955 | 1186 | 1332 | 1551 | 1770 | 1989 |
| 667 - 670 | 90 | 334 | 565 | 772 | 954 | 1185 | 1331 | 1550 | 1769 | 1988 |
| 671 - 673 | 89 | 333 | 564 | 771 | 953 | 1184 | 1330 | 1549 | 1768 | 1987 |
| 674 - 676 | 88 | 332 | 563 | 770 | 952 | 1183 | 1329 | 1548 | 1767 | 1986 |
| 677 - 680 | 87 | 331 | 562 | 769 | 951 | 1182 | 1328 | 1547 | 1766 | 1985 |
| 681 - 683 | 86 | 330 | 561 | 768 | 950 | 1181 | 1327 | 1546 | 1765 | 1984 |
| 684 - 686 | 85 | 329 | 560 | 767 | 949 | 1180 | 1326 | 1545 | 1764 | 1983 |
| 687 - 690 | 84 | 328 | 559 | 766 | 948 | 1179 | 1325 | 1544 | 1763 | 1982 |
| 691 - 693 | 83 | 327 | 558 | 765 | 947 | 1178 | 1324 | 1543 | 1762 | 1981 |
| 694 - 696 | 82 | 326 | 557 | 764 | 946 | 1177 | 1323 | 1542 | 1761 | 1980 |
| 697 - 700 | 81 | 325 | 556 | 763 | 945 | 1176 | 1322 | 1541 | 1760 | 1979 |
| 701 - 703 | 80 | 324 | 555 | 762 | 944 | 1175 | 1321 | 1540 | 1759 | 1978 |
| 704 - 706 | 79 | 323 | 554 | 761 | 943 | 1174 | 1320 | 1539 | 1758 | 1977 |
| 707 - 710 | 78 | 322 | 553 | 760 | 942 | 1173 | 1319 | 1538 | 1757 | 1976 |
| 711 - 713 | 77 | 321 | 552 | 759 | 941 | 1172 | 1318 | 1537 | 1756 | 1975 |
| 714 - 716 | 76 | 320 | 551 | 758 | 940 | 1171 | 1317 | 1536 | 1755 | 1974 |
| 717 - 720 | 75 | 319 | 550 | 757 | 939 | 1170 | 1316 | 1535 | 1754 | 1973 |
| 721 - 723 | 74 | 318 | 549 | 756 | 938 | 1169 | 1315 | 1534 | 1753 | 1972 |
| 724 - 726 | 73 | 317 | 548 | 755 | 937 | 1168 | 1314 | 1533 | 1752 | 1971 |
| 727 - 730 | 72 | 316 | 547 | 754 | 936 | 1167 | 1313 | 1532 | 1751 | 1970 |
| 731 - 733 | 71 | 315 | 546 | 753 | 935 | 1166 | 1312 | 1531 | 1750 | 1969 |
| 734 - 736 | 70 | 314 | 545 | 752 | 934 | 1165 | 1311 | 1530 | 1749 | 1968 |
| 737 - 740 | 69 | 313 | 544 | 751 | 933 | 1164 | 1310 | 1529 | 1748 | 1967 |
| 741 - 743 | 68 | 312 | 543 | 750 | 932 | 1163 | 1309 | 1528 | 1747 | 1966 |
| 744 - 746 | 67 | 311 | 542 | 749 | 931 | 1162 | 1308 | 1527 | 1746 | 1965 |
| 747 - 750 | 66 | 310 | 541 | 748 | 930 | 1161 | 1307 | 1526 | 1745 | 1964 |
| 751 - 753 | 65 | 309 | 540 | 747 | 929 | 1160 | 1306 | 1525 | 1744 | 1963 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 754 - 756 | 64 | 308 | 539 | 746 | 928 | 1159 | 1305 | 1524 | 1743 | 1962 |
| 757 - 760 | 63 | 307 | 538 | 745 | 927 | 1158 | 1304 | 1523 | 1742 | 1961 |
| 761 - 763 | 62 | 306 | 537 | 744 | 926 | 1157 | 1303 | 1522 | 1741 | 1960 |
| 764 - 766 | 61 | 305 | 536 | 743 | 925 | 1156 | 1302 | 1521 | 1740 | 1959 |
| 767 - 770 | 60 | 304 | 535 | 742 | 924 | 1155 | 1301 | 1520 | 1739 | 1958 |
| 771 - 773 | 59 | 303 | 534 | 741 | 923 | 1154 | 1300 | 1519 | 1738 | 1957 |
| 774 - 776 | 58 | 302 | 533 | 740 | 922 | 1153 | 1299 | 1518 | 1737 | 1956 |
| 777 - 780 | 57 | 301 | 532 | 739 | 921 | 1152 | 1298 | 1517 | 1736 | 1955 |
| 781 - 783 | 56 | 300 | 531 | 738 | 920 | 1151 | 1297 | 1516 | 1735 | 1954 |
| 784 - 786 | 55 | 299 | 530 | 737 | 919 | 1150 | 1296 | 1515 | 1734 | 1953 |
| 787 - 790 | 54 | 298 | 529 | 736 | 918 | 1149 | 1295 | 1514 | 1733 | 1952 |
| 791 - 793 | 53 | 297 | 528 | 735 | 917 | 1148 | 1294 | 1513 | 1732 | 1951 |
| 794 - 796 | 52 | 296 | 527 | 734 | 916 | 1147 | 1293 | 1512 | 1731 | 1950 |
| 797 - 800 | 51 | 295 | 526 | 733 | 915 | 1146 | 1292 | 1511 | 1730 | 1949 |
| 801 - 803 | 50 | 294 | 525 | 732 | 914 | 1145 | 1291 | 1510 | 1729 | 1948 |
| 804 - 806 | 49 | 293 | 524 | 731 | 913 | 1144 | 1290 | 1509 | 1728 | 1947 |
| 807 - 810 | 48 | 292 | 523 | 730 | 912 | 1143 | 1289 | 1508 | 1727 | 1946 |
| 811 - 813 | 47 | 291 | 522 | 729 | 911 | 1142 | 1288 | 1507 | 1726 | 1945 |
| 814 - 816 | 46 | 290 | 521 | 728 | 910 | 1141 | 1287 | 1506 | 1725 | 1944 |
| 817 - 820 | 45 | 289 | 520 | 727 | 909 | 1140 | 1286 | 1505 | 1724 | 1943 |
| 821 - 823 | 44 | 288 | 519 | 726 | 908 | 1139 | 1285 | 1504 | 1723 | 1942 |
| 824 - 826 | 43 | 287 | 518 | 725 | 907 | 1138 | 1284 | 1503 | 1722 | 1941 |
| 827 - 830 | 42 | 286 | 517 | 724 | 906 | 1137 | 1283 | 1502 | 1721 | 1940 |
| 831 - 833 | 41 | 285 | 516 | 723 | 905 | 1136 | 1282 | 1501 | 1720 | 1939 |
| 834 - 836 | 40 | 284 | 515 | 722 | 904 | 1135 | 1281 | 1500 | 1719 | 1938 |
| 837 - 840 | 39 | 283 | 514 | 721 | 903 | 1134 | 1280 | 1499 | 1718 | 1937 |
| 841 - 843 | 38 | 282 | 513 | 720 | 902 | 1133 | 1279 | 1498 | 1717 | 1936 |
| 844 - 846 | 37 | 281 | 512 | 719 | 901 | 1132 | 1278 | 1497 | 1716 | 1935 |
| 847 - 850 | 36 | 280 | 511 | 718 | 900 | 1131 | 1277 | 1496 | 1715 | 1934 |
| 851 - 853 | 35 | 279 | 510 | 717 | 899 | 1130 | 1276 | 1495 | 1714 | 1933 |
| 854 - 856 | 34 | 278 | 509 | 716 | 898 | 1129 | 1275 | 1494 | 1713 | 1932 |
| 857 - 860 | 33 | 277 | 508 | 715 | 897 | 1128 | 1274 | 1493 | 1712 | 1931 |
| 861 - 863 | 32 | 276 | 507 | 714 | 896 | 1127 | 1273 | 1492 | 1711 | 1930 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 864 - 866 | 31 | 275 | 506 | 713 | 895 | 1126 | 1272 | 1491 | 1710 | 1929 |
| 867 - 870 | 30 | 274 | 505 | 712 | 894 | 1125 | 1271 | 1490 | 1709 | 1928 |
| 871 - 873 | 29 | 273 | 504 | 711 | 893 | 1124 | 1270 | 1489 | 1708 | 1927 |
| 874 - 876 | 28 | 272 | 503 | 710 | 892 | 1123 | 1269 | 1488 | 1707 | 1926 |
| 877 - 880 | 27 | 271 | 502 | 709 | 891 | 1122 | 1268 | 1487 | 1706 | 1925 |
| 881 - 883 | 26 | 270 | 501 | 708 | 890 | 1121 | 1267 | 1486 | 1705 | 1924 |
| 884 - 886 | 25 | 269 | 500 | 707 | 889 | 1120 | 1266 | 1485 | 1704 | 1923 |
| 887 - 890 | 24 | 268 | 499 | 706 | 888 | 1119 | 1265 | 1484 | 1703 | 1922 |
| 891 - 893 | 23 | 267 | 498 | 705 | 887 | 1118 | 1264 | 1483 | 1702 | 1921 |
| 894 - 896 | 23 | 266 | 497 | 704 | 886 | 1117 | 1263 | 1482 | 1701 | 1920 |
| 897 - 900 | 23 | 265 | 496 | 703 | 885 | 1116 | 1262 | 1481 | 1700 | 1919 |
| 901 - 903 | 23 | 264 | 495 | 702 | 884 | 1115 | 1261 | 1480 | 1699 | 1918 |
| 904 - 906 | 23 | 263 | 494 | 701 | 883 | 1114 | 1260 | 1479 | 1698 | 1917 |
| 907 - 910 | 23 | 262 | 493 | 700 | 882 | 1113 | 1259 | 1478 | 1697 | 1916 |
| 911 - 913 | 23 | 261 | 492 | 699 | 881 | 1112 | 1258 | 1477 | 1696 | 1915 |
| 914 - 916 | 23 | 260 | 491 | 698 | 880 | 1111 | 1257 | 1476 | 1695 | 1914 |
| 917 - 920 | 23 | 259 | 490 | 697 | 879 | 1110 | 1256 | 1475 | 1694 | 1913 |
| 921 - 923 | 23 | 258 | 489 | 696 | 878 | 1109 | 1255 | 1474 | 1693 | 1912 |
| 924 - 926 | 23 | 257 | 488 | 695 | 877 | 1108 | 1254 | 1473 | 1692 | 1911 |
| 927 - 930 | 23 | 256 | 487 | 694 | 876 | 1107 | 1253 | 1472 | 1691 | 1910 |
| 931 - 933 | 23 | 255 | 486 | 693 | 875 | 1106 | 1252 | 1471 | 1690 | 1909 |
| 934 - 936 | 23 | 254 | 485 | 692 | 874 | 1105 | 1251 | 1470 | 1689 | 1908 |
| 937 - 940 | 23 | 253 | 484 | 691 | 873 | 1104 | 1250 | 1469 | 1688 | 1907 |
| 941 - 943 | 23 | 252 | 483 | 690 | 872 | 1103 | 1249 | 1468 | 1687 | 1906 |
| 944 - 946 | 23 | 251 | 482 | 689 | 871 | 1102 | 1248 | 1467 | 1686 | 1905 |
| 947 - 950 | 23 | 250 | 481 | 688 | 870 | 1101 | 1247 | 1466 | 1685 | 1904 |
| 951 - 953 | 23 | 249 | 480 | 687 | 869 | 1100 | 1246 | 1465 | 1684 | 1903 |
| 954 - 956 | 23 | 248 | 479 | 686 | 868 | 1099 | 1245 | 1464 | 1683 | 1902 |
| 957 - 960 | 23 | 247 | 478 | 685 | 867 | 1098 | 1244 | 1463 | 1682 | 1901 |
| 961 - 963 | 23 | 246 | 477 | 684 | 866 | 1097 | 1243 | 1462 | 1681 | 1900 |
| 964 - 966 | 23 | 245 | 476 | 683 | 865 | 1096 | 1242 | 1461 | 1680 | 1899 |
| 967 - 970 | 23 | 244 | 475 | 682 | 864 | 1095 | 1241 | 1460 | 1679 | 1898 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 971 - 973 | 23 | 243 | 474 | 681 | 863 | 1094 | 1240 | 1459 | 1678 | 1897 |
| 974 - 976 | 23 | 242 | 473 | 680 | 862 | 1093 | 1239 | 1458 | 1677 | 1896 |
| 977 - 980 | 23 | 241 | 472 | 679 | 861 | 1092 | 1238 | 1457 | 1676 | 1895 |
| 981 - 983 | 23 | 240 | 471 | 678 | 860 | 1091 | 1237 | 1456 | 1675 | 1894 |
| 984 - 986 | 23 | 239 | 470 | 677 | 859 | 1090 | 1236 | 1455 | 1674 | 1893 |
| 987 - 990 | 23 | 238 | 469 | 676 | 858 | 1089 | 1235 | 1454 | 1673 | 1892 |
| 991 - 993 | 23 | 237 | 468 | 675 | 857 | 1088 | 1234 | 1453 | 1672 | 1891 |
| 994 - 996 | 23 | 236 | 467 | 674 | 856 | 1087 | 1233 | 1452 | 1671 | 1890 |
| 997 - 1000 | 23 | 235 | 466 | 673 | 855 | 1086 | 1232 | 1451 | 1670 | 1889 |
| 1001 - 1003 | 23 | 234 | 465 | 672 | 854 | 1085 | 1231 | 1450 | 1669 | 1888 |
| 1004 - 1006 | 23 | 233 | 464 | 671 | 853 | 1084 | 1230 | 1449 | 1668 | 1887 |
| 1007 - 1010 | 23 | 232 | 463 | 670 | 852 | 1083 | 1229 | 1448 | 1667 | 1886 |
| 1011 - 1013 | 23 | 231 | 462 | 669 | 851 | 1082 | 1228 | 1447 | 1666 | 1885 |
| 1014 - 1016 | 23 | 230 | 461 | 668 | 850 | 1081 | 1227 | 1446 | 1665 | 1884 |
| 1017 - 1020 | 23 | 229 | 460 | 667 | 849 | 1080 | 1226 | 1445 | 1664 | 1883 |
| 1021 - 1023 | 23 | 228 | 459 | 666 | 848 | 1079 | 1225 | 1444 | 1663 | 1882 |
| 1024 - 1026 | 23 | 227 | 458 | 665 | 847 | 1078 | 1224 | 1443 | 1662 | 1881 |
| 1027 - 1030 | 23 | 226 | 457 | 664 | 846 | 1077 | 1223 | 1442 | 1661 | 1880 |
| 1031 - 1033 | 23 | 225 | 456 | 663 | 845 | 1076 | 1222 | 1441 | 1660 | 1879 |
| 1034 - 1036 | 23 | 224 | 455 | 662 | 844 | 1075 | 1221 | 1440 | 1659 | 1878 |
| 1037 - 1040 | 23 | 223 | 454 | 661 | 843 | 1074 | 1220 | 1439 | 1658 | 1877 |
| 1041 - 1043 | 23 | 222 | 453 | 660 | 842 | 1073 | 1219 | 1438 | 1657 | 1876 |
| 1044 - 1046 | 23 | 221 | 452 | 659 | 841 | 1072 | 1218 | 1437 | 1656 | 1875 |
| 1047 - 1050 | 23 | 220 | 451 | 658 | 840 | 1071 | 1217 | 1436 | 1655 | 1874 |
| 1051 - 1053 | 23 | 219 | 450 | 657 | 839 | 1070 | 1216 | 1435 | 1654 | 1873 |
| 1054 - 1056 | 23 | 218 | 449 | 656 | 838 | 1069 | 1215 | 1434 | 1653 | 1872 |
| 1057 - 1060 | 23 | 217 | 448 | 655 | 837 | 1068 | 1214 | 1433 | 1652 | 1871 |
| 1061 - 1063 | 23 | 216 | 447 | 654 | 836 | 1067 | 1213 | 1432 | 1651 | 1870 |
| 1064 - 1066 | 23 | 215 | 446 | 653 | 835 | 1066 | 1212 | 1431 | 1650 | 1869 |
| 1067 - 1070 | 23 | 214 | 445 | 652 | 834 | 1065 | 1211 | 1430 | 1649 | 1868 |
| 1071 - 1073 | 23 | 213 | 444 | 651 | 833 | 1064 | 1210 | 1429 | 1648 | 1867 |
| 1074 - 1076 | 23 | 212 | 443 | 650 | 832 | 1063 | 1209 | 1428 | 1647 | 1866 |
| 1077 - 1080 | 23 | 211 | 442 | 649 | 831 | 1062 | 1208 | 1427 | 1646 | 1865 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1081 - 1083 | 23 | 210 | 441 | 648 | 830 | 1061 | 1207 | 1426 | 1645 | 1864 |
| 1084 - 1086 | 23 | 209 | 440 | 647 | 829 | 1060 | 1206 | 1425 | 1644 | 1863 |
| 1087 - 1090 | 23 | 208 | 439 | 646 | 828 | 1059 | 1205 | 1424 | 1643 | 1862 |
| 1091 - 1093 | 23 | 207 | 438 | 645 | 827 | 1058 | 1204 | 1423 | 1642 | 1861 |
| 1094 - 1096 | 23 | 206 | 437 | 644 | 826 | 1057 | 1203 | 1422 | 1641 | 1860 |
| 1097 - 1100 | 23 | 205 | 436 | 643 | 825 | 1056 | 1202 | 1421 | 1640 | 1859 |
| 1101 - 1103 | 23 | 204 | 435 | 642 | 824 | 1055 | 1201 | 1420 | 1639 | 1858 |
| 1104 - 1106 | 23 | 203 | 434 | 641 | 823 | 1054 | 1200 | 1419 | 1638 | 1857 |
| 1107 - 1110 | 23 | 202 | 433 | 640 | 822 | 1053 | 1199 | 1418 | 1637 | 1856 |
| 1111 - 1113 | 23 | 201 | 432 | 639 | 821 | 1052 | 1198 | 1417 | 1636 | 1855 |
| 1114 - 1116 | 23 | 200 | 431 | 638 | 820 | 1051 | 1197 | 1416 | 1635 | 1854 |
| 1117 - 1120 | 23 | 199 | 430 | 637 | 819 | 1050 | 1196 | 1415 | 1634 | 1853 |
| 1121 - 1123 | 23 | 198 | 429 | 636 | 818 | 1049 | 1195 | 1414 | 1633 | 1852 |
| 1124 - 1126 | 23 | 197 | 428 | 635 | 817 | 1048 | 1194 | 1413 | 1632 | 1851 |
| 1127 - 1130 | 23 | 196 | 427 | 634 | 816 | 1047 | 1193 | 1412 | 1631 | 1850 |
| 1131 - 1133 | 23 | 195 | 426 | 633 | 815 | 1046 | 1192 | 1411 | 1630 | 1849 |
| 1134 - 1136 | 23 | 194 | 425 | 632 | 814 | 1045 | 1191 | 1410 | 1629 | 1848 |
| 1137 - 1140 | 23 | 193 | 424 | 631 | 813 | 1044 | 1190 | 1409 | 1628 | 1847 |
| 1141 - 1143 | 23 | 192 | 423 | 630 | 812 | 1043 | 1189 | 1408 | 1627 | 1846 |
| 1144 - 1146 | 23 | 191 | 422 | 629 | 811 | 1042 | 1188 | 1407 | 1626 | 1845 |
| 1147 - 1150 | 23 | 190 | 421 | 628 | 810 | 1041 | 1187 | 1406 | 1625 | 1844 |
| 1151 - 1153 | 23 | 189 | 420 | 627 | 809 | 1040 | 1186 | 1405 | 1624 | 1843 |
| 1154 - 1156 | 23 | 188 | 419 | 626 | 808 | 1039 | 1185 | 1404 | 1623 | 1842 |
| 1157 - 1160 | 23 | 187 | 418 | 625 | 807 | 1038 | 1184 | 1403 | 1622 | 1841 |
| 1161 - 1163 | 23 | 186 | 417 | 624 | 806 | 1037 | 1183 | 1402 | 1621 | 1840 |
| 1164 - 1166 | 23 | 185 | 416 | 623 | 805 | 1036 | 1182 | 1401 | 1620 | 1839 |
| 1167 - 1170 | 23 | 184 | 415 | 622 | 804 | 1035 | 1181 | 1400 | 1619 | 1838 |
| 1171 - 1173 | 23 | 183 | 414 | 621 | 803 | 1034 | 1180 | 1399 | 1618 | 1837 |
| 1174 - 1176 | 23 | 182 | 413 | 620 | 802 | 1033 | 1179 | 1398 | 1617 | 1836 |
| 1177 - 1180 | 23 | 181 | 412 | 619 | 801 | 1032 | 1178 | 1397 | 1616 | 1835 |
| 1181 - 1183 | 23 | 180 | 411 | 618 | 800 | 1031 | 1177 | 1396 | 1615 | 1834 |
| 1184 - 1186 | 23 | 179 | 410 | 617 | 799 | 1030 | 1176 | 1395 | 1614 | 1833 |
| 1187 - 1190 | 23 | 178 | 409 | 616 | 798 | 1029 | 1175 | 1394 | 1613 | 1832 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1191 - 1193 | 23 | 177 | 408 | 615 | 797 | 1028 | 1174 | 1393 | 1612 | 1831 |
| 1194 - 1196 | 23 | 176 | 407 | 614 | 796 | 1027 | 1173 | 1392 | 1611 | 1830 |
| 1197 - 1200 | 23 | 175 | 406 | 613 | 795 | 1026 | 1172 | 1391 | 1610 | 1829 |
| 1201 - 1203 | 23 | 174 | 405 | 612 | 794 | 1025 | 1171 | 1390 | 1609 | 1828 |
| 1204 - 1206 | 23 | 173 | 404 | 611 | 793 | 1024 | 1170 | 1389 | 1608 | 1827 |
| 1207 - 1210 | 23 | 172 | 403 | 610 | 792 | 1023 | 1169 | 1388 | 1607 | 1826 |
| 1211 - 1213 | 23 | 171 | 402 | 609 | 791 | 1022 | 1168 | 1387 | 1606 | 1825 |
| 1214 - 1216* | 23* | 170 | 401 | 608 | 790 | 1021 | 1167 | 1386 | 1605 | 1824 |
| 1217 - 1220 | 23 | 169 | 400 | 607 | 789 | 1020 | 1166 | 1385 | 1604 | 1823 |
| 1221 - 1223 | 23 | 168 | 399 | 606 | 788 | 1019 | 1165 | 1384 | 1603 | 1822 |
| 1224 - 1226 | 23 | 167 | 398 | 605 | 787 | 1018 | 1164 | 1383 | 1602 | 1821 |
| 1227 - 1230 | 23 | 166 | 397 | 604 | 786 | 1017 | 1163 | 1382 | 1601 | 1820 |
| 1231 - 1233 | 23 | 165 | 396 | 603 | 785 | 1016 | 1162 | 1381 | 1600 | 1819 |
| 1234 - 1236 | 23 | 164 | 395 | 602 | 784 | 1015 | 1161 | 1380 | 1599 | 1818 |
| 1237 - 1240 | 23 | 163 | 394 | 601 | 783 | 1014 | 1160 | 1379 | 1598 | 1817 |
| 1241 - 1243 | 23 | 162 | 393 | 600 | 782 | 1013 | 1159 | 1378 | 1597 | 1816 |
| 1244 - 1246 | 23 | 161 | 392 | 599 | 781 | 1012 | 1158 | 1377 | 1596 | 1815 |
| 1247 - 1250 | 23 | 160 | 391 | 598 | 780 | 1011 | 1157 | 1376 | 1595 | 1814 |
| 1251 - 1253 | 23 | 159 | 390 | 597 | 779 | 1010 | 1156 | 1375 | 1594 | 1813 |
| 1254 - 1256 | 23 | 158 | 389 | 596 | 778 | 1009 | 1155 | 1374 | 1593 | 1812 |
| 1257 - 1260 | 23 | 157 | 388 | 595 | 777 | 1008 | 1154 | 1373 | 1592 | 1811 |
| 1261 - 1263 | 23 | 156 | 387 | 594 | 776 | 1007 | 1153 | 1372 | 1591 | 1810 |
| 1264 - 1266 | 23 | 155 | 386 | 593 | 775 | 1006 | 1152 | 1371 | 1590 | 1809 |
| 1267 - 1270 | 23 | 154 | 385 | 592 | 774 | 1005 | 1151 | 1370 | 1589 | 1808 |
| 1271 - 1273 | 23 | 153 | 384 | 591 | 773 | 1004 | 1150 | 1369 | 1588 | 1807 |
| 1274 - 1276 | 23 | 152 | 383 | 590 | 772 | 1003 | 1149 | 1368 | 1587 | 1806 |
| 1277 - 1280 | 23 | 151 | 382 | 589 | 771 | 1002 | 1148 | 1367 | 1586 | 1805 |
| 1281 - 1283 | 23 | 150 | 381 | 588 | 770 | 1001 | 1147 | 1366 | 1585 | 1804 |
| 1284 - 1286 | 23 | 149 | 380 | 587 | 769 | 1000 | 1146 | 1365 | 1584 | 1803 |
| 1287 - 1290 | 23 | 148 | 379 | 586 | 768 | 999 | 1145 | 1364 | 1583 | 1802 |
| 1291 - 1293 | 23 | 147 | 378 | 585 | 767 | 998 | 1144 | 1363 | 1582 | 1801 |
| 1294 - 1296 | 23 | 146 | 377 | 584 | 766 | 997 | 1143 | 1362 | 1581 | 1800 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1297 - 1300 | 23 | 145 | 376 | 583 | 765 | 996 | 1142 | 1361 | 1580 | 1799 |
| 1301 - 1303 | 23 | 144 | 375 | 582 | 764 | 995 | 1141 | 1360 | 1579 | 1798 |
| 1304 - 1306 | 23 | 143 | 374 | 581 | 763 | 994 | 1140 | 1359 | 1578 | 1797 |
| 1307 - 1310 | 23 | 142 | 373 | 580 | 762 | 993 | 1139 | 1358 | 1577 | 1796 |
| 1311 - 1313 | 23 | 141 | 372 | 579 | 761 | 992 | 1138 | 1357 | 1576 | 1795 |
| 1314 - 1316 | 23 | 140 | 371 | 578 | 760 | 991 | 1137 | 1356 | 1575 | 1794 |
| 1317 - 1320 | 23 | 139 | 370 | 577 | 759 | 990 | 1136 | 1355 | 1574 | 1793 |
| 1321 - 1323 | 23 | 138 | 369 | 576 | 758 | 989 | 1135 | 1354 | 1573 | 1792 |
| 1324 - 1326 | 23 | 137 | 368 | 575 | 757 | 988 | 1134 | 1353 | 1572 | 1791 |
| 1327 - 1330 | 23 | 136 | 367 | 574 | 756 | 987 | 1133 | 1352 | 1571 | 1790 |
| 1331 - 1333 | 23 | 135 | 366 | 573 | 755 | 986 | 1132 | 1351 | 1570 | 1789 |
| 1334 - 1336 | 23 | 134 | 365 | 572 | 754 | 985 | 1131 | 1350 | 1569 | 1788 |
| 1337 - 1340 | 23 | 133 | 364 | 571 | 753 | 984 | 1130 | 1349 | 1568 | 1787 |
| 1341 - 1343 | 23 | 132 | 363 | 570 | 752 | 983 | 1129 | 1348 | 1567 | 1786 |
| 1344 - 1346 | 23 | 131 | 362 | 569 | 751 | 982 | 1128 | 1347 | 1566 | 1785 |
| 1347 - 1350 | 23 | 130 | 361 | 568 | 750 | 981 | 1127 | 1346 | 1565 | 1784 |
| 1351 - 1353 | 23 | 129 | 360 | 567 | 749 | 980 | 1126 | 1345 | 1564 | 1783 |
| 1354 - 1356 | 23 | 128 | 359 | 566 | 748 | 979 | 1125 | 1344 | 1563 | 1782 |
| 1357 - 1360 | 23 | 127 | 358 | 565 | 747 | 978 | 1124 | 1343 | 1562 | 1781 |
| 1361 - 1363 | 23 | 126 | 357 | 564 | 746 | 977 | 1123 | 1342 | 1561 | 1780 |
| 1364 - 1366 | 23 | 125 | 356 | 563 | 745 | 976 | 1122 | 1341 | 1560 | 1779 |
| 1367 - 1370 | 23 | 124 | 355 | 562 | 744 | 975 | 1121 | 1340 | 1559 | 1778 |
| 1371 - 1373 | 23 | 123 | 354 | 561 | 743 | 974 | 1120 | 1339 | 1558 | 1777 |
| 1374 - 1376 | 23 | 122 | 353 | 560 | 742 | 973 | 1119 | 1338 | 1557 | 1776 |
| 1377 - 1380 | 23 | 121 | 352 | 559 | 741 | 972 | 1118 | 1337 | 1556 | 1775 |
| 1381 - 1383 | 23 | 120 | 351 | 558 | 740 | 971 | 1117 | 1336 | 1555 | 1774 |
| 1384 - 1386 | 23 | 119 | 350 | 557 | 739 | 970 | 1116 | 1335 | 1554 | 1773 |
| 1387 - 1390 | 23 | 118 | 349 | 556 | 738 | 969 | 1115 | 1334 | 1553 | 1772 |
| 1391 - 1393 | 23 | 117 | 348 | 555 | 737 | 968 | 1114 | 1333 | 1552 | 1771 |
| 1394 - 1396 | 23 | 116 | 347 | 554 | 736 | 967 | 1113 | 1332 | 1551 | 1770 |
| 1397 - 1400 | 23 | 115 | 346 | 553 | 735 | 966 | 1112 | 1331 | 1550 | 1769 |
| 1401 - 1403 | 23 | 114 | 345 | 552 | 734 | 965 | 1111 | 1330 | 1549 | 1768 |
| 1404 - 1406 | 23 | 113 | 344 | 551 | 733 | 964 | 1110 | 1329 | 1548 | 1767 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1407 - 1410 | 23 | 112 | 343 | 550 | 732 | 963 | 1109 | 1328 | 1547 | 1766 |
| 1411 - 1413 | 23 | 111 | 342 | 549 | 731 | 962 | 1108 | 1327 | 1546 | 1765 |
| 1414 - 1416 | 23 | 110 | 341 | 548 | 730 | 961 | 1107 | 1326 | 1545 | 1764 |
| 1417 - 1420 | 23 | 109 | 340 | 547 | 729 | 960 | 1106 | 1325 | 1544 | 1763 |
| 1421 - 1423 | 23 | 108 | 339 | 546 | 728 | 959 | 1105 | 1324 | 1543 | 1762 |
| 1424 - 1426 | 23 | 107 | 338 | 545 | 727 | 958 | 1104 | 1323 | 1542 | 1761 |
| 1427 - 1430 | 23 | 106 | 337 | 544 | 726 | 957 | 1103 | 1322 | 1541 | 1760 |
| 1431 - 1433 | 23 | 105 | 336 | 543 | 725 | 956 | 1102 | 1321 | 1540 | 1759 |
| 1434 - 1436 | 23 | 104 | 335 | 542 | 724 | 955 | 1101 | 1320 | 1539 | 1758 |
| 1437 - 1440 | 23 | 103 | 334 | 541 | 723 | 954 | 1100 | 1319 | 1538 | 1757 |
| 1441 - 1443 | 23 | 102 | 333 | 540 | 722 | 953 | 1099 | 1318 | 1537 | 1756 |
| 1444 - 1446 | 23 | 101 | 332 | 539 | 721 | 952 | 1098 | 1317 | 1536 | 1755 |
| 1447 - 1450 | 23 | 100 | 331 | 538 | 720 | 951 | 1097 | 1316 | 1535 | 1754 |
| 1451 - 1453 | 23 | 99 | 330 | 537 | 719 | 950 | 1096 | 1315 | 1534 | 1753 |
| 1454 - 1456 | 23 | 98 | 329 | 536 | 718 | 949 | 1095 | 1314 | 1533 | 1752 |
| 1457 - 1460 | 23 | 97 | 328 | 535 | 717 | 948 | 1094 | 1313 | 1532 | 1751 |
| 1461 - 1463 | 23 | 96 | 327 | 534 | 716 | 947 | 1093 | 1312 | 1531 | 1750 |
| 1464 - 1466 | 23 | 95 | 326 | 533 | 715 | 946 | 1092 | 1311 | 1530 | 1749 |
| 1467 - 1470 | 23 | 94 | 325 | 532 | 714 | 945 | 1091 | 1310 | 1529 | 1748 |
| 1471 - 1473 | 23 | 93 | 324 | 531 | 713 | 944 | 1090 | 1309 | 1528 | 1747 |
| 1474 - 1476 | 23 | 92 | 323 | 530 | 712 | 943 | 1089 | 1308 | 1527 | 1746 |
| 1477 - 1480 | 23 | 91 | 322 | 529 | 711 | 942 | 1088 | 1307 | 1526 | 1745 |
| 1481 - 1483 | 23 | 90 | 321 | 528 | 710 | 941 | 1087 | 1306 | 1525 | 1744 |
| 1484 - 1486 | 23 | 89 | 320 | 527 | 709 | 940 | 1086 | 1305 | 1524 | 1743 |
| 1487 - 1490 | 23 | 88 | 319 | 526 | 708 | 939 | 1085 | 1304 | 1523 | 1742 |
| 1491 - 1493 | 23 | 87 | 318 | 525 | 707 | 938 | 1084 | 1303 | 1522 | 1741 |
| 1494 - 1496 | 23 | 86 | 317 | 524 | 706 | 937 | 1083 | 1302 | 1521 | 1740 |
| 1497 - 1500 | 23 | 85 | 316 | 523 | 705 | 936 | 1082 | 1301 | 1520 | 1739 |
| 1501 - 1503 | 23 | 84 | 315 | 522 | 704 | 935 | 1081 | 1300 | 1519 | 1738 |
| 1504 - 1506 | 23 | 83 | 314 | 521 | 703 | 934 | 1080 | 1299 | 1518 | 1737 |
| 1507 - 1510 | 23 | 82 | 313 | 520 | 702 | 933 | 1079 | 1298 | 1517 | 1736 |
| 1511 - 1513 | 23 | 81 | 312 | 519 | 701 | 932 | 1078 | 1297 | 1516 | 1735 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1514 - 1516 | 23 | 80 | 311 | 518 | 700 | 931 | 1077 | 1296 | 1515 | 1734 |
| 1517 - 1520 | 23 | 79 | 310 | 517 | 699 | 930 | 1076 | 1295 | 1514 | 1733 |
| 1521 - 1523 | 23 | 78 | 309 | 516 | 698 | 929 | 1075 | 1294 | 1513 | 1732 |
| 1524 - 1526 | 23 | 77 | 308 | 515 | 697 | 928 | 1074 | 1293 | 1512 | 1731 |
| 1527 - 1530 | 23 | 76 | 307 | 514 | 696 | 927 | 1073 | 1292 | 1511 | 1730 |
| 1531 - 1533 | 23 | 75 | 306 | 513 | 695 | 926 | 1072 | 1291 | 1510 | 1729 |
| 1534 - 1536 | 23 | 74 | 305 | 512 | 694 | 925 | 1071 | 1290 | 1509 | 1728 |
| 1537 - 1540 | 23 | 73 | 304 | 511 | 693 | 924 | 1070 | 1289 | 1508 | 1727 |
| 1541 - 1543 | 23 | 72 | 303 | 510 | 692 | 923 | 1069 | 1288 | 1507 | 1726 |
| 1544 - 1546 | 23 | 71 | 302 | 509 | 691 | 922 | 1068 | 1287 | 1506 | 1725 |
| 1547 - 1550 | 23 | 70 | 301 | 508 | 690 | 921 | 1067 | 1286 | 1505 | 1724 |
| 1551 - 1553 | 23 | 69 | 300 | 507 | 689 | 920 | 1066 | 1285 | 1504 | 1723 |
| 1554 - 1556 | 23 | 68 | 299 | 506 | 688 | 919 | 1065 | 1284 | 1503 | 1722 |
| 1557 - 1560 | 23 | 67 | 298 | 505 | 687 | 918 | 1064 | 1283 | 1502 | 1721 |
| 1561 - 1563 | 23 | 66 | 297 | 504 | 686 | 917 | 1063 | 1282 | 1501 | 1720 |
| 1564 - 1566 | 23 | 65 | 296 | 503 | 685 | 916 | 1062 | 1281 | 1500 | 1719 |
| 1567 - 1570 | 23 | 64 | 295 | 502 | 684 | 915 | 1061 | 1280 | 1499 | 1718 |
| 1571 - 1573 | 23 | 63 | 294 | 501 | 683 | 914 | 1060 | 1279 | 1498 | 1717 |
| 1574 - 1576 | 23 | 62 | 293 | 500 | 682 | 913 | 1059 | 1278 | 1497 | 1716 |
| 1577 - 1580 | 23 | 61 | 292 | 499 | 681 | 912 | 1058 | 1277 | 1496 | 1715 |
| 1581 - 1583 | 23 | 60 | 291 | 498 | 680 | 911 | 1057 | 1276 | 1495 | 1714 |
| 1584 - 1586 | 23 | 59 | 290 | 497 | 679 | 910 | 1056 | 1275 | 1494 | 1713 |
| 1587 - 1590 | 23 | 58 | 289 | 496 | 678 | 909 | 1055 | 1274 | 1493 | 1712 |
| 1591 - 1593 | 23 | 57 | 288 | 495 | 677 | 908 | 1054 | 1273 | 1492 | 1711 |
| 1594 - 1596 | 23 | 56 | 287 | 494 | 676 | 907 | 1053 | 1272 | 1491 | 1710 |
| 1597 - 1600 | 23 | 55 | 286 | 493 | 675 | 906 | 1052 | 1271 | 1490 | 1709 |
| 1601 - 1603 | 23 | 54 | 285 | 492 | 674 | 905 | 1051 | 1270 | 1489 | 1708 |
| 1604 - 1606 | 23 | 53 | 284 | 491 | 673 | 904 | 1050 | 1269 | 1488 | 1707 |
| 1607 - 1610 | 23 | 52 | 283 | 490 | 672 | 903 | 1049 | 1268 | 1487 | 1706 |
| 1611 - 1613 | 23 | 51 | 282 | 489 | 671 | 902 | 1048 | 1267 | 1486 | 1705 |
| 1614 - 1616 | 23 | 50 | 281 | 488 | 670 | 901 | 1047 | 1266 | 1485 | 1704 |
| 1617 - 1620 | 23 | 49 | 280 | 487 | 669 | 900 | 1046 | 1265 | 1484 | 1703 |
| 1621 - 1623 | 23 | 48 | 279 | 486 | 668 | 899 | 1045 | 1264 | 1483 | 1702 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1624 - 1626 | 23 | 47 | 278 | 485 | 667 | 898 | 1044 | 1263 | 1482 | 1701 |
| 1627 - 1630 | 23 | 46 | 277 | 484 | 666 | 897 | 1043 | 1262 | 1481 | 1700 |
| 1631 - 1633 | 23 | 45 | 276 | 483 | 665 | 896 | 1042 | 1261 | 1480 | 1699 |
| 1634 - 1636 | 23 | 44 | 275 | 482 | 664 | 895 | 1041 | 1260 | 1479 | 1698 |
| 1637 - 1640 | 23 | 43 | 274 | 481 | 663 | 894 | 1040 | 1259 | 1478 | 1697 |
| 1641 - 1643 | 23 | 42 | 273 | 480 | 662 | 893 | 1039 | 1258 | 1477 | 1696 |
| 1644* - 1646 | 23 | 41* | 272 | 479 | 661 | 892 | 1038 | 1257 | 1476 | 1695 |
| 1647 - 1650 | 23 | 40 | 271 | 478 | 660 | 891 | 1037 | 1256 | 1475 | 1694 |
| 1651 - 1653 | 23 | 39 | 270 | 477 | 659 | 890 | 1036 | 1255 | 1474 | 1693 |
| 1654 - 1656 | 23 | 38 | 269 | 476 | 658 | 889 | 1035 | 1254 | 1473 | 1692 |
| 1657 - 1660 | 23 | 37 | 268 | 475 | 657 | 888 | 1034 | 1253 | 1472 | 1691 |
| 1661 - 1663 | 23 | 36 | 267 | 474 | 656 | 887 | 1033 | 1252 | 1471 | 1690 |
| 1664 - 1666 | 23 | 35 | 266 | 473 | 655 | 886 | 1032 | 1251 | 1470 | 1689 |
| 1667 - 1670 | 23 | 34 | 265 | 472 | 654 | 885 | 1031 | 1250 | 1469 | 1688 |
| 1671 - 1673 | 23 | 33 | 264 | 471 | 653 | 884 | 1030 | 1249 | 1468 | 1687 |
| 1674 - 1676 | 23 | 32 | 263 | 470 | 652 | 883 | 1029 | 1248 | 1467 | 1686 |
| 1677 - 1680 | 23 | 31 | 262 | 469 | 651 | 882 | 1028 | 1247 | 1466 | 1685 |
| 1681 - 1683 | 23 | 30 | 261 | 468 | 650 | 881 | 1027 | 1246 | 1465 | 1684 |
| 1684 - 1686 | 23 | 29 | 260 | 467 | 649 | 880 | 1026 | 1245 | 1464 | 1683 |
| 1687 - 1690 | 23 | 28 | 259 | 466 | 648 | 879 | 1025 | 1244 | 1463 | 1682 |
| 1691 - 1693 | 23 | 27 | 258 | 465 | 647 | 878 | 1024 | 1243 | 1462 | 1681 |
| 1694 - 1696 | 23 | 26 | 257 | 464 | 646 | 877 | 1023 | 1242 | 1461 | 1680 |
| 1697 - 1700 | 23 | 25 | 256 | 463 | 645 | 876 | 1022 | 1241 | 1460 | 1679 |
| 1701 - 1703 | 23 | 24 | 255 | 462 | 644 | 875 | 1021 | 1240 | 1459 | 1678 |
| 1704 - 1706 | 23 | 23 | 254 | 461 | 643 | 874 | 1020 | 1239 | 1458 | 1677 |
| 1707 - 1710 | 23 | 23 | 253 | 460 | 642 | 873 | 1019 | 1238 | 1457 | 1676 |
| 1711 - 1713 | 23 | 23 | 252 | 459 | 641 | 872 | 1018 | 1237 | 1456 | 1675 |
| 1714 - 1716 | 23 | 23 | 251 | 458 | 640 | 871 | 1017 | 1236 | 1455 | 1674 |
| 1717 - 1720 | 23 | 23 | 250 | 457 | 639 | 870 | 1016 | 1235 | 1454 | 1673 |
| 1721 - 1723 | 23 | 23 | 249 | 456 | 638 | 869 | 1015 | 1234 | 1453 | 1672 |
| 1724 - 1726 | 23 | 23 | 248 | 455 | 637 | 868 | 1014 | 1233 | 1452 | 1671 |
| 1727 - 1730 | 23 | 23 | 247 | 454 | 636 | 867 | 1013 | 1232 | 1451 | 1670 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1731 - 1733 | 23 | 23 | 246 | 453 | 635 | 866 | 1012 | 1231 | 1450 | 1669 |
| 1734 - 1736 | 23 | 23 | 245 | 452 | 634 | 865 | 1011 | 1230 | 1449 | 1668 |
| 1737 - 1740 | 23 | 23 | 244 | 451 | 633 | 864 | 1010 | 1229 | 1448 | 1667 |
| 1741 - 1743 | 23 | 23 | 243 | 450 | 632 | 863 | 1009 | 1228 | 1447 | 1666 |
| 1744 - 1746 | 23 | 23 | 242 | 449 | 631 | 862 | 1008 | 1227 | 1446 | 1665 |
| 1747 - 1750 | 23 | 23 | 241 | 448 | 630 | 861 | 1007 | 1226 | 1445 | 1664 |
| 1751 - 1753 | 23 | 23 | 240 | 447 | 629 | 860 | 1006 | 1225 | 1444 | 1663 |
| 1754 - 1756 | 23 | 23 | 239 | 446 | 628 | 859 | 1005 | 1224 | 1443 | 1662 |
| 1757 - 1760 | 23 | 23 | 238 | 445 | 627 | 858 | 1004 | 1223 | 1442 | 1661 |
| 1761 - 1763 | 23 | 23 | 237 | 444 | 626 | 857 | 1003 | 1222 | 1441 | 1660 |
| 1764 - 1766 | 23 | 23 | 236 | 443 | 625 | 856 | 1002 | 1221 | 1440 | 1659 |
| 1767 - 1770 | 23 | 23 | 235 | 442 | 624 | 855 | 1001 | 1220 | 1439 | 1658 |
| 1771 - 1773 | 23 | 23 | 234 | 441 | 623 | 854 | 1000 | 1219 | 1438 | 1657 |
| 1774 - 1776 | 23 | 23 | 233 | 440 | 622 | 853 | 999 | 1218 | 1437 | 1656 |
| 1777 - 1780 | 23 | 23 | 232 | 439 | 621 | 852 | 998 | 1217 | 1436 | 1655 |
| 1781 - 1783 | 23 | 23 | 231 | 438 | 620 | 851 | 997 | 1216 | 1435 | 1654 |
| 1784 - 1786 | 23 | 23 | 230 | 437 | 619 | 850 | 996 | 1215 | 1434 | 1653 |
| 1787 - 1790 | 23 | 23 | 229 | 436 | 618 | 849 | 995 | 1214 | 1433 | 1652 |
| 1791 - 1793 | 23 | 23 | 228 | 435 | 617 | 848 | 994 | 1213 | 1432 | 1651 |
| 1794 - 1796 | 23 | 23 | 227 | 434 | 616 | 847 | 993 | 1212 | 1431 | 1650 |
| 1797 - 1800 | 23 | 23 | 226 | 433 | 615 | 846 | 992 | 1211 | 1430 | 1649 |
| 1801 - 1803 | 23 | 23 | 225 | 432 | 614 | 845 | 991 | 1210 | 1429 | 1648 |
| 1804 - 1806 | 23 | 23 | 224 | 431 | 613 | 844 | 990 | 1209 | 1428 | 1647 |
| 1807 - 1810 | 23 | 23 | 223 | 430 | 612 | 843 | 989 | 1208 | 1427 | 1646 |
| 1811 - 1813 | 23 | 23 | 222 | 429 | 611 | 842 | 988 | 1207 | 1426 | 1645 |
| 1814 - 1816 | 23 | 23 | 221 | 428 | 610 | 841 | 987 | 1206 | 1425 | 1644 |
| 1817 - 1820 | 23 | 23 | 220 | 427 | 609 | 840 | 986 | 1205 | 1424 | 1643 |
| 1821 - 1823 | 23 | 23 | 219 | 426 | 608 | 839 | 985 | 1204 | 1423 | 1642 |
| 1824 - 1826 | 23 | 23 | 218 | 425 | 607 | 838 | 984 | 1203 | 1422 | 1641 |
| 1827 - 1830 | 23 | 23 | 217 | 424 | 606 | 837 | 983 | 1202 | 1421 | 1640 |
| 1831 - 1833 | 23 | 23 | 216 | 423 | 605 | 836 | 982 | 1201 | 1420 | 1639 |
| 1834 - 1836 | 23 | 23 | 215 | 422 | 604 | 835 | 981 | 1200 | 1419 | 1638 |
| 1837 - 1840 | 23 | 23 | 214 | 421 | 603 | 834 | 980 | 1199 | 1418 | 1637 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1841 - 1843 | 23 | 23 | 213 | 420 | 602 | 833 | 979 | 1198 | 1417 | 1636 |
| 1844 - 1846 | 23 | 23 | 212 | 419 | 601 | 832 | 978 | 1197 | 1416 | 1635 |
| 1847 - 1850 | 23 | 23 | 211 | 418 | 600 | 831 | 977 | 1196 | 1415 | 1634 |
| 1851 - 1853 | 23 | 23 | 210 | 417 | 599 | 830 | 976 | 1195 | 1414 | 1633 |
| 1854 - 1856 | 23 | 23 | 209 | 416 | 598 | 829 | 975 | 1194 | 1413 | 1632 |
| 1857 - 1860 | 23 | 23 | 208 | 415 | 597 | 828 | 974 | 1193 | 1412 | 1631 |
| 1861 - 1863 | 23 | 23 | 207 | 414 | 596 | 827 | 973 | 1192 | 1411 | 1630 |
| 1864 - 1866 | 23 | 23 | 206 | 413 | 595 | 826 | 972 | 1191 | 1410 | 1629 |
| 1867 - 1870 | 23 | 23 | 205 | 412 | 594 | 825 | 971 | 1190 | 1409 | 1628 |
| 1871 - 1873 | | 23 | 204 | 411 | 593 | 824 | 970 | 1189 | 1408 | 1627 |
| 1874 - 1876 | 23 | 23 | 203 | 410 | 592 | 823 | 969 | 1188 | 1407 | 1626 |
| 1877 - 1880 | 23 | 23 | 202 | 409 | 591 | 822 | 968 | 1187 | 1406 | 1625 |
| 1881 - 1883 | 23 | 23 | 201 | 408 | 590 | 821 | 967 | 1186 | 1405 | 1624 |
| 1884 - 1886 | 23 | 23 | 200 | 407 | 589 | 820 | 966 | 1185 | 1404 | 1623 |
| 1887 - 1890 | 23 | 23 | 199 | 406 | 588 | 819 | 965 | 1184 | 1403 | 1622 |
| 1891 - 1893 | 23 | 23 | 198 | 405 | 587 | 818 | 964 | 1183 | 1402 | 1621 |
| 1894 - 1896 | 23 | 23 | 197 | 404 | 586 | 817 | 963 | 1182 | 1401 | 1620 |
| 1897 - 1900 | 23 | 23 | 196 | 403 | 585 | 816 | 962 | 1181 | 1400 | 1619 |
| 1901 - 1903 | 23 | 23 | 195 | 402 | 584 | 815 | 961 | 1180 | 1399 | 1618 |
| 1904 - 1906 | 23 | 23 | 194 | 401 | 583 | 814 | 960 | 1179 | 1398 | 1617 |
| 1907 - 1910 | 23 | 23 | 193 | 400 | 582 | 813 | 959 | 1178 | 1397 | 1616 |
| 1911 - 1913 | 23 | 23 | 192 | 399 | 581 | 812 | 958 | 1177 | 1396 | 1615 |
| 1914 - 1916 | 23 | 23 | 191 | 398 | 580 | 811 | 957 | 1176 | 1395 | 1614 |
| 1917 - 1920 | 23 | 23 | 190 | 397 | 579 | 810 | 956 | 1175 | 1394 | 1613 |
| 1921 - 1923 | 23 | 23 | 189 | 396 | 578 | 809 | 955 | 1174 | 1393 | 1612 |
| 1924 - 1926 | 23 | 23 | 188 | 395 | 577 | 808 | 954 | 1173 | 1392 | 1611 |
| 1927 - 1930 | 23 | 23 | 187 | 394 | 576 | 807 | 953 | 1172 | 1391 | 1610 |
| 1931 - 1933 | 23 | 23 | 186 | 393 | 575 | 806 | 952 | 1171 | 1390 | 1609 |
| 1934 - 1936 | 23 | 23 | 185 | 392 | 574 | 805 | 951 | 1170 | 1389 | 1608 |
| 1937 - 1940 | 23 | 23 | 184 | 391 | 573 | 804 | 950 | 1169 | 1388 | 1607 |
| 1941 - 1943 | 23 | 23 | 183 | 390 | 572 | 803 | 949 | 1168 | 1387 | 1606 |
| 1944 - 1946 | 23 | 23 | 182 | 389 | 571 | 802 | 948 | 1167 | 1386 | 1605 |
| 1947 - 1950 | 23 | 23 | 181 | 388 | 570 | 801 | 947 | 1166 | 1385 | 1604 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 1951 - 1953 | 23 | 23 | 180 | 387 | 569 | 800 | 946 | 1165 | 1384 | 1603 |
| 1954 - 1956 | 23 | 23 | 179 | 386 | 568 | 799 | 945 | 1164 | 1383 | 1602 |
| 1957 - 1960 | 23 | 23 | 178 | 385 | 567 | 798 | 944 | 1163 | 1382 | 1601 |
| 1961 - 1963 | 23 | 23 | 177 | 384 | 566 | 797 | 943 | 1162 | 1381 | 1600 |
| 1964 - 1966 | 23 | 23 | 176 | 383 | 565 | 796 | 942 | 1161 | 1380 | 1599 |
| 1967 - 1970 | 23 | 23 | 175 | 382 | 564 | 795 | 941 | 1160 | 1379 | 1598 |
| 1971 - 1973 | 23 | 23 | 174 | 381 | 563 | 794 | 940 | 1159 | 1378 | 1597 |
| 1974 - 1976 | 23 | 23 | 173 | 380 | 562 | 793 | 939 | 1158 | 1377 | 1596 |
| 1977 - 1980 | 23 | 23 | 172 | 379 | 561 | 792 | 938 | 1157 | 1376 | 1595 |
| 1981 - 1983 | 23 | 23 | 171 | 378 | 560 | 791 | 937 | 1156 | 1375 | 1594 |
| 1984 - 1986 | 23 | 23 | 170 | 377 | 559 | 790 | 936 | 1155 | 1374 | 1593 |
| 1987 - 1990 | 23 | 23 | 169 | 376 | 558 | 789 | 935 | 1154 | 1373 | 1592 |
| 1991 - 1993 | 23 | 23 | 168 | 375 | 557 | 788 | 934 | 1153 | 1372 | 1591 |
| 1994 - 1996 | 23 | 23 | 167 | 374 | 556 | 787 | 933 | 1152 | 1371 | 1590 |
| 1997 - 2000 | 23 | 23 | 166 | 373 | 555 | 786 | 932 | 1151 | 1370 | 1589 |
| 2001 - 2003 | 23 | 23 | 165 | 372 | 554 | 785 | 931 | 1150 | 1369 | 1588 |
| 2004 - 2006 | 23 | 23 | 164 | 371 | 553 | 784 | 930 | 1149 | 1368 | 1587 |
| 2007 - 2010 | | 23 | 163 | 370 | 552 | 783 | 929 | 1148 | 1367 | 1586 |
| 2011 - 2013 | | 23 | 162 | 369 | 551 | 782 | 928 | 1147 | 1366 | 1585 |
| 2014 - 2016 | | 23 | 161 | 368 | 550 | 781 | 927 | 1146 | 1365 | 1584 |
| 2017 - 2020 | | 23 | 160 | 367 | 549 | 780 | 926 | 1145 | 1364 | 1583 |
| 2021 - 2023 | | 23 | 159 | 366 | 548 | 779 | 925 | 1144 | 1363 | 1582 |
| 2024 - 2026 | | 23 | 158 | 365 | 547 | 778 | 924 | 1143 | 1362 | 1581 |
| 2027 - 2030 | | 23 | 157 | 364 | 546 | 777 | 923 | 1142 | 1361 | 1580 |
| 2031 - 2033 | | 23 | 156 | 363 | 545 | 776 | 922 | 1141 | 1360 | 1579 |
| 2034 - 2036 | | 23 | 155 | 362 | 544 | 775 | 921 | 1140 | 1359 | 1578 |
| 2037 - 2040 | | 23 | 154 | 361 | 543 | 774 | 920 | 1139 | 1358 | 1577 |
| 2041 - 2043 | | 23 | 153 | 360 | 542 | 773 | 919 | 1138 | 1357 | 1576 |
| 2044 - 2046 | | 23 | 152 | 359 | 541 | 772 | 918 | 1137 | 1356 | 1575 |
| 2047 - 2050 | | 23 | 151 | 358 | 540 | 771 | 917 | 1136 | 1355 | 1574 |
| 2051 - 2053 | | 23 | 150 | 357 | 539 | 770 | 916 | 1135 | 1354 | 1573 |
| 2054 - 2056 | | 23 | 149 | 356 | 538 | 769 | 915 | 1134 | 1353 | 1572 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2057 - 2060 | | 23 | 148 | 355 | 537 | 768 | 914 | 1133 | 1352 | 1571 |
| 2061 - 2063 | | 23 | 147 | 354 | 536 | 767 | 913 | 1132 | 1351 | 1570 |
| 2064 - 2066 | | 23 | 146 | 353 | 535 | 766 | 912 | 1131 | 1350 | 1569 |
| 2067 - 2070 | | 23 | 145 | 352 | 534 | 765 | 911 | 1130 | 1349 | 1568 |
| 2071 - 2073* | | 23 | 144* | 351 | 533 | 764 | 910 | 1129 | 1348 | 1567 |
| 2074 - 2076 | | 23 | 143 | 350 | 532 | 763 | 909 | 1128 | 1347 | 1566 |
| 2077 - 2080 | | 23 | 142 | 349 | 531 | 762 | 908 | 1127 | 1346 | 1565 |
| 2081 - 2083 | | 23 | 141 | 348 | 530 | 761 | 907 | 1126 | 1345 | 1564 |
| 2084 - 2086 | | 23 | 140 | 347 | 529 | 760 | 906 | 1125 | 1344 | 1563 |
| 2087 - 2090 | | 23 | 139 | 346 | 528 | 759 | 905 | 1124 | 1343 | 1562 |
| 2091 - 2093 | | 23 | 138 | 345 | 527 | 758 | 904 | 1123 | 1342 | 1561 |
| 2094 - 2096 | | 23 | 137 | 344 | 526 | 757 | 903 | 1122 | 1341 | 1560 |
| 2097 - 2100 | | 23 | 136 | 343 | 525 | 756 | 902 | 1121 | 1340 | 1559 |
| 2101 - 2103 | | 23 | 135 | 342 | 524 | 755 | 901 | 1120 | 1339 | 1558 |
| 2104 - 2106 | | 23 | 134 | 341 | 523 | 754 | 900 | 1119 | 1338 | 1557 |
| 2107 - 2110 | | 23 | 133 | 340 | 522 | 753 | 899 | 1118 | 1337 | 1556 |
| 2111 - 2113 | | 23 | 132 | 339 | 521 | 752 | 898 | 1117 | 1336 | 1555 |
| 2114 - 2116 | | 23 | 131 | 338 | 520 | 751 | 897 | 1116 | 1335 | 1554 |
| 2117 - 2120 | | 23 | 130 | 337 | 519 | 750 | 896 | 1115 | 1334 | 1553 |
| 2121 - 2123 | | 23 | 129 | 336 | 518 | 749 | 895 | 1114 | 1333 | 1552 |
| 2124 - 2126 | | 23 | 128 | 335 | 517 | 748 | 894 | 1113 | 1332 | 1551 |
| 2127 - 2130 | | 23 | 127 | 334 | 516 | 747 | 893 | 1112 | 1331 | 1550 |
| 2131 - 2133 | | 23 | 126 | 333 | 515 | 746 | 892 | 1111 | 1330 | 1549 |
| 2134 - 2136 | | 23 | 125 | 332 | 514 | 745 | 891 | 1110 | 1329 | 1548 |
| 2137 - 2140 | | 23 | 124 | 331 | 513 | 744 | 890 | 1109 | 1328 | 1547 |
| 2141 - 2143 | | 23 | 123 | 330 | 512 | 743 | 889 | 1108 | 1327 | 1546 |
| 2144 - 2146 | | 23 | 122 | 329 | 511 | 742 | 888 | 1107 | 1326 | 1545 |
| 2147 - 2150 | | 23 | 121 | 328 | 510 | 741 | 887 | 1106 | 1325 | 1544 |
| 2151 - 2153 | | 23 | 120 | 327 | 509 | 740 | 886 | 1105 | 1324 | 1543 |
| 2154 - 2156 | | 23 | 119 | 326 | 508 | 739 | 885 | 1104 | 1323 | 1542 |
| 2157 - 2160 | | 23 | 118 | 325 | 507 | 738 | 884 | 1103 | 1322 | 1541 |
| 2161 - 2163 | | 23 | 117 | 324 | 506 | 737 | 883 | 1102 | 1321 | 1540 |
| 2164 - 2166 | | 23 | 116 | 323 | 505 | 736 | 882 | 1101 | 1320 | 1539 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2167 - 2170 | | 23 | 115 | 322 | 504 | 735 | 881 | 1100 | 1319 | 1538 |
| 2171 - 2173 | | 23 | 114 | 321 | 503 | 734 | 880 | 1099 | 1318 | 1537 |
| 2174 - 2176 | | 23 | 113 | 320 | 502 | 733 | 879 | 1098 | 1317 | 1536 |
| 2177 - 2180 | | 23 | 112 | 319 | 501 | 732 | 878 | 1097 | 1316 | 1535 |
| 2181 - 2183 | | 23 | 111 | 318 | 500 | 731 | 877 | 1096 | 1315 | 1534 |
| 2184 - 2186 | | 23 | 110 | 317 | 499 | 730 | 876 | 1095 | 1314 | 1533 |
| 2187 - 2190 | | 23 | 109 | 316 | 498 | 729 | 875 | 1094 | 1313 | 1532 |
| 2191 - 2193 | | 23 | 108 | 315 | 497 | 728 | 874 | 1093 | 1312 | 1531 |
| 2194 - 2196 | | 23 | 107 | 314 | 496 | 727 | 873 | 1092 | 1311 | 1530 |
| 2197 - 2200 | | 23 | 106 | 313 | 495 | 726 | 872 | 1091 | 1310 | 1529 |
| 2201 - 2203 | | 23 | 105 | 312 | 494 | 725 | 871 | 1090 | 1309 | 1528 |
| 2204 - 2206 | | 23 | 104 | 311 | 493 | 724 | 870 | 1089 | 1308 | 1527 |
| 2207 - 2210 | | 23 | 103 | 310 | 492 | 723 | 869 | 1088 | 1307 | 1526 |
| 2211 - 2213 | | 23 | 102 | 309 | 491 | 722 | 868 | 1087 | 1306 | 1525 |
| 2214 - 2216 | | 23 | 101 | 308 | 490 | 721 | 867 | 1086 | 1305 | 1524 |
| 2217 - 2220 | | 23 | 100 | 307 | 489 | 720 | 866 | 1085 | 1304 | 1523 |
| 2221 - 2223 | | 23 | 99 | 306 | 488 | 719 | 865 | 1084 | 1303 | 1522 |
| 2224 - 2226 | | 23 | 98 | 305 | 487 | 718 | 864 | 1083 | 1302 | 1521 |
| 2227 - 2230 | | 23 | 97 | 304 | 486 | 717 | 863 | 1082 | 1301 | 1520 |
| 2231 - 2233 | | 23 | 96 | 303 | 485 | 716 | 862 | 1081 | 1300 | 1519 |
| 2234 - 2236 | | 23 | 95 | 302 | 484 | 715 | 861 | 1080 | 1299 | 1518 |
| 2237 - 2240 | | 23 | 94 | 301 | 483 | 714 | 860 | 1079 | 1298 | 1517 |
| 2241 - 2243 | | 23 | 93 | 300 | 482 | 713 | 859 | 1078 | 1297 | 1516 |
| 2244 - 2246 | | 23 | 92 | 299 | 481 | 712 | 858 | 1077 | 1296 | 1515 |
| 2247 - 2250 | | 23 | 91 | 298 | 480 | 711 | 857 | 1076 | 1295 | 1514 |
| 2251 - 2253 | | 23 | 90 | 297 | 479 | 710 | 856 | 1075 | 1294 | 1513 |
| 2254 - 2256 | | 23 | 89 | 296 | 478 | 709 | 855 | 1074 | 1293 | 1512 |
| 2257 - 2260 | | 23 | 88 | 295 | 477 | 708 | 854 | 1073 | 1292 | 1511 |
| 2261 - 2263 | | 23 | 87 | 294 | 476 | 707 | 853 | 1072 | 1291 | 1510 |
| 2264 - 2266 | | 23 | 86 | 293 | 475 | 706 | 852 | 1071 | 1290 | 1509 |
| 2267 - 2270 | | 23 | 85 | 292 | 474 | 705 | 851 | 1070 | 1289 | 1508 |
| 2271 - 2273 | | 23 | 84 | 291 | 473 | 704 | 850 | 1069 | 1288 | 1507 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2274 - 2276 | | 23 | 83 | 290 | 472 | 703 | 849 | 1068 | 1287 | 1506 |
| 2277 - 2280 | | 23 | 82 | 289 | 471 | 702 | 848 | 1067 | 1286 | 1505 |
| 2281 - 2283 | | 23 | 81 | 288 | 470 | 701 | 847 | 1066 | 1285 | 1504 |
| 2284 - 2286 | | 23 | 80 | 287 | 469 | 700 | 846 | 1065 | 1284 | 1503 |
| 2287 - 2290 | | 23 | 79 | 286 | 468 | 699 | 845 | 1064 | 1283 | 1502 |
| 2291 - 2293 | | 23 | 78 | 285 | 467 | 698 | 844 | 1063 | 1282 | 1501 |
| 2294 - 2296 | | 23 | 77 | 284 | 466 | 697 | 843 | 1062 | 1281 | 1500 |
| 2297 - 2300 | | 23 | 76 | 283 | 465 | 696 | 842 | 1061 | 1280 | 1499 |
| 2301 - 2303 | | 23 | 75 | 282 | 464 | 695 | 841 | 1060 | 1279 | 1498 |
| 2304 - 2306 | | 23 | 74 | 281 | 463 | 694 | 840 | 1059 | 1278 | 1497 |
| 2307 - 2310 | | 23 | 73 | 280 | 462 | 693 | 839 | 1058 | 1277 | 1496 |
| 2311 - 2313 | | 23 | 72 | 279 | 461 | 692 | 838 | 1057 | 1276 | 1495 |
| 2314 - 2316 | | 23 | 71 | 278 | 460 | 691 | 837 | 1056 | 1275 | 1494 |
| 2317 - 2320 | | 23 | 70 | 277 | 459 | 690 | 836 | 1055 | 1274 | 1493 |
| 2321 - 2323 | | 23 | 69 | 276 | 458 | 689 | 835 | 1054 | 1273 | 1492 |
| 2324 - 2326 | | 23 | 68 | 275 | 457 | 688 | 834 | 1053 | 1272 | 1491 |
| 2327 - 2330 | | 23 | 67 | 274 | 456 | 687 | 833 | 1052 | 1271 | 1490 |
| 2331 - 2333 | | 23 | 66 | 273 | 455 | 686 | 832 | 1051 | 1270 | 1489 |
| 2334 - 2336 | | 23 | 65 | 272 | 454 | 685 | 831 | 1050 | 1269 | 1488 |
| 2337 - 2340 | | 23 | 64 | 271 | 453 | 684 | 830 | 1049 | 1268 | 1487 |
| 2341 - 2343 | | 23 | 63 | 270 | 452 | 683 | 829 | 1048 | 1267 | 1486 |
| 2344 - 2346 | | 23 | 62 | 269 | 451 | 682 | 828 | 1047 | 1266 | 1485 |
| 2347 - 2350 | | 23 | 61 | 268 | 450 | 681 | 827 | 1046 | 1265 | 1484 |
| 2351 - 2353 | | 23 | 60 | 267 | 449 | 680 | 826 | 1045 | 1264 | 1483 |
| 2354 - 2356 | | 23 | 59 | 266 | 448 | 679 | 825 | 1044 | 1263 | 1482 |
| 2357 - 2360 | | 23 | 58 | 265 | 447 | 678 | 824 | 1043 | 1262 | 1481 |
| 2361 - 2363 | | 23 | 57 | 264 | 446 | 677 | 823 | 1042 | 1261 | 1480 |
| 2364 - 2366 | | 23 | 56 | 263 | 445 | 676 | 822 | 1041 | 1260 | 1479 |
| 2367 - 2370 | | 23 | 55 | 262 | 444 | 675 | 821 | 1040 | 1259 | 1478 |
| 2371 - 2373 | | 23 | 54 | 261 | 443 | 674 | 820 | 1039 | 1258 | 1477 |
| 2374 - 2376 | | 23 | 53 | 260 | 442 | 673 | 819 | 1038 | 1257 | 1476 |
| 2377 - 2380 | | 23 | 52 | 259 | 441 | 672 | 818 | 1037 | 1256 | 1475 |
| 2381 - 2383 | | 23 | 51 | 258 | 440 | 671 | 817 | 1036 | 1255 | 1474 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2384 - 2386 | | 23 | 50 | 257 | 439 | 670 | 816 | 1035 | 1254 | 1473 |
| 2387 - 2390 | | 23 | 49 | 256 | 438 | 669 | 815 | 1034 | 1253 | 1472 |
| 2391 - 2393 | | 23 | 48 | 255 | 437 | 668 | 814 | 1033 | 1252 | 1471 |
| 2394 - 2396 | | 23 | 47 | 254 | 436 | 667 | 813 | 1032 | 1251 | 1470 |
| 2397 - 2400 | | 23 | 46 | 253 | 435 | 666 | 812 | 1031 | 1250 | 1469 |
| 2401 - 2403 | | 23 | 45 | 252 | 434 | 665 | 811 | 1030 | 1249 | 1468 |
| 2404 - 2406 | | 23 | 44 | 251 | 433 | 664 | 810 | 1029 | 1248 | 1467 |
| 2407 - 2410 | | 23 | 43 | 250 | 432 | 663 | 809 | 1028 | 1247 | 1466 |
| 2411 - 2413 | | 23 | 42 | 249 | 431 | 662 | 808 | 1027 | 1246 | 1465 |
| 2414 - 2416 | | 23 | 41 | 248 | 430 | 661 | 807 | 1026 | 1245 | 1464 |
| 2417 - 2420 | | 23 | 40 | 247 | 429 | 660 | 806 | 1025 | 1244 | 1463 |
| 2421 - 2423 | | 23 | 39 | 246 | 428 | 659 | 805 | 1024 | 1243 | 1462 |
| 2424 - 2426 | | 23 | 38 | 245 | 427 | 658 | 804 | 1023 | 1242 | 1461 |
| 2427 - 2430 | | 23 | 37 | 244 | 426 | 657 | 803 | 1022 | 1241 | 1460 |
| 2431 - 2433 | | 23 | 36 | 243 | 425 | 656 | 802 | 1021 | 1240 | 1459 |
| 2434 - 2436 | | 23 | 35 | 242 | 424 | 655 | 801 | 1020 | 1239 | 1458 |
| 2437 - 2440 | | 23 | 34 | 241 | 423 | 654 | 800 | 1019 | 1238 | 1457 |
| 2441 - 2443 | | 23 | 33 | 240 | 422 | 653 | 799 | 1018 | 1237 | 1456 |
| 2444 - 2446 | | 23 | 32 | 239 | 421 | 652 | 798 | 1017 | 1236 | 1455 |
| 2447 - 2450 | | 23 | 31 | 238 | 420 | 651 | 797 | 1016 | 1235 | 1454 |
| 2451 - 2453 | | 23 | 30 | 237 | 419 | 650 | 796 | 1015 | 1234 | 1453 |
| 2454 - 2456 | | 23 | 29 | 236 | 418 | 649 | 795 | 1014 | 1233 | 1452 |
| 2457 - 2460 | | 23 | 28 | 235 | 417 | 648 | 794 | 1013 | 1232 | 1451 |
| 2461 - 2463 | | 23 | 27 | 234 | 416 | 647 | 793 | 1012 | 1231 | 1450 |
| 2464 - 2466 | | 23 | 26 | 233 | 415 | 646 | 792 | 1011 | 1230 | 1449 |
| 2467 - 2470 | | 23 | 25 | 232 | 414 | 645 | 791 | 1010 | 1229 | 1448 |
| 2471 - 2473 | | 23 | 24 | 231 | 413 | 644 | 790 | 1009 | 1228 | 1447 |
| 2474 - 2476 | | 23 | 23 | 230 | 412 | 643 | 789 | 1008 | 1227 | 1446 |
| 2477 - 2480 | | 23 | 22 | 229 | 411 | 642 | 788 | 1007 | 1226 | 1445 |
| 2481 - 2483 | | 23 | 21 | 228 | 410 | 641 | 787 | 1006 | 1225 | 1444 |
| 2484 - 2486 | | 23 | 20 | 227 | 409 | 640 | 786 | 1005 | 1224 | 1443 |
| 2487 - 2490 | | 23 | 19 | 226 | 408 | 639 | 785 | 1004 | 1223 | 1442 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2491 - 2493 | | 23 | 18 | 225 | 407 | 638 | 784 | 1003 | 1222 | 1441 |
| 2494 - 2496 | | 23 | 17 | 224 | 406 | 637 | 783 | 1002 | 1221 | 1440 |
| 2497 - 2500* | | 23 | 16 | 223* | 405 | 636 | 782 | 1001 | 1220 | 1439 |
| 2501 - 2503 | | 23 | 15 | 222 | 404 | 635 | 781 | 1000 | 1219 | 1438 |
| 2504 - 2506 | | 23 | 14 | 221 | 403 | 634 | 780 | 999 | 1218 | 1437 |
| 2507 - 2510 | | 23 | 13 | 220 | 402 | 633 | 779 | 998 | 1217 | 1436 |
| | | | | | | | | | | |
| 2511 - 2513 | | 23 | 12 | 219 | 401 | 632 | 778 | 997 | 1216 | 1435 |
| 2514 - 2516 | | 23 | 11 | 218 | 400 | 631 | 777 | 996 | 1215 | 1434 |
| 2517 - 2520 | | 23 | 10 | 217 | 399 | 630 | 776 | 995 | 1214 | 1433 |
| 2521 - 2523 | | 23 | 9 | 216 | 398 | 629 | 775 | 994 | 1213 | 1432 |
| 2524 - 2526 | | 23 | 8 | 215 | 397 | 628 | 774 | 993 | 1212 | 1431 |
| 2527 - 2530 | | 23 | 7 | 214 | 396 | 627 | 773 | 992 | 1211 | 1430 |
| | | | | | | | | | | |
| 2531 - 2533 | | 23 | 6 | 213 | 395 | 626 | 772 | 991 | 1210 | 1429 |
| 2534 - 2536 | | 23 | 5 | 212 | 394 | 625 | 771 | 990 | 1209 | 1428 |
| 2537 - 2540 | | 23 | 4 | 211 | 393 | 624 | 770 | 989 | 1208 | 1427 |
| 2541 - 2543 | | 23 | 3 | 210 | 392 | 623 | 769 | 988 | 1207 | 1426 |
| 2544 - 2546 | | 23 | 2 | 209 | 391 | 622 | 768 | 987 | 1206 | 1425 |
| 2547 - 2550 | | 23 | 1 | 208 | 390 | 621 | 767 | 986 | 1205 | 1424 |
| | | | | | | | | | | |
| 2551 - 2553 | | 23 | | 207 | 389 | 620 | 766 | 985 | 1204 | 1423 |
| 2554 - 2556 | | 23 | | 206 | 388 | 619 | 765 | 984 | 1203 | 1422 |
| 2557 - 2560 | | 23 | | 205 | 387 | 618 | 764 | 983 | 1202 | 1421 |
| 2561 - 2563 | | 23 | | 204 | 386 | 617 | 763 | 982 | 1201 | 1420 |
| 2564 - 2566 | | 23 | | 203 | 385 | 616 | 762 | 981 | 1200 | 1419 |
| 2567 - 2570 | | 23 | | 202 | 384 | 615 | 761 | 980 | 1199 | 1418 |
| | | | | | | | | | | |
| 2571 - 2573 | | 23 | | 201 | 383 | 614 | 760 | 979 | 1198 | 1417 |
| 2574 - 2576 | | 23 | | 200 | 382 | 613 | 759 | 978 | 1197 | 1416 |
| 2577 - 2580 | | 23 | | 199 | 381 | 612 | 758 | 977 | 1196 | 1415 |
| 2581 - 2583 | | 23 | | 198 | 380 | 611 | 757 | 976 | 1195 | 1414 |
| 2584 - 2586 | | 23 | | 197 | 379 | 610 | 756 | 975 | 1194 | 1413 |
| 2587 - 2590 | | 23 | | 196 | 378 | 609 | 755 | 974 | 1193 | 1412 |
| | | | | | | | | | | |
| 2591 - 2593 | | 23 | | 195 | 377 | 608 | 754 | 973 | 1192 | 1411 |
| 2594 - 2596 | | 23 | | 194 | 376 | 607 | 753 | 972 | 1191 | 1410 |
| 2597 - 2600 | | 23 | | 193 | 375 | 606 | 752 | 971 | 1190 | 1409 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2601 - 2603 | | 23 | | 192 | 374 | 605 | 751 | 970 | 1189 | 1408 |
| 2604 - 2606 | | 23 | | 191 | 373 | 604 | 750 | 969 | 1188 | 1407 |
| 2607 - 2610 | | 23 | | 190 | 372 | 603 | 749 | 968 | 1187 | 1406 |
| 2611 - 2613 | | 23 | | 189 | 371 | 602 | 748 | 967 | 1186 | 1405 |
| 2614 - 2616 | | 23 | | 188 | 370 | 601 | 747 | 966 | 1185 | 1404 |
| 2617 - 2620 | | 23 | | 187 | 369 | 600 | 746 | 965 | 1184 | 1403 |
| 2621 - 2623 | | 23 | | 186 | 368 | 599 | 745 | 964 | 1183 | 1402 |
| 2624 - 2626 | | 23 | | 185 | 367 | 598 | 744 | 963 | 1182 | 1401 |
| 2627 - 2630 | | 23 | | 184 | 366 | 597 | 743 | 962 | 1181 | 1400 |
| 2631 - 2633 | | 23 | | 183 | 365 | 596 | 742 | 961 | 1180 | 1399 |
| 2634 - 2636 | | 23 | | 182 | 364 | 595 | 741 | 960 | 1179 | 1398 |
| 2637 - 2640 | | 23 | | 181 | 363 | 594 | 740 | 959 | 1178 | 1397 |
| 2641 - 2643 | | 23 | | 180 | 362 | 593 | 739 | 958 | 1177 | 1396 |
| 2644 - 2646 | | 23 | | 179 | 361 | 592 | 738 | 957 | 1176 | 1395 |
| 2647 - 2650 | | 23 | | 178 | 360 | 591 | 737 | 956 | 1175 | 1394 |
| 2651 - 2653 | | 23 | | 177 | 359 | 590 | 736 | 955 | 1174 | 1393 |
| 2654 - 2656 | | 23 | | 176 | 358 | 589 | 735 | 954 | 1173 | 1392 |
| 2657 - 2660 | | 23 | | 175 | 357 | 588 | 734 | 953 | 1172 | 1391 |
| 2661 - 2663 | | 23 | | 174 | 356 | 587 | 733 | 952 | 1171 | 1390 |
| 2664 - 2666 | | 23 | | 173 | 355 | 586 | 732 | 951 | 1170 | 1389 |
| 2667 - 2670 | | 23 | | 172 | 354 | 585 | 731 | 950 | 1169 | 1388 |
| 2671 - 2673 | | 23 | | 171 | 353 | 584 | 730 | 949 | 1168 | 1387 |
| 2674 - 2676 | | 23 | | 170 | 352 | 583 | 729 | 948 | 1167 | 1386 |
| 2677 - 2680 | | 23 | | 169 | 351 | 582 | 728 | 947 | 1166 | 1385 |
| 2681 - 2683 | | 23 | | 168 | 350 | 581 | 727 | 946 | 1165 | 1384 |
| 2684 - 2686 | | 23 | | 167 | 349 | 580 | 726 | 945 | 1164 | 1383 |
| 2687 - 2690 | | 23 | | 166 | 348 | 579 | 725 | 944 | 1163 | 1382 |
| 2691 - 2693 | | 23 | | 165 | 347 | 578 | 724 | 943 | 1162 | 1381 |
| 2694 - 2696 | | 23 | | 164 | 346 | 577 | 723 | 942 | 1161 | 1380 |
| 2697 - 2700 | | 23 | | 163 | 345 | 576 | 722 | 941 | 1160 | 1379 |
| 2701 - 2703 | | 23 | | 162 | 344 | 575 | 721 | 940 | 1159 | 1378 |
| 2704 - 2706 | | 23 | | 161 | 343 | 574 | 720 | 939 | 1158 | 1377 |
| 2707 - 2710 | | 23 | | 160 | 342 | 573 | 719 | 938 | 1157 | 1376 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2711 - 2713 | | 23 | | 159 | 341 | 572 | 718 | 937 | 1156 | 1375 |
| 2714 - 2716 | | | | 158 | 340 | 571 | 717 | 936 | 1155 | 1374 |
| 2717 - 2720 | | | | 157 | 339 | 570 | 716 | 935 | 1154 | 1373 |
| 2721 - 2723 | | | | 156 | 338 | 569 | 715 | 934 | 1153 | 1372 |
| 2724 - 2726 | | | | 155 | 337 | 568 | 714 | 933 | 1152 | 1371 |
| 2727 - 2730 | | | | 154 | 336 | 567 | 713 | 932 | 1151 | 1370 |
| 2731 - 2733 | | | | 153 | 335 | 566 | 712 | 931 | 1150 | 1369 |
| 2734 - 2736 | | | | 152 | 334 | 565 | 711 | 930 | 1149 | 1368 |
| 2737 - 2740 | | | | 151 | 333 | 564 | 710 | 929 | 1148 | 1367 |
| 2741 - 2743 | | | | 150 | 332 | 563 | 709 | 928 | 1147 | 1366 |
| 2744 - 2746 | | | | 149 | 331 | 562 | 708 | 927 | 1146 | 1365 |
| 2747 - 2750 | | | | 148 | 330 | 561 | 707 | 926 | 1145 | 1364 |
| 2751 - 2753 | | | | 147 | 329 | 560 | 706 | 925 | 1144 | 1363 |
| 2754 - 2756 | | | | 146 | 328 | 559 | 705 | 924 | 1143 | 1362 |
| 2757 - 2760 | | | | 145 | 327 | 558 | 704 | 923 | 1142 | 1361 |
| 2761 - 2763 | | | | 144 | 326 | 557 | 703 | 922 | 1141 | 1360 |
| 2764 - 2766 | | | | 143 | 325 | 556 | 702 | 921 | 1140 | 1359 |
| 2767 - 2770 | | | | 142 | 324 | 555 | 701 | 920 | 1139 | 1358 |
| 2771 - 2773 | | | | 141 | 323 | 554 | 700 | 919 | 1138 | 1357 |
| 2774 - 2776 | | | | 140 | 322 | 553 | 699 | 918 | 1137 | 1356 |
| 2777 - 2780 | | | | 139 | 321 | 552 | 698 | 917 | 1136 | 1355 |
| 2781 - 2783 | | | | 138 | 320 | 551 | 697 | 916 | 1135 | 1354 |
| 2784 - 2786 | | | | 137 | 319 | 550 | 696 | 915 | 1134 | 1353 |
| 2787 - 2790 | | | | 136 | 318 | 549 | 695 | 914 | 1133 | 1352 |
| 2791 - 2793 | | | | 135 | 317 | 548 | 694 | 913 | 1132 | 1351 |
| 2794 - 2796 | | | | 134 | 316 | 547 | 693 | 912 | 1131 | 1350 |
| 2797 - 2800 | | | | 133 | 315 | 546 | 692 | 911 | 1130 | 1349 |
| 2801 - 2803 | | | | 132 | 314 | 545 | 691 | 910 | 1129 | 1348 |
| 2804 - 2806 | | | | 131 | 313 | 544 | 690 | 909 | 1128 | 1347 |
| 2807 - 2810 | | | | 130 | 312 | 543 | 689 | 908 | 1127 | 1346 |
| 2811 - 2813 | | | | 129 | 311 | 542 | 688 | 907 | 1126 | 1345 |
| 2814 - 2816 | | | | 128 | 310 | 541 | 687 | 906 | 1125 | 1344 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2817 - 2820 | | | | 127 | 309 | 540 | 686 | 905 | 1124 | 1343 |
| 2821 - 2823 | | | | 126 | 308 | 539 | 685 | 904 | 1123 | 1342 |
| 2824 - 2826 | | | | 125 | 307 | 538 | 684 | 903 | 1122 | 1341 |
| 2827 - 2830 | | | | 124 | 306 | 537 | 683 | 902 | 1121 | 1340 |
| 2831 - 2833 | | | | 123 | 305 | 536 | 682 | 901 | 1120 | 1339 |
| 2834 - 2836 | | | | 122 | 304 | 535 | 681 | 900 | 1119 | 1338 |
| 2837 - 2840 | | | | 121 | 303 | 534 | 680 | 899 | 1118 | 1337 |
| 2841 - 2843 | | | | 120 | 302 | 533 | 679 | 898 | 1117 | 1336 |
| 2844 - 2846 | | | | 119 | 301 | 532 | 678 | 897 | 1116 | 1335 |
| 2847 - 2850 | | | | 118 | 300 | 531 | 677 | 896 | 1115 | 1334 |
| 2851 - 2853 | | | | 117 | 299 | 530 | 676 | 895 | 1114 | 1333 |
| 2854 - 2856 | | | | 116 | 298 | 529 | 675 | 894 | 1113 | 1332 |
| 2857 - 2860 | | | | 115 | 297 | 528 | 674 | 893 | 1112 | 1331 |
| 2861 - 2863 | | | | 114 | 296 | 527 | 673 | 892 | 1111 | 1330 |
| 2864 - 2866 | | | | 113 | 295 | 526 | 672 | 891 | 1110 | 1329 |
| 2867 - 2870 | | | | 112 | 294 | 525 | 671 | 890 | 1109 | 1328 |
| 2871 - 2873 | | | | 111 | 293 | 524 | 670 | 889 | 1108 | 1327 |
| 2874 - 2876 | | | | 110 | 292 | 523 | 669 | 888 | 1107 | 1326 |
| 2877 - 2880 | | | | 109 | 291 | 522 | 668 | 887 | 1106 | 1325 |
| 2881 - 2883 | | | | 108 | 290 | 521 | 667 | 886 | 1105 | 1324 |
| 2884 - 2886 | | | | 107 | 289 | 520 | 666 | 885 | 1104 | 1323 |
| 2887 - 2890 | | | | 106 | 288 | 519 | 665 | 884 | 1103 | 1322 |
| 2891 - 2893 | | | | 105 | 287 | 518 | 664 | 883 | 1102 | 1321 |
| 2894 - 2896 | | | | 104 | 286 | 517 | 663 | 882 | 1101 | 1320 |
| 2897 - 2900 | | | | 103 | 285 | 516 | 662 | 881 | 1100 | 1319 |
| 2901 - 2903 | | | | 102 | 284 | 515 | 661 | 880 | 1099 | 1318 |
| 2904 - 2906 | | | | 101 | 283 | 514 | 660 | 879 | 1098 | 1317 |
| 2907 - 2910 | | | | 100 | 282 | 513 | 659 | 878 | 1097 | 1316 |
| 2911 - 2913 | | | | 99 | 281 | 512 | 658 | 877 | 1096 | 1315 |
| 2914 - 2916 | | | | 98 | 280 | 511 | 657 | 876 | 1095 | 1314 |
| 2917 - 2920 | | | | 97 | 279 | 510 | 656 | 875 | 1094 | 1313 |
| 2921 - 2923 | | | | 96 | 278 | 509 | 655 | 874 | 1093 | 1312 |
| 2924 - 2926 | | | | 95 | 277 | 508 | 654 | 873 | 1092 | 1311 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 2927 - 2930* | | | | 94 | 276* | 507 | 653 | 872 | 1091 | 1310 |
| 2931 - 2933 | | | | 93 | 275 | 506 | 652 | 871 | 1090 | 1309 |
| 2934 - 2936 | | | | 92 | 274 | 505 | 651 | 870 | 1089 | 1308 |
| 2937 - 2940 | | | | 91 | 273 | 504 | 650 | 869 | 1088 | 1307 |
| 2941 - 2943 | | | | 90 | 272 | 503 | 649 | 868 | 1087 | 1306 |
| 2944 - 2946 | | | | 89 | 271 | 502 | 648 | 867 | 1086 | 1305 |
| 2947 - 2950 | | | | 88 | 270 | 501 | 647 | 866 | 1085 | 1304 |
| 2951 - 2953 | | | | 87 | 269 | 500 | 646 | 865 | 1084 | 1303 |
| 2954 - 2956 | | | | 86 | 268 | 499 | 645 | 864 | 1083 | 1302 |
| 2957 - 2960 | | | | 85 | 267 | 498 | 644 | 863 | 1082 | 1301 |
| 2961 - 2963 | | | | 84 | 266 | 497 | 643 | 862 | 1081 | 1300 |
| 2964 - 2966 | | | | 83 | 265 | 496 | 642 | 861 | 1080 | 1299 |
| 2967 - 2970 | | | | 82 | 264 | 495 | 641 | 860 | 1079 | 1298 |
| 2971 - 2973 | | | | 81 | 263 | 494 | 640 | 859 | 1078 | 1297 |
| 2974 - 2976 | | | | 80 | 262 | 493 | 639 | 858 | 1077 | 1296 |
| 2977 - 2980 | | | | 79 | 261 | 492 | 638 | 857 | 1076 | 1295 |
| 2981 - 2983 | | | | 78 | 260 | 491 | 637 | 856 | 1075 | 1294 |
| 2984 - 2986 | | | | 77 | 259 | 490 | 636 | 855 | 1074 | 1293 |
| 2987 - 2990 | | | | 76 | 258 | 489 | 635 | 854 | 1073 | 1292 |
| 2991 - 2993 | | | | 75 | 257 | 488 | 634 | 853 | 1072 | 1291 |
| 2994 - 2996 | | | | 74 | 256 | 487 | 633 | 852 | 1071 | 1290 |
| 2997 - 3000 | | | | 73 | 255 | 486 | 632 | 851 | 1070 | 1289 |
| 3001 - 3003 | | | | 72 | 254 | 485 | 631 | 850 | 1069 | 1288 |
| 3004 - 3006 | | | | 71 | 253 | 484 | 630 | 849 | 1068 | 1287 |
| 3007 - 3010 | | | | 70 | 252 | 483 | 629 | 848 | 1067 | 1286 |
| 3011 - 3013 | | | | 69 | 251 | 482 | 628 | 847 | 1066 | 1285 |
| 3014 - 3016 | | | | 68 | 250 | 481 | 627 | 846 | 1065 | 1284 |
| 3017 - 3020 | | | | 67 | 249 | 480 | 626 | 845 | 1064 | 1283 |
| 3021 - 3023 | | | | 66 | 248 | 479 | 625 | 844 | 1063 | 1282 |
| 3024 - 3026 | | | | 65 | 247 | 478 | 624 | 843 | 1062 | 1281 |
| 3027 - 3030 | | | | 64 | 246 | 477 | 623 | 842 | 1061 | 1280 |
| 3031 - 3033 | | | | 63 | 245 | 476 | 622 | 841 | 1060 | 1279 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3034 - 3036 | | | | 62 | 244 | 475 | 621 | 840 | 1059 | 1278 |
| 3037 - 3040 | | | | 61 | 243 | 474 | 620 | 839 | 1058 | 1277 |
| 3041 - 3043 | | | | 60 | 242 | 473 | 619 | 838 | 1057 | 1276 |
| 3044 - 3046 | | | | 59 | 241 | 472 | 618 | 837 | 1056 | 1275 |
| 3047 - 3050 | | | | 58 | 240 | 471 | 617 | 836 | 1055 | 1274 |
| 3051 - 3053 | | | | 57 | 239 | 470 | 616 | 835 | 1054 | 1273 |
| 3054 - 3056 | | | | 56 | 238 | 469 | 615 | 834 | 1053 | 1272 |
| 3057 - 3060 | | | | 55 | 237 | 468 | 614 | 833 | 1052 | 1271 |
| 3061 - 3063 | | | | 54 | 236 | 467 | 613 | 832 | 1051 | 1270 |
| 3064 - 3066 | | | | 53 | 235 | 466 | 612 | 831 | 1050 | 1269 |
| 3067 - 3070 | | | | 52 | 234 | 465 | 611 | 830 | 1049 | 1268 |
| 3071 - 3073 | | | | 51 | 233 | 464 | 610 | 829 | 1048 | 1267 |
| 3074 - 3076 | | | | 50 | 232 | 463 | 609 | 828 | 1047 | 1266 |
| 3077 - 3080 | | | | 49 | 231 | 462 | 608 | 827 | 1046 | 1265 |
| 3081 - 3083 | | | | 48 | 230 | 461 | 607 | 826 | 1045 | 1264 |
| 3084 - 3086 | | | | 47 | 229 | 460 | 606 | 825 | 1044 | 1263 |
| 3087 - 3090 | | | | 46 | 228 | 459 | 605 | 824 | 1043 | 1262 |
| 3091 - 3093 | | | | 45 | 227 | 458 | 604 | 823 | 1042 | 1261 |
| 3094 - 3096 | | | | 44 | 226 | 457 | 603 | 822 | 1041 | 1260 |
| 3097 - 3100 | | | | 43 | 225 | 456 | 602 | 821 | 1040 | 1259 |
| 3101 - 3103 | | | | 42 | 224 | 455 | 601 | 820 | 1039 | 1258 |
| 3104 - 3106 | | | | 41 | 223 | 454 | 600 | 819 | 1038 | 1257 |
| 3107 - 3110 | | | | 40 | 222 | 453 | 599 | 818 | 1037 | 1256 |
| 3111 - 3113 | | | | 39 | 221 | 452 | 598 | 817 | 1036 | 1255 |
| 3114 - 3116 | | | | 38 | 220 | 451 | 597 | 816 | 1035 | 1254 |
| 3117 - 3120 | | | | 37 | 219 | 450 | 596 | 815 | 1034 | 1253 |
| 3121 - 3123 | | | | 36 | 218 | 449 | 595 | 814 | 1033 | 1252 |
| 3124 - 3126 | | | | 35 | 217 | 448 | 594 | 813 | 1032 | 1251 |
| 3127 - 3130 | | | | 34 | 216 | 447 | 593 | 812 | 1031 | 1250 |
| 3131 - 3133 | | | | 33 | 215 | 446 | 592 | 811 | 1030 | 1249 |
| 3134 - 3136 | | | | 32 | 214 | 445 | 591 | 810 | 1029 | 1248 |
| 3137 - 3140 | | | | 31 | 213 | 444 | 590 | 809 | 1028 | 1247 |
| 3141 - 3143 | | | | 30 | 212 | 443 | 589 | 808 | 1027 | 1246 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3144 - 3146 | | | | 29 | 211 | 442 | 588 | 807 | 1026 | 1245 |
| 3147 - 3150 | | | | 28 | 210 | 441 | 587 | 806 | 1025 | 1244 |
| 3151 - 3153 | | | | 27 | 209 | 440 | 586 | 805 | 1024 | 1243 |
| 3154 - 3156 | | | | 26 | 208 | 439 | 585 | 804 | 1023 | 1242 |
| 3157 - 3160 | | | | 25 | 207 | 438 | 584 | 803 | 1022 | 1241 |
| 3161 - 3163 | | | | 24 | 206 | 437 | 583 | 802 | 1021 | 1240 |
| 3164 - 3166 | | | | 23 | 205 | 436 | 582 | 801 | 1020 | 1239 |
| 3167 - 3170 | | | | 22 | 204 | 435 | 581 | 800 | 1019 | 1238 |
| 3171 - 3173 | | | | 21 | 203 | 434 | 580 | 799 | 1018 | 1237 |
| 3174 - 3176 | | | | 20 | 202 | 433 | 579 | 798 | 1017 | 1236 |
| 3177 - 3180 | | | | 19 | 201 | 432 | 578 | 797 | 1016 | 1235 |
| 3181 - 3183 | | | | 18 | 200 | 431 | 577 | 796 | 1015 | 1234 |
| 3184 - 3186 | | | | 17 | 199 | 430 | 576 | 795 | 1014 | 1233 |
| 3187 - 3190 | | | | 16 | 198 | 429 | 575 | 794 | 1013 | 1232 |
| 3191 - 3193 | | | | 15 | 197 | 428 | 574 | 793 | 1012 | 1231 |
| 3194 - 3196 | | | | 14 | 196 | 427 | 573 | 792 | 1011 | 1230 |
| 3197 - 3200 | | | | 13 | 195 | 426 | 572 | 791 | 1010 | 1229 |
| 3201 - 3203 | | | | 12 | 194 | 425 | 571 | 790 | 1009 | 1228 |
| 3204 - 3206 | | | | 11 | 193 | 424 | 570 | 789 | 1008 | 1227 |
| 3207 - 3210 | | | | 10 | 192 | 423 | 569 | 788 | 1007 | 1226 |
| 3211 - 3213 | | | | 9 | 191 | 422 | 568 | 787 | 1006 | 1225 |
| 3214 - 3216 | | | | 8 | 190 | 421 | 567 | 786 | 1005 | 1224 |
| 3217 - 3220 | | | | 7 | 189 | 420 | 566 | 785 | 1004 | 1223 |
| 3221 - 3223 | | | | 6 | 188 | 419 | 565 | 784 | 1003 | 1222 |
| 3224 - 3226 | | | | 5 | 187 | 418 | 564 | 783 | 1002 | 1221 |
| 3227 - 3230 | | | | 4 | 186 | 417 | 563 | 782 | 1001 | 1220 |
| 3231 - 3233 | | | | 3 | 185 | 416 | 562 | 781 | 1000 | 1219 |
| 3234 - 3236 | | | | 2 | 184 | 415 | 561 | 780 | 999 | 1218 |
| 3237 - 3240 | | | | 1 | 183 | 414 | 560 | 779 | 998 | 1217 |
| 3241 - 3243 | | | | | 182 | 413 | 559 | 778 | 997 | 1216 |
| 3244 - 3246 | | | | | 181 | 412 | 558 | 777 | 996 | 1215 |
| 3247 - 3250 | | | | | 180 | 411 | 557 | 776 | 995 | 1214 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3251 - 3253 | | | | | 179 | 410 | 556 | 775 | 994 | 1213 |
| 3254 - 3256 | | | | | 178 | 409 | 555 | 774 | 993 | 1212 |
| 3257 - 3260 | | | | | 177 | 408 | 554 | 773 | 992 | 1211 |
| 3261 - 3263 | | | | | 176 | 407 | 553 | 772 | 991 | 1210 |
| 3264 - 3266 | | | | | 175 | 406 | 552 | 771 | 990 | 1209 |
| 3267 - 3270 | | | | | 174 | 405 | 551 | 770 | 989 | 1208 |
| | | | | | | | | | | |
| 3271 - 3273 | | | | | 173 | 404 | 550 | 769 | 988 | 1207 |
| 3274 - 3276 | | | | | 172 | 403 | 549 | 768 | 987 | 1206 |
| 3277 - 3280 | | | | | 171 | 402 | 548 | 767 | 986 | 1205 |
| 3281 - 3283 | | | | | 170 | 401 | 547 | 766 | 985 | 1204 |
| 3284 - 3286 | | | | | 169 | 400 | 546 | 765 | 984 | 1203 |
| 3287 - 3290 | | | | | 168 | 399 | 545 | 764 | 983 | 1202 |
| | | | | | | | | | | |
| 3291 - 3293 | | | | | 167 | 398 | 544 | 763 | 982 | 1201 |
| 3294 - 3296 | | | | | 166 | 397 | 543 | 762 | 981 | 1200 |
| 3297 - 3300 | | | | | 165 | 396 | 542 | 761 | 980 | 1199 |
| 3301 - 3303 | | | | | 164 | 395 | 541 | 760 | 979 | 1198 |
| 3304 - 3306 | | | | | 163 | 394 | 540 | 759 | 978 | 1197 |
| 3307 - 3310 | | | | | 162 | 393 | 539 | 758 | 977 | 1196 |
| | | | | | | | | | | |
| 3311 - 3313 | | | | | 161 | 392 | 538 | 757 | 976 | 1195 |
| 3314 - 3316 | | | | | 160 | 391 | 537 | 756 | 975 | 1194 |
| 3317 - 3320 | | | | | 159 | 390 | 536 | 755 | 974 | 1193 |
| 3321 - 3323 | | | | | 158 | 389 | 535 | 754 | 973 | 1192 |
| 3324 - 3326 | | | | | 157 | 388 | 534 | 753 | 972 | 1191 |
| 3327 - 3330 | | | | | 156 | 387 | 533 | 752 | 971 | 1190 |
| | | | | | | | | | | |
| 3331 - 3333 | | | | | 155 | 386 | 532 | 751 | 970 | 1189 |
| 3334 - 3336 | | | | | 154 | 385 | 531 | 750 | 969 | 1188 |
| 3337 - 3340 | | | | | 153 | 384 | 530 | 749 | 968 | 1187 |
| 3341 - 3343 | | | | | 152 | 383 | 529 | 748 | 967 | 1186 |
| 3344 - 3346 | | | | | 151 | 382 | 528 | 747 | 966 | 1185 |
| 3347 - 3350 | | | | | 150 | 381 | 527 | 746 | 965 | 1184 |
| | | | | | | | | | | |
| 3351 - 3353 | | | | | 149 | 380 | 526 | 745 | 964 | 1183 |
| 3354 - 3356 | | | | | 148 | 379 | 525 | 744 | 963 | 1182 |
| 3357* - 3360 | | | | | 147 | 378* | 524 | 743 | 962 | 1181 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3361 - 3363 | | | | | 146 | 377 | 523 | 742 | 961 | 1180 |
| 3364 - 3366 | | | | | 145 | 376 | 522 | 741 | 960 | 1179 |
| 3367 - 3370 | | | | | 144 | 375 | 521 | 740 | 959 | 1178 |
| 3371 - 3373 | | | | | 143 | 374 | 520 | 739 | 958 | 1177 |
| 3374 - 3376 | | | | | 142 | 373 | 519 | 738 | 957 | 1176 |
| 3377 - 3380 | | | | | 141 | 372 | 518 | 737 | 956 | 1175 |
| 3381 - 3383 | | | | | 140 | 371 | 517 | 736 | 955 | 1174 |
| 3384 - 3386 | | | | | 139 | 370 | 516 | 735 | 954 | 1173 |
| 3387 - 3390 | | | | | 138 | 369 | 515 | 734 | 953 | 1172 |
| 3391 - 3393 | | | | | 137 | 368 | 514 | 733 | 952 | 1171 |
| 3394 - 3396 | | | | | 136 | 367 | 513 | 732 | 951 | 1170 |
| 3397 - 3400 | | | | | 135 | 366 | 512 | 731 | 950 | 1169 |
| 3401 - 3403 | | | | | 134 | 365 | 511 | 730 | 949 | 1168 |
| 3404 - 3406 | | | | | 133 | 364 | 510 | 729 | 948 | 1167 |
| 3407 - 3410 | | | | | 132 | 363 | 509 | 728 | 947 | 1166 |
| 3411 - 3413 | | | | | 131 | 362 | 508 | 727 | 946 | 1165 |
| 3414 - 3416 | | | | | 130 | 361 | 507 | 726 | 945 | 1164 |
| 3417 - 3420 | | | | | 129 | 360 | 506 | 725 | 944 | 1163 |
| 3421 - 3423 | | | | | 128 | 359 | 505 | 724 | 943 | 1162 |
| 3424 - 3426 | | | | | 127 | 358 | 504 | 723 | 942 | 1161 |
| 3427 - 3430 | | | | | 126 | 357 | 503 | 722 | 941 | 1160 |
| 3431 - 3433 | | | | | 125 | 356 | 502 | 721 | 940 | 1159 |
| 3434 - 3436 | | | | | 124 | 355 | 501 | 720 | 939 | 1158 |
| 3437 - 3440 | | | | | 123 | 354 | 500 | 719 | 938 | 1157 |
| 3441 - 3443 | | | | | 122 | 353 | 499 | 718 | 937 | 1156 |
| 3444 - 3446 | | | | | 121 | 352 | 498 | 717 | 936 | 1155 |
| 3447 - 3450 | | | | | 120 | 351 | 497 | 716 | 935 | 1154 |
| 3451 - 3453 | | | | | 119 | 350 | 496 | 715 | 934 | 1153 |
| 3454 - 3456 | | | | | 118 | 349 | 495 | 714 | 933 | 1152 |
| 3457 - 3460 | | | | | 117 | 348 | 494 | 713 | 932 | 1151 |
| 3461 - 3463 | | | | | 116 | 347 | 493 | 712 | 931 | 1150 |
| 3464 - 3466 | | | | | 115 | 346 | 492 | 711 | 930 | 1149 |
| 3467 - 3470 | | | | | 114 | 345 | 491 | 710 | 929 | 1148 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3471 - 3473 | | | | | 113 | 344 | 490 | 709 | 928 | 1147 |
| 3474 - 3476 | | | | | 112 | 343 | 489 | 708 | 927 | 1146 |
| 3477 - 3480 | | | | | 111 | 342 | 488 | 707 | 926 | 1145 |
| 3481 - 3483 | | | | | 110 | 341 | 487 | 706 | 925 | 1144 |
| 3484 - 3486 | | | | | 109 | 340 | 486 | 705 | 924 | 1143 |
| 3487 - 3490 | | | | | 108 | 339 | 485 | 704 | 923 | 1142 |
| 3491 - 3493 | | | | | 107 | 338 | 484 | 703 | 922 | 1141 |
| 3494 - 3496 | | | | | 106 | 337 | 483 | 702 | 921 | 1140 |
| 3497 - 3500 | | | | | 105 | 336 | 482 | 701 | 920 | 1139 |
| 3501 - 3503 | | | | | 104 | 335 | 481 | 700 | 919 | 1138 |
| 3504 - 3506 | | | | | 103 | 334 | 480 | 699 | 918 | 1137 |
| 3507 - 3510 | | | | | 102 | 333 | 479 | 698 | 917 | 1136 |
| 3511 - 3513 | | | | | 101 | 332 | 478 | 697 | 916 | 1135 |
| 3514 - 3516 | | | | | 100 | 331 | 477 | 696 | 915 | 1134 |
| 3517 - 3520 | | | | | 99 | 330 | 476 | 695 | 914 | 1133 |
| 3521 - 3523 | | | | | 98 | 329 | 475 | 694 | 913 | 1132 |
| 3524 - 3526 | | | | | 97 | 328 | 474 | 693 | 912 | 1131 |
| 3527 - 3530 | | | | | 96 | 327 | 473 | 692 | 911 | 1130 |
| 3531 - 3533 | | | | | 95 | 326 | 472 | 691 | 910 | 1129 |
| 3534 - 3536 | | | | | 94 | 325 | 471 | 690 | 909 | 1128 |
| 3537 - 3540 | | | | | 93 | 324 | 470 | 689 | 908 | 1127 |
| 3541 - 3543 | | | | | 92 | 323 | 469 | 688 | 907 | 1126 |
| 3544 - 3546 | | | | | 91 | 322 | 468 | 687 | 906 | 1125 |
| 3547 - 3550 | | | | | 90 | 321 | 467 | 686 | 905 | 1124 |
| 3551 - 3553 | | | | | 89 | 320 | 466 | 685 | 904 | 1123 |
| 3554 - 3556 | | | | | 88 | 319 | 465 | 684 | 903 | 1122 |
| 3557 - 3560 | | | | | 87 | 318 | 464 | 683 | 902 | 1121 |
| 3561 - 3563 | | | | | 86 | 317 | 463 | 682 | 901 | 1120 |
| 3564 - 3566 | | | | | 85 | 316 | 462 | 681 | 900 | 1119 |
| 3567 - 3570 | | | | | 84 | 315 | 461 | 680 | 899 | 1118 |
| 3571 - 3573 | | | | | 83 | 314 | 460 | 679 | 898 | 1117 |
| 3574 - 3576 | | | | | 82 | 313 | 459 | 678 | 897 | 1116 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3577 - 3580 | | | | | 81 | 312 | 458 | 677 | 896 | 1115 |
| 3581 - 3583 | | | | | 80 | 311 | 457 | 676 | 895 | 1114 |
| 3584 - 3586 | | | | | 79 | 310 | 456 | 675 | 894 | 1113 |
| 3587 - 3590 | | | | | 78 | 309 | 455 | 674 | 893 | 1112 |
| 3591 - 3593 | | | | | 77 | 308 | 454 | 673 | 892 | 1111 |
| 3594 - 3596 | | | | | 76 | 307 | 453 | 672 | 891 | 1110 |
| 3597 - 3600 | | | | | 75 | 306 | 452 | 671 | 890 | 1109 |
| 3601 - 3603 | | | | | 74 | 305 | 451 | 670 | 889 | 1108 |
| 3604 - 3606 | | | | | 73 | 304 | 450 | 669 | 888 | 1107 |
| 3607 - 3610 | | | | | 72 | 303 | 449 | 668 | 887 | 1106 |
| 3611 - 3613 | | | | | 71 | 302 | 448 | 667 | 886 | 1105 |
| 3614 - 3616 | | | | | 70 | 301 | 447 | 666 | 885 | 1104 |
| 3617 - 3620 | | | | | 69 | 300 | 446 | 665 | 884 | 1103 |
| 3621 - 3623 | | | | | 68 | 299 | 445 | 664 | 883 | 1102 |
| 3624 - 3626 | | | | | 67 | 298 | 444 | 663 | 882 | 1101 |
| 3627 - 3630 | | | | | 66 | 297 | 443 | 662 | 881 | 1100 |
| 3631 - 3633 | | | | | 65 | 296 | 442 | 661 | 880 | 1099 |
| 3634 - 3636 | | | | | 64 | 295 | 441 | 660 | 879 | 1098 |
| 3637 - 3640 | | | | | 63 | 294 | 440 | 659 | 878 | 1097 |
| 3641 - 3643 | | | | | 62 | 293 | 439 | 658 | 877 | 1096 |
| 3644 - 3646 | | | | | 61 | 292 | 438 | 657 | 876 | 1095 |
| 3647 - 3650 | | | | | 60 | 291 | 437 | 656 | 875 | 1094 |
| 3651 - 3653 | | | | | 59 | 290 | 436 | 655 | 874 | 1093 |
| 3654 - 3656 | | | | | 58 | 289 | 435 | 654 | 873 | 1092 |
| 3657 - 3660 | | | | | 57 | 288 | 434 | 653 | 872 | 1091 |
| 3661 - 3663 | | | | | 56 | 287 | 433 | 652 | 871 | 1090 |
| 3664 - 3666 | | | | | 55 | 286 | 432 | 651 | 870 | 1089 |
| 3667 - 3670 | | | | | 54 | 285 | 431 | 650 | 869 | 1088 |
| 3671 - 3673 | | | | | 53 | 284 | 430 | 649 | 868 | 1087 |
| 3674 - 3676 | | | | | 52 | 283 | 429 | 648 | 867 | 1086 |
| 3677 - 3680 | | | | | 51 | 282 | 428 | 647 | 866 | 1085 |
| 3681 - 3683 | | | | | 50 | 281 | 427 | 646 | 865 | 1084 |
| 3684 - 3686 | | | | | 49 | 280 | 426 | 645 | 864 | 1083 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3687 - 3690 | | | | | 48 | 279 | 425 | 644 | 863 | 1082 |
| 3691 - 3693 | | | | | 47 | 278 | 424 | 643 | 862 | 1081 |
| 3694 - 3696 | | | | | 46 | 277 | 423 | 642 | 861 | 1080 |
| 3697 - 3700 | | | | | 45 | 276 | 422 | 641 | 860 | 1079 |
| 3701 - 3703 | | | | | 44 | 275 | 421 | 640 | 859 | 1078 |
| 3704 - 3706 | | | | | 43 | 274 | 420 | 639 | 858 | 1077 |
| 3707 - 3710 | | | | | 42 | 273 | 419 | 638 | 857 | 1076 |
| 3711 - 3713 | | | | | 41 | 272 | 418 | 637 | 856 | 1075 |
| 3714 - 3716 | | | | | 40 | 271 | 417 | 636 | 855 | 1074 |
| 3717 - 3720 | | | | | 39 | 270 | 416 | 635 | 854 | 1073 |
| 3721 - 3723 | | | | | 38 | 269 | 415 | 634 | 853 | 1072 |
| 3724 - 3726 | | | | | 37 | 268 | 414 | 633 | 852 | 1071 |
| 3727 - 3730 | | | | | 36 | 267 | 413 | 632 | 851 | 1070 |
| 3731 - 3733 | | | | | 35 | 266 | 412 | 631 | 850 | 1069 |
| 3734 - 3736 | | | | | 34 | 265 | 411 | 630 | 849 | 1068 |
| 3737 - 3740 | | | | | 33 | 264 | 410 | 629 | 848 | 1067 |
| 3741 - 3743 | | | | | 32 | 263 | 409 | 628 | 847 | 1066 |
| 3744 - 3746 | | | | | 31 | 262 | 408 | 627 | 846 | 1065 |
| 3747 - 3750 | | | | | 30 | 261 | 407 | 626 | 845 | 1064 |
| 3751 - 3753 | | | | | 29 | 260 | 406 | 625 | 844 | 1063 |
| 3754 - 3756 | | | | | 28 | 259 | 405 | 624 | 843 | 1062 |
| 3757 - 3760 | | | | | 27 | 258 | 404 | 623 | 842 | 1061 |
| 3761 - 3763 | | | | | 26 | 257 | 403 | 622 | 841 | 1060 |
| 3764 - 3766 | | | | | 25 | 256 | 402 | 621 | 840 | 1059 |
| 3767 - 3770 | | | | | 24 | 255 | 401 | 620 | 839 | 1058 |
| 3771 - 3773 | | | | | 23 | 254 | 400 | 619 | 838 | 1057 |
| 3774 - 3776 | | | | | 22 | 253 | 399 | 618 | 837 | 1056 |
| 3777 - 3780 | | | | | 21 | 252 | 398 | 617 | 836 | 1055 |
| 3781 - 3783 | | | | | 20 | 251 | 397* | 616 | 835 | 1054 |
| 3784 - 3786* | | | | | 19 | 250 | 396 | 615 | 834 | 1053 |
| 3787 - 3790 | | | | | 18 | 249 | 395 | 614 | 833 | 1052 |
| 3791 - 3793 | | | | | 17 | 248 | 394 | 613 | 832 | 1051 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3794 - 3796 | | | | | 16 | 247 | 393 | 612 | 831 | 1050 |
| 3797 - 3800 | | | | | 15 | 246 | 392 | 611 | 830 | 1049 |
| 3801 - 3803 | | | | | 14 | 245 | 391 | 610 | 829 | 1048 |
| 3804 - 3806 | | | | | 13 | 244 | 390 | 609 | 828 | 1047 |
| 3807 - 3810 | | | | | 12 | 243 | 389 | 608 | 827 | 1046 |
| 3811 - 3813 | | | | | 11 | 242 | 388 | 607 | 826 | 1045 |
| 3814 - 3816 | | | | | 10 | 241 | 387 | 606 | 825 | 1044 |
| 3817 - 3820 | | | | | 9 | 240 | 386 | 605 | 824 | 1043 |
| 3821 - 3823 | | | | | 8 | 239 | 385 | 604 | 823 | 1042 |
| 3824 - 3826 | | | | | 7 | 238 | 384 | 603 | 822 | 1041 |
| 3827 - 3830 | | | | | 6 | 237 | 383 | 602 | 821 | 1040 |
| 3831 - 3833 | | | | | 5 | 236 | 382 | 601 | 820 | 1039 |
| 3834 - 3836 | | | | | 4 | 235 | 381 | 600 | 819 | 1038 |
| 3837 - 3840 | | | | | 3 | 234 | 380 | 599 | 818 | 1037 |
| 3841 - 3843 | | | | | 2 | 233 | 379 | 598 | 817 | 1036 |
| 3844 - 3846 | | | | | 1 | 232 | 378 | 597 | 816 | 1035 |
| 3847 - 3850 | | | | | | 231 | 377 | 596 | 815 | 1034 |
| 3851 - 3853 | | | | | | 230 | 376 | 595 | 814 | 1033 |
| 3854 - 3856 | | | | | | 229 | 375 | 594 | 813 | 1032 |
| 3857 - 3860 | | | | | | 228 | 374 | 593 | 812 | 1031 |
| 3861 - 3863 | | | | | | 227 | 373 | 592 | 811 | 1030 |
| 3864 - 3866 | | | | | | 226 | 372 | 591 | 810 | 1029 |
| 3867 - 3870 | | | | | | 225 | 371 | 590 | 809 | 1028 |
| 3871 - 3873 | | | | | | 224 | 370 | 589 | 808 | 1027 |
| 3874 - 3876 | | | | | | 223 | 369 | 588 | 807 | 1026 |
| 3877 - 3880 | | | | | | 222 | 368 | 587 | 806 | 1025 |
| 3881 - 3883 | | | | | | 221 | 367 | 586 | 805 | 1024 |
| 3884 - 3886 | | | | | | 220 | 366 | 585 | 804 | 1023 |
| 3887 - 3890 | | | | | | 219 | 365 | 584 | 803 | 1022 |
| 3891 - 3893 | | | | | | 218 | 364 | 583 | 802 | 1021 |
| 3894 - 3896 | | | | | | 217 | 363 | 582 | 801 | 1020 |
| 3897 - 3900 | | | | | | 216 | 362 | 581 | 800 | 1019 |
| 3901 - 3903 | | | | | | 215 | 361 | 580 | 799 | 1018 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 3904 - 3906 | | | | | | 214 | 360 | 579 | 798 | 1017 |
| 3907 - 3910 | | | | | | 213 | 359 | 578 | 797 | 1016 |
| 3911 - 3913 | | | | | | 212 | 358 | 577 | 796 | 1015 |
| 3914 - 3916 | | | | | | 211 | 357 | 576 | 795 | 1014 |
| 3917 - 3920 | | | | | | 210 | 356 | 575 | 794 | 1013 |
| 3921 - 3923 | | | | | | 209 | 355 | 574 | 793 | 1012 |
| 3924 - 3926 | | | | | | 208 | 354 | 573 | 792 | 1011 |
| 3927 - 3930 | | | | | | 207 | 353 | 572 | 791 | 1010 |
| 3931 - 3933 | | | | | | 206 | 352 | 571 | 790 | 1009 |
| 3934 - 3936 | | | | | | 205 | 351 | 570 | 789 | 1008 |
| 3937 - 3940 | | | | | | 204 | 350 | 569 | 788 | 1007 |
| 3941 - 3943 | | | | | | 203 | 349 | 568 | 787 | 1006 |
| 3944 - 3946 | | | | | | 202 | 348 | 567 | 786 | 1005 |
| 3947 - 3950 | | | | | | 201 | 347 | 566 | 785 | 1004 |
| 3951 - 3953 | | | | | | 200 | 346 | 565 | 784 | 1003 |
| 3954 - 3956 | | | | | | 199 | 345 | 564 | 783 | 1002 |
| 3957 - 3960 | | | | | | 198 | 344 | 563 | 782 | 1001 |
| 3961 - 3963 | | | | | | 197 | 343 | 562 | 781 | 1000 |
| 3964 - 3966 | | | | | | 196 | 342 | 561 | 780 | 999 |
| 3967 - 3970 | | | | | | 195 | 341 | 560 | 779 | 998 |
| 3971 - 3973 | | | | | | 194 | 340 | 559 | 778 | 997 |
| 3974 - 3976 | | | | | | 193 | 339 | 558 | 777 | 996 |
| 3977 - 3980 | | | | | | 192 | 338 | 557 | 776 | 995 |
| 3981 - 3983 | | | | | | 191 | 337 | 556 | 775 | 994 |
| 3984 - 3986 | | | | | | 190 | 336 | 555 | 774 | 993 |
| 3987 - 3990 | | | | | | 189 | 335 | 554 | 773 | 992 |
| 3991 - 3993 | | | | | | 188 | 334 | 553 | 772 | 991 |
| 3994 - 3996 | | | | | | 187 | 333 | 552 | 771 | 990 |
| 3997 - 4000 | | | | | | 186 | 332 | 551 | 770 | 989 |
| 4001 - 4003 | | | | | | 185 | 331 | 550 | 769 | 988 |
| 4004 - 4006 | | | | | | 184 | 330 | 549 | 768 | 987 |
| 4007 - 4010 | | | | | | 183 | 329 | 548 | 767 | 986 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4011 - 4013 | | | | | | 182 | 328 | 547 | 766 | 985 |
| 4014 - 4016 | | | | | | 181 | 327 | 546 | 765 | 984 |
| 4017 - 4020 | | | | | | 180 | 326 | 545 | 764 | 983 |
| 4021 - 4023 | | | | | | 179 | 325 | 544 | 763 | 982 |
| 4024 - 4026 | | | | | | 178 | 324 | 543 | 762 | 981 |
| 4027 - 4030 | | | | | | 177 | 323 | 542 | 761 | 980 |
| 4031 - 4033 | | | | | | 176 | 322 | 541 | 760 | 979 |
| 4034 - 4036 | | | | | | 175 | 321 | 540 | 759 | 978 |
| 4037 - 4040 | | | | | | 174 | 320 | 539 | 758 | 977 |
| 4041 - 4043 | | | | | | 173 | 319 | 538 | 757 | 976 |
| 4044 - 4046 | | | | | | 172 | 318 | 537 | 756 | 975 |
| 4047 - 4050 | | | | | | 171 | 317 | 536 | 755 | 974 |
| 4051 - 4053 | | | | | | 170 | 316 | 535 | 754 | 973 |
| 4054 - 4056 | | | | | | 169 | 315 | 534 | 753 | 972 |
| 4057 - 4060 | | | | | | 168 | 314 | 533 | 752 | 971 |
| 4061 - 4063 | | | | | | 167 | 313 | 532 | 751 | 970 |
| 4064 - 4066 | | | | | | 166 | 312 | 531 | 750 | 969 |
| 4067 - 4070 | | | | | | 165 | 311 | 530 | 749 | 968 |
| 4071 - 4073 | | | | | | 164 | 310 | 529 | 748 | 967 |
| 4074 - 4076 | | | | | | 163 | 309 | 528 | 747 | 966 |
| 4077 - 4080 | | | | | | 162 | 308 | 527 | 746 | 965 |
| 4081 - 4083 | | | | | | 161 | 307 | 526 | 745 | 964 |
| 4084 - 4086 | | | | | | 160 | 306 | 525 | 744 | 963 |
| 4087 - 4090 | | | | | | 159 | 305 | 524 | 743 | 962 |
| 4091 - 4093 | | | | | | 158 | 304 | 523 | 742 | 961 |
| 4094 - 4096 | | | | | | 157 | 303 | 522 | 741 | 960 |
| 4097 - 4100 | | | | | | 156 | 302 | 521 | 740 | 959 |
| 4101 - 4103 | | | | | | 155 | 301 | 520 | 739 | 958 |
| 4104 - 4106 | | | | | | 154 | 300 | 519 | 738 | 957 |
| 4107 - 4110 | | | | | | 153 | 299 | 518 | 737 | 956 |
| 4111 - 4113 | | | | | | 152 | 298 | 517 | 736 | 955 |
| 4114 - 4116 | | | | | | 151 | 297 | 516 | 735 | 954 |
| 4117 - 4120 | | | | | | 150 | 296 | 515 | 734 | 953 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4121 - 4123 | | | | | | 149 | 295 | 514 | 733 | 952 |
| 4124 - 4126 | | | | | | 148 | 294 | 513 | 732 | 951 |
| 4127 - 4130 | | | | | | 147 | 293 | 512 | 731 | 950 |
| 4131 - 4133 | | | | | | 146 | 292 | 511 | 730 | 949 |
| 4134 - 4136 | | | | | | 145 | 291 | 510 | 729 | 948 |
| 4137 - 4140 | | | | | | 144 | 290 | 509 | 728 | 947 |
| 4141 - 4143 | | | | | | 143 | 289 | 508 | 727 | 946 |
| 4144 - 4146 | | | | | | 142 | 288 | 507 | 726 | 945 |
| 4147 - 4150 | | | | | | 141 | 287 | 506 | 725 | 944 |
| 4151 - 4153 | | | | | | 140 | 286 | 505 | 724 | 943 |
| 4154 - 4156 | | | | | | 139 | 285 | 504 | 723 | 942 |
| 4157 - 4160 | | | | | | 138 | 284 | 503 | 722 | 941 |
| 4161 - 4163 | | | | | | 137 | 283 | 502 | 721 | 940 |
| 4164 - 4166 | | | | | | 136 | 282 | 501 | 720 | 939 |
| 4167 - 4170 | | | | | | 135 | 281 | 500 | 719 | 938 |
| 4171 - 4173 | | | | | | 134 | 280 | 499 | 718 | 937 |
| 4174 - 4176 | | | | | | 133 | 279 | 498 | 717 | 936 |
| 4177 - 4180 | | | | | | 132 | 278 | 497 | 716 | 935 |
| 4181 - 4183 | | | | | | 131 | 277 | 496 | 715 | 934 |
| 4184 - 4186 | | | | | | 130 | 276 | 495 | 714 | 933 |
| 4187 - 4190 | | | | | | 129 | 275 | 494 | 713 | 932 |
| 4191 - 4193 | | | | | | 128 | 274 | 493 | 712 | 931 |
| 4194 - 4196 | | | | | | 127 | 273 | 492 | 711 | 930 |
| 4197 - 4200 | | | | | | 126 | 272 | 491 | 710 | 929 |
| 4201 - 4203 | | | | | | 125 | 271 | 490 | 709 | 928 |
| 4204 - 4206 | | | | | | 124 | 270 | 489 | 708 | 927 |
| 4207 - 4210 | | | | | | 123 | 269 | 488 | 707 | 926 |
| 4211 - 4213 | | | | | | 122 | 268 | 487 | 706 | 925 |
| 4214* - 4216 | | | | | | 121 | 267 | 486* | 705 | 924 |
| 4217 - 4220 | | | | | | 120 | 266 | 485 | 704 | 923 |
| 4221 - 4223 | | | | | | 119 | 265 | 484 | 703 | 922 |
| 4224 - 4226 | | | | | | 118 | 264 | 483 | 702 | 921 |
| 4227 - 4230 | | | | | | 117 | 263 | 482 | 701 | 920 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4231 - 4233 | | | | | | 116 | 262 | 481 | 700 | 919 |
| 4234 - 4236 | | | | | | 115 | 261 | 480 | 699 | 918 |
| 4237 - 4240 | | | | | | 114 | 260 | 479 | 698 | 917 |
| 4241 - 4243 | | | | | | 113 | 259 | 478 | 697 | 916 |
| 4244 - 4246 | | | | | | 112 | 258 | 477 | 696 | 915 |
| 4247 - 4250 | | | | | | 111 | 257 | 476 | 695 | 914 |
| 4251 - 4253 | | | | | | 110 | 256 | 475 | 694 | 913 |
| 4254 - 4256 | | | | | | 109 | 255 | 474 | 693 | 912 |
| 4257 - 4260 | | | | | | 108 | 254 | 473 | 692 | 911 |
| 4261 - 4263 | | | | | | 107 | 253 | 472 | 691 | 910 |
| 4264 - 4266 | | | | | | 106 | 252 | 471 | 690 | 909 |
| 4267 - 4270 | | | | | | 105 | 251 | 470 | 689 | 908 |
| 4271 - 4273 | | | | | | 104 | 250 | 469 | 688 | 907 |
| 4274 - 4276 | | | | | | 103 | 249 | 468 | 687 | 906 |
| 4277 - 4280 | | | | | | 102 | 248 | 467 | 686 | 905 |
| 4281 - 4283 | | | | | | 101 | 247 | 466 | 685 | 904 |
| 4284 - 4286 | | | | | | 100 | 246 | 465 | 684 | 903 |
| 4287 - 4290 | | | | | | 99 | 245 | 464 | 683 | 902 |
| 4291 - 4293 | | | | | | 98 | 244 | 463 | 682 | 901 |
| 4294 - 4296 | | | | | | 97 | 243 | 462 | 681 | 900 |
| 4297 - 4300 | | | | | | 96 | 242 | 461 | 680 | 899 |
| 4301 - 4303 | | | | | | 95 | 241 | 460 | 679 | 898 |
| 4304 - 4306 | | | | | | 94 | 240 | 459 | 678 | 897 |
| 4307 - 4310 | | | | | | 93 | 239 | 458 | 677 | 896 |
| 4311 - 4313 | | | | | | 92 | 238 | 457 | 676 | 895 |
| 4314 - 4316 | | | | | | 91 | 237 | 456 | 675 | 894 |
| 4317 - 4320 | | | | | | 90 | 236 | 455 | 674 | 893 |
| 4321 - 4323 | | | | | | 89 | 235 | 454 | 673 | 892 |
| 4324 - 4326 | | | | | | 88 | 234 | 453 | 672 | 891 |
| 4327 - 4330 | | | | | | 87 | 233 | 452 | 671 | 890 |
| 4331 - 4333 | | | | | | 86 | 232 | 451 | 670 | 889 |
| 4334 - 4336 | | | | | | 85 | 231 | 450 | 669 | 888 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4337 - 4340 | | | | | | 84 | 230 | 449 | 668 | 887 |
| 4341 - 4343 | | | | | | 83 | 229 | 448 | 667 | 886 |
| 4344 - 4346 | | | | | | 82 | 228 | 447 | 666 | 885 |
| 4347 - 4350 | | | | | | 81 | 227 | 446 | 665 | 884 |
| 4351 - 4353 | | | | | | 80 | 226 | 445 | 664 | 883 |
| 4354 - 4356 | | | | | | 79 | 225 | 444 | 663 | 882 |
| 4357 - 4360 | | | | | | 78 | 224 | 443 | 662 | 881 |
| 4361 - 4363 | | | | | | 77 | 223 | 442 | 661 | 880 |
| 4364 - 4366 | | | | | | 76 | 222 | 441 | 660 | 879 |
| 4367 - 4370 | | | | | | 75 | 221 | 440 | 659 | 878 |
| 4371 - 4373 | | | | | | 74 | 220 | 439 | 658 | 877 |
| 4374 - 4376 | | | | | | 73 | 219 | 438 | 657 | 876 |
| 4377 - 4380 | | | | | | 72 | 218 | 437 | 656 | 875 |
| 4381 - 4383 | | | | | | 71 | 217 | 436 | 655 | 874 |
| 4384 - 4386 | | | | | | 70 | 216 | 435 | 654 | 873 |
| 4387 - 4390 | | | | | | 69 | 215 | 434 | 653 | 872 |
| 4391 - 4393 | | | | | | 68 | 214 | 433 | 652 | 871 |
| 4394 - 4396 | | | | | | 67 | 213 | 432 | 651 | 870 |
| 4397 - 4400 | | | | | | 66 | 212 | 431 | 650 | 869 |
| 4401 - 4403 | | | | | | 65 | 211 | 430 | 649 | 868 |
| 4404 - 4406 | | | | | | 64 | 210 | 429 | 648 | 867 |
| 4407 - 4410 | | | | | | 63 | 209 | 428 | 647 | 866 |
| 4411 - 4413 | | | | | | 62 | 208 | 427 | 646 | 865 |
| 4414 - 4416 | | | | | | 61 | 207 | 426 | 645 | 864 |
| 4417 - 4420 | | | | | | 60 | 206 | 425 | 644 | 863 |
| 4421 - 4423 | | | | | | 59 | 205 | 424 | 643 | 862 |
| 4424 - 4426 | | | | | | 58 | 204 | 423 | 642 | 861 |
| 4427 - 4430 | | | | | | 57 | 203 | 422 | 641 | 860 |
| 4431 - 4433 | | | | | | 56 | 202 | 421 | 640 | 859 |
| 4434 - 4436 | | | | | | 55 | 201 | 420 | 639 | 858 |
| 4437 - 4440 | | | | | | 54 | 200 | 419 | 638 | 857 |
| 4441 - 4443 | | | | | | 53 | 199 | 418 | 637 | 856 |
| 4444 - 4446 | | | | | | 52 | 198 | 417 | 636 | 855 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4447 - 4450 | | | | | | 51 | 197 | 416 | 635 | 854 |
| 4451 - 4453 | | | | | | 50 | 196 | 415 | 634 | 853 |
| 4454 - 4456 | | | | | | 49 | 195 | 414 | 633 | 852 |
| 4457 - 4460 | | | | | | 48 | 194 | 413 | 632 | 851 |
| 4461 - 4463 | | | | | | 47 | 193 | 412 | 631 | 850 |
| 4464 - 4466 | | | | | | 46 | 192 | 411 | 630 | 849 |
| 4467 - 4470 | | | | | | 45 | 191 | 410 | 629 | 848 |
| 4471 - 4473 | | | | | | 44 | 190 | 409 | 628 | 847 |
| 4474 - 4476 | | | | | | 43 | 189 | 408 | 627 | 846 |
| 4477 - 4480 | | | | | | 42 | 188 | 407 | 626 | 845 |
| 4481 - 4483 | | | | | | 41 | 187 | 406 | 625 | 844 |
| 4484 - 4486 | | | | | | 40 | 186 | 405 | 624 | 843 |
| 4487 - 4490 | | | | | | 39 | 185 | 404 | 623 | 842 |
| 4491 - 4493 | | | | | | 38 | 184 | 403 | 622 | 841 |
| 4494 - 4496 | | | | | | 37 | 183 | 402 | 621 | 840 |
| 4497 - 4500 | | | | | | 36 | 182 | 401 | 620 | 839 |
| 4501 - 4503 | | | | | | 35 | 181 | 400 | 619 | 838 |
| 4504 - 4506 | | | | | | 34 | 180 | 399 | 618 | 837 |
| 4507 - 4510 | | | | | | 33 | 179 | 398 | 617 | 836 |
| 4511 - 4513 | | | | | | 32 | 178 | 397 | 616 | 835 |
| 4514 - 4516 | | | | | | 31 | 177 | 396 | 615 | 834 |
| 4517 - 4520 | | | | | | 30 | 176 | 395 | 614 | 833 |
| 4521 - 4523 | | | | | | 29 | 175 | 394 | 613 | 832 |
| 4524 - 4526 | | | | | | 28 | 174 | 393 | 612 | 831 |
| 4527 - 4530 | | | | | | 27 | 173 | 392 | 611 | 830 |
| 4531 - 4533 | | | | | | 26 | 172 | 391 | 610 | 829 |
| 4534 - 4536 | | | | | | 25 | 171 | 390 | 609 | 828 |
| 4537 - 4540 | | | | | | 24 | 170 | 389 | 608 | 827 |
| 4541 - 4543 | | | | | | 23 | 169 | 388 | 607 | 826 |
| 4544 - 4546 | | | | | | 22 | 168 | 387 | 606 | 825 |
| 4547 - 4550 | | | | | | 21 | 167 | 386 | 605 | 824 |
| 4551 - 4553 | | | | | | 20 | 166 | 385 | 604 | 823 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4554 - 4556 | | | | | | 19 | 165 | 384 | 603 | 822 |
| 4557 - 4560 | | | | | | 18 | 164 | 383 | 602 | 821 |
| 4561 - 4563 | | | | | | 17 | 163 | 382 | 601 | 820 |
| 4564 - 4566 | | | | | | 16 | 162 | 381 | 600 | 819 |
| 4567 - 4570 | | | | | | 15 | 161 | 380 | 599 | 818 |
| 4571 - 4573 | | | | | | 14 | 160 | 379 | 598 | 817 |
| 4574 - 4576 | | | | | | 13 | 159 | 378 | 597 | 816 |
| 4577 - 4580 | | | | | | 12 | 158 | 377 | 596 | 815 |
| 4581 - 4583 | | | | | | 11 | 157 | 376 | 595 | 814 |
| 4584 - 4586 | | | | | | 10 | 156 | 375 | 594 | 813 |
| 4587 - 4590 | | | | | | 9 | 155 | 374 | 593 | 812 |
| 4591 - 4593 | | | | | | 8 | 154 | 373 | 592 | 811 |
| 4594 - 4596 | | | | | | 7 | 153 | 372 | 591 | 810 |
| 4597 - 4600 | | | | | | 6 | 152 | 371 | 590 | 809 |
| 4601 - 4603 | | | | | | 5 | 151 | 370 | 589 | 808 |
| 4604 - 4606 | | | | | | 4 | 150 | 369 | 588 | 807 |
| 4607 - 4610 | | | | | | 3 | 149 | 368 | 587 | 806 |
| 4611 - 4613 | | | | | | 2 | 148 | 367 | 586 | 805 |
| 4614 - 4616 | | | | | | 1 | 147 | 366 | 585 | 804 |
| 4617 - 4620 | | | | | | | 146 | 365 | 584 | 803 |
| 4621 - 4623 | | | | | | | 145 | 364 | 583 | 802 |
| 4624 - 4626 | | | | | | | 144 | 363 | 582 | 801 |
| 4627 - 4630 | | | | | | | 143 | 362 | 581 | 800 |
| 4631 - 4633 | | | | | | | 142 | 361 | 580 | 799 |
| 4634 - 4636 | | | | | | | 141 | 360 | 579 | 798 |
| 4637 - 4640 | | | | | | | 140 | 359 | 578 | 797 |
| 4641 - 4643* | | | | | | | 139 | 358 | 577* | 796 |
| 4644 - 4646 | | | | | | | 138 | 357 | 576 | 795 |
| 4647 - 4650 | | | | | | | 137 | 356 | 575 | 794 |
| 4651 - 4653 | | | | | | | 136 | 355 | 574 | 793 |
| 4654 - 4656 | | | | | | | 135 | 354 | 573 | 792 |
| 4657 - 4660 | | | | | | | 134 | 353 | 572 | 791 |
| 4661 - 4663 | | | | | | | 133 | 352 | 571 | 790 |

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4664 - 4666 | | | | | | | 132 | 351 | 570 | 789 |
| 4667 - 4670 | | | | | | | 131 | 350 | 569 | 788 |
| 4671 - 4673 | | | | | | | 130 | 349 | 568 | 787 |
| 4674 - 4676 | | | | | | | 129 | 348 | 567 | 786 |
| 4677 - 4680 | | | | | | | 128 | 347 | 566 | 785 |
| 4681 - 4683 | | | | | | | 127 | 346 | 565 | 784 |
| 4684 - 4686 | | | | | | | 126 | 345 | 564 | 783 |
| 4687 - 4690 | | | | | | | 125 | 344 | 563 | 782 |
| 4691 - 4693 | | | | | | | 124 | 343 | 562 | 781 |
| 4694 - 4696 | | | | | | | 123 | 342 | 561 | 780 |
| 4697 - 4700 | | | | | | | 122 | 341 | 560 | 779 |
| 4701 - 4703 | | | | | | | 121 | 340 | 559 | 778 |
| 4704 - 4706 | | | | | | | 120 | 339 | 558 | 777 |
| 4707 - 4710 | | | | | | | 119 | 338 | 557 | 776 |
| 4711 - 4713 | | | | | | | 118 | 337 | 556 | 775 |
| 4714 - 4716 | | | | | | | 117 | 336 | 555 | 774 |
| 4717 - 4720 | | | | | | | 116 | 335 | 554 | 773 |
| 4721 - 4723 | | | | | | | 115 | 334 | 553 | 772 |
| 4724 - 4726 | | | | | | | 114 | 333 | 552 | 771 |
| 4727 - 4730 | | | | | | | 113 | 332 | 551 | 770 |
| 4731 - 4733 | | | | | | | 112 | 331 | 550 | 769 |
| 4734 - 4736 | | | | | | | 111 | 330 | 549 | 768 |
| 4737 - 4740 | | | | | | | 110 | 329 | 548 | 767 |
| 4741 - 4743 | | | | | | | 109 | 328 | 547 | 766 |
| 4744 - 4746 | | | | | | | 108 | 327 | 546 | 765 |
| 4747 - 4750 | | | | | | | 107 | 326 | 545 | 764 |
| 4751 - 4753 | | | | | | | 106 | 325 | 544 | 763 |
| 4754 - 4756 | | | | | | | 105 | 324 | 543 | 762 |
| 4757 - 4760 | | | | | | | 104 | 323 | 542 | 761 |
| 4761 - 4763 | | | | | | | 103 | 322 | 541 | 760 |
| 4764 - 4766 | | | | | | | 102 | 321 | 540 | 759 |
| 4767 - 4770 | | | | | | | 101 | 320 | 539 | 758 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4771 - 4773 | | | | | | | 100 | 319 | 538 | 757 |
| 4774 - 4776 | | | | | | | 99 | 318 | 537 | 756 |
| 4777 - 4780 | | | | | | | 98 | 317 | 536 | 755 |
| 4781 - 4783 | | | | | | | 97 | 316 | 535 | 754 |
| 4784 - 4786 | | | | | | | 96 | 315 | 534 | 753 |
| 4787 - 4790 | | | | | | | 95 | 314 | 533 | 752 |
| 4791 - 4793 | | | | | | | 94 | 313 | 532 | 751 |
| 4794 - 4796 | | | | | | | 93 | 312 | 531 | 750 |
| 4797 - 4800 | | | | | | | 92 | 311 | 530 | 749 |
| 4801 - 4803 | | | | | | | 91 | 310 | 529 | 748 |
| 4804 - 4806 | | | | | | | 90 | 309 | 528 | 747 |
| 4807 - 4810 | | | | | | | 89 | 308 | 527 | 746 |
| 4811 - 4813 | | | | | | | 88 | 307 | 526 | 745 |
| 4814 - 4816 | | | | | | | 87 | 306 | 525 | 744 |
| 4817 - 4820 | | | | | | | 86 | 305 | 524 | 743 |
| 4821 - 4823 | | | | | | | 85 | 304 | 523 | 742 |
| 4824 - 4826 | | | | | | | 84 | 303 | 522 | 741 |
| 4827 - 4830 | | | | | | | 83 | 302 | 521 | 740 |
| 4831 - 4833 | | | | | | | 82 | 301 | 520 | 739 |
| 4834 - 4836 | | | | | | | 81 | 300 | 519 | 738 |
| 4837 - 4840 | | | | | | | 80 | 299 | 518 | 737 |
| 4841 - 4843 | | | | | | | 79 | 298 | 517 | 736 |
| 4844 - 4846 | | | | | | | 78 | 297 | 516 | 735 |
| 4847 - 4850 | | | | | | | 77 | 296 | 515 | 734 |
| 4851 - 4853 | | | | | | | 76 | 295 | 514 | 733 |
| 4854 - 4856 | | | | | | | 75 | 294 | 513 | 732 |
| 4857 - 4860 | | | | | | | 74 | 293 | 512 | 731 |
| 4861 - 4863 | | | | | | | 73 | 292 | 511 | 730 |
| 4864 - 4866 | | | | | | | 72 | 291 | 510 | 729 |
| 4867 - 4870 | | | | | | | 71 | 290 | 509 | 728 |
| 4871 - 4873 | | | | | | | 70 | 289 | 508 | 727 |
| 4874 - 4876 | | | | | | | 69 | 288 | 507 | 726 |
| 4877 - 4880 | | | | | | | 68 | 287 | 506 | 725 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4881 - 4883 | | | | | | | 67 | 286 | 505 | 724 |
| 4884 - 4886 | | | | | | | 66 | 285 | 504 | 723 |
| 4887 - 4890 | | | | | | | 65 | 284 | 503 | 722 |
| 4891 - 4893 | | | | | | | 64 | 283 | 502 | 721 |
| 4894 - 4896 | | | | | | | 63 | 282 | 501 | 720 |
| 4897 - 4900 | | | | | | | 62 | 281 | 500 | 719 |
| 4901 - 4903 | | | | | | | 61 | 280 | 499 | 718 |
| 4904 - 4906 | | | | | | | 60 | 279 | 498 | 717 |
| 4907 - 4910 | | | | | | | 59 | 278 | 497 | 716 |
| 4911 - 4913 | | | | | | | 58 | 277 | 496 | 715 |
| 4914 - 4916 | | | | | | | 57 | 276 | 495 | 714 |
| 4917 - 4920 | | | | | | | 56 | 275 | 494 | 713 |
| 4921 - 4923 | | | | | | | 55 | 274 | 493 | 712 |
| 4924 - 4926 | | | | | | | 54 | 273 | 492 | 711 |
| 4927 - 4930 | | | | | | | 53 | 272 | 491 | 710 |
| 4931 - 4933 | | | | | | | 52 | 271 | 490 | 709 |
| 4934 - 4936 | | | | | | | 51 | 270 | 489 | 708 |
| 4937 - 4940 | | | | | | | 50 | 269 | 488 | 707 |
| 4941 - 4943 | | | | | | | 49 | 268 | 487 | 706 |
| 4944 - 4946 | | | | | | | 48 | 267 | 486 | 705 |
| 4947 - 4950 | | | | | | | 47 | 266 | 485 | 704 |
| 4951 - 4953 | | | | | | | 46 | 265 | 484 | 703 |
| 4954 - 4956 | | | | | | | 45 | 264 | 483 | 702 |
| 4957 - 4960 | | | | | | | 44 | 263 | 482 | 701 |
| 4961 - 4963 | | | | | | | 43 | 262 | 481 | 700 |
| 4964 - 4966 | | | | | | | 42 | 261 | 480 | 699 |
| 4967 - 4970 | | | | | | | 41 | 260 | 479 | 698 |
| 4971 - 4973 | | | | | | | 40 | 259 | 478 | 697 |
| 4974 - 4976 | | | | | | | 39 | 258 | 477 | 696 |
| 4977 - 4980 | | | | | | | 38 | 257 | 476 | 695 |
| 4981 - 4983 | | | | | | | 37 | 256 | 475 | 694 |
| 4984 - 4986 | | | | | | | 36 | 255 | 474 | 693 |
| 4987 - 4990 | | | | | | | 35 | 254 | 473 | 692 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 4991 - 4993 | | | | | | | 34 | 253 | 472 | 691 |
| 4994 - 4996 | | | | | | | 33 | 252 | 471 | 690 |
| 4997 - 5000 | | | | | | | 32 | 251 | 470 | 689 |
| 5001 - 5003 | | | | | | | 31 | 250 | 469 | 688 |
| 5004 - 5006 | | | | | | | 30 | 249 | 468 | 687 |
| 5007 - 5010 | | | | | | | 29 | 248 | 467 | 686 |
| 5011 - 5013 | | | | | | | 28 | 247 | 466 | 685 |
| 5014 - 5016 | | | | | | | 27 | 246 | 465 | 684 |
| 5017 - 5020 | | | | | | | 26 | 245 | 464 | 683 |
| 5021 - 5023 | | | | | | | 25 | 244 | 463 | 682 |
| 5024 - 5026 | | | | | | | 24 | 243 | 462 | 681 |
| 5027 - 5030 | | | | | | | 23 | 242 | 461 | 680 |
| 5031 - 5033 | | | | | | | 22 | 241 | 460 | 679 |
| 5034 - 5036 | | | | | | | 21 | 240 | 459 | 678 |
| 5037 - 5040 | | | | | | | 20 | 239 | 458 | 677 |
| 5041 - 5043 | | | | | | | 19 | 238 | 457 | 676 |
| 5044 - 5046 | | | | | | | 18 | 237 | 456 | 675 |
| 5047 - 5050 | | | | | | | 17 | 236 | 455 | 674 |
| 5051 - 5053 | | | | | | | 16 | 235 | 454 | 673 |
| 5054 - 5056 | | | | | | | 15 | 234 | 453 | 672 |
| 5057 - 5060 | | | | | | | 14 | 233 | 452 | 671 |
| 5061 - 5063 | | | | | | | 13 | 232 | 451 | 670 |
| 5064 - 5066 | | | | | | | 12 | 231 | 450 | 669 |
| 5067 - 5070 | | | | | | | 11 | 230 | 449 | 668 |
| 5071 - 5073* | | | | | | | 10 | 229 | 448 | 667* |
| 5074 - 5076 | | | | | | | 9 | 228 | 447 | 666 |
| 5077 - 5080 | | | | | | | 8 | 227 | 446 | 665 |
| 5081 - 5083 | | | | | | | 7 | 226 | 445 | 664 |
| 5084 - 5086 | | | | | | | 6 | 225 | 444 | 663 |
| 5087 - 5090 | | | | | | | 5 | 224 | 443 | 662 |
| 5091 - 5093 | | | | | | | 4 | 223 | 442 | 661 |
| 5094 - 5096 | | | | | | | 3 | 222 | 441 | 660 |
| 5097 - 5100 | | | | | | | 2 | 221 | 440 | 659 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5101 - 5103 | | | | | | | 1 | 220 | 439 | 658 |
| 5104 - 5106 | | | | | | | | 219 | 438 | 657 |
| 5107 - 5110 | | | | | | | | 218 | 437 | 656 |
| 5111 - 5113 | | | | | | | | 217 | 436 | 655 |
| 5114 - 5116 | | | | | | | | 216 | 435 | 654 |
| 5117 - 5120 | | | | | | | | 215 | 434 | 653 |
| 5121 - 5123 | | | | | | | | 214 | 433 | 652 |
| 5124 - 5126 | | | | | | | | 213 | 432 | 651 |
| 5127 - 5130 | | | | | | | | 212 | 431 | 650 |
| 5131 - 5133 | | | | | | | | 211 | 430 | 649 |
| 5134 - 5136 | | | | | | | | 210 | 429 | 648 |
| 5137 - 5140 | | | | | | | | 209 | 428 | 647 |
| 5141 - 5143 | | | | | | | | 208 | 427 | 646 |
| 5144 - 5146 | | | | | | | | 207 | 426 | 645 |
| 5147 - 5150 | | | | | | | | 206 | 425 | 644 |
| 5151 - 5153 | | | | | | | | 205 | 424 | 643 |
| 5154 - 5156 | | | | | | | | 204 | 423 | 642 |
| 5157 - 5160 | | | | | | | | 203 | 422 | 641 |
| 5161 - 5163 | | | | | | | | 202 | 421 | 640 |
| 5164 - 5166 | | | | | | | | 201 | 420 | 639 |
| 5167 - 5170 | | | | | | | | 200 | 419 | 638 |
| 5171 - 5173 | | | | | | | | 199 | 418 | 637 |
| 5174 - 5176 | | | | | | | | 198 | 417 | 636 |
| 5177 - 5180 | | | | | | | | 197 | 416 | 635 |
| 5181 - 5183 | | | | | | | | 196 | 415 | 634 |
| 5184 - 5186 | | | | | | | | 195 | 414 | 633 |
| 5187 - 5190 | | | | | | | | 194 | 413 | 632 |
| 5191 - 5193 | | | | | | | | 193 | 412 | 631 |
| 5194 - 5196 | | | | | | | | 192 | 411 | 630 |
| 5197 - 5200 | | | | | | | | 191 | 410 | 629 |
| 5201 - 5203 | | | | | | | | 190 | 409 | 628 |
| 5204 - 5206 | | | | | | | | 189 | 408 | 627 |
| 5207 - 5210 | | | | | | | | 188 | 407 | 626 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5211 - 5213 | | | | | | | | 187 | 406 | 625 |
| 5214 - 5216 | | | | | | | | 186 | 405 | 624 |
| 5217 - 5220 | | | | | | | | 185 | 404 | 623 |
| 5221 - 5223 | | | | | | | | 184 | 403 | 622 |
| 5224 - 5226 | | | | | | | | 183 | 402 | 621 |
| 5227 - 5230 | | | | | | | | 182 | 401 | 620 |
| 5231 - 5233 | | | | | | | | 181 | 400 | 619 |
| 5234 - 5236 | | | | | | | | 180 | 399 | 618 |
| 5237 - 5240 | | | | | | | | 179 | 398 | 617 |
| 5241 - 5243 | | | | | | | | 178 | 397 | 616 |
| 5244 - 5246 | | | | | | | | 177 | 396 | 615 |
| 5247 - 5250 | | | | | | | | 176 | 395 | 614 |
| 5251 - 5253 | | | | | | | | 175 | 394 | 613 |
| 5254 - 5256 | | | | | | | | 174 | 393 | 612 |
| 5257 - 5260 | | | | | | | | 173 | 392 | 611 |
| 5261 - 5263 | | | | | | | | 172 | 391 | 610 |
| 5264 - 5266 | | | | | | | | 171 | 390 | 609 |
| 5267 - 5270 | | | | | | | | 170 | 389 | 608 |
| 5271 - 5273 | | | | | | | | 169 | 388 | 607 |
| 5274 - 5276 | | | | | | | | 168 | 387 | 606 |
| 5277 - 5280 | | | | | | | | 167 | 386 | 605 |
| 5281 - 5283 | | | | | | | | 166 | 385 | 604 |
| 5284 - 5286 | | | | | | | | 165 | 384 | 603 |
| 5287 - 5290 | | | | | | | | 164 | 383 | 602 |
| 5291 - 5293 | | | | | | | | 163 | 382 | 601 |
| 5294 - 5296 | | | | | | | | 162 | 381 | 600 |
| 5297 - 5300 | | | | | | | | 161 | 380 | 599 |
| 5301 - 5303 | | | | | | | | 160 | 379 | 598 |
| 5304 - 5306 | | | | | | | | 159 | 378 | 597 |
| 5307 - 5310 | | | | | | | | 158 | 377 | 596 |
| 5311 - 5313 | | | | | | | | 157 | 376 | 595 |
| 5314 - 5316 | | | | | | | | 156 | 375 | 594 |

BASIS OF BENEFIT ISSUANCE
October 2023

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5317 - 5320 | | | | | | | | 155 | 374 | 593 |
| 5321 - 5323 | | | | | | | | 154 | 373 | 592 |
| 5324 - 5326 | | | | | | | | 153 | 372 | 591 |
| 5327 - 5330 | | | | | | | | 152 | 371 | 590 |
| 5331 - 5333 | | | | | | | | 151 | 370 | 589 |
| 5334 - 5336 | | | | | | | | 150 | 369 | 588 |
| 5337 - 5340 | | | | | | | | 149 | 368 | 587 |
| 5341 - 5343 | | | | | | | | 148 | 367 | 586 |
| 5344 - 5346 | | | | | | | | 147 | 366 | 585 |
| 5347 - 5350 | | | | | | | | 146 | 365 | 584 |
| 5351 - 5353 | | | | | | | | 145 | 364 | 583 |
| 5354 - 5356 | | | | | | | | 144 | 363 | 582 |
| 5357 - 5360 | | | | | | | | 143 | 362 | 581 |
| 5361 - 5363 | | | | | | | | 142 | 361 | 580 |
| 5364 - 5366 | | | | | | | | 141 | 360 | 579 |
| 5367 - 5370 | | | | | | | | 140 | 359 | 578 |
| 5371 - 5373 | | | | | | | | 139 | 358 | 577 |
| 5374 - 5376 | | | | | | | | 138 | 357 | 576 |
| 5377 - 5380 | | | | | | | | 137 | 356 | 575 |
| 5381 - 5383 | | | | | | | | 136 | 355 | 574 |
| 5384 - 5386 | | | | | | | | 135 | 354 | 573 |
| 5387 - 5390 | | | | | | | | 134 | 353 | 572 |
| 5391 - 5393 | | | | | | | | 133 | 352 | 571 |
| 5394 - 5396 | | | | | | | | 132 | 351 | 570 |
| 5397 - 5400 | | | | | | | | 131 | 350 | 569 |
| 5401 - 5403 | | | | | | | | 130 | 349 | 568 |
| 5404 - 5406 | | | | | | | | 129 | 348 | 567 |
| 5407 - 5410 | | | | | | | | 128 | 347 | 566 |
| 5411 - 5413 | | | | | | | | 127 | 346 | 565 |
| 5414 - 5416 | | | | | | | | 126 | 345 | 564 |
| 5417 - 5420 | | | | | | | | 125 | 344 | 563 |
| 5421 - 5423 | | | | | | | | 124 | 343 | 562 |
| 5424 - 5426 | | | | | | | | 123 | 342 | 561 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5427 - 5430 | | | | | | | | 122 | 341 | 560 |
| 5431 - 5433 | | | | | | | | 121 | 340 | 559 |
| 5434 - 5436 | | | | | | | | 120 | 339 | 558 |
| 5437 - 5440 | | | | | | | | 119 | 338 | 557 |
| 5441 - 5443 | | | | | | | | 118 | 337 | 556 |
| 5444 - 5446 | | | | | | | | 117 | 336 | 555 |
| 5447 - 5450 | | | | | | | | 116 | 335 | 554 |
| 5451 - 5453 | | | | | | | | 115 | 334 | 553 |
| 5454 - 5456 | | | | | | | | 114 | 333 | 552 |
| 5457 - 5460 | | | | | | | | 113 | 332 | 551 |
| 5461 - 5463 | | | | | | | | 112 | 331 | 550 |
| 5464 - 5466 | | | | | | | | 111 | 330 | 549 |
| 5467 - 5470 | | | | | | | | 110 | 329 | 548 |
| 5471 - 5473 | | | | | | | | 109 | 328 | 547 |
| 5474 - 5476 | | | | | | | | 108 | 327 | 546 |
| 5477 - 5480 | | | | | | | | 107 | 326 | 545 |
| 5481 - 5483 | | | | | | | | 106 | 325 | 544 |
| 5484 - 5486 | | | | | | | | 105 | 324 | 543 |
| 5487 - 5490 | | | | | | | | 104 | 323 | 542 |
| 5491 - 5493 | | | | | | | | 103 | 322 | 541 |
| 5494 - 5496 | | | | | | | | 102 | 321 | 540 |
| 5497 - 5500 | | | | | | | | 101 | 320 | 539 |
| 5501 - 5503 | | | | | | | | 100 | 319 | 538 |
| 5504 - 5506 | | | | | | | | 99 | 318 | 537 |
| 5507 - 5510 | | | | | | | | 98 | 317 | 536 |
| 5511 - 5513 | | | | | | | | 97 | 316 | 535 |
| 5514 - 5516 | | | | | | | | 96 | 315 | 534 |
| 5517 - 5520 | | | | | | | | 95 | 314 | 533 |
| 5521 - 5523 | | | | | | | | 94 | 313 | 532 |
| 5524 - 5526 | | | | | | | | 93 | 312 | 531 |
| 5527 - 5530 | | | | | | | | 92 | 311 | 530 |
| 5531 - 5533 | | | | | | | | 91 | 310 | 329 |

BASIS OF BENEFIT ISSUANCE
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5534 - 5536 | | | | | | | | 90 | 309 | 528 |
| 5537 - 5540 | | | | | | | | 89 | 308 | 527 |
| 5541 - 5543 | | | | | | | | 88 | 307 | 526 |
| 5544 - 5546 | | | | | | | | 87 | 306 | 525 |
| 5547 - 5550 | | | | | | | | 86 | 305 | 524 |
| 5551 - 5553 | | | | | | | | 85 | 304 | 523 |
| 5554 - 5556 | | | | | | | | 84 | 303 | 522 |
| 5557 - 5560 | | | | | | | | 83 | 302 | 521 |
| 5561 - 5563 | | | | | | | | 82 | 301 | 520 |
| 5564 - 5566 | | | | | | | | 81 | 300 | 519 |
| 5567 - 5570 | | | | | | | | 80 | 299 | 518 |
| 5571 - 5573 | | | | | | | | 79 | 298 | 517 |
| 5574 - 5576 | | | | | | | | 78 | 297 | 516 |
| 5577 - 5580 | | | | | | | | 77 | 296 | 515 |
| 5581 - 5583 | | | | | | | | 76 | 295 | 514 |
| 5584 - 5586 | | | | | | | | 75 | 294 | 513 |
| 5587 - 5590 | | | | | | | | 74 | 293 | 512 |
| 5591 - 5593 | | | | | | | | 73 | 292 | 511 |
| 5594 - 5596 | | | | | | | | 72 | 291 | 510 |
| 5597 - 5600 | | | | | | | | 71 | 290 | 509 |
| 5601 - 5603 | | | | | | | | 70 | 289 | 508 |
| 5604 - 5606 | | | | | | | | 69 | 288 | 507 |
| 5607 - 5610 | | | | | | | | 68 | 287 | 506 |
| 5611 - 5613 | | | | | | | | 67 | 286 | 505 |
| 5614 - 5616 | | | | | | | | 66 | 285 | 504 |
| 5617 - 5620 | | | | | | | | 65 | 284 | 503 |
| 5621 - 5623 | | | | | | | | 64 | 283 | 502 |
| 5624 - 5626 | | | | | | | | 63 | 282 | 501 |
| 5627 - 5630 | | | | | | | | 62 | 281 | 500 |
| 5631 - 5633 | | | | | | | | 61 | 280 | 499 |
| 5634 - 5636 | | | | | | | | 60 | 279 | 498 |
| 5637 - 5640 | | | | | | | | 59 | 278 | 497 |
| 5641 - 5643 | | | | | | | | 58 | 277 | 496 |

BASIS OF BENEFIT ISSUANCE
October 2023

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5644 - 5646 | | | | | | | | 57 | 276 | 495 |
| 5647 - 5650 | | | | | | | | 56 | 275 | 494 |
| 5651 - 5653 | | | | | | | | 55 | 274 | 493 |
| 5654 - 5656 | | | | | | | | 54 | 273 | 492 |
| 5657 - 5660 | | | | | | | | 53 | 272 | 491 |
| 5661 - 5663 | | | | | | | | 52 | 271 | 490 |
| 5664 - 5666 | | | | | | | | 51 | 270 | 489 |
| 5667 - 5670 | | | | | | | | 50 | 269 | 488 |
| 5671 - 5673 | | | | | | | | 49 | 268 | 487 |
| 5674 - 5676 | | | | | | | | 48 | 267 | 486 |
| 5677 - 5680 | | | | | | | | 47 | 266 | 485 |
| 5681 - 5683 | | | | | | | | 46 | 265 | 484 |
| 5684 - 5686 | | | | | | | | 45 | 264 | 483 |
| 5687 - 5690 | | | | | | | | 44 | 263 | 482 |
| 5691 - 5693 | | | | | | | | 43 | 262 | 481 |
| 5694 - 5696 | | | | | | | | 42 | 261 | 480 |
| 5697 - 5700 | | | | | | | | 41 | 260 | 479 |
| 5701 - 5703 | | | | | | | | 40 | 259 | 478 |
| 5704 - 5706 | | | | | | | | 39 | 258 | 477 |
| 5707 - 5710 | | | | | | | | 38 | 257 | 476 |
| 5711 - 5713 | | | | | | | | 37 | 256 | 475 |
| 5714 - 5716 | | | | | | | | 36 | 255 | 474 |
| 5717 - 5720 | | | | | | | | 35 | 254 | 473 |
| 5721 - 5723 | | | | | | | | 34 | 253 | 472 |
| 5724 - 5726 | | | | | | | | 33 | 252 | 471 |
| 5727 - 5730 | | | | | | | | 32 | 251 | 470 |
| 5731 - 5733 | | | | | | | | 31 | 250 | 469 |
| 5734 - 5736 | | | | | | | | 30 | 249 | 468 |
| 5737 - 5740 | | | | | | | | 29 | 248 | 467 |
| 5741 - 5743 | | | | | | | | 28 | 247 | 466 |
| 5744 - 5746 | | | | | | | | 27 | 246 | 465 |
| 5747 - 5750 | | | | | | | | 26 | 245 | 464 |

BASIS OF BENEFIT ISSUANCE
October 2023

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|-----------------------|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| 5861 - 5863 | | | | | | | | | 211 | 430 |
| 5864 - 5866 | | | | | | | | | 210 | 429 |
| 5867 - 5870 | | | | | | | | | 209 | 428 |
| 5871 - 5873 | | | | | | | | | 208 | 427 |
| 5874 - 5876 | | | | | | | | | 207 | 426 |
| 5877 - 5880 | | | | | | | | | 206 | 425 |
| 5881 - 5883 | | | | | | | | | 205 | 424 |
| 5884 - 5886 | | | | | | | | | 204 | 423 |
| 5887 - 5890 | | | | | | | | | 203 | 422 |
| 5891 - 5893 | | | | | | | | | 202 | 421 |
| 5894 - 5896 | | | | | | | | | 201 | 420 |
| 5897 - 5900 | | | | | | | | | 200 | 419 |
| 5901 - 5903 | | | | | | | | | 199 | 418 |
| 5904 - 5906 | | | | | | | | | 198 | 417 |
| 5907 - 5910 | | | | | | | | | 197 | 416 |
| 5911 - 5913 | | | | | | | | | 196 | 415 |
| 5914 - 5916 | | | | | | | | | 195 | 414 |
| 5917 - 5920 | | | | | | | | | 194 | 413 |
| 5921 - 5923 | | | | | | | | | 193 | 412 |
| 5924 - 5926 | | | | | | | | | 192 | 411 |
| 5927 - 5930 | | | | | | | | | 191 | 410 |
| 5931 - 5933 | | | | | | | | | 190 | 409 |
| 5934 - 5936 | | | | | | | | | 189 | 408 |
| 5937 - 5940 | | | | | | | | | 188 | 407 |
| 5941 - 5943 | | | | | | | | | 187 | 406 |
| 5944 - 5946 | | | | | | | | | 186 | 405 |
| 5947 - 5950 | | | | | | | | | 185 | 404 |
| 5951 - 5953 | | | | | | | | | 184 | 403 |
| 5954 - 5956 | | | | | | | | | 183 | 402 |
| 5957 - 5960 | | | | | | | | | 182 | 401 |
| 5961 - 5963 | | | | | | | | | 181 | 400 |
| 5964 - 5966 | | | | | | | | | 180 | 399 |
| 5967 - 5970 | | | | | | | | | 179 | 398 |

BASIS OF BENEFIT ISSUANCE
October 2023

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

| Monthly Net Income | Number of Persons in the Household | | | | | | | | | |
|--------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons | 9 Persons | 10 Persons |
| | | | | | | | | | 178 | 397 |
| 5971 - 5973 | | | | | | | | | | |
| 5974 - 5976 | | | | | | | | | 177 | 396 |
| 5977 - 5980 | | | | | | | | | 176 | 395 |
| 5981 - 5983 | | | | | | | | | 175 | 394 |
| 5984 - 5986 | | | | | | | | | 174 | 393 |
| 5987 - 5990 | | | | | | | | | 173 | 392 |
| 5991 - 5993 | | | | | | | | | 172 | 391 |
| 5994 - 5996 | | | | | | | | | 171 | 390 |
| 5997 - 6000 | | | | | | | | | 170 | 389 |
| 6001 - 6003 | | | | | | | | | 169 | 388 |
| 6004 - 6006 | | | | | | | | | 168 | 387 |
| 6007 - 6010 | | | | | | | | | 167 | 356 |
| 6011 - 6013 | | | | | | | | | 166 | 385 |
| 6014 - 6016 | | | | | | | | | 165 | 384 |
| 6017 - 6020 | | | | | | | | | 164 | 383 |
| 6021 - 6023 | | | | | | | | | 163 | 382 |
| 6024 - 6026 | | | | | | | | | 162 | 381 |
| 6027 - 6030 | | | | | | | | | 161 | 380 |
| 6031 - 6033 | | | | | | | | | 160 | 379 |
| 6034 - 6036 | | | | | | | | | 159 | 378 |
| 6037 - 6040 | | | | | | | | | 158 | 377 |
| 6041 - 6043 | | | | | | | | | 157 | 376 |
| 6044 - 6046 | | | | | | | | | 156 | 375 |
| 6047 - 6050 | | | | | | | | | 155 | 374 |
| 6051 - 6053 | | | | | | | | | 154 | 373 |
| 6054 - 6056 | | | | | | | | | 153 | 372 |
| 6057 - 6060 | | | | | | | | | 152 | 371 |
| 6061 - 6063 | | | | | | | | | 151 | 370 |
| 6064 - 6066 | | | | | | | | | 150 | 369 |
| 6067 - 6070 | | | | | | | | | 149 | 368 |
| 6071 - 6073 | | | | | | | | | 148 | 367 |
| 6074 - 6076 | | | | | | | | | 147 | 366 |

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APPLICATION FOR BENEFITS

Return your completed application to:

_____ County/City DSS

GENERAL INFORMATION

With this application, you may apply for one or more of the following assistance programs:

- Auxiliary Grants (AG)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- General Relief – Unattached Child (GR)
- Refugee Cash Assistance (RCA)
- TANF Diversionary Assistance (TANF DA)
- TANF Emergency Assistance (TANF EA)

Note that an application for TANF will be treated as an application for SNAP. Be sure to mark **TANF-No SNAP** in the **Household Composition** section if you only want to apply for TANF.

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 there are more than 6 people living in your home and you need more space to list everyone, tell the agency you need extra pages. If you have a disability or have difficulty with English, you may receive extra help to make sure you get the assistance or services you are eligible to receive.

COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you do not give needed information, we may not be able to determine your eligibility for assistance. 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.

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

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)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)
- Income and Eligibility Verification System IEVS)

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 claims collection actions.

Your information may also be used or disclosed to study public benefit programs, such as SNAP or TANF.

Information regarding your race and ethnicity is not required and will not affect your eligibility or benefit amount. This information is requested to be sure that program benefits are provided without regard to race, color, or national origin.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR_P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form online through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Do not write in shaded areas. These areas are for agency use only.
2. Complete **SECTION A: APPLICANT INFORMATION**. Complete the grid in **SECTION B: Household Composition** 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 C: INCOME** for everyone for whom you are applying. In addition, if you are applying for **TANF**, also provide income information for children age 18 or under, even if you are not applying for that child, and for the stepparent of the children for whom you are applying.
4. Answer the questions in **SECTION D: RESOURCES** for everyone for whom you are applying unless you are applying only for TANF.
5. After completing Sections A through D, answer the questions in the sections indicated below, depending on the type of assistance you are requesting.

| | | | |
|-------------|---------------------------|---|------------------------------|
| TANF | Section E , page 5 | TANF Diversionary/Emergency Assistance | Section F , page 6 |
| SNAP | Section G , page 6 | Auxiliary Grants | Section H , pages 7-8 |
6. Complete **SECTION I** for all programs if you want to have an Authorized Representative act on your behalf.
7. Read **CHANGE REPORTING AND PENALTIES** on pages 9-10.
8. Read and complete the last page of this application. Be sure to sign and date the application.

EXPEDITED SERVICE FOR SNAP BENEFITS

Your household may qualify for Expedited Service and receive SNAP benefits within 7 days if you are eligible. To qualify for Expedited Service: 1) your gross monthly income must be less than \$150 and liquid resources \$100 or less; 2) your monthly shelter bills must be higher than your household's gross monthly income plus your liquid resources; or 3) someone in your household must be 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 income received/expected this month before deductions \$ _____
Total cash, money in checking/savings accounts, CDs, etc. \$ _____
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 _____

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

for agency use only

Voter Registration form completed: Yes No

Voter Registration form given to applicant for later mailing (at applicant's request) Yes No

Agency Staff 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.

Commonwealth of Virginia
Department of Social Services
APPLICATION FOR BENEFITS

Return your completed application to:

_____ County/City DSS

A. APPLICANT INFORMATION

Your Contact Information

Your Name (last, first, middle initial) _____

Your Street Address (include apartment number) _____

City, State, ZIP _____

Your Mailing Address (if different from your street address) _____

City, State, ZIP _____

In what city or county do you live? _____

Email Address _____

Primary Telephone Number _____

Alternate Telephone Number _____

What is the primary language spoken in your household?

- | | | | | | |
|------------------------------------|---|----------------------------------|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Somali | <input type="checkbox"/> French | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Farsi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Kurdish | <input type="checkbox"/> German | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | |

Primary Method of Correspondence

If you would like to receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail. If you are completing this application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text Email Cell Phone Number _____ **Email Address** _____

- YES NO 1. 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, General Relief, Auxiliary Grant, Foster Care, Adoption Assistance, or Refugee Cash Assistance? If **YES**, enter the information below.
Name: _____ Type of Benefit Received: _____
When: _____ From What County, City, or State: _____
- YES NO 2. 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. _____
- YES NO 3. Have you or anyone for whom you are applying ever been disqualified from participating in TANF, SNAP, or Medicaid? If **YES**, give date and place of all disqualifications. _____
- YES NO 4. 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 _____
- YES NO 5. Have you or anyone for whom you are applying ever been convicted of a felony as an adult on or after February 8, 2014 for the following:
a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? YES NO
b. Murder under Title 18 USC, Section 1111 or a similar state offense? YES NO
c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? YES NO
d. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ? YES NO
If **YES** to any of the above, who? _____
If **YES** to any of the above, are you in compliance with the terms of the sentence? YES NO

B. HOUSEHOLD COMPOSITION: This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person. List yourself first.

1

Name (last, first, middle initial) _____
Social Security Number: _____
Gender: Male Female
Marital Status: Married Never Married
 Separated Divorced Widowed
Highest Grade Completed: _____
School Name if a Student: _____
Are you a veteran or dependent? Yes No :
Program(s) Requested:
 None AG GR RCA SNAP
 TANF TANF DA or EA TANF--No SNAP

Self

Relationship to You _____ **Birth Date** (mm-dd-yyyy) _____
City, State, Country of Birth: _____
Are you a U.S. citizen? Yes No
If No, immigration status: _____
US Residency Date: __/__/____
Alien Registration Number: _____
Are you disabled or pregnant? Yes No
Are you temporarily living away from home? Yes No
Date Left __/__/____ **Expected Return Date** __/__/____
Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino
Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

2

Name (last, first, middle initial) _____
Social Security Number: _____
Gender: Male Female
Marital Status: Married Never Married
 Separated Divorced Widowed
Highest Grade Completed: _____
School Name if a Student: _____
Is this person a veteran or dependent? Yes No :
Program(s) Requested:
 None AG GR RCA SNAP
 TANF TANF DA or EA TANF--No SNAP

Relationship to Applicant _____ **Birth Date** (mm-dd-yyyy) _____
City, State, Country of Birth: _____
Is this person a U.S. citizen? Yes No
If No, immigration status: _____
US Residency Date: __/__/____
Alien Registration Number: _____
Is this person disabled or pregnant? Yes No
Is this person temporarily away from home? Yes No
Date Left __/__/____ **Expected Return Date** __/__/____
Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino
Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

3

Name (last, first, middle initial) _____
Social Security Number: _____
Gender: Male Female
Marital Status: Married Never Married
 Separated Divorced Widowed
Highest Grade Completed: _____
School Name if a Student: _____
Is this person a veteran or dependent? Yes No :
Program(s) Requested:
 None AG GR RCA SNAP
 TANF TANF DA or EA TANF--No SNAP

Relationship to Applicant _____ **Birth Date** (mm-dd-yyyy) _____
City, State, Country of Birth: _____
Is this person a U.S. citizen? Yes No
If No, immigration status: _____
US Residency Date: __/__/____
Alien Registration Number: _____
Is this person disabled or pregnant? Yes No
Is this person temporarily away from home? Yes No
Date Left __/__/____ **Expected Return Date** __/__/____
Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino
Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

HOUSEHOLD COMPOSITION (continued)

If you need more space to list your household members, please ask for another form or write the information on a separate sheet.

4

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

- None AG GR RCA SNAP
- TANF TANF DA or EA TANF--No SNAP

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Is this person a U.S. citizen? Yes No

If No, immigration status: _____

US Residency Date: ___/___/___

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

Date Left ___/___/___ **Expected Return Date** ___/___/___

Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White

American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

5

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

- None AG GR RCA SNAP
- TANF TANF DA or EA TANF--No SNAP

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Is this person a U.S. citizen? Yes No

If No, immigration status: _____

US Residency Date: ___/___/___

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

Date Left ___/___/___ **Expected Return Date** ___/___/___

Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White

American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

6

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

- None AG GR RCA SNAP
- TANF TANF DA or EA TANF--No SNAP

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Is this person a U.S. citizen? Yes No

If No, immigration status: _____

US Residency Date: ___/___/___

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

Date Left ___/___/___ **Expected Return Date** ___/___/___

Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White

American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

C. INCOME

1. Do you or anyone who lives with you receive or expect to receive any of the following types of money from working? Include money from all jobs that you have now or expect to begin, full time, part time, seasonal, temporary, self-employment. Answer Yes or No below and provide the requested information:

- | | | | | | |
|--------------------------|---|--------------------------|--|--------------------------|---|
| Yes | No | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> | <input type="checkbox"/> Earned Sick Pay | <input type="checkbox"/> | <input type="checkbox"/> Domestic Work |
| <input type="checkbox"/> | <input type="checkbox"/> Contract Income | <input type="checkbox"/> | <input type="checkbox"/> Babysitting/Adult or child care | <input type="checkbox"/> | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> | <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> | <input type="checkbox"/> Farming/Fishing | <input type="checkbox"/> | <input type="checkbox"/> Any other money from working |
| <input type="checkbox"/> | <input type="checkbox"/> Commissions, Bonuses, Tips | <input type="checkbox"/> | <input type="checkbox"/> Odd jobs | | |

a.

| | | |
|---|--|--|
| Name (last, first, middle initial) | Employer Name, Address and Telephone Number | |
| Number of Hours Per Week | Rate of Pay | Pay Schedule |
| Date Job Started | Next Pay Date (mm-dd-yyyy) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other |

b.

| | | |
|---|--|--|
| Name (last, first, middle initial) | Employer Name, Address and Telephone Number | |
| Number of Hours Per Week | Rate of Pay | Pay Schedule |
| Date Job Started | Next Pay Date (mm-dd-yyyy) | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other |

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 in the last 60 days? If YES, give name and explain: _____

3. Do you or anyone who lives with you (including children) receive or expect to receive any of the following? Answer yes or no below and provide the requested information.

- | | | | | | |
|--------------------------|---|--------------------------|--|--------------------------|---|
| Yes | No | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Social Security | <input type="checkbox"/> | <input type="checkbox"/> Cash gifts or contributions | <input type="checkbox"/> | <input type="checkbox"/> Strike benefits |
| <input type="checkbox"/> | <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> | <input type="checkbox"/> Prize winnings |
| <input type="checkbox"/> | <input type="checkbox"/> VA benefits | <input type="checkbox"/> | <input type="checkbox"/> Room/board income | <input type="checkbox"/> | <input type="checkbox"/> All food, clothing, utilities, or rent |
| <input type="checkbox"/> | <input type="checkbox"/> Child support, alimony | <input type="checkbox"/> | <input type="checkbox"/> Black Lung benefits | <input type="checkbox"/> | <input type="checkbox"/> Other retirement |
| <input type="checkbox"/> | <input type="checkbox"/> Public Assistance (TANF, GR etc) | <input type="checkbox"/> | <input type="checkbox"/> Worker compensation | <input type="checkbox"/> | <input type="checkbox"/> Interest, dividends |
| <input type="checkbox"/> | <input type="checkbox"/> Military Allotment | <input type="checkbox"/> | <input type="checkbox"/> Rental Income | <input type="checkbox"/> | <input type="checkbox"/> Insurance settlement |
| <input type="checkbox"/> | <input type="checkbox"/> Training allowances (WIA, etc.) | <input type="checkbox"/> | <input type="checkbox"/> Inheritance | <input type="checkbox"/> | <input type="checkbox"/> Refugee Matching Grant |
| <input type="checkbox"/> | <input type="checkbox"/> Loans | <input type="checkbox"/> | <input type="checkbox"/> Railroad retirement | <input type="checkbox"/> | <input type="checkbox"/> Any other type of money |

| | | | |
|-----------------------|---------------|------------------------------|----------------------------|
| a. | \$ | | |
| Name of Person | Amount | Type of Money or Help | How Often Received? |
| b. | \$ | | |
| Name of Person | Amount | Type of Money or Help | How Often Received? |
| c. | \$ | | |
| Name of Person | Amount | Type of Money or Help | How Often Received? |

YES NO 4. 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 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 who is not in the household? If YES, give name of person paying, person supported, and amount: _____

D. RESOURCES

You do not have to complete this section if you are only applying for TANF. Otherwise, answer for everyone for whom you are applying. Include any resources anyone owns, or that are jointly owned with someone else, even if that person does not live with you. List the names of all joint owners.

1. Do you or anyone who lives with you have any of the following resources or assets?

- | | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|--|
| Yes | No | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Cash \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> Checking, Savings | <input type="checkbox"/> | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> | <input type="checkbox"/> 401K, 403B, etc | <input type="checkbox"/> | <input type="checkbox"/> Promissory notes | <input type="checkbox"/> | <input type="checkbox"/> Money Market Funds |
| <input type="checkbox"/> | <input type="checkbox"/> Individual Retirement Account (IRA) | <input type="checkbox"/> | <input type="checkbox"/> Christmas Club | <input type="checkbox"/> | <input type="checkbox"/> Deeds of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> Deferred Compensation Plan | <input type="checkbox"/> | <input type="checkbox"/> Uniform Gift to Minor Account | <input type="checkbox"/> | <input type="checkbox"/> Retirement accounts |
| <input type="checkbox"/> | <input type="checkbox"/> Keogh Plan | <input type="checkbox"/> | <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> | <input type="checkbox"/> Trust funds |
| <input type="checkbox"/> | <input type="checkbox"/> Stocks or bonds | <input type="checkbox"/> | <input type="checkbox"/> Pension plans | <input type="checkbox"/> | <input type="checkbox"/> ABLE Account |
| <input type="checkbox"/> | <input type="checkbox"/> Other _____ | | | | |

— If **Yes to any of the above**, please provide the following information:

a.

| | | | |
|--|--|---|--|
| Owner Name (last, first, middle initial) _____ | | Co-Owner Name (last, first, middle initial) _____ | |
| Name of Bank or Institution _____ | | Account Type _____ | |
| Account Number _____ | | Balance \$ _____ | |
| Address of Bank or Institution _____ | | | |

b.

| | | | |
|--|--|---|--|
| Owner Name (last, first, middle initial) _____ | | Co-Owner Name (last, first, middle initial) _____ | |
| Name of Bank or Institution _____ | | Account Type _____ | |
| Account Number _____ | | Balance \$ _____ | |
| Address of Bank or Institution _____ | | | |

- YES NO 2. Has anyone received or expect to receive winnings of \$3,500 or more from lottery or gambling? If **YES**, explain: _____
- YES NO 3. Has anyone sold, transferred or given away any resources in the last 3 months (for SNAP) or in the last 3 years (for Auxiliary Grants)? If **YES**, explain: _____

E. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) (ASK FOR AN EXTRA PAGE IF YOU NEED MORE SPACE)

| 1. CHILD/PARENT INFORMATION | 2. IMMUNIZATION |
|--|--|
| 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 | (Answer only if applying for TANF.) Has the child received ALL of the immunizations required according to the child's age? Check (√) Yes Or No Or Unknown |
| 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. TANF DIVERSIONARY ASSISTANCE/EMERGENCY ASSISTANCE

- YES NO 1. Does your household have an emergency need related to basic needs (food, shelter, shelter items, potential eviction, medical expenses, childcare expenses or the costs associated with getting or keeping employment including transportations costs)? If **YES**, give date and explain below.
- YES NO 2. Does anyone have emergency needs that result from a natural disaster or fire such as replacement of clothing, or the repair or replacement of household equipment and supplies which were destroyed? If **YES**, explain below.
- YES NO 3. Has your household experienced a loss or reduction of income (except TANF/Refugee Cash Assistance) in the six months prior to the date of application?
- YES NO 4. Does your household have a delay in starting to receive income resulting in the current emergency? (The income must start within 60 days following the application date.) If **YES**, who? _____

Date, description, and cause of emergency: _____

G. SNAP BENEFITS

- 1. List the name of the person who is the head of your household: _____
- YES NO 2. 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 3. Is anyone living in your home renting a room from you (a roomer) or being provided a room and food (a boarder)? If **YES**, list names: _____
- YES NO 4. Is anyone age 60 or older **or** approved to receive Medicaid because of a disability **or** receiving any type of disability payment? If **YES**, list all current medical expenses for these people.

| Household Member with Medical Expense | Type of Expense | Amount | Name of Doctor, Hospital, Pharmacy |
|---------------------------------------|-----------------|--------|------------------------------------|
| | | | |
| | | | |
| | | | |

- YES NO 5. Do you have any of the following shelter expenses? If **YES**, list your current expenses. Check (✓) here if these expenses are for a house you do not live in.

| Expense | Amount Billed | How Often Billed? | Who is Responsible for the Bill? |
|----------------------------|---------------|-------------------|----------------------------------|
| Rent/Mortgage | | | |
| Taxes/ Insurance | | | |
| Electricity | | | |
| Gas/Oil/Kerosene/Coal/Wood | | | |
| Water/Sewage/Garbage | | | |
| Telephone | | | |
| Installation | | | |

6a How do you heat your home? _____

- YES NO 6b Do you have air conditioning in your home?
- YES NO 6c Did you receive energy/fuel assistance during this past year while living in your current home?
- YES NO 6d 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, when did you move there? _____

H. AUXILIARY GRANTS (AG)

YES NO 1 Do you live in an Assisted Living Facility, an Adult Foster Care Home, a Nursing Facility, or other institution?
 If **YES**, Date Applicant Entered _____
 City/County and State where you lived before entering the institution _____.
 If **outside Virginia**, was placement made by a government agency? YES NO

YES NO 2 Have you applied for or are you applying for supportive housing?

YES NO 3 Do you have a spouse who does not live in the home? If **YES**, enter the Spouse's Name and address

YES NO 4. Have you lived in Virginia for the past 90 days?

YES NO 5 Do you owe or did you pay any bills you had in the month of entry into an assisted living facility or adult foster care?

YES NO 6. Do you have any unpaid medical bills for the three months before the application month?

| Description of Bills | Dates of Bills | Dates Bills Paid |
|----------------------|----------------|------------------|
| | | |

YES NO 7. Do you own any household goods or personal effects worth more than \$500, such as silver, fine china, furs, artwork, jewelry, or other items held for their value or as an investment?

| Description and Value of Items |
|--------------------------------|
| |

YES NO 8. Do you have any burial plots, burial arrangements or trust funds for burial?

| Owner(s) | Number of Plots | Where | Value \$ | Date Acquired |
|--------------------|--|---------------------------------|-------------------|----------------|
| | Type of Arrangement: | | Amount Owed \$ | |
| Owner(s) | Burial contract/agreement type: <input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable | Trustee/Authority/Funeral Home: | Funds Required \$ | Amount Paid \$ |
| Other information: | | | | |

YES NO 9. Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

| Owner(s) | Type | Is this property used in your business or trade, including farming? YES () NO () | Value | Amount Owed | Date Acquired |
|----------|------|---|-------|-------------|---------------|
| | | | | | |

YES NO 10. 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 11. Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds?

| Owner(s) | Type, Make, Model, Year | Currently Licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO | Vehicle ID# License # | Value Amount Owed | How Used | Date Acquired |
|----------|-------------------------|---|--------------------------|-------------------|----------|---------------|
| | | | # | \$ | | |
| | | | # | \$ | | |

H. AUXILIARY GRANTS (AG) (continued)

YES NO 12. Does anyone have any life insurance? If **YES**, provide information about each policy. List each policy separately. Attach a separate sheet if necessary.

| | | | | |
|--------------|----------------|--|------------------|------------------|
| Owner | Person Insured | Type of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Term | Face Value \$ | Cash Value \$ |
| Company Name | Policy Number | | | |
| Owner | Person Insured | Type of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Term | Face Value \$ | Cash Value \$ |
| Company Name | Policy Number | | | |
| Owner | Person Insured | Type of Insurance <input type="checkbox"/> Whole Life <input type="checkbox"/> Term | Face Value \$ | Cash Value \$ |
| Company Name | Policy Number | | | |

An application for AG is also an application for Medicaid. The following questions will help determine Medicaid eligibility through the Department of Social Services or possible eligibility for Advanced Premium Tax Credits (APTC) for private health insurance through the Federal Marketplace (Healthcare.gov).

YES NO 13. Does anyone have health insurance? If **Yes**, complete the following:

| | |
|-------------------------------|-------------------------------|
| Policy Holder: | Person(s) Insured: |
| Company Name, Address, Phone: | |
| Coverage Type: | Begin Date: / / End Date: / / |
| ID Number: | Premium Amount: \$ |

YES NO 14. Does anyone have Medicare?

| Person Insured | Claim Number | Coverage |
|----------------|--------------|---|
| | | <input type="checkbox"/> Part A <input type="checkbox"/> Part B |
| | | <input type="checkbox"/> Part A <input type="checkbox"/> Part B |

15. List the names of everyone expected to be included on the same tax return as you for this year, whether or not they live in the same home as you. For anyone in the home that does not file taxes and does not expect to be on anyone else's tax return, list those names under "Non-filer(s)".

| | |
|-------------------|--|
| Tax Filer: | |
| Joint Taxpayer: | |
| Tax Dependent(s): | |
| Non-filer(s): | |

I. Authorized Representative

An authorized representative may apply for benefits on your behalf or receive copies of your program notices. Your representative may also receive and use your SNAP benefits on your behalf. If you want to name an authorized representative, please give the information below about the representative and what you want the representative to do on your behalf. Note that you may have only one representative who can access your benefits.

| Name, Address and Telephone Number of the Authorized Representative | Check (✓) each duty authorized for that person |
|---|--|
| | <input type="checkbox"/> Apply for benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use SNAP benefits |
| | <input type="checkbox"/> Apply for benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use SNAP benefits |

**CHANGE REPORTING, RESPONSIBILITIES, AND PENALTIES
(READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)**

REPORTING CHANGES

You must report changes that occur. What you need to report and when you need to report it varies by each program as listed below or on the next page for SNAP.

TANF/Refugee Cash Assistance: Report within 10 days, but no later than the 10th day of the month after a change occurs. Report these changes:

- Your household income goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit www.dss.virginia.gov.
- Your address changes.
- An eligible individual leaves or enters the home.
- Changes that may affect your participation in VIEW such as, changes in income, employment, education, training, transportation, and child care.

General Relief-Unattached Child: Report the day the change occurs or the first day that the agency is open after the change occurs. Report these changes:

- Your address changes.
- The amount of your monthly income changes.
- There are other changes that may affect eligibility.

Auxiliary Grants: Report changes within 10 days. Report these changes:

- Your address changes.
- The amount of your monthly income changes.
- There are changes in your resources, including transferring assets/property or in any motor vehicles owned.

PENALTIES FOR TANF AND REFUGEE CASH ASSISTANCE (RCA) VIOLATIONS

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF or RCA, 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 or RCA for yourself for 6 months (1st violation), 12 months (2nd violation), or permanently (3rd 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.

DOMESTIC VIOLENCE INFORMATION

Domestic violence information and services are available to anyone experiencing violence or abuse from their partner. If you are in immediate danger, call 911. If you would like to speak with, text or chat with someone who understands these issues or to learn about services and safety options, contact the Virginia Statewide Hotline.

- Call and speak with an advocate toll-free at 1-800-838-8238. (Note: Interpreters are available for more than 200 languages via the Language Line.)
- Text with an advocate at 804-793-9999.
- Chat with an advocate at <https://www.vadata.org/chat/>. (Chat feature works best on a computer or tablet.)
- Call and speak with an advocate - LGBTQ Helpline: 1-866-356-6998

SNAP CHANGE REPORTING, RESPONSIBILITIES, AND PENALTIES
(READ THIS SECTION CAREFULLY BEFORE SIGNING THIS APPLICATION)

You must report changes that occur for SNAP but, what you must report is tied to how long you are determined eligible for benefits, the certification period. You must report changes that occur during the certification period within 10 days, but no later than the 10th day of the month after the change occurs.

Changes that you need to report during the certification period for SNAP will depend on the length of the certification period. "Simplified Reporting" applies to households that are eligible for SNAP benefits for five (5) months or longer. "Change Reporting" applies to households that are eligible for one (1) month to four (4) months. Changes that need to be reported for each category are listed below.

INTERIM REPORT FILING

In addition to reporting changes when they occur during the SNAP certification period, Simplified Reporting households may be required to submit an Interim Report in the sixth or twelfth month. The Interim Report is used to determine the amount of SNAP benefits households will receive for the second half of the certification period. The Interim Report provides a snapshot of household circumstances that were presented at the time of application. We will ask for proof of income changes and changes in legal obligations to pay child support. If households fail to return the completed Interim Report by the fifth of the month, SNAP benefits for the seventh or thirteenth month may be delayed or closed. Assistance for filing the Interim Report is available by calling the telephone number printed on the form.

REPORTING REQUIREMENTS – SIMPLIFIED REPORTING HOUSEHOLDS

Certified five months or longer, households must report:

- The number of work hours goes under 20 per week for anyone between the ages of 18-49 if there are no children in your SNAP household;
- You have lottery or gambling winnings of \$4,250 or more; or
- All the income for your household, before taxes, goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit www.dss.virginia.gov.

REPORTING REQUIREMENTS – CHANGE REPORTING HOUSEHOLDS

Certified four months or less), households must report:

- There is a change in the number of people in your household;
- Your address changes, including shelter expenses that change resulting from the move;
- The obligation to pay child support changes or the amount paid to someone outside the household changes;
- Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,750 or \$4,250 or more;
- You have lottery or gambling winnings of \$4,250 or more;
- The number of work hours goes under 20 per week for anyone between the ages of 18-50 if there are no children in the home; or
- There are changes in income:
 - There are income changes of more than \$125 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job; or
 - Your job switches from full-time to part-time or part-time to full-time.

SNAP RESPONSIBILITIES AND PENALTIES FOR VIOLATIONS

You must not:

- **give false information or hide information to get SNAP benefits;**
- **trade or sell EBT cards or attempt to trade or sell EBT cards;**
- **use SNAP benefits to buy non-food items, such as alcohol, tobacco or paper products;**
- **use someone else's EBT card for your household;**
- **buy an item and discard the contents in order to get the return deposit for the container;**
- **resell a purchased product for cash or exchange a purchased product for consideration other than eligible food; or**
- **purchase food on credit.**

If you intentionally break any of these rules, you could be barred from getting SNAP benefits for 12 months (1st violation), 24 months (2nd violation), or permanently (3rd violation); fined up to \$250,000, 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 1st violation, permanently for the 2nd 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.

BY MY SIGNATURE BELOW, I DECLARE:

- I read the information at the beginning of this application and the Change Reporting and Penalties section of this application.
- I understand that if I refuse to cooperate with any review of my eligibility, including a 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 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 in order to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- As a condition of receiving TANF, I agree to assign all of my rights to financial support paid to me and to anyone for whom I am receive TANF. After my application for TANF is approved, I agree to give any support payments I receive to the Division of Child Support Enforcement.
- I authorize the Department of Social Services and refugee service contractors to obtain any verification necessary to both determine and review financial assistance eligibility. 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.
- As an applicant for Auxiliary Grants, I understand that my application will be evaluated for Medicaid. I agree to assign my rights to medical support and other third-party payments to the Department of Medical Assistance Services (DMAS). I also agree to assign the rights of anyone for whom I am applying for Auxiliary Grants to medical support and other third-party payments to DMAS. If I do not agree to assign these rights, I will be ineligible for Medicaid.
- I understand that, to the extent allowed by federal law, information about this application may be shared with agencies under the Secretary of Health and Human Resources for Virginia. Information about applicants for and recipients of services may be shared to: 1) streamline administrative processes and reduce administrative burdens on the agencies; 2) reduce paperwork and administrative burdens on applicants and recipients; and 3) improve access to and the quality of services provided by the agencies.
- I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits.
 I allow **I do not allow** 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, and the Department for Aging and Rehabilitative Services. I can withdraw this authorization at any time by notifying my eligibility worker.

I filled in this application myself **YES** **NO**. If **NO**, it was read back to me when completed. **YES** **NO**.

Applicant's Signature or Mark Date Witness To Mark or Interpreter Date

Signature of the Spouse or Authorized Representative Date

Complete the section below if this application was completed for the applicant by someone else.

Name of Person Completing Application Date Address

Primary Telephone Alternate Telephone Relationship to Applicant

AGENCY USE ONLY

| | |
|--------------------|---|
| Case Name | Case Number |
| Locality | Date Received |
| Date of Interview: | <input type="checkbox"/> In office <input type="checkbox"/> Telephone |
| Interviewer | Program (s) |

APPLICATION FOR BENEFITS

FORM NUMBER - 032-03-1100

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.

CHANGE REPORT

| | |
|-------------------------|---------------------|
| CASE NAME | CASE NUMBER |
| WORKER NAME | LOCALITY |
| AGENCY TELEPHONE NUMBER | |
| CERTIFICATION PERIOD | YOUR HOUSEHOLD SIZE |

You must report changes that occur in your household to ensure that your Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefit amount is correct. You may use this form to report changes listed below for your SNAP or TANF case. You may also report changes online at <https://commonhelp.virginia.gov/access/>. Report changes within 10 days from when they occur but, no later than the 10th day of the next month. If you do not report changes, you may have to repay benefits you receive incorrectly, be fined, or prosecuted.

Please note changes on the next page. Please provide proof if there are changes.

- **If you receive TANF, tell us if:**
 - Your address changes;
 - A child, including a newborn, or the father, or the mother of a child, enters or leaves your home;
 - There are changes that may affect your participation in VIEW, such as changes in income, employment, education, training, transportation, and child care; or
 - All the income for your household before taxes goes over the 130% Gross Income Limit listed in Chart A below.

Your case has been certified effective - based on a household size of .

- **If you receive SNAP as part of the Elderly Simplified Application Project (ESAP) and your certification period is 36 months (three years), tell us if:**
 - There is a change in the number of people in your household;
 - You have lottery or gambling winnings of \$4,250* or more; or
 - You or any member of your household starts getting income from working.
- **If you receive SNAP and your certification period is five (5) months or longer, tell us if:**
 - All the income for your household before taxes goes over the limits in Chart B below unless the note for Chart A applies.
 - The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home.
 - You have lottery or gambling winnings of \$4,250* or more.
- **If you receive SNAP and your certification period is for one (1) month to four (4) months, tell us if:**
 - There is a change in the number of people in your household;
 - Your address changes, including shelter expenses that change resulting from the move;
 - The obligation to pay child support changes or the amount paid to someone outside the household changes;
 - Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,750 or \$4,250* or more;
 - You have lottery or gambling winnings of \$4,250* or more;
 - The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home; or
 - There are changes in income:
 - There are income changes of more than \$125 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job: or
 - Your job switches from full-time to part-time or part-time to full-time.

| Chart A (Gross Income Limit 130%)* | | | | | Chart B (Gross Income Limit 200%)* | | | | |
|------------------------------------|----------|-----------|---------------|---------------|------------------------------------|----------|-----------|---------------|---------------|
| HH Size | Monthly | Weekly | Every 2 Weeks | Twice a Month | HH Size | Monthly | Weekly | Every 2 Weeks | Twice a Month |
| 1 | \$ 1,580 | \$ 367.44 | \$ 734.88 | \$790 | 1 | \$ 2,430 | \$ 565.11 | \$1,130.23 | \$ 1,215.00 |
| 2 | 2,137 | 496.97 | 993.95 | 1,068.50 | 2 | 3,287 | 764.41 | 1,528.83 | 1,643.50 |
| 3 | 2,694 | 626.51 | 1,253.02 | 1,347.00 | 3 | 4,143 | 963.48 | 1,926.97 | 2,071.50 |
| 4 | 3,250 | 755.81 | 1,511.62 | 1,625.00 | 4 | 5,000 | 1,162.79 | 2,325.58 | 2,500.00 |
| 5 | 3,807 | 885.34 | 1,770.69 | 1,903.50 | 5 | 5,857 | 1,362.09 | 2,724.18 | 2,928.50 |
| 6 | 4,364 | 1,014.88 | 2,029.76 | 2,182.00 | 6 | 6,713 | 1,561.16 | 3,122.32 | 3,356.50 |
| 7 | 4,921 | 1,144.41 | 2,288.83 | 2,460.50 | 7 | 7,570 | 1,760.46 | 3,520.93 | 3,785.00 |
| 8 | 5,478 | 1,273.95 | 2,547.90 | 2,739.00 | 8 | 8,427 | 1,959.76 | 3,919.53 | 4,213.50 |
| Additional members | +557 | +129.53 | +259.06 | +278.50 | Additional members | +857 | +199.30 | +398.60 | +428.50 |

*Amounts are valid through 9/30/2024.

Add together the gross income for all of the people in your household. New income total \$ _____

Note: Chart A applies to SNAP households that have a member who cannot get SNAP benefits because of a felony conviction, a conviction for a SNAP intentional program violation, or because of an employment and training requirement. Please contact me at the number above if you are not sure which chart applies to you or if you need help completing this form.

This institution is an equal opportunity provider

DETAILS ON CHANGES THAT HAVE OCCURRED

**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 THAT RESULT FROM THE MOVE

| | | | |
|----------------------------------|--------------------------------|---|-----------------------------------|
| 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 LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

| | | | |
|------------------------|--------------------------|--|-----------------------------|
| -Person paying support | Person receiving support | Amount legally obligated \$ _____ per | Amount paid \$ _____ per |
|------------------------|--------------------------|--|-----------------------------|

CHANGE IN YOUR LIQUID RESOURCES SUCH AS CASH, BANK ACCOUNTS, BONDS, ETC. THAT REACH OR EXCEED

\$2,750 OR \$4,250* (*\$4,250 applies only if someone in your household is 60 years of age or older or who is permanently disabled.)

| | | |
|------|--------------|---------|
| Name | Account Type | Balance |
|------|--------------|---------|

RECEIPT OF LOTTERY OR GAMBLING WINNINGS OF \$4,250 OR MORE

| | | |
|------|-----------------------|---------------|
| Name | Gross Amount Received | When Received |
| | Where Received | |

CHANGE IN THE NUMBER OF WORK HOURS IN A WEEK GOES UNDER 20 FOR MEMBERS WHO ARE BETWEEN THE AGES OF 18-50 IF THERE ARE NO CHILDREN IN THE HOME.

| | |
|------|----------------------|
| Name | Number of Work Hours |
|------|----------------------|

CHANGE IN INCOME OF MORE THAN \$125 (money from working or from sources such as Social Security, SSI, pensions, etc.)

| | | |
|------|-------------|--------|
| Name | Income Type | Amount |
|------|-------------|--------|

CHANGE IN INCOME SOURCE - HAVE YOU STARTED OR STOPPED RECEIVING INCOME?

| | | |
|------|--------|------------------------------------|
| Name | Source | Date Started/Stopped |
| | | Number Of Hours If Started Working |

HAVE YOU CHANGED FROM FULL-TIME TO PART-TIME OR PART-TIME TO FULL-TIME?

| | | |
|------|----------|-----------------|
| Name | Employer | Number Of Hours |
|------|----------|-----------------|

OTHER CHANGES

| |
|--|
| |
|--|

Person completing this form

Date

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.

Complete this form for loss due to theft, card skimming, or similar situation and return it to your local department of social services.

| |
|---|
| Head Of Household: |
| Last 4 Digits of Social Security Number: |
| Street Address: |
| Phone: |
| Date Of Discovery of Theft: |

I, _____ attest that I am a member of the household, or an authorized representative, and wish to request replacement SNAP benefits in the amount of \$_ to cover the cost of benefits lost due to theft because of skimming, cloning or other similar fraudulent methods that occurred from, __,20__ through __,20__.

Describe the loss or theft of benefits:

Verification of the loss is required before any benefits can be replaced. The Local Department of Social Services will validate claims of benefit theft through EBT processor data, statements from customers, retailer data, identified skimming devices, or other similar information.

PLEASE READ THE STATEMENTS BELOW BEFORE SIGNING THIS FORM YOUR SIGNATURE IS YOUR ATTESTATION OF LOSS

- I understand that reports of electronic benefit theft must be reported within 30 calendar days of the discovery of theft through skimming, cloning, or other similar fraudulent methods.
- I understand that replacement benefits due to theft cannot exceed the amount two months of SNAP benefits or the amount of my actual reported loss, whichever is less.
- I understand that I must sign and return this statement within 10 business days of the date I reported the household theft to my Local Department of Social Services, or my benefits cannot be replaced.
- I understand that benefits lost due to theft cannot be replaced more than two times in a federal fiscal year (October 1 through September 30 of each year 10/1/22 – 9/30/24).
- I understand that benefit replacements for theft can only be claimed from **10/1/2022** through **9/30/2024**.
- I understand that I will be subject to penalties if I misrepresent the facts including but not limited to a charge of perjury for a false claim.
- I understand that I have the right to a Fair Hearing if I disagree with the decision to replace benefits made by Local Department of Social Services.

Client Signature

Date

PART XXV SNAP EMPLOYMENT & TRAINING (SNAP E&T)

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A. SNAP EMPLOYMENT AND TRAINING PURPOSE

SNAP Employment & Training (SNAP E&T) is a federally funded, state administered program that assists program participants in gaining the skills, training or work experience needed to move toward and into employment. SNAP E&T also helps reduce barriers to work by providing individuals with support services such as transportation and childcare as they prepare for and obtain employment and job retention services to help them maintain employment. Participation in SNAP E&T is voluntary.

See Appendix I for a list of Virginia localities that operate SNAP E&T.

B. REFERRAL TO SNAP E&T

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 SNAP E&T. Mandatory registrants and those who want to volunteer are referred to SNAP E&T through VaCMS 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.

Note: A SNAP E&T script for EWs can be found on FUSION, located on the [SNAP E&T Forms](#) page under “Case Management”.

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. SNAP E&T 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.

4. SNAP E&T Program Documentation

All SNAP E&T case narrative documentation must be entered into the Data Collection-Case Comments module of the VaCMS for all case actions, assessments, supportive services, and when completing monthly ESP data entry participation inputs. E&T must use ESP for the Entity and SNAP E&T for the program header.

All required forms must be scanned into DMIS as indicated on the [Benefit Programs Required Scanning Documents](#) form. As a best practice, scan documents and forms within 48 hours of receiving them to avoid an oversight.

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 SNAP E&T 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 SNAP E&T assessment. When the SNAP E&T 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 SNAP E&T.

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 SNAP E&T case is closed because of non-compliance with SNAP E&T 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 SNAP E&T 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 SNAP E&T 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 SNAP E&T worker must send the registrant a letter that advises:
 1. The purpose of the SNAP E&T 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 SNAP E&T; and
 4. How to contact the SNAP E&T 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 VaCMS must be documented to include the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.

2. Initial Assessment

- a. The SNAP E&T 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 SNAP E&T worker or by a telephone interview.
- c. The SNAP E&T 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 SNAP E&T benefits and that the consequence of not attending the interview may be the inability to enroll in SNAP E&T;
 - Instructions for contacting the SNAP E&T worker; and
 - Instructions for contacting the SNAP E&T 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 SNAP E&T Assessment Form or an assessment tool that has been pre-approved by the SNAP E&T 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 SNAP E&T 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 SNAP E&T case and termination of supportive services;
 4. what constitutes good cause for not complying with program requirements;
 5. name and phone number of the SNAP E&T worker or other persons who might need to be contacted; and
 6. requirement to respond to all agency correspondence.
 7. During the initial assessment, the SNAP &ET worker must offer an opportunity for the SNAP E&T participant to register through the Virginia Career Works Portal at <https://va-career-works.myjourney.com>. The SNAP E&T worker must also document VaCMS and the referral portal regarding the registration offer and instances when the client declines the registration offer.
- d. After the assessment, the SNAP E&T 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 SNAP E&T.
 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 SNAP E&T 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 BPS through an internal communication form along with copies of all documentation at the time the reevaluation is requested.

4. Activity and Service Plan of Participation

- a. For initial assessments and reassessments, the SNAP E&T 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 SNAP E&T 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 SNAP E&T 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 Supervised 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 SNAP E&T component assignment does not mean the SNAP E&T case must close. The SNAP E&T case must close however if the EW closes the SNAP case.

The SNAP E&T worker must verify SNAP eligibility monthly in VaCMS to ensure the client is eligible for E&T Services. To verify eligibility, please follow the steps below:

- **In VaCMS, from the left Navigation menu, select "Inquiry", next select "Case", then insert the case number, and click the "Search" button. Scroll down to click on "Eligibility Summary".**
- **Review the Eligibility Summary to ensure that the SNAP Eligibility Result is "Approved".**

1. Case Management

Case Management is defined as services and activities that must directly support an individual's participation in the SNAP E&T program. Case management services can include, but are not limited to, comprehensive intake assessments, individualized Plan of Participation, progress monitoring, or coordination with service providers consisting of case management and at least one component. SNAP E&T programs must consist of case management and at least one Employment and Training Component. Case Management is a SNAP E&T component and must be provided to all SNAP E&T Participants. Case Management must directly support an individual's participation in an Employment and Training program. Case Management services must be targeted to the needs of the participant and allow for efficient delivery of services. Case Management Services may only include allowable Employment and Training Costs. Time spent by the participant must count toward time-engaged with Employment and Training, as long as the services are allowable costs.

2. Supervised Job Search

Job Search activities that occur at in state-approved locations or systems where job-search activities are directly supervised and the timing/activities are tracked. This component requires participants make a predetermined number of inquiries to prospective employers over a specified period of time. Examples of state approved locations may include but are not limited to American Job Centers (A.J.C's), Public Libraries, Employment Service Organizations (E.S.O's), 50/50 Providers and use of software/electronic platforms which track & time job search activities. Supervised Job Search may be self-paced and can occur remotely or in person, but engagement with a skilled person has to occur at least monthly. Supervised Job search activities must have a direct link to increase employment opportunities.

a. Participants assigned to this component must participate in up to 8 weeks of supervised job search every 12 months.

b. Supervised 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 SNAP E&T worker must provide support and direction to the registrant throughout the supervised 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 SNAP E&T worker by completing the SNAP E&T Supervised 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 supervised 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 SNAP E&T worker may contact any employer listed on the SNAP E&T Supervised Job Search Form to verify the contact.
- d. The specific requirements of Supervised Job Search will be determined by the local agency and described in each agency's Local Employment & Training Plan.
- e. Participants who obtain full-time employment while participating in the Supervised Job Search component will have fulfilled all program requirements for that assignment.
- f. Participants who obtain full-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their supervised job search. For example, if a registrant assigned to Supervised 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 Supervised 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 Supervised 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 supervised job search assignment, the participant is unemployed or employed part-time and remains registered, they 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 SNAP E&T with their activities scheduled around their work hours.
- k. The Supervised Job Search component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals subject to the work requirement.

For purposes of the SNAP E&T 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.

3. 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 employability skill assessments, employability training, 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 Employment and Training Annual Plan must describe whether the local department will utilize Job Search Training component. If utilized, the process must be described. Examples of some acceptable programs are as follows:
 - 1. Group or Individually coordinated job search training activities may consist of employability assessments, occupational exploration, training and counseling in personal preparation for employability, and training and counseling in techniques for identifying and pursuing employment opportunities (including information on local emerging and demand occupations and job placement services).
 - 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 stand-alone work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

4. Work Experience

A work experience program is defined as a program designed to improve employability of the household member through actual work experience or training, or both, and to enable individuals employed or trained under such programs to move promptly into regular, public or private employment. Work Experience is a planned, structured learning experience that takes place in a work place for a limited period of time. Work Experience may be paid or unpaid, as appropriate and consistent with other laws such as the Fair Labor Standards Act (FLSA). Work Experience may be arranged within the private sector, the non-profit sector or the public sector. Labor Standards apply in any work experience setting where there is an employee /employer relationship, as defined by FLSA.

A Work Experience Program must not provide any work that has the effect of replacing the employment of an individual not participating in the employment or training experience program. Additionally, the Work Experience must provide the same benefits and working conditions that are provided at the job site to employees performing comparable work for comparable hours. Work Experience is now divided into two categories:

a. Work Activity

1. This is defined as a Work Activity performed in exchange for SNAP Benefits to improve employability. Work Activity provides an individual with an opportunity to acquire general skills, knowledge and work habits necessary to obtain employment. The purpose of work activity is to improve the employability of those who cannot find unsubsidized full-time employment

b. Work Based Learning

1. Work Based Learning activities are defined as sustained interactions with industry or community professionals in real world settings to the extent possible. For example, Work Based Learning activities can take place at an educational institution that foster in-depth, firsthand engagement with the tasks required in a given career field that are aligned to curriculum and instruction. Work-based learning emphasizes employer engagement and includes specific training objectives that leads to regular employment.
2. Work-based learning can include internships, pre-apprenticeships, apprenticeships, customized training, transitional jobs, incumbent worker training, and on-the-job training as defined under WIOA. Work-based learning can include both subsidized and unsubsidized employment models.

The work experience placement may be followed by two weeks of supervised 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.

c. 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 SNAP E&T 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.

d. 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.

e. 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.

f. 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>. If you need help navigating the search tool or assistance with locating a provider, please contact our network partner, CareWorks at client.services@careworks.com or by calling (800) 734-4460.
3. The work site must submit all correspondence (forms, bills, etc.) regarding injury and accidents to Managed Care Innovations (MCI) in one of four ways:
 - Upload the documents with the Claim Reporting Portal by visiting froi.sedgwick.com
 - Email to covimaging@yorkrsq.com
 - Fax to 804-371-2556
 - Mail to P.O. Box 1140, Richmond, VA 23218-1140
4. The work site must send a copy of the accident report to the SNAP E&T 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 MCI. All invoices must show the participant's/employee's social security number.

5. 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.

Such programs or activities must be part of a program or study of career and technical education as defined in section 3 of the Carl D. Perkin Act of 2006, high school or equivalent educational programs, remedial education programs for basic literacy level achievement and English as a second language instructional programs.

Educational components must directly enhance participants' employability. Approved components must establish a linkage between education and job-readiness.

- 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.

6. 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.

7. 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.

8. 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 SNAP E&T by way of their enrollment in the Refugee Program(s). Participants enrolled in both the Refugee Resettlement Program and SNAP E&T must meet the following procedures:

- a. The refugee resettlement staff will accompany the participant to the initial SNAP E&T assessment to help with language barriers, if any, and to talk about the Comprehensive Resettlement Plan (CRP) that will substitute for a SNAP E&T Plan of Participation.
- b. SNAP E&T 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 SNAP E&T agency.
- c. SNAP E&T will be notified if a refugee refuses to comply with refugee resettlement requirements to determine whether the SNAP E&T case should be closed; when someone leaves the program; and when there is a job placement.

9. Job Retention

Job retention services is an allowable Employment & Training component. SNAP E&T agencies may offer this component for at least 30 days and no more than 90 days. The job retention component is intended to provide support services for at least 30 days and up to 90 days to individuals who have secured employment. Individuals are eligible to receive job retention services if they received SNAP benefits in the month of or the month before they start job retention, and may receive job retention services after leaving SNAP unless the individual is leaving SNAP due to a failure to comply with the general work requirement or an intentional program violation. The participant must have secured employment after or while receiving other Employment & Training services. There is no limit to the number of times an individual may receive job retention services, as long as the individual has re-engaged with Employment & Training prior to obtaining new employment.

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in SNAP E&T, including volunteers, for expenses that are reasonably necessary and directly related to participation in SNAP E&T. 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 SNAP E&T requirements are not entitled to supportive services.

1. SNAP E&T Worker Responsibilities

- a. The SNAP E&T worker is a case manager. The worker must assist the participant in meeting the service needs. This may be done directly by the SNAP E&T 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 three categories of social/supportive services available to SNAP E&T participants. These SNAP E&T social/supportive services may be provided directly or may be purchased.

a. Child Care

Child care services are provided to enable a caretaker to participate in program components.

1. Arrangement for and/or payment of child 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, child care may be authorized.
3. Participants who need child care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child care policy. Payment may also include child care related transportation costs.

b. Transportation

This service is provided to enable participants to travel to and from authorized SNAP E&T activities.

1. The participant is primarily responsible for arranging transportation to participate in an SNAP E&T 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. Other allowable expenses include:
1. Clothing suitable for job interviews;
 2. Licensing and bonding fees for a work experience or job placement;
 3. Uniforms;
 4. Work shoes;
 5. Purchase of an initial set of tools or equipment if required for a SNAP E&T component or job retention component;
 6. Fingerprinting, if necessary for a job;
 7. Background check when necessary for a job;
 8. Medical services such as TB testing if required for a job;
 9. Personal safety items required to complete training/educational coursework;
 10. Books;
 11. Course registration fees;
 12. Drug tests if required for a job;
 13. Eye exams and vision correction, such as the purchase of eyeglasses;
 14. Dental work such as routine cleaning;
 15. Minor auto repairs;
 16. Test fees and training material directly related to a SNAP E&T component;
 17. Union dues necessary for a job; and
 18. Housing assistance including rent/or utilities not to exceed \$1,500.00 per occurrence and no more than two times in a 12 month period.
 - 19. Broadband/Internet Access/Wi-Fi for Education, Vocational Training & Supervised Job Search Components.**
 20. Certain fees associated with the reinstatement of Driver's Licenses (Exceptions apply to certain conviction-related suspensions and revocations. A list of these suspensions and revocations can be found at <https://www.dmv.virginia.gov/webdoc/pdf/dmv39f.pdf>. Assistance is limited to \$300.00 per occurrence and no more than once in a 12 month period).

Note: Refer to the Spending Funds Guide for VIEW and SNAP E&T located on FUSION on the Workforce Development Center page ([Workforce Development Center](#)) under the header Resources.

3. Duration of SNAP E&T Services

SNAP E&T social/supportive services may be provided for as long as the individual needs the service to participate in a SNAP E&T component.

F. VOLUNTEERS

SNAP household members who are exempt from the work registration requirement may volunteer to participate in SNAP E&T.

1. Agencies may, at their option, permit volunteers to participate in a SNAP E&T 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 SNAP E&T 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 SNAP E&T 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. SNAP E&T case transfer procedures follow.
 - When a SNAP E&T case transfers from one SNAP E&T locality to another SNAP E&T locality, daily alerts are generated to the SNAP E&T worker in the sending locality and to the transfer in caseload in the receiving locality
 - The sending SNAP E&T locality will need to close all open SNAP E&T enrollments for the SNAP case with the SNAP E&T Closure Status value = "05" for Transferred.
 - In the SNAP E&T database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
 - The SNAP E&T worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAP E&T worker has closed the enrollment record.
 - When the receiving SNAP E&T locality opens a SNAP E&T Enrollment for the transferred in SNAP E&T client, the rule for the SNAP E&T Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAP E&T 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 SNAP E& T to a non-SNAP E&T 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-SNAP E&T to a SNAP E&T agency, a referral is made to the SNAP E&T queue if the SNAP participant volunteers during the certification period.
 - No action must be taken if a SNAP case transfers from a non-SNAP E&T to a non-SNAP E&T agency.

H. SNAP RECIPIENTS & HIGH SCHOOL ATTENDANCE

The use of SNAP E&T Funds for Individuals attending High School is prohibited based on the following conditions:

1. State agencies may not use SNAP E&T funds to pay for costs associated with programs or courses offered through public high schools. This includes general types of government services normally provided to the general public, such as public education. The prohibition extends to paying for costs associated with programs offered through private high schools. Since a free public education is available through the State public education system, it is neither reasonable nor necessary to pay for services that are available to the individual for free.
2. Use of SNAP E&T funds may be used in certain cases for costs associated with out-of-school activities. While there are instances when it may be appropriate to provide SNAP E&T services to these individuals after school or on the weekends (i.e. outside of a high school setting), State agencies must ensure the following:
 - a. The costs are reasonable and necessary.
Most individuals 16 to 18 years of age are required to be in school and are already receiving services through the State's education system. Virginia provides free high school education beyond age 18. High school curriculums are designed so that students are college or career ready upon graduation. Local agencies must work with the respective local school district to ensure that SNAP E&T services offered are not duplicative.
 - b. The components or activities offered meet the purpose and design requirements of SNAP E&T. The purpose of SNAP E&T is to help SNAP household members gain skills, education, or experience that help them obtain regular employment. SNAP E&T components must be designed to move SNAP recipients promptly into employment. There should be a direct link between the activities and the member's ability to obtain employment. Employment and Training participants, if offered regular employment, should be in a position to accept it. Programs designed for individuals who are still in high school are unlikely to meet these requirements. For example, drop-out prevention programs, career exploration activities, or summer youth employment programs, while admirable, do not meet these requirements. In the alternative, a program where an industry sponsor provides specific job training after school or in the evenings that is designed to lead directly and promptly to regular employment may be allowable.
3. Use of SNAP E&T funds may be used in certain cases for individuals above the Age of compulsory education and who are not attending high school: Individuals age 16 or 17 who are head of the households or not attending school may be subject to the work requirements. In such cases, it would be appropriate for the Eligibility Worker to refer the individual to SNAP E&T. The associated costs must be allowable as detailed above. Interested SNAP participants who are 16 or 17 years of age and who are not attending high school should be referred to work with their state workforce agencies to coordinate services with the Workforce Innovation and Opportunity Act (WIOA) Youth Program.

I. PROVIDER DETERMINATIONS

Provider determinations are issued when SNAP E&T participants have been determined to be ill-suited to participate in assigned Employment and Training component activities by a provider. LDSS staff are required to notify SNAP E&T participants who have been issued provider determination by an Employment and Training program or 50/50 provider within 10 days of receiving the information from the provider. By the next recertification period the LDSS must select one of the following steps after an individual receives a provider determination.

1. Refer the individual to an appropriate employment and training component;
2. Refer the individual to an appropriate workforce partnership, if available;
3. Re-assess the individual for mental and physical fitness; or
4. Coordinate with other Federal, State, or local workforce or assistance programs to identify other Employment and Training opportunities.

Provider Determinations are required to be documented in the VaCMS and a notation of which one of the four steps listed above was taken.

J. WORKFORCE PARTNERSHIPS

Workforce Partnerships are cultivated by fostering partnerships with Employers, Employer Service Organizations, not-for-profits or eligible WIOA service providers. Workforce Partnerships for SNAP E&T participants are focused on gaining employment and training opportunities. Workforce Partnerships must be approved by the SNAP E&T unit or state contracted providers of Employment and Training programs. Workforce Partners must provide at least 20 hours of training, work or work experience. The SNAP E&T provider must provide SNAP participants with information about workforce partnerships, so that participants can make an informed decision.

K. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their SNAP E&T 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 SNAP E&T 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 Local Employment and Training Plan. Prior to contracting, the agency should ensure that the contractor can 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 SNAP E&T, 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.

L. TERMINATION OF SNAP E&T ENROLLMENT

SNAP E&T participants are expected to comply with component requirements. Failure to comply may result in the closure of the SNAP E&T case or the loss of supportive services unless there is good cause for the noncompliance. SNAP clients who are subject to time limit benefits and fail to comply with SNAP E&T may result in the loss of benefits for the affected individual if no other exemption exists.

1. Good Cause for Failure to Participate

- a. Prior to termination, the SNAP E&T 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 SNAP E&T 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 SNAP E&T worker may issue a warning to a participant instead of closing the SNAP E&T case when there has been a misunderstanding of the requirements and there have been no prior acts of noncompliance.

2. Reasons for Terminating SNAP E&T

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 Supervised Job Search or to complete requirements designated in the annual local Employment and Training 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 SNAP E&T 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 SNAP E&T 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 SNAP E&T activity to which the participant was assigned and any actions required by the participant.
- c. Contact Sheet documenting all contacts with the participant.
- d. SNAP E&T 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. SNAP E&T Notice of Case Closure
- a. The SNAP E&T 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 SNAP E&T 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 SNAP E&T case will close. If the registrant does not present good cause, the SNAP E&T case must close. If good cause is determined to exist, the SNAP E&T case will not be affected.

M. 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 SNAP E&T case and the termination of supportive services. See Part XIX for the appeals process.

The SNAP E&T 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 SNAP E&T case must be closed.

N. STATISTICS AND REPORTING

The SNAP E&T Local Monthly Report is emailed to local agencies. Special reports are available upon request. The request must be submitted to the SNAP E&T Home Office Consultants.

O. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each local department of social services must submit a Local Employment and Training Plan to the Virginia Department of Social Services by July 1st of each year or as directed. **Each local department of social services must follow the plan template located on FUSION on the Workforce Development Center page ([Workforce Development Center](#)).**

VIRGINIA SNAP E&T AGENCIES

| AGENCY | FIPS | AGENCY | FIPS |
|--------------------------------------|----------------|--------------------------|-------------------------|
| Albemarle | 003 | Norfolk | 710 |
| Alexandria | 510 | Norton | 720 |
| Arlington | 013 | Petersburg | 730 |
| Bedford | 019 | Pittsylvania | 143 |
| Bristol | 520 | Portsmouth | 740 |
| Brunswick | 025 | Prince George | 147 |
| Charlottesville | 540 | Prince William | 153 |
| Chesapeake | 550 | Richmond City | 760 |
| Chesterfield-Colonial Heights | 041/570 | Roanoke County | 161 |
| Danville | 590 | Shenandoah Valley | 015/790/ 820 |
| Fairfax | 059 | Smyth | 173 |
| Frederick | 069 | Stafford | 179 |
| Galax | 640 | Surry | 181 |
| Grayson | 077 | Tazewell | 185 |
| Hampton | 650 | Virginia Beach | 810 |
| Henry/Martinsville | 089 | Winchester | 840 |
| King & Queen | 097 | Wise | 195 |
| Manassas City | 683 | | |
| Montgomery | 121 | | |
| Newport News | 700 | | |

SNAPET FORMS

| <u>FORM NUMBER</u> | <u>NAME</u> | <u>PAGES</u> |
|--------------------------------|---|--------------|
| 032-01-0921-03-eng | Working Your Way to a Better Life Pamphlet | 1-3 |
| 032-02-0014-02-eng | SNAP E&T Pre-Assessment Form | 4-5 |
| 032-22-1090-01-eng | SNAP E&T Assessment Form | 6-13 |
| 032-02-1000-13-eng | ESP Activity and Service Plan | 14-17 |
| 032-02-1030-02-eng | SNAP E&T Job Search Form | 18-21 |
| 032-02-1070-02-eng | SNAP E&T Work Site Agreement | 22-23 |
| 032-02-1060-10-eng | Referral to Work Experience Site | 24-25 |
| 032-02-1010-03-eng | Work Experience Attendance and Performance Record | 26-27 |
| 032-02-1020-04-eng | Education and Training Attendance Sheet | 28-30 |
| 032-02-0072-12-eng | Employment Services Programs Communication Form | 31-32 |
| 032-02-0089-08-eng | SNAP E&T Notice of Case Closure | 33-35 |
| 032-03-1040-11-eng | SNAP E&T Medical Evaluation | 36-39 |
| 032-03-0412-02-eng | Local Department of Social Services Re-Entry Client Referral Sheet | 40-41 |
| VWC Form No. 3 (rev. 10/08) | First Report of Injury | 42-43 |

- Assessment SNAP E&T
 Reassessment TANF/VIEW
 TANF-UP/VIEW

VDSS Employment Services Program Assessment Form

Name _____ Case Number _____ Date _____

Phone Number(s) _____ Email _____

Primary Language _____ Do you need an interpreter? Yes No

Instructions: The information you give us in this document is confidential and asked only to help us better assist you on the path to self-sufficiency. **Please do your best to answer as many questions as you can. If you cannot answer a question, then please skip it and your worker will discuss it with you when you meet.** Also, please make sure to bring this document with you to your appointment.

Do you have access to a computer with internet? Yes No

Have you registered in Virginia Workforce Connection (www.vawc.virginia.gov)? Yes No

Are you registered with Virginia Career Works (<https://va-career-works.myjourney.com>)? Yes No

Consideration in employment planning: Which of the following do you have to think about when finding and/or keeping employment/training/education? (Check all that apply):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing Situation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Job Skills/Experience | <input type="checkbox"/> Education | <input type="checkbox"/> Family Situation | <input type="checkbox"/> Financial Situation |
| <input type="checkbox"/> Legal/Criminal Status | <input type="checkbox"/> Family Abuse* | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Limited English |
| <input type="checkbox"/> Other | | | |

*The Family Violence Hotline can be reached at 1-800-838-8238.

(A) CHILDCARE

Do you have reliable childcare? Yes No N/A Do you need help getting childcare? Yes No

If relying on one person for childcare, what is your back-up childcare if the person is unavailable?

(B) TRANSPORTATION

Do you have a driver's license? Yes No If no, are you interested in getting your license? Yes No

Is your license suspended? If so, why? _____

Do you own a vehicle? Yes No Is it reliable? Yes No

What is your usual method of transportation (bus, bike, walking, a friend, etc.)?

(C) HOUSING SITUATION

What is your current housing situation? Rent Own Homeless/House to House In a shelter

Are you receiving housing assistance? Yes No If yes, what type? _____

Is your housing situation safe and stable for you and your children? Yes No

If no, describe: _____

(D) HEALTH

Do you have health insurance? Yes No

Do you have health concerns (emotional or physical) that would prevent you from seeking or keeping employment?

Yes No I choose not to answer If yes, describe: _____

If you remember, what was the date of your last physical? _____

Do you have problems with any of the following?

Walking Lifting Dental problems Back problems Standing or sitting for long periods
 Vision, speech, or hearing Tiring easily Breathing difficulty I choose not to answer

Have you ever been hospitalized? Yes No I choose not to answer

If yes, why? _____

Have you ever received counseling? Yes No I choose not to answer

Are you currently receiving counseling? Yes No I choose not to answer

If currently receiving counseling, why? _____

Are you taking any prescription medications? Yes No I choose not to answer

If an employer gave you a drug test, could you pass? Yes No

If no, could you pass given one month's notice? Yes No

(E) EMPLOYMENT GOALS

Do you have any job or career goals? Yes No If yes, then please explain? _____

If no, then how do you plan to support yourself and your family over the next 12 months? Do you have other goals you would like to accomplish in the next 12 months? _____

What actions will you need to take in the next 6-12 months that will help you reach your career goal? _____

What actions will you need to take in the next 1-3 years that will help you reach your career goals?

What additional goals are you trying to accomplish (personal, financial, educational) in the next 5 years?

What is making it hard for you to reach these goals?

What outcomes do you expect from your participation in the SNAP E&T/VIEW program?

Think about it.... What hurdle, obstacle, or challenge you have faced and overcome? What steps did you take to get over, get past, or remove this hurdle or obstacle? Discuss with your employment worker at your appointment.

(F) EMPLOYMENT SEARCH

What type of careers interest you? _____

What type of employment are you currently looking for? _____

What jobs have you recently applied for? _____

How many hours per week would you like to work? _____ What is your desired hourly pay? _____

Using the chart below, what hours are you available to work each day?

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------|--------|---------|-----------|----------|--------|----------|--------|
| Hours (ex. 8am-5pm) | | | | | | | |

In what city/cities are you willing to work? _____

What type of environment would you like to work? _____

What kinds of jobs do you always seem to be hired for? _____

(G) SKILLS

What would your former coworkers or supervisors say are your greatest strengths?

What challenges have you overcome in your current/previous jobs?

Soft skills are the skills that include your personality, attitude, flexibility, motivation, and manners. Soft skills are so important that they are often the reason employers decide whether to keep or promote an employee. Hard skills, also known as technical skills, are the skills needed that are directly related to the job to which you are applying.

Select from the list and provide additional information on the skills you would bring to an employer:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Adaptability/Flexibility | <input type="checkbox"/> Empathy | <input type="checkbox"/> Multitasking | <input type="checkbox"/> Selling skills |
| <input type="checkbox"/> Artistic aptitude | <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Networking | <input type="checkbox"/> Social skills |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Establishing relationships | <input type="checkbox"/> Organization | <input type="checkbox"/> Staying on task |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Follow rules and regulations | <input type="checkbox"/> Patience | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Conflict management | <input type="checkbox"/> Following directions | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Cooperation | <input type="checkbox"/> Functions well under pressure | <input type="checkbox"/> Problem solving | <input type="checkbox"/> Team player |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Giving clear feedback | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Technology savvy |
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Honesty | <input type="checkbox"/> Punctuality | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Customer service | <input type="checkbox"/> Independence | <input type="checkbox"/> Respectfulness | <input type="checkbox"/> Willing to accept feedback |
| <input type="checkbox"/> Dealing with difficult people/situations | <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Safety conscious | <input type="checkbox"/> Willingness to learn |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Leadership | <input type="checkbox"/> Scheduling | <input type="checkbox"/> Working well under pressure |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Listening | <input type="checkbox"/> Self-awareness | <input type="checkbox"/> Work-life balance |
| | <input type="checkbox"/> Logical thinking | <input type="checkbox"/> Self-directed | <input type="checkbox"/> Writing skills |

Other: _____

List three people who would be good job references: (1) _____
(2) _____ (3) _____

(H) WORK EXPERIENCE

Do you have a resume? Yes No Do you need help creating a resume? Yes No

Provide an updated resume **or** complete the information below, beginning with your current or most recent job.

Employer _____ Job Title _____ Duties: _____

Dates worked from: _____ to: _____ Final Hourly Wage _____

Reason for leaving _____

Employer _____ Job Title _____ Duties: _____

Dates worked from: _____ to: _____ Final Hourly Wage _____

Reason for leaving _____

Employer _____ Job Title _____ Duties: _____

Dates worked from: _____ To: _____ Final Hourly Wage _____

Reason for leaving _____

Employer _____ Job Title _____ Duties: _____

Dates worked from: _____ To: _____ Final Hourly Wage _____

Reason for leaving _____

What was your favorite job and why? _____

How often were you absent or late from your last job and why? _____

What other jobs would you consider? _____

Have you ever been self-employed or a contractor? Yes No If yes, tell us about it below.

Company's Name: _____ What did the company specialize in? _____

What did you do? _____

Dates worked from _____ to _____ Final hourly pay _____

Why did you stop pursuing self-employment? _____

Have you served in the military? Yes No Date from: _____ to _____

Please provide additional information on service branch, responsibilities, trainings, and certifications.

Do you have volunteer experience? Yes No If yes, where did you volunteer and what did you do? _____

(I) EDUCATION/TRAINING

Tell us about your education including the highest level of education you have achieved along with completion dates.

Tell us about any vocational training, certifications, occupational licenses, or college classes you have completed.

Tell us about your learning challenges or if you participated in special programs while attending school?

What types of training or formal education would you be interested in obtaining and why?

When and where would you like to attend post-secondary education or training?

(J) SUPPORT SYSTEM AND FAMILY SITUATION

Do you have relatives and/or close friends in the area that you can contact in a time of need or for help?

Yes No

If yes, who are they and what is their relationship to you? _____

Emergency Contact: _____

How many children are currently living with you? _____ What are their ages? _____

Are you pregnant? Yes No If yes, due date: _____

Who do you consider to be your support system, the person/people you celebrate with, go to when you have a problem, or call when you want to talk? _____

What do you like to do in your spare time (hobbies, church, play with your children, read, watch TV, socialize, etc.)? _____

What programs have you worked with in the past (ex. Job coaching, Dept. of Aging and Rehabilitative Services (DARS), Community Service Board (CSB), etc.)? Describe the program and when you participated.

(E) FINANCIAL SITUATION

Are you able to pay your monthly bills? Yes No Would you like budgeting assistance? Yes No

List any debts, loans, past-due or unpaid bills, and court fines: _____

List your current expenses:

| | | | | | |
|-------------|-------|-----------|-------|-------------|-------|
| Rent | _____ | Utilities | _____ | Phone/Cable | _____ |
| Car payment | _____ | Insurance | _____ | Healthcare | _____ |
| Childcare | _____ | Groceries | _____ | Other | _____ |

Do you have income (include child support, TANF, SSI, etc.)? Yes No If yes, how much?

Would you like help enforcing or reviewing your child support obligation? Yes No

Have you ever gotten your credit report? Yes No

Do you have a bank account? Yes No If no, would you like to open an account? Yes No

(F) LEGAL AND/OR CRIMINAL HISTORY

What legal documents do you need assistance obtaining (birth certificate, social security card, ID card, etc.)?

Have you ever been charged or convicted of a crime, including a DUI? Yes, misdemeanor Yes, felony No

If yes, describe the charges and date(s): _____

If you were incarcerated, what were the dates from: _____ to _____

Are you currently on probation? Yes No If yes, when will your probation end? _____

If convicted of a crime, has it kept you from getting a job? Yes No

How do you explain this situation to employers? _____

Do you have any pending court cases Yes No If yes, explain: _____

(G) Section to be completed by Employment Services Program Staff Only

Consent to Exchange Information Completed Yes No

Referrals/Dates

Referral: _____

Referral Date: _____

Referral: _____

Referral Date: _____

(Optional) Additional Assessments Completed:

Name of Assessment: _____

Name of Assessment: _____

Date of Completion: _____

Date of Completion: _____

Score/Outcome: _____

Score/Outcome: _____

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SNAP E&T ASSESSMENT FORM

FORM NUMBER - 032-22-1090-01-eng (10/22)

PURPOSE OF FORM - This form is initially completed by the Employment Services Program (ESP) participant and worker at the time of the assessment interview. The form records information concerning the ESP participant's educational background, employment history, interests, employment goals and employment barriers.

USE OF FORM - The information on this form is used to assess the job readiness of the participant and serves as a foundation for development of the participant's Activity and Service Plan (032-02-302). Date information added after the initial assessment to show MM/DD/YY of entry.

NUMBER OF COPIES – One (provide participant with a copy of pages 1- 6).

DISPOSITION OF COPIES - Original will be maintained in the participant's case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Identifying Information/Date/Type of Assessment/Category - Date is MM/DD/YY the assessment or reassessment is conducted. Check the appropriate block to indicate "Assessment" for initial assessment or "Reassessment" for reassessment interviews.

On page 1, the program participant will provide their name, case number, contact information, primary language, and the date that they started the assessment form. The instruction directs the program participant to answer as many questions as possible.

The section "Consideration in Employment Planning" is on the first page and is designed to allow the program participant and worker to identify issues which may impact the client's progress toward self-sufficiency and economic stability. If problems are identified, the program participant has an opportunity to decide how these issues will be resolved. This section is in the beginning of the assessment to address possible barriers in the early stages of the assessment.

The following sections are designed to allow the participant to identify issues related to childcare, transportation, housing, and the participant's health, which may impact the client's progress toward self-sufficiency and economic stability.

- A. CHILD CARE
- B. TRANSPORTATION
- C. HOUSING SITUATION
- D. HEALTH (Note: This section does not replace completion of "Do You Have a Disability" Form.)

The following sections are designed to capture the program participant's employment goals, interests, and prior experience. This information is very useful in the career planning process as the worker helps the participant to self-identify their strengths, career preferences and employment/ training/ educational paths.

10/23

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- E. EMPLOYMENT GOALS** - This section is used to record the outcome the client envisions as a result of program participation. Short- and long-term goals are identified. Knowledge of these goals can help as the client and worker plan participation in the Employment Services Program.
- F. EMPLOYMENT SEARCH** – The section is designed for the participant to identify career interests, past employment applications and available workdays.
- G. SKILLS** – This section allows the participant to identify their soft skills and possible professional references. This information can be used for employment and training planning.
- H. WORK EXPERIENCE** - This section provides space for a chronological listing of the participant's employment. Information about the participant's duties on the job, reasons for leaving, and job preferences are important for employability planning and merit thorough discussion. Information about volunteer work and military experience will allow identification of transferable skills which are useful in planning for participants with limited skills/employment. ESP participants may provide a current resume in place of the writing the past employment experience.
- I. EDUCATION/TRAINING:** Information about the last school attended and last grade completed is obtained from the participant during the assessment interview. The worker will use this part of the form to record functional education level testing. Record any training or post-secondary education. Be sure to list certificates and degrees obtained, fields of study, and dates. Provide information about apprenticeships and occupational licenses, and relevant dates. Information about test results may be recorded at the time initial assessment, if known, or may be added at the time of reassessment.

These following sections allow the participant to identify additional secondary employment barriers.

- J. SUPPORT SYTSTEM AND FAMILY SITUATION**
- K. FINANCIAL SITUATION**
- L. LEGAL AND/OR CRIMINAL HISTORY AND DOCUMENTS**
- M. This section is designed for the Employment Services Worker to annotate if referrals were made to partner organizations or agencies to address employment barriers for the program participant. Employment Services Workers may also annotate the scores from assessments completed by the program participant. Examples of free self-directed assessment are:**
- O**NET Interest Profiler Results - www.mynextmove.org
 - CareerOneStop Skills Matcher - <https://www.careeronestop.org/toolkit/Skills/skills-matcher.aspx>
 - CareerOneStop Work Values Matcher - <https://www.careeronestop.org/Toolkit/Careers/work-values-matcher-assessment.aspx>

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF SOCIAL SERVICES
 EMPLOYMENT SERVICES PROGRAM

SNAP E&T VIEW TET VTP

Participant's Name: _____
 Case ID#: _____
 ESW: _____
 ESW Phone #: _____
 # of Months Accrued on VIEW Clock _____ N/A
 Date: _____

ACTIVITY AND SERVICE PLAN

| CURRENT PROGRAM ACTIVITY ASSIGNMENT | <u>Planned Begin Date</u> | <u>Planned End Date</u> | <u>Planned Weekly Hrs/Pay & Location</u> |
|--|--------------------------------------|------------------------------------|---|
| <u>Core Activities</u> | | | |
| Currently employed full-time | _____ | _____ | _____ |
| Currently employed part-time | _____ | _____ | _____ |
| Job Search (VIEW) | _____ | _____ | _____ |
| Supervised Job Search (SNAP E&T) | _____ | _____ | # of Job Contacts _____ |
| Job Readiness (VIEW) / Job Search Training (SNAP E&T) | _____ | _____ | _____ |
| Full Employment Program (FEP) | _____ | _____ | _____ |
| On-the-Job Training (OJT) | _____ | _____ | _____ |
| Community Work Experience (CWEP) | _____ | _____ | _____ |
| Public Service Program (PSP) | _____ | _____ | _____ |
| Vocational Education & Training | _____ | _____ | _____ |
| Work Experience (WE) | _____ | _____ | _____ |

Non-Core Activities – countable only after minimum 20 hrs/week completed in Core Activities (VIEW Only)

- Job Skills Training _____
 (Includes education above post-secondary when it is directly related to employment)
- Education below post-secondary _____

Other Work Activities – these hours are not counted toward the participation requirement

- Other Locally Developed _____
- Pending** (Assign for a maximum of 60 days) **Inactive** (Assign up to 3x - 30 days per assignment)

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

| |
|--|
| |
|--|

SUPPORTIVE /TRANSITIONAL SERVICES

- Child Care Transportation TET VTP Other (please describe)

VTP Period From _____ to _____

AGENCY RESPONSIBILITIES

| |
|--|
| |
| |

PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)

FOR ALL PARTICIPANTS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call my Employment Services Worker (ESW) 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 ESW. I will notify my ESW of any changes in my employment status (such as obtaining new employment). I will inform my child care worker of any changes that affect my current activity.

[VIEW Only] I understand that if I fail to participate without a good reason, my TANF benefits/support services will be stopped and my SNAP benefits may be affected.

FOR PARTICIPANTS WHO ARE EMPLOYED

I will contact the Employment Services Worker (ESW) to discuss any problems that may affect my employment. I will not quit my job or put myself in a position to be fired without discussing the situation with my worker. I will notify my ESW of any changes in my employment status (such as obtaining new employment or changing jobs). I will complete the required monthly follow-up contact (by phone or by mail) with my ESW prior to **the 5th of each month.**

FOR PARTICIPANTS ASSIGNED TO JOB SEARCH AND SUPERVISED JOB SEARCH

I will carry out the responsibilities as agreed upon on my Job Search form.

FOR PARTICIPANTS ASSIGNED TO CWEP, PSP or WE

I will carry out the responsibilities as agreed to on my Work Site Position form. I will make sure that my Supervisor has provided the Attendance/ Performance Rating Sheet to my ESW by the 5th of each month.

FOR PARTICIPANTS ASSIGNED TO EDUCATIONAL OR TRAINING ACTIVITIES

I will provide the Attendance Sheet to my ESW by the 5th of each month. I will provide a copy of my grades at the end of each semester/ quarter/activity.

FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM (VIEW only)

I understand that I will receive monthly TANF benefits while I am employed in a FEP placement. I will call my FEP placement supervisor and my worker if I will be absent from work.

FOR PARTICIPANTS ASSIGNED TO PENDING

I understand that I am not actively participating at this time, but that the months during which I am assigned to this component will count toward my two year time period. I also understand that I must keep all appointments and 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 keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

FOR PARTICIPANTS ASSIGNED TO VTP (VIEW only)

I will complete the 6 month job follow-up and return the verification of my employment to my ESW by _____ .

ADDITIONAL PARTICIPANT RESPONSIBILITIES NOT LISTED ABOVE

| |
|--|
| |
| |

EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my assignments. By signing this form, I give permission to my ESW to share information from my case record when necessary to provide or coordinate services on my behalf.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

WORKER'S SIGNATURE _____ **PHONE** _____

SNAP E&T ACTIVITY and SERVICE PLAN

FORM NUMBER - 032-02-1000-13-eng (10/22)

| Employment Services Program Acronyms | |
|---|---|
| CWEP | Community Work Experience |
| ESP | Employment Services Program |
| ESW | Employment Services Worker including FSS, FSW, SSS, SSW |
| FEP | Full Employment Program |
| PSP | Public Service Program |
| SNAP E&T | Supplemental Nutrition Assistance Program Education & Training |
| TET | Transitional Employment and Training Services |
| VIEW | Virginia Initiative for Education and Work |
| VTP | VIEW Transitional Payment |
| WE | Work Experience (SNAP E&T) |

PURPOSE OF FORM - This form outlines a strategy designed by the Employment Services Worker and the SNAP E&T/VIEW participant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the VDSS Employment Services Program Assessment Form (032-22-1090). It details specific activities to which the participant will be assigned. It identifies any services that will be needed during assignments to these activities.

USE OF FORM - This form is prepared initially at the SNAP E&T/VIEW assessment and at the time of each reassessment. It is also to be used for persons eligible for TET and VIEW Transitional Payments. Activities on this form will correspond to entries in the Virginia Case Management System (VaCMS). This form will serve as the service application for clients requesting child care services and serve as documentation for the continued need for child care services. A copy of each Activity and Service Plan must be sent to the child care worker.

NUMBER OF COPIES – Three (One original and two copies)

DISPOSITION OF COPIES - Original is maintained in participant’s case record with a copy provided to the SNAP E&T/VIEW participant and a copy to the Child Care Worker, if necessary.

INSTRUCTIONS FOR PREPARATION OF FORM:

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/pay. (Note: The “current component assignment” following the initial assessment will include any assignment for the month of the assessment as well as the next three full months.) The information on this list will correspond with information in the VaCMS. Any assignment that is pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Any services needed by the participant to engage in the program activities listed will be identified in this section of the Activity and Service Plan.

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S) - The Employment Services Worker will complete this section by using the check boxes and writing in additional responsibilities as needed. This section will outline the specific steps the participant is required to take in order to comply with program requirements. By signing this section of the form, the SNAP E&T/VIEW participant indicates they have participated in the planning for activities described, and they understand their responsibilities as a SNAP E&T/VIEW program participant.

(VIEW only) For clients assigned to VTP, verification of continued employment is due by the date on the Activity and Service Plan. This date is approximately 6 months from the first VTP payment.

Participant's Name: _____
Case #: _____
ESW: _____
ESW Phone #: _____

SNAP E&T AND VIEW JOB SEARCH FORM

Important - Use this form to record the employer contacts and the number of hours for each contact you are required to make while you are looking for a job.

- You do not need to get the signatures of the employer contacts, but your Employment Services Worker may verify these contacts.
- You can count the hours that you spend in face-to-face interviews, the hours completing and turning in job applications or resumes, and the travel time between interviews (but not to the first interview each day or from the last interview each day).
- [VIEW only]** If you do not complete and sign each page of the form then return it to your Employment Services Worker by the due date, your TANF or TANF-UP benefits may be suspended.

REMEMBER YOU MUST:

- [VIEW only]** Spend at least ____ hours per week looking for a job.
From _____ (begin date) to _____ (end date)
- [SNAP E&T only]** Make at least _____ contacts per month looking for a job.
From _____ (begin date) to _____ (end date)
- Accept suitable job offers.
- Notify your Employment Services Worker as soon as you get a job.
- Complete and sign each page of the form and:
 - Return the completed form to your Employment Services Worker by _____ Date
 - Keep this appointment with your Employment Services Worker on:
_____ / _____ / _____
Date Time Address

AGENCY USE ONLY

| | |
|---|-------|
| Assigned hours for the month (VIEW) / Number of contacts for the month (SNAP E&T): | _____ |
| Holiday hours used for the month (Group Job Search only) - (VIEW ONLY) | _____ |
| Excused hours used for the month (Group Job Search only) - (VIEW ONLY): | _____ |
| Total countable hours of participation for this activity for the month - (VIEW ONLY): | _____ |

| | | | |
|-------------------|--------------------------------------|--------------------------|---|
| Company | <u>Virginia Workforce Connection</u> | <input type="checkbox"/> | [Required] Register online at |
| Address | _____ | | https://www.vawc.virginia.gov |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| | _____ | | |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| | _____ | | |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| | _____ | | |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

| | | | |
|-------------------|-------|--------------------------|---|
| Company | _____ | <input type="checkbox"/> | Submitted a Resume/Application |
| Address | _____ | <input type="checkbox"/> | Interview |
| | _____ | | |
| Type of job: | _____ | Result of | _____ |
| Person Contacted: | _____ | Contact: | _____ |
| Date of Contact: | | Contact Hours: | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |

SNAP E&T SUPERVISED JOB SEARCH FORM

FORM NUMBER - 02-1030-02-eng (10/22)

| Employment Services Program Acronyms | |
|---|--|
| CWEP | Community Work Experience |
| ESP | Employment Services Program |
| ESW | Employment Services Worker including FSS, FSW, SSS, SSW |
| FEP | Full Employment Program |
| PSP | Public Service Program |
| SNAP E&T | Supplemental Nutrition Assistance Program Education & Training |
| VIEW | Virginia Initiative for Education and Work |
| WE | Work Experience (SNAP E&T) |

PURPOSE OF FORM - This form provides written documentation of the **SNAP E&T** participant's supervised job search contacts.

USE OF FORM - This form is used by **SNAP E&T** and **VIEW** participants to record employer contacts, contact hours and outcomes during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the participant completes job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The first section of the form is completed by the Employment Services Worker (ESW) and the information is discussed with the participant. After the form is returned by the participant, the ESW will fill in the number of contacts for the month (SNAP E&T only) or Assigned hours for the month, the Holiday hours used for the month, the Excused Absence hours used for the month, and the Total Countable hours of participation for this activity for the month (VIEW only).

The "Employer Contact List" is completed by the participant. Employers are not required to sign the form. The first box in the contacts section is to record the mandatory registration/contact with the Virginia Workforce Connection for both VIEW and SNAP E&T participants. At the end of the job search assignment or at a time designated by the Employment Services Worker, the form is to be returned to the agency. The Employment Services Worker will explain to the participant how the form is to be returned.

The participant will sign the form at the bottom of each page indicating that the contacts have actually been made and that contacts or hours are accurate. A statement on the form cautions the participant that the Employment Services Worker may contact the employer to verify the contact.

WORK SITE AGREEMENT (CWEP, PSP or WE)

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 participants of the Virginia Initiative for Education and Work (VIEW) or the Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T).

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.
2. To provide a detailed explanation of VIEW and SNAP E&T and the necessary paperwork for reporting requirements.
3. To provide necessary supportive services to enable the participant to participate in VIEW or SNAP E&T.

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, lock-out 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 5th 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 _____

Authorized Signature (organization/work site) _____ Date _____

Agency/LDSS Representative _____ Date _____

EMPLOYMENT SERVICES PROGRAM WORK SITE AGREEMENT

FORM NUMBER - 032-02-1070-02-eng (10/22)

| Employment Services Program Acronyms | |
|---|---|
| CWEP | Community Work Experience |
| ESP | Employment Services Program |
| ESW | Employment Services Worker including FSS, FSW, SSS, SSW |
| FEP | Full Employment Program |
| PSP | Public Service Program |
| SNAP E&T | Supplemental Nutrition Assistance Program Education & Training |
| VIEW | Virginia Initiative for Education and Work |
| WE | Work Experience (SNAP E&T) |

PURPOSE OF FORM - This form provides required documentation of the terms of the agreement between the CWEP, PSP or WE work site and the LDSS.

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. **Copy is retained by the work site.**

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. **However, each agreement may have several position descriptions associated with it.**

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW **SNAP E&T**
Participant's Name: _____
Case #: _____
ESW: _____
ESW Phone #: _____

SNAP E&T AND VIEW REFERRAL TO WORK SITE (FEP, CWEP, PSP, Work Experience)

PARTICIPANT _____ CASE# _____
ADDRESS: _____

TELEPHONE#: _____ MESSAGE PHONE _____

TO THE PARTICIPANT:

Take this referral to _____ (company/work site) for a FEP, CWEP, PSP or Work Experience position.

You are to report to: _____ on _____
Name Date Time

Address/Directions: _____

Special Instructions: _____

If you are unable to keep this appointment, call the Worksite Supervisor _____ at () _____ and your Employment Services Worker (ESW) immediately.

TO WORK SITE SUPERVISOR:

Please give this participant your consideration for the _____ position with your organization as outlined in our Work Site Agreement form signed by _____.

He/she is eligible to work _____ hours per week.

Please complete the section below and return to (ESW)
at email address: _____.

TO EMPLOYMENT SERVICES WORKER (check one of the following):

Participant will begin work on _____.

Date

He/she will be assigned to _____ hours per week at _____ per hour.

He/she will be working at: _____

Participant not selected to work in this position.

Reason: _____

Work Site Supervisor: _____

Date: _____ Phone: _____

SNAP E&T AND VIEW REFERRAL TO WORK SITE (FEP, CWEP, PSP, Work Experience)

FORM NUMBER - 032-02-1060-10-eng (10/22)

| Employment Services Program Acronyms | |
|---|--|
| CWEP | Community Work Experience |
| ESP | Employment Services Program |
| ESW | Employment Services Worker including FSS, FSW, SSS, SSW |
| FEP | Full Employment Program |
| PSP | Public Service Program |
| SNAP E&T | Supplemental Nutrition Assistance Program Education & Training |
| VIEW | Virginia Initiative for Education and Work |
| WE | Work Experience (SNAP E&T) |

PURPOSE OF FORM - This form provides the SNAP E&T and VIEW participant and the CWEP, PSP or Work Experience work site or FEP employer with written information about the SNAP E&T or VIEW participant's assignment to or interview at the work site.

USE OF FORM - The form is used to refer SNAP E&T or VIEW participants to a CWEP, PSP or Work Experience work site or FEP placement to interview for a position.

NUMBER OF COPIES - Three

**DISPOSITION OF COPIES - Original – Participant
1st copy – Work Site
2nd copy – Case Record**

INSTRUCTIONS FOR PREPARATION OF FORM:

Preparation of this form will serve to refer the SNAP E&T or VIEW participant for an interview or an assignment to a work experience or FEP position for which there is a position description on file.

The first section of the form contains information that the SNAP E&T or VIEW 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 second and third sections of the form also contain information which will help the work site representative interview the SNAP E&T or VIEW participant, record the details of the position for which the SNAP E&T or VIEW participant is applying/reporting, and know who the local agency contact person is for this particular SNAP E&T or VIEW participant.

All sections of the form need to be completed for all parties to understand the referral.

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF SOCIAL SERVICES
 EMPLOYMENT SERVICES PROGRAM

VIEW SNAP E&T

Participant's Name: _____

Case#: _____

ESW: _____

ESW Phone #: _____

ATTENDANCE & PERFORMANCE RATING SHEET

This form enables the Employment Services Worker (ESW) to monitor participant attendance and performance. It should be completed each month by the Work Site Supervisor and provided to the ESW by the 5th day of the following month.

| DATES AND HOURS WORKED FOR MONTH: _____ 20__ __ | | | | | | | |
|--|-------|---------------------------|-------|------------------|-------|------|-------|
| Date | Hours | Date | Hours | Date | Hours | Date | Hours |
| 1 | | 9 | | 17 | | 25 | |
| 2 | | 10 | | 18 | | 26 | |
| 3 | | 11 | | 19 | | 27 | |
| 4 | | 12 | | 20 | | 28 | |
| 5 | | 13 | | 21 | | 29 | |
| 6 | | 14 | | 22 | | 30 | |
| 7 | | 15 | | 23 | | 31 | |
| 8 | | 16 | | 24 | | | |
| Total Scheduled/Assigned Hours to Work This Month | | | | | | | |
| | | Times Tardy | | Comments: | | | |
| | | Unexcused Absences | | | | | |
| Total Actual Work Hours This Month | | | | | | | |

Performance Evaluation
 (Rating Guide: 0=Poor, 1=Fair, 2=Good, 3=Very Good, 4=Excellent)

| | |
|-------------------------------|---------------------------|
| Knowledge of Assignment _____ | Safety Habits _____ |
| Punctuality _____ | Quality of Work _____ |
| Attitude _____ | Initiative _____ |
| Cooperation _____ | Grooming _____ |
| Works Well with Others _____ | Accepts Supervision _____ |
| | Overall Performance _____ |

List skills participant has mastered _____

List skills that participant needs to improve _____

Do you recommend that the participant continues in this activity? Yes No

Why Or Why Not? _____

Work Site Supervisor Name: _____

Phone Number: _____

Work Site Supervisor Signature: _____

Date: _____

ATTENDANCE & PERFORMANCE RATING SHEET

FORM NUMBER - 032-02-1010-03-eng (10/22)

| Employment Services Program Acronyms | |
|---|--|
| CWEP | Community Work Experience |
| ESP | Employment Services Program |
| ESW | Employment Services Worker including FSS, FSW, SSS, SSW |
| FEP | Full Employment Program |
| PSP | Public Service Program |
| SNAP E&T | Supplemental Nutrition Assistance Program Education & Training |
| VIEW | Virginia Initiative for Education and Work |
| WE | Work Experience (SNAP E&T) |

PURPOSE OF FORM - This form provides a written means for the ESW to monitor VIEW or SNAP E&T participant’s progress and attendance in a CWEP, WE, PSP or FEP placement on a monthly basis.

USE OF FORM - This form is used by the work site supervisor to record the participant’s attendance and evaluate performance in the CWEP, WE, PSP or FEP position. It may also be completed by the ESW based upon information provided by the employer verbally. The form is also used by the ESW to evaluate satisfactory participation (attendance) and any need for intervention to enhance the VIEW or SNAP E&T participant’s progress. Usage of the forms with FEP placement is optional. The ESW may contact the FEP employee for a verbal update. Information obtained must be noted in the VIEW and SNAP E&T record.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - The original is submitted to the ESW by the fifth calendar day after the report month and becomes a part of the case record.

INSTRUCTIONS FOR PREPARATION OF FORM:

The ESW will be responsible for informing the Work Site Supervisor of their responsibility to prepare the form monthly. A six-month supply of the form may be given to the Work Site Supervisor at the time the agreement is completed. Identifying information should be completed by the ESW prior to giving this form to the Work Site Supervisor.

For CWEP, WE and PSP placements, the ESW will be responsible for informing the work site supervisor of the number of hours the participant will be assigned each month.

All sections of the form need to be completed in their entirety to enable the ESW to evaluate performance and monitor attendance.

The Work Site Supervisor will be responsible for completing, signing, dating, and mailing the form to the agency by the fifth calendar day after the close of the report month.

VIEW SNAP E&T
 Participant's Name: _____
 Case #: _____
 ESW: _____
 ESW Phone #: _____

EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET

This form must be returned to the Employment Services Worker (ESW) by the 5th of every month.

Name of Class: _____ Name of Program/Curriculum: _____
 Name of Institution: _____ Instructor Name: _____
 How is instruction delivered: In-person Online Hybrid Other: _____

TO BE COMPLETED BY THE PARTICIPANT

Please circle the dates that your class is scheduled to meet for the month. After each class meeting, fill in the number of hours that you attended class, labs, or other activities required for the class. If you were not in class, please use one of the codes listed below to explain why you were not in class on that date.

Please sign the form and have the Instructor (or designee) sign the form to confirm that the information is correct.

Attendance Month: _____ 20__

| | | | | | | |
|----|----|----|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | | | | | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| | | | | | | |
| 29 | 30 | 31 | Attendance Codes: ▪ A: Absent ▪ C: Closed ▪ H: Holiday | | | |
| | | | | | | |

Participant's Signature _____

Date: _____

TO BE COMPLETED BY THE INSTRUCTOR

Is homework/study time necessary for success in this class?

Yes No

Is the attendance information reported accurate? Yes No

Instructor's Signature: _____

TO BE COMPLETED BY THE (ESW)

Homework/Study Hours (VIEW ONLY)

| | | | | | | |
|----|----|----|-------------------------------------|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | | | | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | | | | | | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| | | | | | | |
| 29 | 30 | 31 | Monthly total homework/study hours: | | | |
| | | | | | | |

Total attendance hrs: _____ Assigned hrs: _____

Holiday hrs used: _____ Excused absences hrs used: _____

Total countable participation hrs: _____

10/23

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**EMPLOYMENT SERVICES PROGRAM
EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET**

FORM NUMBER - 032-03-1020-04-eng (10/22)

| Employment Services Program Acronyms | |
|---|--|
| CWEP | Community Work Experience |
| ESP | Employment Services Program |
| ESW | Employment Services Worker including FSS, FSW, SSS, SSW |
| FEP | Full Employment Program |
| PSP | Public Service Program |
| SNAP E&T | Supplemental Nutrition Assistance Program Education & Training |
| VIEW | Virginia Initiative for Education and Work |
| WE | Work Experience (SNAP E&T) |

PURPOSE OF FORM - This form provides a written means for the Employment Services Worker (ESW) to monitor a VIEW or SNAP E&T participant's attendance in an education or training program on a monthly basis.

USE OF FORM - This form is used by the education or training program instructor to verify the participant's attendance. The form is also used by the ESW to evaluate any need for intervention to enhance the VIEW or SNAP E&T participant's progress. A separate form is completed for each course.

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 ESW will be responsible for informing the participant of their responsibility to ensure that the form has been completed in its entirety and signed by the instructor/ his designee each month. A sufficient supply of copies of the form for the semester/ quarter/ length of the course should be given to the participant at the time the assignment is made.

All sections of the form need to be completed in their entirety to enable the ESW to verify attendance. The ESW will fill in the Participant's Name, Case #, ESW name, and ESW Phone # at the top of the form. The participant will fill in the Name of Class, Name of Program/Curriculum, Name of Institution, Name of Instructor, and How is Instruction Delivered. The participant will circle the days of the month the class is scheduled to meet. After each scheduled class meeting, the participant will fill in the actual hours of attendance, or the appropriate code if the class was not attended. After the form has been completed, the participant will sign it and then have the instructor or designee answer the homework and attendance questions and sign the form.

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The ESW will review the form, and, if unsupervised homework or study time is necessary for success in the class (this will be checked by the instructor), will add one hour of unsupervised homework/study time for each hour of scheduled class time and will total the hours of attendance and unsupervised homework/study time (VIEW only), and fill in the Total monthly attendance hours. The ESW will fill in the Assigned hours for the month, the Holiday hours used during the month, the Excused Absence hours used during the month, and the Total Countable hours of participation for the month.

Note (VIEW Only): Unsupervised homework/study time can be counted for each hour the participant was scheduled to attend, even if the participant was absent from class on a particular day, if the class was not held because the institution was closed on the scheduled class day, or because scheduled day fell on a holiday. If the participant reports that supervised study time is a required part of the class, the worker will obtain verification from the instructor and will note the hours spent in supervised study by date on the form and add them to the Total Hours for the Report Month). The total hours of class attendance, unsupervised homework/study time, plus any supervised study time, will be reported as participation if otherwise allowable.

The participant will be responsible for providing the completed form to the ESW by the fifth calendar day after the close of the report month.

Participant's Name: _____
 Case #: _____
 ESW: _____
 ESW Phone #: _____

MEDICAL EVALUATION

It is our goal to assist the individual named below in becoming economically self-sufficient. This person states that they are 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 Number: _____ Birthdate: _____ | Agency Name: _____ Address: _____ _____ Agency Contact: _____ Phone Number: _____ Fax: _____ |
|---|---|

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 individual's current health issue(s), check the most appropriate statement (**ONLY ONE**) either A, B, or C.

| | |
|----|---|
| A. | Able to participate in employment and training activities without significant limitations or modifications Skip the remaining questions and complete the Signature section at the bottom of page 2. <input type="checkbox"/> |
| B. | Able to participate in employment and training activities at least 20 hours per week with limitations and/or modifications as needed. Anticipated number of months the limitation or need for modification will last. (check one) <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 How many total hours per week can the individual participate in employment and training activities? (check one) <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 Skip to page 2, answer questions 3 through 10, and complete the Signature section at the bottom of page 2. |
| C. | Not able to participate in employment and training activities in any capacity at this time Anticipated number of months the limitation or need for modification will last. (check one) <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Skip to page 2, answer questions 3 through 10, and complete the Signature section at the bottom of page 2. |



3. Based on your knowledge of the individual's medical condition, list any limitations that would affect the individual's ability to participate in employment and training activities.

Physical Limitations: _____

Mental Health Limitations: _____

Other Limitations Not Listed Above: _____

4. Do you recommend that this individual apply for SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance) benefits at this time? Yes No

DIAGNOSIS AND TREATMENT:

5. Please indicate the primary medical reason for the individual's inability to participate in employment and training activities, or to participate with modifications and/or limitations, in the "primary diagnosis" space below.

Primary Diagnosis: _____

If other medical issues contribute to the individual's inability to participate in employment and training activities, or to participate with modifications and/or limitations, 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 individual complying?

Yes No Don't know

8. If the individual is not complying with recommendations, are you aware of the reason for not complying?

Yes No Don't know

9. Does the individual's condition hinder their ability to care for children? Yes No

REFERRALS:

10. Does the individual 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 _____ Date form was completed: _____

(Physician or Nurse Practitioner or, Physician's Assistant)

| |
|--------------------------------|
| Name _____ (Please print) |
| Office telephone number: _____ |
| Office Address _____ _____ |

or

| |
|---------------------|
| OFFICE STAMP |
|---------------------|

