COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

September 3, 2024

Manual - Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal # 35

This transmittal contains updated income limits and deductions used to determine eligibility and the revised benefit amounts for the Supplemental Nutrition Assistance Program (SNAP). The transmittal also contains clarifications and revisions of SNAP Employment and Training (SNAP E&T) and Disaster SNAP (D-SNAP) guidelines. The transmittal is a revision of the entire manual to change references from Eligibility Workers (EW) to Benefit Programs Specialist (BPS) to recognize the professional staff responsible for SNAP activities and to simplify text where possible. Because the entire manual is being revised, changes are not noted in bold as is traditionally done.

The provisions of this transmittal are effective October 1, 2024, for all SNAP applications filed or actions taken on cases on or after October 1, 2024, except as announced by a Broadcast issued on June 20, 2024 to identify localities that meet the work requirement exemption. These exemptions became effective July 1, 2024.

This transmittal and manual are available on FUSION at https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Guidance and 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
Abbreviations/Acronyms		
Entire Section	Benefit Programs Specialist (BPS) added, Eligibility Worker (EW) removed from the listing.	Direction of the Division.

Definitions		
Entire Section	References to EW were removed and BPS was added throughout the Part. The amount to report gambling or lottery winnings was increased to $4,500. This reference was added to the disabled person definition.	Direction of the Division. Annual federal update
Part I		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Chapter H	Clarification was added to the disclosure chapter to identify information that may be provided to law enforcement officials.	Recommendation of the Office of the Virginia Attorney General
Part II		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Chapter G, Appendix III	The lottery amount was revised for the categorically eligible households and the Elderly Simplified Application Project	Annual federal update
Part III		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Appendix	The suggested letter to the Social Security Administration was removed.	Clarity of the program.
Part IV		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Chapter C	Clarification added to the mandatory review of cases certified for more than 24 months does not apply to households certified for ESAP and the Virginia Combined Application Project (VaCAP).	Clarity of the program.
Part V		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.

Part VI		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Chapters A-B	The maximum income amounts were increased to allow separate household status for disabled, elderly persons from others in the household. The minimum amounts for boarders to pay for lodging increased.	Annual federal update
Part VII		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Chapter F	Statement added to address SNAP eligibility of citizens of Micronesia, the Marshall Islands, and Palau.	Provisions of the Consolidated Appropriations Act of 2024 (P.L. 118-42) addressed eligibility of persons eligible for certain federal benefits.
Appendix I	The amounts required to earn Social Security work credits for 2024 were added.	Annual federal update
Appendix II	Instructions for pursuing secondary verification thorough the Systematic Alien Verification for Entitlement system were revised.	The United States Citizenship and Immigration Services (USCIS) has revised its guidelines for submitting documents to establish an immigrant's status.
Part VIII		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.
Chapter B	Clarification was added to address retroactive evaluation of a job quit or voluntary work reduction without good cause and its impact on households' current eligibility.	Clarity of the program.
Part IX		
Entire Section	References to EW were removed and BPS was added throughout the Part.	Direction of the Division.

Chapter A	The resource limit for households with at least one elderly (age 60 or older) or disabled member increased from $4,250 to $4,500. The resource limit for all other households increased from $2750 to $3,000. The amount to report the receipt of lottery and gambling winnings was changed.	Annual federal update.
Chapter D	The Exempt Resources chapter was revised to delete allowances for Economic Stimulus Payments and federal pandemic unemployment payments.	The exemption period has expired.
Part X		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter A	Standard deduction amounts were changed. The standard utility allowances were reduced from $414 and $524 to $369 and $467, respectively. The telephone standard remains unchanged at $52. The maximum shelter deduction was changed from $672 to $712. The homeless shelter deduction was changed from $179.66 to $190.30	Changes to the shelter elements reflect annual updates.
Part XI		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter A	Gross and net income limits were increased.	Annual updates
Chapter F	The Excluded Income chapter was revised to delete exclusions for Economic Stimulus Payments and federal pandemic unemployment payments.	The exclusion period has expired.
Part XII		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.

Chapter A	Allowable meal costs for daycare providers were revised. The amounts are $1.66 for breakfast and $3.15 for lunch/supper. The rate for snacks is unchanged at $.93.	Annual update
Part XIII		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Part XIV		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter A	The income limits for reporting changes were revised. The amount to report the receipt of lottery and gambling winnings was changed	Annual updates
Part XV		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter A	The age limit for the work requirement increased to age 54.	The Fiscal Responsibility Act of 2023
Appendix	The list of localities exempted from the work requirement was updated.	The exempt localities were announced in a Broadcast issued June 20, 2024.
Part XVI		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter H	The chapter for replacing benefits for fraudulent actions was removed from Part XVI and moved to Part XVIII.	Program management as the improper actions were not caused by department error.
Part XVII		

Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Part XVIII		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
New Chapter Chapter D	The chapter for replacing benefits for fraudulent actions from Part XVI was moved to this Part as households were to have benefits replaced instead of being restored.	Program management. as the improper actions were not caused by department error.
Part XIX		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Appendix	The list of legal assistance offices was reformatted.	Program management
Part XX		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter K	Applicants for the disaster program must be advised that applications will be screened to prevent duplicate participation.	Program accuracy
Chapter L	Income limits and benefit levels for the disaster program were revised.	Annual updates
Part XXI		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter C	The minimum benefit amount was revised.	Annual update
Part XXIII		
Entire Section	The benefit levels by household size were increased.	Annual updates

Part XXIV		
Entire Section	References to EW were removed and BPS was added throughout the section.	Direction of the Division.
Entire Section	Forms were revised to: 1) reflect the new address for the Virginia Department of Social Services; 2) change references to BPS; 3) reflect the updated nondiscrimination statement; and/or 4) reflect the revised income and lottery/gambling limits for reporting purposes.	Program management and accuracy
Part XXV		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.
Chapter E	The list of allowable supportive services for the SNAP E&T Program was clarified to include emergency housing needs and internet access and computer needs.	The Virginia SNAP E&T Plan included expanded services to assist E&T participants gain job skills
Appendix	SNAP E&T Forms were revised to: 1) reflect the new address for the Virginia Department of Social Services; 2) change references to BPS; and/or 3) reflect the updated nondiscrimination statement.	Program management and accuracy
Part XXVI		
Entire Section	References to EW were removed and BPS was added throughout.	Direction of the Division.

Direct questions about this transmittal to practice program consultants or Michele Thomas at michele.thomas@dss.virginia.gov or at (804) 726-7866.

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Commissioner

Attachment

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ABBREVIATIONS/ACRONYMS

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

ABBREVIATIONS/ACRONYMS

USDA	United States Department of Agriculture
USCIS	United States Citizenship and Immigration Services
VA	Veterans Administration
VaCAP	Virginia Combined Application Project
VaCMS	Virginia Case Management System
VDSS	Virginia Department of Social Services
VEC	Virginia Employment Commission
VRMP	Virginia Restaurant Meals Program
WOIA	Workforce Innovation and Opportunity Act

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

Administrative Disqualification Hearing (ADH) - An administrative disqualification hearing is an impartial review by a hearings officer of a household member's actions to determine if the member committed an Intentional Program Violation (IPV).

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

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

- Determination of group home eligibility;
- Allowance of medical expenses;
- Allowance of unlimited shelter expenses
- Use of net-only income limits in determining income eligibility;
- Evaluation of conditionally-eligible immigrants;
- Allowance of the $4,500 resource limit;
- Allowance of a 24-month certification period; and
- Exemption from 6-month interim reporting requirements.

A disabled person is one who:

a. Is certified to receive or is actually receiving Supplemental Security Income (SSI) benefits or disability or blindness payments under one of the following titles of the Social Security Act:

   1. Title I, Grants to States for Old Age Assistance and Medical Assistance for the Aged;

   2. Title II, Federal Old Age, Survivors, and Disability Insurance Benefits;

   3. Title X, Grants to States for Aid to the Blind;

   4. Title XIV, Grants to States for Aid to the Permanently and totally Disabled; or,

   5. Title XVI, Supplemental Security Income for the Aged, Blind and Disabled.

   This includes SSI presumptive disability payments (regular SSI Benefits for a three-month period paid to persons who will most likely meet SSI disability criteria), and SSI emergency advance payments (a single $100 SSI payment provided to persons who appear to meet the SSI eligibility criteria who are considered in need of immediate assistance).

b. Is certified to receive or receives an Auxiliary Grant.

c. Is certified to receive or receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221 of the Social Security Act.

d. Is certified to receive or receives an annuity payment under Section 2(a)(1)(iv) of the Railroad Retirement Act of 1974 and is determined to be eligible to receive Medicare by the Railroad Retirement Board; or Section 2(a)(i)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used under Title XVI of the Social Security Act.

e. Is a veteran with a service-connected or nonservice-connected disability rated or paid as total (100%), or is considered in need of regular aid and attendance or permanently housebound under Title 38 of the U.S. Code.

f. Is a surviving spouse of a veteran and considered in need of aid and attendance or permanently housebound or a surviving child of a veteran and considered to be permanently incapable of self-support under Title 38 of the U. S. Code.

g. Is a surviving spouse or child of a veteran and entitled to compensation for a service-connected death or pension benefits for a nonservice-connected death under Title 38 of the U. S. Code and has a disability considered permanent under the Social Security Act. For the purpose of this chapter, "entitled" means those veterans' surviving spouses and children who are receiving the compensation or benefits stated or have been approved for such payments, but are not receiving them.

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

h. Is a recipient of disability related medical assistance under Title XIX of the Social Security Act.

i. Is a recipient of Federal Employee Compensation Act (FECA) payments for permanently disabled employees who opt for FECA benefits in lieu of Civil Service Retirement benefits. Temporary FECA payments to people temporarily injured on the job do not satisfy the definition of disability.

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

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

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

a. A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or emergency shelter);

b. A halfway house or similar institution that provides temporary residence for individuals who would otherwise be in an institution;

c. A temporary accommodation in the residence of another. (Temporary is defined here as having been in the home for not more than 90 days as of the date of application); or

d. A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., as a park, bus station, hallway, lobby or similar places).

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

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

a. Made a false or misleading statement to the local agency, orally or in writing, to obtain benefits to which the household is not entitled. An IPV may exist for an individual even if the agency denies the household's application.

b. Concealed information or withheld facts to obtain benefits to which the household is not entitled; or

c. Committed any act that constitutes a violation of the Food and Nutrition Act, SNAP regulations, or any State statutes relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP access devices.

An IPV is also any action where an individual knowingly, willfully and with deceitful intent:

- uses SNAP benefits to buy nonfood items, such as alcohol or cigarettes;
- uses or possesses improperly obtained access devices;
- trades or sells or attempts to trade or sell access devices; or
- uses benefits to repay food purchased on credit.

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

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

A case will be a PA unit as long as each household member derives some income from TANF, GR - Unattached Child or SSI. A case will also be a PA case as long as the PA income counts toward SNAP eligibility or benefit amount, such as in the case of the Noncompliance with Another Programs of Part XII.D. Any case that contains at least one member who does not receive TANF, GR - Unattached Child or SSI is a non-assistance (NA) SNAP case.

A PA case also includes a case in which any member receives or is authorized to receive services from a program funded by the TANF block grant. Service programs must derive more than 50 percent of their funding from the TANF block grant or from state funds intended to meet the

Maintenance of Effort (MOE) for TANF funding. (The VIEW Transitional Payment is state-funded to meet the MOE obligation.) These programs must be for the purposes of:

a. assisting needy families;

b. promoting job preparation, work and marriage;

c. preventing or reducing out-of-wedlock pregnancies, provided the program imposes a 200 percent of poverty income guideline; or

d. promoting two-parent families, provided the program imposes a 200 percent of poverty income guideline.

A case that meets the criteria for broad-based categorical eligibility will be considered a categorically eligible case. The criteria for broad-based categorical eligibility consist of at least one person receiving or authorized to receive a TANF funded service, which benefits the entire household. This includes non-cash or in-kind service that is less than 50 percent funded with the TANF block grant or state funds counted for MOE purposes. The household's income must be at or below 200 percent of the federal poverty level and will not be subject to the resource asset test. With broad-based categorical eligibility, there is no requirement that there be minor children in the household.

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

Reapplication - Processed as an initial or new application, a reapplication is:

a. An application filed when more than a calendar month has elapsed after the last certification end date; or

b. An application that is filed after an adverse or negative action. An adverse or negative action is a denial of an application or termination of an ongoing case.

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

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

Trafficking - 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 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.

PART I INTRODUCTION

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A. PURPOSE OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

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

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

B. HISTORY OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

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

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

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

C. BENEFIT ISSUANCE AND USE

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

During the certification interview or other agency contact with eligible households, the agency must advise or discuss with households the following:

- How to access benefits using the EBT card.
  - The Primary Card Holder and authorized representative will each receive a card.
  - Cardholder should sign the EBT card upon receipt.
- Selecting and protecting the PIN and EBT card.
- When benefits will be available after certification and for future months and where to use the benefits. Use the EBT card at any retail store, approved restaurants, or other food

vendors authorized by USDA to accept SNAP benefits. Note that authorized retailers and restaurants participating in Virginia Restaurant Meals Program (VRMP) may display a sign indicating authorization that reads, "We accept SNAP Benefits" or similar language, or that displays the QUEST logo. Other authorized facilities include:

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

- Proper use of the benefits.
  - Purchase any food or food product for human consumption; or
  - Purchase seeds and plants for use in gardens to produce food for the household's personal consumption.
- Using benefits when making purchases.
  - Separate eligible items from ineligible ones at the checkout counter unless the store is electronically programmed to identify eligible and ineligible items.
  - Advise the cashier beforehand of the intent to use SNAP benefits if electronic programming is not available to denote SNAP benefits or when the household will use EBT in conjunction with other payment methods.
- Improper use of benefits. Households may not use SNAP benefits to purchase or pay for the following:
  - Alcoholic beverages or tobacco;
  - Hot foods ready for immediate consumption or food to eat on the store’s premises, excluding meals prepared by approved restaurants participating in VRMP and consumed by eligible VRMP SNAP participants;
  - Pet foods, soap products, paper products, or other non-food items usually available in a grocery store;
  - To pay back grocery bills or tabs for food received on credit;
  - Firearms, ammunition, explosives, or controlled substances; or
  - Purchasing a product with SNAP benefits and intentionally:
    - discarding the contents in order to return the container for the return deposit amount;
    - reselling a purchased product for cash; or
    - exchanging a purchased product for cash or for consideration other than eligible food.
- At reapplication or recertification, determine if another EBT card is needed.

The agency must assist households who have difficulty in accessing their SNAP benefits, such as households comprised of elderly or disabled members, homeless households or those without a fixed mailing address. For example, the agency might assist an elderly person who is housebound in finding an authorized representative who might access the household’s benefit account and shop for groceries on behalf of the household. To ensure timely participation, the agency should issue a vault card to Address Confidentiality Program participants who elect to use a substitute mailing address. See Part VII.B.

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

Food and Nutrition Service, USDA	Telephone:	(804) 287-1710
1606 Santa Rosa Road, Suite 239	Fax:	(804) 287-1726
Richmond, Virginia 23229-5014		

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

The local department must provide qualified employees necessary to take prompt action on all applications. Local employees who certify households for participation in the Supplemental Nutrition Assistance Program must meet the same personnel standards as those used by the local agency for personnel who certify applicants for benefits under the federally aided public assistance programs. Only qualified local employees or contract staff may conduct the interview of applicant households required by Part II.D and determine the household's eligibility or ineligibility and the level of benefits. In addition, only authorized employees or agents of the state or locality, or a local issuing agency, without the ability to authorize SNAP or D-SNAP benefits, may issue EBT cards. These individuals will have update capability in the EBT administrative system. Eligibility staff are restricted to inquiry-only access to the EBT administrative system.

The local department must provide timely, accurate, and fair service to SNAP applicants and participants. Each local department must establish office procedures and operations that accommodate the needs of the populations it serves. The local department must not establish any policies, regulations, or rules that create barriers to accessing SNAP benefits**.** Populations with special needs may include households with members who are elderly or those who have disabilities, homeless households, and households with members who work during normal office hours. The local department must provide bilingual staff and interpreter services to households with limited English proficiency.

E. NONDISCRIMINATION

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

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

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

Key Principles

Compliance with these laws assures that equal opportunity exists for persons with disabilities to benefit from all aspects of public assistance programs, including access to the proper support services to enable such individuals to work and to keep their families healthy, safe and intact. "Individualized treatment" and "effective and meaningful opportunity" are two key principles that underlie the bar on discrimination against people with disabilities.

Individualized Treatment

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

Effective and Meaningful Opportunity

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

Legal Requirements

To implement these two principles, the following legal requirements must be met:

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

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

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

Definition of a Person with a Disability

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

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

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

State and local social services departments must accept all written or verbal discrimination complaints, log the complaints, and forward them within five business days to the Department of Agriculture and to the Virginia Department of Social Services.

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

Civil Rights Program Administrator
Virginia Department of Social Services
5600 Cox Road
Glen Allen, VA 23060

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

a. Name, address, and telephone number or other means of contacting the person alleging discrimination.

b. The location and name of the organization or office that is accused of discriminatory practices.

c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.

d. The basis for the alleged discrimination (age, sex, race, religion, color, disability, national origin, or political belief).

e. The names, addresses, telephone numbers, and titles of persons who may have knowledge of the alleged discriminatory acts.

f. The date or dates on which the alleged discriminatory actions occurred or, if continuing, the duration of the actions.

2. Public Notification - Requirements for displaying a nondiscrimination poster are addressed in Part I.I.

3. Annual Training – All persons who interact with SNAP applicants and participants and those who supervise such staff must participate in annual civil rights training. This training is available online through the VDSS Knowledge Center.

4. Reasonable Accommodations - The BPS must consider whether a person may have a disability, and how a person's disability may affect the person's ability to comply with rules, fill out forms, attend appointments, etc. If it is determined that a person has a disability that affects the ability to comply with program rules or procedures, the BPS has the authority to make reasonable modifications to program rules, requirements and procedures to ensure that the person with a disability receives full and meaningful access to SNAP benefits.

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

   Examples

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

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

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

F. COLLECTION OF RACIAL/ETHNIC GROUP DATA

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

The racial categories are:	
White	Asian
Black or African American	American Indian or Alaskan Native
Native Hawaiian or other Pacific Islander	

The categories for ethnicity are:	
Hispanic or Latino	Not Hispanic or Latino

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

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

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

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

1. Certification records must be retained for a minimum of three years from the month of origin of each record. Certification records may include any material that documents the basis for an allotment, the determination of eligibility, or the establishment of a claim. Records needed to support claims collection activity or long-term eligibility determinations or disqualifications must be kept longer than three years. Certification records may also include the authorization and issuance of a vault EBT card or authorization for crediting the card replacement fee back to an EBT account.

a. Records related to claims must be kept for three years after a claim is repaid or is administratively closed.

b. Records that support investigation of a suspected Intentional Program Violation must be kept until the case has been resolved if the investigation was initiated during the normal three-year retention period for certification actions.

c. Records about Intentional Program Violation disqualifications must be kept for the life of the individual or until FNS notifies through the disqualified recipient system that the record is no longer needed.

d. Records to document work registration, voluntary quit, or work reduction violations must be retained for the life of the individual who caused the violation or until the person reaches age 60, whichever occurs first.

2. Issuance or administrative records must be retained for a three-year period. The three-year period may be from the month the federal obligation is paid, from the period of final resolution of the issuance billing process or three years from the creation of the record. These records include EBT records.

3. Administrative cost records must be maintained for three years from the date the annual financial status report. These records include fiscal and statistical records, supporting documents, negotiated contracts and any other document related to administrative costs. These records must be retained beyond three years if a claim, litigation or audit is initiated before the end of the three-year period. In these instances, the records must be retained until the claim, litigation, or audit has been resolved.

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

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

1. Persons directly connected with the administration or enforcement of the provisions of the Food and Nutrition Act or regulations, other federal assistance programs, or federally assisted State programs which provide aid, on a means-tested basis, to low- income individuals. This includes the Office of the Inspector General (OIG) and the Statewide Automated Child Welfare Information System (SACWIS).

2. Employees of the Comptroller General's Office of the United States for audit examination authorized by any other provision of law.

3. Local, state, or federal law enforcement officials upon a written request to investigate an alleged SNAP violation. The written request must include the identity of the individual requesting the information and the authority to do so, the violation being investigated, and the name of the person for whom the information is requested.

4. Law enforcement officials upon notification that an individual is fleeing prosecution or imprisonment, is in violation of parole or, that an individual has information needed to investigate a felony or parole violation. The request for information must specify the name of a SNAP household member. Disclosure is limited to an individual's address, Social Security number, and photograph, if available, upon a written request. The agency may not disclose scheduled appointment dates or times, SNAP case information, or EBT account information. In addition, the agency may not disclose information about other unspecified household members or other SNAP cases. The written request must include the identity of the individual requesting the information and the authority to do so, and the violation being investigated.

5. The parent locator service to assist in the Child Support Enforcement Program under Title IV-D, upon request; and

6. Persons directly connected with the verification of immigration status of aliens applying for SNAP benefits through SAVE to the extent the information is necessary to identify the individual for verification purposes.

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

All local departments of social services must maintain state regulations and manuals that affect the public for examination by the public on regular workdays during regular office hours.

I. PROGRAM INFORMATIONAL ACTIVITIES (7 CFR 272.5)

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

1. Booklets/Pamphlets

   a. *Virginia Social Services – Benefit Programs* information pamphlet - Applicants may receive this pamphlet at the time of each new application. The BPS may provide the pamphlet the pamphlet at each reapplication or recertification if the household no longer has a copy of the pamphlet

   b. *Appeals and Fair Hearings* pamphlet – Local departments may provide this pamphlet with adverse action notices to reduce or terminate benefits or when applications are denied.

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

2. Posters

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

   a. "And Justice for All"

   b. "Your SNAP Rights"

3. Other Required Activities

   a. Provide an explanation of household rights when applicants request information about the Supplemental Nutrition Assistance Program. Provide a verbal explanation, or it may provide the *Know Your Rights When Applying for SNAP Benefits* flyer if the applicant is able to read and comprehend the form in English or other available languages.

   b. Complete the *SNAP - Hotline Information* form and provide it to each applicant on the day the applicant files a new application, a reapplication, or a late recertification application.

   c. Try to answer general or specific questions related to the Supplemental Nutrition Assistance Program from persons expressing an interest in applying for program benefits. The department may refer callers to appropriate personnel, and if those persons are not available, the department must arrange to return the call. If it is not possible to return the call, advise the caller to return the call at a prearranged time when the appropriate personnel will be available to answer the questions.

J. CERTIFICATION MATERIALS (7 CFR 272.4)

SNAP information must be available to the applicant and recipient households in English and the household's designated language. Certification materials include the SNAP application or renewal forms, change report form and notices.

K. FAMILY ASSESSMENT

Benefit programs are designed to provide income support benefits to assist families who are unable to provide the necessities of life and maintain minimum standards of health and well-being through their own efforts. Gathering relevant information about a family's situation and assessing that information against the eligibility for benefit programs are the basis for making the eligibility determinations. This process also includes an assessment of need for service programs and other resources to assist the family, which includes following the Practice Model contained in Appendix II of Part I. If other needs exist, the eligibility BPS must refer the family for appropriate services or resources within the agency or community.

L. PRUDENT PERSON CONCEPT

This manual provides guidelines for the Supplemental Nutrition Assistance Program. Material presented here is often broad to allow certification staff sufficient flexibility to make reasonable judgements in evaluating individual household circumstances to determine SNAP eligibility and benefit level.

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

M. PRE-APPLICATION ELIGIBILITY DETERIMINATION/DISCUSSION PROHIBITED

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

FIPS CODE DIRECTORY

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

Virginia Department of Social Services Practice Model

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

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

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

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

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

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

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

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

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

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

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

PART II APPLICATION/PROCESSING

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A. APPLICATION PROCESSING

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

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

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

Households must file an application for SNAP benefits with the local department of social services in the locality where the household resides. Households may file applications in person, by mail, by fax, by telephone to the Enterprise Customer Service Center (initial application and reapplication only), or online. Households may also file the application through an authorized representative. The application and instructions are contained in Part XXIV.

Each household has the right to file an application for SNAP benefits on the same day it contacts the local department during normal business hours. The local department must document the application filing date by recording the date on which the local department received the application. The date of application will be the date the local department received the application during the normal business hours. The next business day will be the application date for any application received outside normal business hours.

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

For a resident of a public institution who jointly applies for SSI and SNAP benefits before the release from the institution, the SNAP application filing date will be the date of the applicant's release from the institution.

1. Agency Action for the Initial Contact

When a household contacts the local department and expresses an interest in obtaining

SNAP benefits, at a minimum, the agency must:

a. Provide an application upon request or, if contacted by telephone or through other means, advise the household that it may obtain the form in the office or that it is available by mail or online. The local department must mail the application the same day it receives a request.

b. Encourage households to file applications on the same day they contact the agency or when households indicate food insecurity. Advise that completed applications should be submitted as soon as possible. Advise that applications may be submitted by mail, in person, by fax, online, or by telephone

c. Explain that only SNAP rules are used to determine eligibility so that households should apply for SNAP benefits even if they may not be eligible for other programs.

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

2. Agency Actions for the Application Filing Date

Applicants may file an application that contains minimal information to protect the application filing date. Minimal information needed for a valid application is the applicant's name, address, and signature of a responsible household member or authorized representative. (See Part II.D for a discussion of responsible household members.) Depending on the type of application, signature may be written or unwritten. Unwritten signatures may include electronic signature, recorded telephonic signature, or recorded gestured signatures.

Upon receipt of a valid application, the local department must:

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

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

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

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

3. Subsequent Actions Required After An Application Is Filed

Once the local department receives an application that contains at least the applicant's name, address and signature, advise the applicant that an interview must be conducted before certification. Advise the household that the interview may be conducted in the office or by telephone. Provide the interview scheduling hours for the agency.

4. Withdrawing An Application

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

5. Contacting The Wrong Locality

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

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

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

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

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

Example

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

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

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

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

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

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

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

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

1. An explanation of basic program procedures, including the local agency's responsibilities and application processing time frames. Include an explanation of the issuance process and use of SNAP benefits, as outlined in Part I.C.

2. An explanation of the options available to the household and the advantages and disadvantages of each choice. Include an explanation that the utility standard, homeless shelter standard and medical standard deductions will be used, if appropriate, unless the household opts to use actual amounts. If actual amounts are used, discuss the choice to have expenses averaged or counted only in the month billed.

3. A verbal and written explanation of the household's rights and responsibilities. Include an explanation of the consequences if these responsibilities are not met. Include an explanation of the consequences of voluntarily quitting employment.

4. An explanation that the agency may receive information through the Income and Eligibility Verification System (IEVS) or that the agency will access other computer systems. The agency will use and verify the information. Information that the agency receives may affect the household's eligibility and benefit level.

5. A discussion of appropriate collection actions for households that owe outstanding payments on claims.

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

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

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

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

The agency must not deny the application on the 30th day if the agency has not scheduled the interview before the 30th day. In addition, the agency must not deny the application on the 30th day

if the agency has not allowed the household a minimum of 10 days after the interview to supply verification or needed information to process the application.

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

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

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

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

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

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

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

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

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

Example

A household files an application on July 15. If the household is eligible, the agency must give the household an opportunity to participate by August 14. If August 14

falls on a Sunday, the EW must process the case by Friday, August 5 so that the household may receive the EBT card by mail by Saturday, August 13 or authorize the issuance of a vault card that the Primary Cardholder or authorized representative could pick up before August 14. Additionally, the SNAP benefits must be posted to the EBT account.

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

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

3. Processing Cases with Prior Participation in another Locality

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

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

Note: Nutrition Assistance Program (NAP) benefits received from Puerto Rico are not SNAP benefits. There is no duplicate benefit if a household applies for SNAP benefits in the same month. There is no need to determine if the NAP case is closed.

Contacts with Other States

For applications filed by persons who claim they have received SNAP benefits in another state, the agency must confirm that the individual is no longer receiving benefits in that state. If the agency is not able to verify this by the end of the processing period and all other eligibility factors have been met, the agency must approve the application. The agency must continue to seek verification from the other state to minimize the overpayment period in case the individual continued to receive benefits in that state however. If there is no response from the other state, the agency must contact the regional consultant who will ensure the information is forwarded to FNS to follow up with the other state.

If duplicate participation occurs, the Virginia agency must file a claim for any benefits the household received while it also received benefits from the other state. The claim will be household-caused if the household failed to report its connection to another state and the receipt of benefits from the other state. An agency-caused claim will exist if the agency failed to verify termination of benefits from another state.

For household members who are subject to the Work Requirement, the agency must also address participation in another state towards the number of countable months if there is

an indication from the application or interview that the member may have received SNAP benefits during the current 36-month period.

F. DELAYS IN PROCESSING

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

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

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

a. A delay must be considered the fault of the household if the household failed to complete the application process even though the local agency took all required action to assist the household. The local agency is required to take the following actions before a delay can be considered the fault of the household:

1) For households that failed to complete the application, the local agency must have offered, or attempted to offer, assistance in its completion.

2) If one or more members of the household failed to register for work, as required in Part VIII.A, the local agency must have informed the household of the need to register and given the household at least 10 days from the date of notification to register these members.

3) In cases where verification is incomplete, the local agency must have provided the household with a statement of required verification and offered to assist the household in obtaining required verification and allowed the household sufficient time to provide the missing verification. Sufficient time will be at least 10 days from the date of the local agency's initial request for the verification that was missing.

4) For households that failed to appear for an interview, the local agency must have scheduled an interview within 30 days following the date the household filed the application. If the household failed to appear for the interview, and the household does not request that the agency reschedule another interview until after the 20th day but before the 30th day following the application filing date, the household must appear for the interview, bring verification and register members for work by the 30th day; otherwise, the delay will be the fault of the household. If the agency must allow the household additional time to provide information or verification, the delay will be the fault of the household. If the household failed to appear for the interview and requests another interview to occur after the 30th day following the date of application, the delay will be the fault of the household. If the household missed the scheduled interview and misses the one it requested, the household must request another interview and any delay will be the fault of the household.

b. Delays that are the fault of the local agency include, but are not limited to, those cases where the local agency failed to take the actions described in items 1-4 above.

c. In some situations, a case file is complete except for a household member's failure to comply with an eligibility requirement that results in disqualification for noncompliance (e.g. failure to register for work). In such situations the BPS must:

1) Ensure that the household had at least 10 days to comply. If the household did not have that timeframe, consider the delay agency-caused and hold the application in pending status for an additional 30 days.

2) If an individual must be disqualified, instead of the entire household, process the case for the remaining household members. Consider the disqualification imposed with the effective date of the initial allotment. If the entire household must be disqualified (e.g., the head of the household failed to register for work, or the household simply has one member), extend the pending status of the case an additional 30 days, as client delay.

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Reinstatements

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

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

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

G. JOINT PROCESSING AND CATEGORICAL ELIGIBILITY OF PA CASES

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Application for SSI and SNAP benefits

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

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

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

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

b. Within one working day after receipt of a signed application, the SSA office must complete and forward the SNAP application to the local agency along with a transmittal form. The local agency must make an eligibility determination and provide an opportunity to participate within thirty days following the date the SSA office received the signed application. If the household is entitled to expedited service however, the processing time standards will begin on the date the correct local agency receives the application.

c. The local agency may not subject the household to an additional interview. In addition, the local agency may not contact the household in order to obtain additional information unless:

   1) the application is improperly completed;

   2) mandatory verification is missing;

   3) information received is questionable as determined by the local agency; or,

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

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

d. The SSA office must refer persons who are not entitled to joint processing to the local social services agency.

e. The SSA office must prescreen all applications for entitlement to expedited services on the day the SSA office receives the application. SSA must mark "expedited processing" on the first page of all applications that appear to be entitled to such processing. The SSA office must inform households that appear to meet the expedited service criteria that the household may receive the benefits sooner if the household applies directly with the local social service agency. The household may take the application from SSA directly to the local social service agency.

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

f. The local agency must ensure that households whose SNAP applications are forwarded by the SSA office are not already participating in the program in any Virginia locality.

g. If the SSA office takes the SSI application or re-determination by telephone from a member of a pure SSI household, SSA must also complete the SNAP application during the telephone interview. In these cases, the SNAP application must be mailed to the applicant for signature. The household may return the application to the SSA office or to the local agency. If the SSA office receives the application, SSA will forward the application to the social services agency. The local agency may not require the household be interviewed again and the agency may not contact the household in order to obtain additional information except for those reasons indicated in item c. above.

h. SSA must send information to SSI recipients being re-determined for SSI by mail to inform them of the right to file a SNAP application at the SSA office (if they are members of a pure SSI household) or at their local social service agency. SSA must also notify SSI recipients of their right to an out-of-office SNAP interview performed by the local agency if the household is unable to appoint an authorized representative.

i. If the SSA office sends the application to the wrong agency, the local agency must forward the application to the correct agency within one working day. The incorrect mailing will not affect processing time standards except as indicated in Item b above, when the household is entitled to expedited processing.

j. Recertification - Any household that may apply at the SSA for initial certification has the right to recertify at the SSA office also, regardless of whether the application for initial certification was taken at the SSA office. SSA will interview the applicant, obtain any readily available verification, complete a transmittal form, and send this material to the local agency.

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

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

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

a. Any household in which all members receive or are authorized to receive a cash payment from the TANF, GR – Unattached Child, or SSI Program is eligible for SNAP benefits regarding income and resources. Any household in which at least one person receives or is authorized to receive services funded through the TANF block grant also will be categorically eligible regarding income and resources.

To confer with broad-based categorical eligibility, all households with income below 200 percent of the federal poverty limit and receive or is authorized to receive a non-cash or in-kind TANF funded service will be considered categorically eligible. See the “PA Case” in the Definitions section. Eligibility for SNAP benefits does not apply if the entire household:

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

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

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

- Resource limits, except note that categorically eligible households that receive lottery or gambling winnings of **$4,500** or more are ineligible for benefits as allowed in Part XII.E.3;
- Gross and net income limits (200 percent gross income limit is applicable for broad-based categorical eligible households);
- Social Security number information;
- Sponsored alien information, provided information exists in the PA case; or
- Residency.

Exception: Social Security number information, sponsored alien information, and residency verification is required for broad-based categorical eligible households.

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

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

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

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

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

1. Any member who would normally participate with the household has been disqualified for an intentional program violation;

2. The head of household failed to comply with work registration or employment and training requirements;

3. The head of the household voluntarily quits or reduces work without good cause (Part VIII.B); or

4. Any member of the household is ineligible if:

   i. Any member is fleeing prosecution or imprisonment or is violating probation or parole terms (Part VI.C.2.e); or

ii. There is a conviction for and sentencing noncompliance for murder or sexual assault crimes (Part VI.C.2.g).

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

c. A disqualified or ineligible person who resides with the household and who would normally be included with the household for SNAP participation will not cause the remainder of the household to lose categorical eligibility, except as noted in subsection b above. The remainder of the household must meet the definition in Part II.G.3.a regarding the receipt of income or benefits. The remaining household is eligible if the disqualified or ineligible person is excluded because the person is:

1. an ineligible alien (Part VII.F.);

2. an ineligible student (Part VII.E.);

3. a resident of a nonexempt institution (Part VII.C.);

4. disqualified for failure to apply for a Social Security Number (Part VII.G);

5. ineligible because of failure to comply with a work registration or employment and training requirement by a person other than the head (Part VIII); or

6. ineligible because of the work requirement (Part XV).

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

4. Application Processing for PA Cases

Once the TANF, GR – Unattached Child, or SSI application is approved, the household is categorically eligible, if conditions of Part II.G.3 are met. If the household's income is at or below the 200% allowable gross income limit, the household meets the income criteria for broad-based categorical eligibility and the application is processed.

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

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

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

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

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

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

Examples

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

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

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

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

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

1) Suppose SSI determines the household eligible for a money payment on December 30.

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

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

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

5. Categorical Eligibility and Benefit Level

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

a. One- and two-person categorically eligible households are entitled to at least $23**,** regardless of net SNAP income, except when benefits for the initial month prorate to less than $10. There will be no issuance in this instance.

b. Categorically eligible households of four or more members will receive benefits if its net income entitles them to a benefit of $1.00 or more on the appropriate allotment table, even if its net SNAP income is above the maximum for the household size.

c. The agency must deny or terminate any categorically eligible household entitled to zero SNAP benefits**.** The notice must explain that the household will not receive benefits because the benefit amount is $0 (zero).

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

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

1. Making Application

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

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

a. The head of the household, spouse, or another responsible member of the household may designate the authorized representative in writing; and,

b. The authorized representative is an adult who is sufficiently aware of relevant household circumstances.

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

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

2. Using SNAP Benefits

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

3. Restrictions on Appointment

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

a. Local agency employees;

b. Retailers authorized to accept SNAP benefits;

c. Individuals disqualified for an intentional program violation;

d. Homeless meal providers, for homeless recipients.

e. Previously named representatives who knowingly provided false information about a household's circumstances or improperly used the household's SNAP benefits.

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

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

Example

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

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

4. Documentation and Control

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

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

a. The household has freely requested the assistance of the authorized representative;

b. The household's circumstances are correctly represented; and

c. The authorized representative is properly using the household's benefits.

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

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

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

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

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

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

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

6. Group Living Arrangements

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

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

a. through the use of an authorized representative employed and designated by the facility;

b. through the use of an authorized representative selected by the resident; or

c. on their own behalf.

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

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

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

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

1. Initial and Reapplication

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

2. Recertification

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

See Part XXIV for a sample of forms and instructions.

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

A. Prohibitions

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

1. seeks to influence customers' political preferences;

2. displays any political preference or party affiliation;

3. discourages individuals from applying to register to vote; or

4. leads individuals to believe that a decision to register or not to register has any impact on their eligibility for assistance or the benefit level that they are entitled to receive.

B. Voter Registration Services

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

1. distribute voter registration application forms for completion by customers at the agency or to be taken for registration by mail;

2. assist customers in completing the voter registration application form unless such assistance is refused;

3. ensure that spaces of the voter registration application are completed, including identifying the locality name on the reverse side of the form;

4. complete the agency certification form;

5. make brochures about amendments to the Virginia constitution available for distribution; and

6. accept voter registration application forms for transmittal to the local general registrar.

    a. Each completed registration application must be submitted to the local registrar every Friday or on the last working day before Friday if Friday is a holiday. Envelopes with completed registration forms must be marked with an "A" in the upper left corner and the number of registration forms in the envelope.

b. Registration applications that are mailed to customers or that were obtained from the local agency must be forwarded to the registrar if the completed forms are returned to the agency.

c. The voter registration application may be mailed to the State Board of Elections by customers at the expense of the customer.

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

C. Certification

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

1. Customers who refuse to check the appropriate box on the certification form or refuse to sign the form will be considered to have declined the opportunity to register to vote.

2. The BPS must sign and date each certification form and complete the appropriate box.

3. Certification forms must be retained in the agency case record in accordance with records retention guidelines.

4. The bottom of the certification form must be completed when registration applications are mailed with applications for assistance and when an authorized representative files the application on behalf of the household.

D. Individuals Required to be Offered Registration Services

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

1. A member of the TANF or medical assistance unit or SNAP household;

2. 18 years of age or who will be 18 by the time of the next general election; and

3. Present in the office at the time of the interview or when a change of address is reported. (Note that a registration application must be sent upon request for mail-in purposes for address changes that are not reported in person.)

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

of the certification form is to be completed accordingly.

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

VIRGINIA COMBINED APPLICATION PROJECT

The Virginia Combined Application Project (VaCAP) is a partnership between the Virginia Department of Social Services (VDSS), the Social Security Administration (SSA), and the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). This demonstration project streamlines the application process for the Supplemental Nutrition Assistance Program (SNAP) for elderly Supplemental Security Income (SSI) recipients and increases their SNAP participation. It does not replace all SNAP eligibility criteria but streamlines certain criteria as defined in this appendix.

Eligible VaCAP participants are identified through a cross match of the State Data Exchange (SDX) and the current SNAP caseload. SDX information is also used by VDSS to update eligibility for SSI recipients monthly after approval for VaCAP. Applications and recertification applications are mailed monthly.

VDSS notifies applicants that they have the option to apply for and participate in the regular, ongoing SNAP, and have the case managed through the local department of social services (LDSS) according to standard policies and procedures.

VaCAP Eligible Household:

To be eligible for VaCAP, an individual must be identified through the SDX as one who:

- Receives SSI;
- Lives in Virginia;
- Is 65 years of age or older;
- Has any Marital Status other than “Married”;
- Is not institutionalized;
- Meets Federal Living Arrangement A (FLA=”A”); and
- Has no earned income.

In addition, the individual:

- Is not currently receiving SNAP; and
- Purchases and prepares food separately.

VaCAP Application Procedures:

VDSS will mail a simplified application to SSI recipients who meet the eligibility criteria and who are not currently participating in SNAP. Applicants must sign and return the application to the LDSS in the city or county of residence. If the applicant does not return the application within 30 days, a second application is mailed. If the second application is not returned, an application will be mailed at 12- month intervals until a total of five applications are mailed. Individuals may apply for VaCAP if it is determined they meet the VaCAP criteria but, did not receive a computer generated application because they had already received five applications, or an application had been mailed less than 12 months ago, or because they were participating in regular SNAP.

Upon receipt of the VaCAP application, the LDSS must screen the application to ensure:

- application is signed;
- the applicant is not already participating in SNAP (eligibility system inquiry); and
- the applicant is not disqualified from participating in SNAP (eDRS inquiry).

VaCAP applications are not screened for expedited processing nor screened for death and incarceration. Death and incarceration are routinely reported in the SDX data.

If shelter expenses are not marked on the application, the LDSS must process the application using the lower shelter expense.

VaCAP participants may request that their VaCAP case be closed in order to apply for regular SNAP benefits. Participants receiving regular SNAP benefits may request that their case be changed to VaCAP if it is determined they meet all of the VaCAP criteria except for not currently receiving SNAP.

VaCAP Interview Procedures:

Unless the applicant requests help with the application, there is no certification interview.

VaCAP Verification:

The SDX provides verification of eligibility factors so no further verification is needed. The applicant's declaration of shelter costs is used.

VaCAP Allotment:

The applicant's declaration of monthly shelter expenses will be used to determine the SNAP benefit amount.

- High benefit - $157 - shelter expenses total $500 or more
- Low benefit - $87 - shelter expenses total $499 or less

Eligibility begins the first day of the month an application is received. There is no proration of benefits based on the application date.

VaCAP Certification:

The certification period for cases will be 36 months.

VaCAP Change Reporting:

Households are not required to report changes. Updates through the SDX satisfy SNAP reporting requirements. If a VaCAP participant reports a change that impacts the household's eligibility for VaCAP or benefit amount, the LDSS must act on the change.

The LDSS worker must also evaluate continued VaCAP eligibility when an alert is received for the following changes reported by the SDX monthly updates:

- the participant moves to another Virginia address;
- a change in the mailing address of an Authorized Representative; and
- a change in the name of an Authorized Representative/payee.

Certain SDX monthly case updates will result in the automatic closure of the VaCAP case. Cases are closed if the SDX reports:

- the participant no longer receives SSI;
- the death of the participant;
- the participant is living in an institution;
- the participant is married;
- a change in the Federal Living Arrangement ;
- the participant has earned income; or
- the participant moved out of state

VaCAP Recertification:

VDSS will generate and mail a combined expiration notice and an application to recertify for VaCAP. VDSS will mail the recertification application to participants in the month before the certification period expires. Participants must complete the application and return it to the local department of social services for processing. Continued eligibility for VaCAP is determined using the same criteria established for the initial application for VaCAP.

There is no interview or additional verifications required.

Eligibility to Opt-Out of VaCAP

A VaCAP participant who wants to opt out of the project must request the case be closed. If the participant subsequently applies for regular SNAP and is found eligible, the participant will not receive a supplement for any month for which VaCAP benefits were received.

FAIR HEARINGS

Fair hearing requests for VaCAP cases are treated the same as all other requests.

QUALITY CONTROL (QC) REVIEWS

VaCAP cases are part of the QC sample for review and are considered in the completion rate. These cases are included in the State’s payment error rate calculation. Quality Control identifies VaCAP cases in a state option field for evaluation purposes.

Elderly Simplified Application Project

This appendix describes the provisions of the Elderly Simplified Application Project (ESAP). ESAP seeks to increase SNAP participation among elderly households by streamlining some of the processes.

ESAP is a demonstration project with the Food and Nutrition Service that permits ESAP to operate by waiving some federal regulations. While similar to the Virginia Combined Application Project (VaCAP) by avoiding some elements, ESAP does not provide set benefits amounts or require an interface with data matches to generate applications.

Unless specifically addressed in this appendix, all other SNAP provisions addressed in this manual will apply to ESAP households.

Eligible Households

ESAP applies to any household in which:

- All eligible household members are 60 years of age or older; and
- There is no earned income.

Application Procedures

Households may apply for ESAP using a simplified Virginia ESAP application or any Virginia SNAP application, including online.

Upon receipt of SNAP or ESAP applications, local departments must evaluate applications for ESAP eligibility. Households may opt out of having their cases converted to ESAP.

Local departments must screen ESAP applications for expedited processing.

Verification Requirements

To the extent possible, local departments must use available computer-matching systems to verify information to determine eligibility and benefit amounts for ESAP households. When possible, local departments must use computer-matching systems to verify:

- Gross nonexempt income
- Identity
- Social Security numbers
- Prisoner match
- Residency
- Immigration status
- Death match
- Legally obligated child support payments

Households must verify the elements above if the information is unclear or questionable. While Part III.F routinely requires secondary verification for some computer-matching systems, secondary verification will not routinely be required for ESAP households unless the information is questionable. Follow up with the household is required however.

Households must claim medical expenses that total a minimum of $35 per month to qualify for the medical standard deduction. Households will need to verify the $35 threshold only if the

information is questionable. Local departments must use the medical standard deduction for all ESAP households unless a household verifies medical expenses that exceed the medical standard.

Households must claim shelter expenses. Households will need to verify information only if the information is questionable. If households claim heating or cooling expenses, local departments may apply the utility standard.

Local departments must use the following systems to verify information:

- State Verification & Exchange System (SVES) – to verify income issued through the Social Security Administration (SSA), verify work quarters for immigration, establish prisoner status, confirm Social Security Number (SSN), and verify Medicare premiums.
- Systematic Alien Verification for Entitlements Program (SAVE) – to confirm the immigration status. Households must claim to have an eligible immigration status on the application.
- Automated Program to Enforce Child Support (APECS) – to verify legally obligated child support payments made to establish an income exclusion.
- Division of Motor Vehicles (DMV) – to access driver's license information to establish identity or residency.
- State Online Query – Internet (SOLQ-I) – to verify income issued through the SSA and confirm the SSN.
- Virginia Department of Corrections (DOC) – to check persons held in custody of DOC the previous month.
- Systems Partnering in a Demographic Repository (SPIDeR) – SPIDeR allows workers to collapse system requests for an individual or all household members into a single action.

Local departments must inquire the following systems at application and recertification:

- Virginia Lottery – (https://www.valottery.com/winnersnews/latestwinners) - an inquiry of winnings of $5,000 or more.
- Electronic Disqualification Recipient System (eDRS) – an inquiry of disqualified recipients for an intentional program violation

Interview Requirements

Local departments must conduct an interview for an initial ESAP application or a reapplication.

Certification Period

The certification period for ESAP cases will be 36 months.

Reporting Requirements

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 **$4,500** or more.

During the initial certification interview, local departments must inform participants of the reporting requirements. Local departments must provide a Change Report to ESAP households when applications are approved and when households report changes.

Local departments must act on changes reported by ESAP households during the certification period, regardless of whether households are required to report the changes. Each household must receive a Notice of Action to reflect the impact of changes reported.

ESAP households are exempt from the interim report process.

Recertification/Renewal

The Virginia Case Management System (VaCMS) will generate and mail a combined expiration notice and recertification application to ESAP households in the month before the certification period expires. Participants must complete the application and return it to the local department for processing. Except as noted below, continued ESAP eligibility will be determined using criteria outlined for the initial application for ESAP.

At recertification, the certification interview will not routinely be required. Local departments must conduct an interview at recertification in the following instances:

- If the ESAP household requests an interview;
- Prior to closing or denying an ESAP recertification; or
- If household circumstances have changed or are questionable.

At recertification, local departments must inquire the data matches, noted in the verification section above, to re-verify income and changes in residency. Households must re-verify medical expenses if they exceed the medical standard deduction. Households that have the medical standard deduction applied will not need to re-verify medical expenses over the $35 threshold unless the expenses are questionable.

Local departments must not deny an ESAP recertification application without first attempting to schedule a recertification interview.

Conversion from/to ESAP

When changes occur during the certification period that cause households to become ineligible for ESAP, local departments must not simply close the case. Workers must determine if households remain eligible for regular SNAP benefits. If cases remain eligible for SNAP benefits, workers must:

- Remove the ESAP Indicator in VaCMS.
- Notify the household of the change and the revised Change Reporting requirements.

The certification period will remain as previously established for ESAP eligibility. Households will be subject to the interim report process at the 12th- or 24th- month interval, as appropriate.

The processes noted here are appropriate if there is sufficient information known about the reported changes. If information is incomplete or unclear, procedures outlined in Part XIV.A.3.d. will apply.

During a SNAP recertification of a SNAP household that is eligible for ESAP or former ESAP households that became ineligible for ESAP, local departments must add these households to ESAP and inform the households of their new status, reporting requirements, and responsibilities. Conversion of these SNAP households must occur unless households opt to remain in SNAP or if there are immediate changes expected that would cause ESAP ineligibility.

Quality Control (QC) Reviews

ESAP cases are subject to QC review to determine if the eligibility determination and benefit level are correct. Active and negative samples must include ESAP cases and include the cases in the state's error rate calculations.

- The reviewer must first determine that the household meets the criteria to participate in ESAP as outlined in this appendix.
- If a household is incorrectly participating as ESAP, the reviewer must:
  - Review the case against SNAP standards as established in the Food and Nutrition Act and regulations, FNS-approved non-ESAP waivers, or State options.
- If a household is correctly participating as ESAP, the reviewer must:
  - Review the case against the provisions this appendix III.
- To determine if a household is or is not correctly participating as ESAP under the rules of the project, the reviewer must:
  - Apply standard verification standards and procedures of all relevant circumstances for the period of time under review as specified in the federal QC Review Handbook

PART III VERIFICATION/DOCUMENTATION

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A. VERIFICATION

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

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

The BPS must verify the following information before certification for households initially applying and for reapplications:

a. Residency

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

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

b. Identity

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

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

c. Gross Nonexempt Income

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

d. Citizenship and Immigration Eligibility

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

1) the date of admission;

2) the date USCIS granted the status;

3) a military connection;

4) battered status;

5) presence in the U.S. on August 22, 1996;

6) the number of work quarters; or

7) tribal membership.

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

The BPS must verify the validity of an immigrant's documents through the U.S Citizenship and Immigration Services (USCIS). See Appendix 2 of Part VII for the Systematic Alien Verification for Entitlements (SAVE) Program verification system

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

e. Shelter Expenses

Households must declare their shelter costs to receive a deduction for such expenses. Households must also declare their responsibility for heating or cooling expenses or their responsibility for telephone costs for entitlement to use the standard utility allowance or the telephone standard, respectively. The BPS must

verify shelter expenses only if the information presented by the household is questionable.

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

The BPS must not verify the shelter expenses of homeless households that qualify for the Homeless Shelter Allowance unless the claim is questionable. See Part X.A.6.

f. Dependent Care Expenses

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

g. Resources

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

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

h. Medical Expenses

The BPS must verify the amount of any medical expenses that may be deductible, including expenses that the household expects to incur during the certification period to get the medical standard deduction or to claim actual expenses. The agency must also verify amounts for reimbursement of medical costs, such as a reimbursement from an insurance company for a hospital bill. The BPS must obtain verification before initial certification if the household indicates the existence of a deduction for a household member who is 60 years of age or older or disabled. For the medical standard deduction, the household must verify that eligible members incur more than $35 a month in allowable medical expenses. Households that incur more than $235 a month in medical expenses may opt out of the medical standard deduction and verify and claim actual expenses. Any expenses that are anticipated but not verified at certification will be allowed if verification is provided during the certification period for households claiming actual expenses or the verification establishes entitlement to the medical standard deduction.

i. Social Security Numbers

The BPS must verify the Social Security number (SSN) of all household members

reported by the household by submitting the number to the Social Security Administration (SSA) through SVES. The BPS must not delay certification of an otherwise eligible household solely to verify a Social Security number even if the 30-day processing period has not expired. The BPS must certify the household as soon as all other steps necessary to certify a household have been taken, except for verification of the Social Security number.

If the SVES inquiry indicates that SSA is unable to verify the SSN provided by the client, the BPS must contact the household to determine if the information the household provided is correct and obtain the correct information, as appropriate. If the information the agency has is correct, but the information SSA has is incorrect, advise the household to resolve the discrepancy with the SSA.

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

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

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

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

j. Disability

Disability status of individual household members must be established whether the stricter or more relaxed definition of disability is evaluated. See Disabled Person in Definitions. If a household fails to verify disability when requested, the individual in question is not considered disabled.

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

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

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

Disabled for Determining Eligibility for Group Homes, Medical Expenses, Unlimited Shelter Expenses, Net Income Standards, 24-month Certification Periods, Resource Eligibility, Immigration Eligibility
Verification of this evaluation of disability, as noted in Definitions, will usually be determined by receipt of or approval for certain income sources or benefits. For example, approval for or receipt of a disability check from the SSA, including SSI, verifies disability.

k. Child Support Payments

A household member's legal obligation to pay child support, the obligated amount of support to be paid, and the amount of child support actually paid must be verified to allow an income exclusion.

Documents which may be used to verify the household's legal obligation to pay child support and the obligated amount include a court or administrative order, or a legally enforceable separation agreement. The actual payment of support may be verified through such methods as cancelled checks, withholding statements from wages or unemployment compensation, statements from custodial parents about direct payments or payments made to third parties, or payment records of the Division of Child Support Enforcement. Documents used to verify legal obligation to support do not constitute verification of what is actually being paid. Therefore, separate verification of the obligation and actual payment must be obtained, unless the information is obtained through APECS.

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

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

a. inconsistent with statements made by the applicant;

b. inconsistent with other information on the application or previous applications; or

c. inconsistent with any other information received by the local department of social services.

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

If the local department of social services needs verification to resolve questionable information, the BPS must document why it considered the information questionable. The documentation must also include the verification used to resolve the questionable information.

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

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

Documentary Evidence

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

Although documentary evidence is the primary source of verification, acceptable verification is not limited to any single type of document. The local department may obtain the information through the household or other sources. The local department must use alternate sources of verification such as collateral contacts and home visits whenever the BPS cannot obtain documentary evidence.

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

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

Example

A farm owner refuses to verify a tenant's income. The local Migrant Seasonal

Farmworker's Association (MSFA) or Agriculture Stabilization and Conservation Service (ASCS) may be able to provide information as to what the household member might expect to receive.

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

Example

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

Collateral Contacts and Home Visits

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

If the household fails to choose one of these options, the BPS must deny the application based on the normal procedures for failure to verify necessary information at the end of the processing period.

When the BPS contacts the collateral contact, there must be:

- No disclosure that the household has applied for benefits;
- No sharing of information provided by the household; or
- No suggestion of wrongdoing by the household.

The BPS may disclose to the collateral contact only that information the contact needs to supply the information the agency seeks.

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

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

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

4. Checklist of Needed Verifications

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

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

The household is primarily responsible for providing documentary evidence to support statements on the application and to resolve any questionable information. Unless verification is readily available to the household, the household is not responsible for providing verification of reported unearned income for which verification is accessible to the BPS through systems of records. These records include APECS, SVES, and the VEC inquiry of unemployment benefits. The household is also not required to verify earned income if verification is accessible through the automated inquiry of the Work Number.

The BPS must assist the household in obtaining requested verifications provided the household is cooperating with the agency as outlined in Part II.C and the household either does not have other verification available or requests assistance in obtaining information. The household may supply documentary evidence in person, through the mail, by facsimile or other electronic means, or through an authorized representative. The household must provide information during the normal business hours for the local office. Information received after normal business hours is counted as being received the next day. Any reasonable, documentary evidence provided by the household is acceptable. The focus of the agency must be primarily on how adequately the verification proves the statements on the application.

Whenever a collateral contact must substitute for documentary evidence because documentary evidence is not available, the BPS must generally rely on the household to provide the name of a collateral contact. The household may request assistance in designating a collateral contact. The local 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 BPS must ask the household to designate another collateral contact, or the BPS will designate the collateral contact. The BPS is responsible for obtaining verification from acceptable collateral contacts.

The BPS 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 BPS 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 BPS 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 BPS must use another source.

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

The BPS 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 BPS 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 BPS 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 BPS 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 BPS 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 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 BPS must verify and document the rate and frequency of pay. The BPS 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 BPS 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 BPS must verify only the elements that have changed since the last verification. The BPS must not verify unchanged information unless the information is incomplete, inaccurate, or inconsistent.

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

Households must supply requested verifications to allow the BPS to anticipate income and expenses properly for the new certification period. Generally, the BPS 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 BPS must request verification that reasonably will reflect the first month of the new certification period.

The following chart lists items the BPS 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.

Child support expense	Verify new obligation if the obligation changed. Verify the amount paid.
Work hours or other work activity hours of an individual subject to the work requirement who is not receiving time-limited benefits because of a work activity	Verify the number of work hours, hours in a work program, or volunteering is a weekly average of 20 hours or more. Verify that the number of hours assigned for the SNAPET work experience component is met.

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

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

E. VERIFICATION DURING THE CERTIFICATION PERIOD

The provisions of this chapter do not apply to changed elements reported through the Interim Report (Part XIV.C.2.c) or when verification is not routinely required. The verification requirements addressed here are not dependent on whether a household is required to report the change. The BPS must address changes, as outlined in Part XIV.A.2, and may need to verify the information regardless of whether the household is required to report the change. See Part XIV.A.1 for reporting requirements.

1. Impact on the Benefit Level

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

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

For changes that result in a decrease in the benefit amount or that cause no change in the benefit amount, the BPS must act on the change with or without verification of the change. If the BPS does not verify the changed element at the time of handling the change, the

agency must verify the element in conjunction with processing the Interim Report, if applicable, but not later than for the next recertification.

2. Verification Requirements

The BPS must verify the following elements if changes are reported:

- Earned income. Verify the new amount.
- Unearned income if the source changed or the amount changed by more than $125 since the last verification.
- Number of hours worked or performed for a work activity for persons subject to the work requirement.
- Voluntarily reported medical expenses to show the household is eligible for the medical standard deduction.
- Voluntarily reported medical expenses if the amount changed by more than $25 since the last verification for households that are claiming actual medical expenses. If the BPS learns of a change in medical expenses, from a source other than the household, the BPS must act on the change if the expense is verified upon receipt and if the BPS can make the change without additional information or verification from the household. If the change requires additional information from the household, the BPS may not act on the change during the certification period.
- The legal obligation to pay child support or the amount actually paid.

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

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

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

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

F. COMPUTER MATCHING REQUIREMENTS

Part III.B assigns households primary responsibility for providing verification except in verifying unearned income that is otherwise available through computer matching. In addition to using systems of record to verify unearned income, matches of systems of record against SNAP applicants and recipients must routinely be made to verify the accuracy of information presented by households.

1. Systems of Record

The chart below identifies systems of record through which inquiries must be made and whether independent or secondary verification must be sought before acting on the information presented.

Systems of Record – Application Match

Source	Independent/Secondary Verification?
Automated Program to Enforce Child Support (APECS)	
• Support Paid	No
• Support Received	No
Electronic Disqualification Recipient System (eDRS)*	
• Disqualified recipients for an intentional program violation (IPV) and determining the length of an IPV penalty	Yes
State Verification Exchange System	
• Death Match	Yes
• Prisoner Match**	Yes
• Social Security Number Match	No
• Unearned Income received through SSA	No
• Work Credits	No
Virginia Employment Commission (VEC)	
• Earnings	Yes
• Unemployment Benefits	No

* Assessment is optional for minors.
**Assessment must be made of incarceration periods of more than 30 days for adults.

Other systems of record are available for specific inquiry. Caseload matches are not required. The chart below identifies the systems of record through which inquiries may be made.

Systems of Record – Specific Inquiry

Source	Independent/Secondary Verification?
State Online Query – Internet (SOLQ-I) -SSA Benefits	No

Systems of Record – Specific Inquiry (continued)

Source	Independent/Secondary Verification?
Beneficiary Data Exchange (BENDEX) -SSA Benefits	No
Systematic Alien Verification for Entitlement (SAVE)-Immigration Status	No
State Data Exchange (SDX)-SSI Files	No
Virginia Lottery	Yes

Frequency of Matches

All systems queries, except inquiries through SVES, must occur before the approval of applications, reapplications, or recertification/renewals for each household member, as appropriate. Delayed screening for SVES may result in an agency-caused overpayment however. For eDRS, screenings must also occur when new adult members are added to the SNAP household during the certification period.

In addition to system queries at application, screenings must occur for the interim report evaluation, except for eDRS. The SVES match must occur for the interim evaluation for elderly/disabled households certified longer than 12 months as the screening must occur at least once every 12 months for these households. For all other households, SOLQ-I may be used for the interim report evaluation.

The Virginia Lottery provides an inquiry of winnings of $5,000 or more. Inquiry is available at https://www.valottery.com/winnersnews/latestwinners. At a minimum, screenings must occur for the interim report evaluation and at recertification.

Independent/Secondary Verification

The BPS must assess the results of system queries and include information obtained through the inquiries in the evaluation of the case. The BPS must resolve discrepancies noted between the application and system screenings before processing applications or completing the interim evaluation.

Information provided by system queries may be used in SNAP cases without additional verification if the information is provided by the source that also generates the information. The BPS must obtain additional verification of information that is not generated by the source of such information.

2. Periodic Matches

The Virginia Department of Social Services may occasionally match the caseload or a portion of the caseload against other databases. These matches may be used to determine the continued eligibility of households or individual members. These matches may include:

- Virginia Department of Corrections (DOC) – weekly listing accessible through the Data Warehouse of persons in the custody of DOC the previous month. The DOC listing does not establish current status so contact with the household is encouraged before taking action. It is recommended to access the report at least once every six months.

- Public Assistance Reporting Information System (PARIS) – quarterly listing accessible through the Data Warehouse of persons receiving assistance in more than one state simultaneously. Resolve the information generally within 30 days of receipt.

3. Income Eligibility Verification System (IEVS)

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

- Social Security Administration for earnings information from the Benefit Exchange Earnings Records (BEERS);

- Internal Revenue Service for unearned income, such as interest income (RES).

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

The BPS may contact the appropriate source of the information independent verification. After obtaining independent verification, the BPS must properly notify the household of the action it intends to take and provide the household with an opportunity to request a fair hearing prior to any adverse action.

4. National Directory of New Hires (NDNH)

A match of Social Security Numbers of SNAP household members will occur with the NDNH. NDNH matches may occur on a monthly or quarterly basis and is required to determine eligibility and benefit levels for all new, reapplication, and recertification applications. Alerts will notify the BPS of available match results. Match results will be:

- New Hire information;
- Quarterly wage;
- Unemployment Insurance; and
- Unmatched Social Security Numbers that must be resolved.

The BPS must obtain independent verification of information obtained through the NDNH.

If there is a delay in obtaining sufficient verification or to accommodate expedited processing period, continue processing the application. Upon receipt of subsequent match data or verification that establishes a household's ineligibility or incorrect benefit amount, the BPS must terminate or reduce benefits, as appropriate, and establish a claim to collect overpaid benefits.

PART IV CERTIFICATION PERIODS/RECERTIFICATION

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

The local department must assign a certification period once the BPS determines that a household is eligible to participate in the Supplemental Nutrition Assistance Program. A certification period is the period of time within which a household is eligible to receive benefits. Certification periods vary depending on the circumstances of the individual household. No household may have a certification period of more than twelve (12) months, except for households comprised of elderly or disabled members, as discussed in Section 2, below, and participants in the Combined Application or the Elderly Simplified Application projects, as described in Appendix II or Appendix III of Part II.

1. Assigning A Certification Period

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

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

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

2. Maximum Certification Periods

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

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

Period	Household Characteristics
36 months	• Households in which all members are participants in VaCAP or ESAP, as allowed in Appendix II or Appendix III of Part II. These households are not subject to the Interim Report process.

When households become ineligible for ESAP, but they remain eligible for SNAP, the remaining months of the 36-month certification period will remain in effect. These households are subject to the Interim Report process.

24 months	• Households in which all members are 60 years of age or older or all members are disabled, as outlined in Definitions, may have a certification period up to 24 months if there is no earned income in the household. These households must file an Interim Report of their circumstances by the 12th month to receive benefits for the final 12 months of the certification period. See Part IV.C.8 and Part XIV.B.
6 months	• Households in which all members are 60 years of age or older or all members are disabled, as outlined in Definitions, may have a certification period up to 6 months if there is no earned income in the household in order to ensure these households will not receive an Interim Report.
6 months	• Households in which any member is eligible for time-limited benefits through the work requirement may receive benefits for no more than six months. Benefits for the certification period will be allowed as follows: one month of prorated benefits, if appropriate, up to three countable months of time-limited benefits (Y1 or Y2), and a varying number of Special Exemption benefit months (E9). See Part XV for determining eligibility for the work requirement.
up to 6 months	• Households with unstable circumstances may have a certification period of up to six months depending on individual household circumstances. This may include households with members who are homeless or who are migrant/seasonal farm workers, as defined in Definitions.
5 months	• Households that receive Transitional Benefits for former TANF recipients may receive frozen benefits for five months. Note that ongoing households must have their certification periods lengthened or shortened to the five-month limit. See Parts XII.H and IV.D.3 for a discussion of Transitional Benefits.
12 months	• All other households not addressed above may have a certification period of 12 months and must file an Interim Report of their circumstances by the sixth month. See Part XIV.B.

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

Each household must receive a written decision about its application at initial application, reapplication and recertification. Depending on household preference, notices may be delivered through the mail or electronically. The BPS may:

1. find the household eligible for benefits and approve the application;

2. find household ineligible and deny the application; or

3. be unable to determine the household's eligibility, within the required timeframe, and leave the application remains pending.

The BPS must provide a *Notice of Action* to inform the household of the disposition of its application. The BPS may use the *Notice of Action and Expiration* to inform the household of the approval of the application in the last month of certification.

C. RECERTIFICATION

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

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

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

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

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

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

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

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

Except as noted below, households must receive the *Notice of Expiration* no later than the last day of the next to the last month of the current certification period, but no earlier than the first day of the next to the last month of the current certification period. When the agency mails the *Notice of Expiration,* allow two days for delivery in addition to the postmark date. Regardless of when the agency assigns the interview date, the

recertification application will be timely if the household files the application by the 15th calendar day of the last month of certification.

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

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

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

Timely applications for recertification are:

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

Example

Date Application Filed: July 20
Date Certified and benefits issued and available: August 12
Certification Period: July 20 to August 31
Date Notice of Expiration must be mailed: August 12
Date Application must be filed for the household to be assured of uninterrupted benefits: August 29 (August 12 plus 15 days plus 2 days for mailing)

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

Any household that does not file its application timely for recertification will lose its right to uninterrupted benefits. The BPS must approve or deny the application by the 30th day after the filing date if the household has had at least 10 days to provide all needed verifications. If the 30th day falls during the weekend or on a holiday, the BPS must take the action on the first business day after the 30th day.

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

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

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

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

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

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

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

If the household files its application for recertification in a timely manner, but due to its fault, is not interviewed in a timely manner, then the household will lose its right to uninterrupted benefits. The BPS must act on the application by the 30th day from the day the application was filed if the household has had at least 10 days to provide needed verifications. If the 30th day falls during the weekend or on a holiday, the agency must take the action on the first business day after the 30th day.

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

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

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

The BPS must approve or deny the application by the 30th day after the filing date provided the household has had at least 10 days to provide the verification requested. If the 30th day falls during the weekend or on a holiday, the BPS must take the action on the first business day after the 30th day.

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

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

The time standards for providing uninterrupted benefits are as follows:

a. A household certified in the last month of its certification period must get a notice of its eligibility or ineligibility, and be provided an opportunity to participate, no later than 30 calendar days after the date the household had an opportunity to obtain its last SNAP benefit.

b. Any other household must have the *Notice of Action* to approve or deny the case mailed by the last day of the current certification period. An eligible household must have an opportunity to participate by the first day of the first month of the new certification period.

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

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

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

A household that submits a timely application for recertification and meets all other required processing steps must have the right to receive uninterrupted benefits, as defined in Part IV.C.5. A household that fails to participate in an interview (Part IV.C.3).,

or to submit any required verifications (Part IV.C.4), will lose its right to uninterrupted benefits, if the failures occur after the deadline for filing a timely application (Part IV.C.2).

a. Failure to File a Timely Application

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

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

b. Failure to Participate in an Interview

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

Example

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

c. Failure to Provide Verification

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

Example

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

uninterrupted benefits to the household since the household met all the timeliness standards.

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

7. Early Filing of Recertifications

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

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

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

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

The BPS must assess the returned Interim Report form for completeness and use the information submitted on the report to determine the household's continued eligibility. If the household fails to submit a completed Interim Report or fails to submit required verification or information, the household's case will automatically close at the end of the 13th month of the certification period unless the BPS takes action to close the case earlier based on the information presented on the Interim Report. See Part XIV.C for a discussion of the Interim Report process.

D. CHANGING THE LENGTH OF THE CERTIFICATION PERIOD

1. Shortening Certification Periods

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

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

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

2. Lengthening Certification Periods

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

3. Adjusting Certification Periods for Transitional Benefits

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

PART V EXPEDITED SERVICES

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

The following households are entitled to expedited services:

1. Households with less than $150 in countable monthly gross income, provided their countable liquid resources (e.g. cash on hand, checking and savings accounts, savings certificates, and lump sum payments as described in Part IX.C) do not exceed $100.

2. Migrant or seasonal farm worker households who are destitute, as defined in Part V.F, provided their liquid resources do not exceed $100.

3. Households whose combined monthly gross income and liquid resources are less than the household's incurred monthly rent or mortgage, and utilities, regardless of how or if the household pays the expenses. If the household indicates it incurs separate heating or cooling costs or that it receives Low Income Home Energy Assistance Program benefits, the BPS should use the utility standard, unless the household chooses to use actual costs.

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

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

B. IDENTIFYING HOUSEHOLDS NEEDING EXPEDITED SERVICE

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

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

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

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

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

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

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

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

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

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

The BPS must make all reasonable efforts to verify the household's residence, income statement (including a statement that the household has no income) and all other mandatory verifications

within the expedited processing standards. Verification may be obtained through collateral contacts or readily available documentary evidence before certification. The BPS may not delay benefits beyond the expedited processing standards solely because these eligibility factors have not been verified, however.

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

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

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

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

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

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

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

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

eligibility or level of benefits, the BPS must act on those changes without an advance notice.

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

If the household fails to provide postponed verification by the 30th day, the BPS must close the case on the 30th day following the application date. If the 30th day falls during a weekend or on a holiday, the BPS must close the case on the next business day. No additional notice to the household is needed.

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

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

   If the household fails to provide postponed verification by the last day of the month after the month of application, the BPS must close the case. The BPS must close the case on the last day of the second month unless that day falls during a weekend or on a holiday. The closure must occur on the next business day. No additional notice to the household is needed.

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

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

   A household must reapply if the BPS closes the case because of the household's failure to provide postponed verifications within the 30 days allowed. If the BPS is aware that this is a second expedited application, the household will have seven days following the

application date to provide the postponed verifications from the prior application regardless of how long it has been since the prior application. If the household does not provide verifications within the seven days, then the BPS must process the reapplication under normal processing guidelines.

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

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

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

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

1. Households will be considered destitute and must be provided expedited service when the only income for the month of application was:

   a. received prior to the date of application; and,

   b. was from a terminated source.

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

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

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

2. Households whose only income for the month of application is from a new source are considered destitute and must be provided expedited service if income of more than $25

from the new source will not be received by the 10th calendar day after the date of application. These households may expect to start receiving income from a new job.

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

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

3. Households may receive both income from a terminated source prior to the date of application, and income from a new source after the date of application. They will still be destitute if:

   a. they receive no other income in the month of application; and,

   b. income of more than $25 from the new source will not be received by the 10th day after the date of application.

4. Destitute migrant or seasonal farmworker households must have their eligibility and level of benefits calculated for the month of application by considering only income which is received between the first of the month and the date of application. Any income from a new source that is anticipated after the day of application must be disregarded.

5. Some employers provide travel advances to cover the travel costs of new employees who must journey to the location of their new employment. To the extent that these payments are excluded as reimbursements, receipt of travel advances will not affect the determination of when a household is destitute. However, if the travel advance is, by written contract, an advance on wages that will be subtracted from wages later earned by the employee, rather than a reimbursement, the wage advance will count as income. Nevertheless, the receipt of a wage advance for the travel costs of a new employee will not affect the determination of whether subsequent payments from the employer are from a new source of income, nor whether a household shall be considered destitute.

   Example

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

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

PART VI HOUSEHOLD COMPOSITION

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A. THE HOUSEHOLD CONCEPT

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

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

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

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

a. An individual living alone.

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

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

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

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

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

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

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

a. A spouse of a member of the household. Spouse refers to either of two individuals who would be defined as married to each other under applicable state law or are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople.

b. Children under 18 years of age who are under the parental control of an adult household member other than their parents. For this provision, children must be financially or otherwise dependent on a household member. Parental control will be assumed to exist if an adult household member has legal custody of a child.

c. Children 21 years of age or younger who live with natural or adoptive parents, unless parental rights have been terminated, or stepparents, unless ties have been severed through divorce.

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

3. Individuals in Foster Care

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

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

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

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

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:

Household Size	165% Limit	Household Size	165% Limit
1	$2,071	6	$5,770
2	2,811	7	6,510
3	3,551	8	7,249
4	4,290	each additional	
5	5,030	member	+$740

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 BPS 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 BPS that the person in question could not purchase and prepare meals. However, when the inability to purchase and prepare meals is not obvious, the BPS 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 BPS 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 most of the 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 most of the time. The child must be removed from the case of Household A and added to the case of Household B, after advance notice is provided to Household A.

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 if 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	357
3	512
4	650
5	772
6	926
7	1,024
8	1,170

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	$ 292
2	536
3	768
4	975
5	1,158
6	1,390
7	1,536
8	1,756

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.

If boarder status is questionable, the BPS may require statements from the boarder and the person who receives the payment, attesting to the arrangement and the amount charged or paid.

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

1. The following individuals who reside with a SNAP household will not be considered household members in determining eligibility or the benefit allotment:

   a. Roomers: Individuals to whom a household furnishes lodging for compensation but no meals.

   b. Boarders: Individuals provided meals and lodging for compensation as outlined in Part VI.B.

   c. Live-in attendants: Individuals who reside with a household to provide medical, housekeeping, childcare, or other similar personal services. Residing with the household means that an individual takes a majority of meals in the home. Dependents of a live-in attendant will be considered as members of the live-in attendant's household. A person cannot be a live-in attendant in his or her own home.

   d. Ineligible students: Students who are 18 years of age or older and enrolled at least half-time in an institution of higher education who fail to meet the special eligibility criteria outlined in Part VII.E.

   e. Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

      Example

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

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

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

   Individuals, who are mandatory household members, as per Part VI.A.1, may not be considered nonhousehold members merely because of their roomer, boarder, or live-in attendant status.

2. The following individuals residing with the household will not count in determining the household's size for assigning a benefit level for the household or for comparing the household's monthly income with the income eligibility standards. Income and resources of these excluded members is countable to the remaining household members in accordance with Part XII.E. These persons may not participate in SNAP as separate households.

   a. Ineligible Aliens: Individuals who do not meet the citizenship requirement or hold an eligible immigration status (Part VII.F).

   b. SSN Disqualified: Individuals disqualified for failure to provide a Social Security Number (Part VII.G).

   c. Fraud Disqualified: Individuals found guilty of committing an intentional program violation against the Supplemental Nutrition Assistance Program by a court of law or an Administrative Disqualification Hearing (ADH), or individuals who signed waivers to an ADH (Part XIX).

   d. Individuals disqualified for noncompliance with employment program requirements (Part VIII.A).

   e. Individuals who are fleeing prosecution of felony offenses or imprisonment for felony convictions, or individuals who are in violation of probation or parole conditions are ineligible. Individuals will be considered fleeing if:
      1) There is an outstanding felony warrant for the individual by a federal, state, or local law enforcement agency, and the underlying cause for the warrant is for committing or attempting to commit a crime that is a felony under the law of the place from which the individual is fleeing or a high misdemeanor under the law of New Jersey;
      2) The individual is aware of, or should reasonably have been able to expect that, the felony warrant has already or would have been issued;
      3) The individual has taken action to avoid being arrested or jailed; and
      4) The federal, state, or local law enforcement agency is actively seeking the individual by:
         i. informing a state agency that it intends to enforce an outstanding felony warrant or to arrest an individual for a probation or parole violation within 20 days of submitting a request for information about the individual to the state agency;
         ii. presenting a felony arrest warrant; or
         iii. stating that it intends to enforce an outstanding felony warrant or to arrest an individual for a probation or parole violation within 30 days of the date of a request from a state agency about a specific outstanding felony warrant or probation or parole violation.

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

   g. Individuals convicted of murder or sexual assault on or after February 8, 2014 are

ineligible for benefits. For this section, an individual must have a felony conviction as an adult for an offense listed below and is out of compliance with the sentencing.

1) Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense;
2) Murder under Title 18 USC, Section 1111 or a similar state offense;
3) An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense; or
4) 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)).

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

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

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

1. Household Designation

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

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

2. Agency Designation

If households fail to designate the head by the 30th day for new applications or reapplications or by the verification deadline for recertification applications, the BPS must determine the head. The BPS must also designate the head if the

household's adult members do not agree with the selection made by the applicant.

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

3. Principal Wage Earner as Head

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

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

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

a. subject to and participating in any work requirement under Title IV of the Social Security Act such as the PA Employment Services Program (Part VIII.A.1.c);

b. receiving unemployment compensation benefits or is registered for work to receive these benefits (Part VIII.A.1.f); or

c. employed or self-employed and working a minimum of 30 hours weekly or is receiving weekly earnings at least equivalent to 30 hours multiplied by the federal minimum wage.

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

E. HOUSEHOLDS IN INSTITUTIONS

Residents of certain institutions are eligible for SNAP benefits. This chapter contains special provisions for households residing in eligible institutions. See Part VII.C for a list of eligible

institutions and Part II.I for requirements and allowances for authorized representatives for institutionalized households.

1. Drug Addiction and Alcohol Treatment Centers

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

Before certifying treatment center residents for SNAP benefits, the BPS must establish that the center meets Public Health Service Act criteria even if the center is not certified under Part B of Title XIX of the Public Health Service Act. The BPS must also determine if the Food and Nutrition Service (FNS) has certified the facility as a retailer and whether the center has a Point-of-Sale (POS) device to use SNAP benefits at the institution.

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

a. Accessing and Using SNAP Benefits

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

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

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

b. Responsibilities of the Treatment Center

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

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

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

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

c. Penalties

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

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

d. Local Agency Responsibilities

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

treatment center must receive certification notices and instructions on accessing SNAP benefits through EBT.

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

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

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

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

2. Group Living Arrangements

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

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

a. Participating in the Group Living Arrangement

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

services, or if meals are prepared at a central location for delivery to the individual residents.

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

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

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

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

2) Spend the SNAP benefits and allow the resident to prepare the food; or

3) Allow the resident to use some or all of the benefits on his or her own behalf.

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

b. Accessing and Using SNAP Benefits

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

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

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

c. Responsibilities of the Group Living Arrangement

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

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

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

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

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

d. Penalties

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

1. The group living facility is responsible for any misrepresentation or fraud that it knowingly commits in the certification of the facility's residents. As an authorized representative, the group living arrangement must be knowledgeable about household circumstances and should carefully review those circumstances with residents prior to applying on their behalf. The group living arrangement is liable for any losses or misuse of SNAP benefits accessed or used on behalf of resident households and for all overissuances that occur while the facility is acting as the household's authorized representative.

2. The facility may be penalized or disqualified if an administrative or judicial determination finds that SNAP benefits were misappropriated or used for purchases that did not contribute to a certified household's meals. The

group home may be prosecuted under applicable federal or state statutes for intentional acts that misrepresent household circumstances.

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

e. Local Agency Responsibilities

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

Before certifying group home residents for SNAP benefits, the BPS must establish that the group living arrangements meets Section 1616(e) of the Social Security Act criteria, even if the group home is not certified under Section 1616(e) of the Social Security Act. The BPS must also determine if the Food and Nutrition Service (FNS) has certified the facility as a retailer and whether the group home has a Point-of-Sale (POS) device to use SNAP benefits at the group home.

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

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

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

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

f. FNS Authorization

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

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

3. Shelters for Battered Women and Their Children

a. Determination of Acceptable Shelter Status

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

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

b. Special Eligibility Considerations

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

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

Room payments to the shelter are allowable shelter expenses.

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

PART VII NONFINANCIAL ELIGIBILITY CRITERIA

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A. NONFINANCIAL ELIGIBILITY CRITERIA

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

1. Resides in the locality of application; (7 CFR 273.3) (Part VII.B.)

2. Resides in a noninstitutional setting or in an eligible institution; (7 CFR 273.1(b)(7)(vi)) (Part VII.C.)

3. Contains no persons currently on strike unless the household would have been eligible before the strike; (7 CFR 273.1(g)(1)) (Part VII.D.)

4. Contains a student enrolled in an institution of higher education who meets certain special eligibility requirements; (7 CFR 273.5) (Part VII.E.)

5. Contains citizens of the United States or eligible aliens (7 CFR 273.4) (Part VII.F.)

6. Registers for work, unless otherwise exempt (7 CFR 273.7). (Part VIII.A.)

7. Does not have a primary wage earner who voluntarily quits or reduces work without good cause (7 CFR 273.7(n)) (Part VIII.B.)

8. Provides Social Security numbers for household members (7 CFR 273.6(a)(1)). (Part VII.G.)

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

B. RESIDENCY (7 CFR 273.3)

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

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

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

Participants in the Address Confidentiality Program (ACP) must declare they reside in the locality in which they apply for SNAP benefits. The ACP authorization card will establish participation in that

program. Participants may use the substitute mailing address (P.O. Box 1133, Richmond, VA 23218-1133) and the assigned authorization code as the address for SNAP purposes. The substitute mailing address is not relative to the physical address.

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

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

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

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

1. Definition of a Resident of an Institution

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

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

2. Eligible Institutional Residents

Residents of following facilities may receive SNAP benefits:

a. Residents of any federally subsidized housing for the elderly.

b. Narcotic drug addicts or alcoholics or the children of these individuals who reside at a facility or treatment center under the supervision of a drug or alcoholic treatment and rehabilitation program.

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

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

c. Disabled or blind individuals who are residents of a public or private, nonprofit residential setting that serves no more than sixteen residents. These group living arrangements must be certified by an appropriate agency of the state or locality under Section 1616(e) of the Social Security Act and regulations based on it. See Part VI.E for a discussion of this group living arrangement.

d. Individuals temporarily residing in a shelter for those fleeing domestic violence. A shelter for individuals fleeing domestic violence refers to a public or private nonprofit residential facility that serves individuals fleeing domestic violence and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only those fleeing domestic violence and their children.

e. Residents of public or private nonprofit shelters for homeless individuals.

D. STRIKERS (7 CFR 273.1(g)(1))

1. Definition of a Striker

a. For SNAP purposes, a striker is defined as:

1) Anyone involved in a strike; or,

2) Anyone involved in a concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective bargaining agreement); or,

3) Anyone involved in any concerted slowdown (or other concerted interruption of operations by employees).

b. Examples of non-strikers include:

1) Employees whose workplace is closed by an employer in order to resist demands of employees, e.g., lockout.

2) An individual who would have been exempt from work registration on the day prior to the strike, other than those exempt solely on the grounds that they are employed at the struck plant, e.g., the individual may be the caretaker of a child under 6 years of age and, therefore, would not be affected by the striker provisions.

3) Employees unable to work as a result of striking employees, e.g., striking newspaper pressmen preventing newspapers from being printed and, consequently, truck drivers are not working because there are no papers to deliver.

4) Employees who are not part of the bargaining unit on strike who do not want to cross a picket line due to fear of personal injury or death.

2. Determining Striker Eligibility at Initial Certification

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

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

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

Use only current resources in determining resource eligibility.

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

3. Determining Striker Eligibility for Ongoing Cases

If a member of a currently certified household becomes involved in a strike, the definition of a striker described in Part VII.D.1 still applies. The household containing a person defined as a striker shall not receive an increased allotment as the result of a decrease in income of the striking member(s). The BPS must compare the striker's income before the strike to the striker's current income and add the higher of the two to the countable income of nonstriking members.

Use only current resources in determining resource eligibility.

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

4. Changes in Striker Status

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

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

E. STUDENTS (7 CFR 273.5)

1. Definition of a Student

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

a. is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment; or,

b. is enrolled in a regular curriculum at a college or university that offers degree programs, regardless of whether a high school diploma is required.

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

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

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

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

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

a. Be 17 years of age or younger or, age 50 or older;

b. Be mentally or physically unfit;

c. Be employed for an average of 20 hours per week or 80 hours per month and be paid for such employment, including hours worked during school breaks that do not exceed one month;

d. Be employed in a self-employed business for an average of 20 hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours;

e. Be participating in a state or federally financed work-study program during the regular school year;

f. Be responsible for the care of a dependent household member under the age of six;

g. Be responsible for the care of a dependent household member who is age six through age eleven where the BPS has determined that adequate childcare is not available to enable the student to both attend class and satisfy the 20 hour per week work requirement or participate in work study;

h. Be a full-time student and a single parent or caretaker who is responsible for the care of a dependent household member who is under age 12;

i. Be receiving benefits from the TANF Program;

j. Be participating in a work incentive program under Title IV of the Social Security Act, i.e. Virginia Initiative for Education and Work (VIEW) Program;

k. Be participating in an on-the-job training program; or,

l. Be assigned to or placed in an institution of higher education through:

1) Programs under the Workforce Innovation and Opportunity Act (WIOA);

2) SNAP Employment and Training (SNAPET);

3) Part of a career and technical education program as allowed by section 3 of the Carl D. Perkins Career and Technical Education Act of 2006 provided the program or course of study is:
   i. Designed to be completed in four years or less; or
   ii. Limited to remedial courses, literacy, adult education, or English as a second language.

   Programs such as Fast Forward, Great Expectations or the Chancellors Merit programs operated through the Virginia Community College system will meet the career and technical education goals to enhance participants' employability. Students must verify enrollment in the program.

4) A program under Section 236 of the Trade Act; or,

5) An employment and training program operated by state or local governments where one or more of the program's components are comparable to SNAPET components.

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

In evaluating a student's eligibility based on the work-study provision, note that the student must be approved for work-study at the time of the application for SNAP benefits. In addition, the work-study must be approved for the school term. This exemption will begin either the month the school term starts or the month the work-study is approved, whichever

is later. The student's exemption may not continue beyond the month the school term ends or when it becomes known that a work-study assignment has been refused nor, is the exemption continued between terms when there is a break of a full month or more, unless the student is participating in work-study during the break.

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

a. There is no licensed day care facility available; or

b. The student cannot afford the day care; or

c. There is no reliable or reasonable transportation to the day care provider, then it is probably likely that adequate childcare is not available. Note, however, that even if these factors exist, adequate childcare is deemed available if the student has arranged for day care.

F. CITIZENSHIP AND ELIGIBLE IMMIGRANTS

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

Compacts of Free Association (COFA) citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who lawfully reside in the United States are eligible for SNAP. All persons born in the Commonwealth of Puerto Rico, American Samoa, Guam, Mariana Islands, and the U.S. Virgin Islands are U.S. citizens or nationals.

1. Eligibility of Immigrants

The following categories of immigrants are eligible for SNAP benefits:

a. A refugee admitted under Section 207 of the Immigration and Nationality Act (INA). This category includes Afghan and Iraqi Special Immigrant visa holders.

Individuals who are victims of human trafficking must also be evaluated as refugees. This designation may include the minor children, spouse, parents, or the unmarried minor siblings of the trafficking victim. These refugees must present a letter from the Office of Refugee Resettlement (ORR) or present a T visa that certifies or documents the status.

b. An immigrant granted asylum under INA Section 208.

c. An immigrant living in the U.S. and for whom deportation is being withheld under INA Section 243(h) or Section 241(b)(3).

d. A Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980. This designation includes participants in the Haitian Family Reunification Parole Program until their status is adjusted to lawful permanent residents. This designation may include refugee or parole status.

e. An Amerasian immigrant as documented by the I-94 or other forms with notations of AM1, AM2, AM3, AM6, AM7, or AM8.

f. Lawful permanent resident immigrants who have worked for 40 qualifying quarters of coverage under Title II of the Social Security Act are eligible for SNAP benefits.

Quarters of work for jobs not covered by Title II of the Social Security Act may be credited toward the qualifying minimum. For quarters after December 1996, no federal means-tested public benefits may be received to count as a qualifying quarter. For this provision, public benefits are TANF, SSI, Medicaid and SNAP benefits. This provision also includes Nutritional Assistance Program benefits from Puerto Rico, American Samoa, and the Northern Mariana Islands.

Quarters earned by the spouse of the permanent resident immigrant during the marriage, provided they are still married to each other, may be counted. Quarters earned by parents, including step- or adoptive parents, of a permanent resident immigrant before the alien turns 18, may be counted toward the qualifying minimum for the immigrant, including any quarters earned prior to a child's birth.

g. Native Americans entitled to cross the border of the United States into Canada or Mexico. This group comprises persons born in Canada to whom INA Section 289 applies or members of an Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act.

h. Highland Laotians and Hmong tribe members who are lawfully residing in the United States and who were part of a Highland Laotian or Hmong tribe between August 5, 1964 and May 7, 1975 when such tribes assisted U.S. personnel. The unmarried dependent children, spouse, and the surviving spouse who has not remarried of tribal members are also eligible.

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

2. Conditional Eligibility of Immigrants

a. The following categories of immigrants are eligible for SNAP benefits provided they also meet a qualified category in subsection b:

1. An individual who has been in the U.S. as a qualified immigrant for five years or more from the date of entry in the country or from the date of a change in the immigration status. The five-year period may or may not be a consecutive period as temporary absences from the U.S. of less than six

months will not affect the status if there is no intention of abandoning U.S. residency. Absences of periods of more than six months will be presumed to be an interruption unless the resident is able to show intent to resume U.S. residency. If there is an interruption in residency, the BPS must consider the amount of time in the U.S. before and after the interruption.

2. Veterans with honorable discharges for reasons not related to alien status and persons who are on active duty in the Armed Forces of the United States, other than training. To be an eligible veteran, one must have served a minimum of 24 months or the period for which the person was called to active duty. The term veteran includes military personnel who die during active duty served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

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

3. An individual who receives payments or assistance for blindness or disability, as defined in Definitions.

4. An individual lawfully residing in the U.S. on August 22, 1996 and who was born on or before August 22, 1931.

5. A child under 18 years of age lawfully residing in the U.S.

b. A qualified immigrant is one who is:

1. a lawful permanent resident;

2. a refugee admitted under INA Section 207;

3. a person granted asylum admitted under INA Section 208;

4. one whose deportation is being withheld under INA Section 243(h) or 241(b)(3);

5. a parolee admitted under INA Section 212(d)(5) and the status is granted for at least one year;

6. a conditional entrant admitted under INA Section 203 as in effect as of April 1, 1980;

7. a battered spouse or child, as established by INS and the agencies providing benefits that a substantial connection exists between the battery and the need for benefits;

8. a Cuban or Haitian entrant; or

9. an Amerasian immigrant.

3. Verification of Immigrant Status

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

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

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

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

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

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

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

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

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

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

c. Employment Authorization Document, Forms I-688B or I-766: These forms are issued to persons who may or may not be eligible for SNAP benefits

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

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

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

A3 Refugee
A5 Asylum
A10 Deportation withheld

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

4. Verification of Citizenship

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

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

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

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

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

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

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

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

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

- name• address
- other identifying information

The agency must send the report to:

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

G. SOCIAL SECURITY NUMBERS (7 CFR 273.6)

1. Requirements for Participation

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

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

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

2. Obtaining a Social Security Number

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

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

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

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

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

If the BPS determines that a household has refused or failed to show good cause to provide the number or apply for a number, the individual without the SSN is disqualified from receiving SNAP benefits. The disqualification applies only to the individual for whom the

SSN is not provided, not the entire household. Part XII.E contains instructions for the treatment of income and resources of the disqualified household member.

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

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

Good cause for failing to apply for a number includes documentary evidence or collateral information that the household has made every effort to supply SSA with the necessary information to complete an application for an SSN. Good cause does not include delays due to illness, lack of transportation or temporary absences, because SSA makes provisions for mailing in applications for the SSN. If a household can show good cause why an application for an SSN has not been completed, the member in question is allowed to participate for one month in addition to the month of application for SNAP benefits. Good cause for failure to apply must be shown monthly thereafter for such a household member to continue to participate.

If the household is unable to obtain the documents required by SSA to apply for an SSN, the BPS must assist the individual in obtaining these documents.

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

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

SSA Quarters of Coverage Verification Procedures for Legal Immigrants

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

To determine the number of quarters available to an eligible immigrant household member, the BPS 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 BPS 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 BPS should refer to the income chart included in this appendix.)

If the answer to question 3 is 10 years or more, the BPS 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 BPS 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 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	2024	$1730	$6920

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.

Systematic Alien Verification for Entitlements Program

Section 121 of the Immigration Reform and Control Act of 1986 (IRCA), Public Law 99-603, required a system for verifying the immigration status of immigrants who apply for certain types of benefits. The Systematic Alien Verification for Entitlements (SAVE) Program was developed to prevent the issuance of benefits to ineligible immigrants. The use of SAVE is required for determining SNAP eligibility.

Immigrants must present documentation of their immigration status before eligibility can be determined for SNAP benefits. Part VII.F outlines the categories of eligible immigrants. Once the household provides documentation, the BPS may determine the validity of the documents by comparing the information submitted with current immigration records maintained by the United States Citizenship and Immigration Service (USCIS). The process described in this appendix may also be used to obtain information about an immigrant's sponsor to satisfy the requirements of Part XII.C.

Verification for immigrants with permanent status should not be resubmitted through SAVE once information has been obtained through SAVE. SAVE should be accessed periodically for immigrants with a temporary or conditional status however.

Primary Verification

Primary verification is the online access to immigration records. The BPS must attempt the online method before attempting the manual, paper-trail method of secondary verification unless circumstances listed in the Secondary Verification section exist.

Information obtained through SAVE should be compared with the original immigration document. If discrepancies are noted, initiate the secondary verification process. The BPS must not take any negative action based on the automated verification only.

Secondary Verification

The following circumstances require that the BPS skip online procedures and perform secondary verification when:

- Items presented as documentation appear altered or counterfeit.
- Documents have no Alien Registration Number (A-Number).
- Documents contain an A-Number in the A60 000 000 or A80 000 000 series.
- The document presented is any other form of USCIS fee receipt.
- The document presented is Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is over one year old.
- The document presented is a receipt for an application for a replacement document for a qualified status as listed in Part VII.F.1.g.

- Additional information is needed regarding sponsorship status or for the name and address of the sponsor(s).

- Documentation is needed to substantiate the status as a victim of abuse.

- Expired documents are presented and the immigrant has a physical or mental disability that prevents new documents from being obtained from USCIS.

In addition to the situations above, secondary verification should also occur when there is a discrepancy in the records, when there is no USCIS file for the individual, or when the online response is "Institute Secondary Verification."

Secondary Verification Procedures

1. Complete Part 1 of form G-845, Verification Request. Separate forms must be completed for each immigrant. A copy of the form follows this section.

2. Submit readable copies (front and back) of original immigration documents to the upper left corner of form G-845. Copies of other documents used to make the initial immigrant status determination must also be submitted. Other documentation could include marriage records or court documents that indicate the identity or immigration status of the holder.

3. The BPS must email the SAVE program at saveregistration@uscis.dhs.gov and receive approval before you submit Form G-845

4. While awaiting the secondary verification from USCIS, the BPS must not take any negative action against the case or individual based on the immigration status.

5. Upon receipt of a response from USCIS, the BPS must compare the information with the case record. If eligibility of the immigrant is confirmed, the BPS must document the case and take no further action. If the USCIS response does not confirm the household member's status, the BPS must take the appropriate action to reduce or terminate benefits.

6. If requested by USCIS, the BPS must complete Part 1 of Form G-845 Supplement, Verification Request. The BPS must submit the G-845 Supplement with Form 845 and email the SAVE program at saveregistration@uscis.dhs.gov and receive approval before submitting the Forms.

Form G-845 and Form G-845 Supplement are available at https://www.uscis.gov/g-845 and https://www.uscis.gov/g-845-supplement, respectively.

PART VIII EMPLOYMENT SERVICES AND VOLUNTARY QUIT/WORK REDUCTION

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A. WORK REGISTRATION AND SNAP EMPLOYMENT AND TRAINING

The BPS 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 BPS 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 BPS 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 BPS 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 based on a child under 6.
2) A household consists of a married couple and two children, ages 2 and 4. Either parent is exempt based on 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 BPS 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 BPS must contact the other state to determine if registration for work occurred when the application for unemployment benefits was filed. Persons who have filed an interstate claim in Virginia against the state they have recently left are exempt.

g. Participants in a drug or alcoholic treatment and rehabilitation program. Accept the client's statement unless the information given is questionable.

h. Persons employed for cash wages, in any amount, or self-employed and working a minimum of 30 hours per week. This includes migrant and seasonal farm workers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days. In determining whether an applicant is working a minimum of 30 hours per week, fluctuating work hours may be averaged. Since this exemption is tied to a weekly figure, the period for averaging should also be tied to a weekly figure. The number of weeks to be averaged cannot exceed either the length of the certification period or the twelve-month work registration period. The average may be based on any number of weeks less than either of these two periods which will allow a reasonable approximation of the number of hours worked per week. Accept the client's statement unless the information given is questionable.

i. Persons working less than 30 hours per week but earning at least the equivalent of the federal minimum wage multiplied by 30 hours.

j. Persons who are obviously physically or mentally incapacitated. When disability is not obvious or the individual does not attend the eligibility interview or other office visit, proof of the disability may be established by the approval for or receipt of disability benefits. See Definitions. Also, approval for or receipt of benefits such as TANF, 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 BPS 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 BPS must register that household member when the change is reported. The BPS 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 BPS must record changes to the work registration status within 10 days from the date the change becomes known to the BPS. Changes include noting that an individual is no longer required to be registered.

The BPS 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. Conversion of the SNAP case to transitional benefits is an example of a change that should be shared.

d. Recertification. At each recertification, the BPS 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 BPS 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 BPS 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 BPS 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 BPS must provide the *SNAP Sanction Notice for Noncompliance with a Work Requirement* 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.

2. Determination of Voluntary Quit or Work Reduction

When a household files an application for participation or when a participating household reports the loss of a source of income or reduced income, the BPS must determine

whether any household member quit a job or purposefully reduced the number of hours worked.

a. Voluntary quit provisions apply if:

1) the employment involved 30 hours or more per week or provided weekly earnings at least equivalent to the federal minimum wage multiplied by 30 hours;

2) the quit occurred within 60 days prior to the date of application or any time thereafter; and

3) the quit was without good cause.

b. Work reduction provisions apply if:

1) the employment involved more than 30 hours per week;

2) fewer than 30 hours per week exist after the reduction;

3) the reduction occurred within 60 days prior to the date of application or any time afterwards; and

4) the reduction was without good cause.

Changes in employment status that result from ending a self- employment enterprise or resigning from a job at the demand of the employer do not count as voluntary quit for purposes of this chapter. Changes in employment status will also include situations in which renewal contracts are not offered or a decision is made not to reenlist in the military. Failure to accept a renewal offer of a contract with comparable terms will count as voluntary quit.

An employee of the federal, state or local government who participates in a strike against that government and is dismissed from the job because of participation in the strike, will be considered to have voluntarily quit the job without good cause.

If an individual quits a job, secures new employment at comparable wages or hours, and is then laid off, or through no fault of his own loses the new job, the earlier quit will not form the basis of a disqualification.

3. Voluntary Quit or Work Reduction at Application

Upon a determination that a household member voluntarily quit employment or reduced the work effort, the local agency must determine if the quit or reduction was for good cause, as defined in Part VIII.B.7.

For an applicant household, if the quit or reduction was without good cause, the household's application must be denied and a sanction imposed in accordance with Part VIII.C. The

sanction period will be from the date of the quit or work reduction. The BPS must provide the household with a *Notice of Action* to deny the application. The notice must inform the household of the proposed disqualification period, its right to reapply at the end of the disqualification period, and of its right to a fair hearing. For voluntary quits or work reductions that occur after the date of application but before the application is processed, the household may be eligible for benefits for the period prior to imposition of the sanction. See Part XIII.D.2. for information on prorating benefits in these situations.

An application filed in the last month of disqualification must be used for the denial of benefits in the remaining month of disqualification and for certification for any subsequent month(s), if all other eligibility criteria are met.

4. Voluntary Quit or Work Reduction for Participating Households

The BPS may discover retroactively that an individual in a participating household quit a job or reduced work without good cause. If an individual who is not otherwise exempt from work registration at the time of a job quit or work reduction without good cause, the individual or household must be disqualified. The disqualification may result from a quit or work reduction that occurred during the certification period, an infraction that occurred within 60 days prior to application for benefits, or one that occurred between application and certification. In these instances, the BPS must provide the household with an Advance Notice of Proposed Action within 10 days after the determination of a quit or reduction. The notice must include the act of noncompliance committed, the proposed period of ineligibility, and it must specify that the household may reapply at the end of the disqualification period. The period of ineligibility will be assigned according to Part VIII.C and will run continuously beginning with the first of the month after all normal procedures for taking adverse action have been followed.

If a voluntary quit or work reduction occurs in the last month of a certification period or is discovered in the last month of the certification period, the procedure the BPS follows depends on whether a recertification application is filed. If a recertification application is filed by the end of the certification period, the household must be denied or the individual will be disqualified beginning with the day after the certification period ends.

If the household does not apply for recertification by the end of the certification period, establish a claim for benefits received for up to the number of months for the penalty, beginning the first of the month after the month in which the quit or reduction occurred. If there are fewer than the number of months for the penalty from the first of the month after the quit or work reduction occurred to the end of the certification period, the BPS must establish a claim and the household remains ineligible for the balance of the disqualification period. If no claim is warranted, the household is ineligible for the number of months for the penalty, beginning with the first month following the end of the certification period.

Example

Certification period ends March 31. The BPS discovers on March 4 that a quit or work reduction occurred January 22. This is the second violation incurred by the household member.

a. A recertification is filed March 15. Deny the recertification for three months, from April through June.

b. No recertification is filed by March 31. Establish a claim beginning February 1, the first of the month following the quit.

There are two months from February to March, the last month of the certification period. Consider the period of ineligibility to extend through April to complete the three-month period of ineligibility.

Each household has a right to a fair hearing to appeal a termination or reduction of benefits due to a determination that the household's head or other household member voluntarily quit a job or reduced the work effort without good cause. If the participating household requests a hearing and receives continuation of benefits and the local agency determination is upheld, the disqualification period will begin the first of the month after the hearing decision is rendered.

5. Changes in Household Composition After a Sanction Has Been Determined

A sanction will follow an individual who voluntarily quit or reduced employment when the person leaves the household of which he/she was a member when the quit or reduction occurred. The sanction will follow such a member who joins another participating household as its head if the original sanction period has not yet expired. The *Advance Notice of Proposed Action* must be sent to close the case if the household is currently certified. If the individual files an application alone or with persons who are not receiving SNAP benefits, the application must be denied if the original sanction period has not yet expired. The new household remains ineligible for the remainder of the sanction period. If an individual who voluntarily quit or reduced work joins a new household and is not its head, the individual remains disqualified for the balance of the sanction period.

If a participating household reports the addition of a person who quit a job within 60 days of the report, and that individual meets the definition of the head of the household, the BPS must evaluate voluntary quit provisions.

6. Ending a Voluntary Quit or Work Reduction Disqualification

Following the end of the disqualification period, a household may reapply and be eligible for SNAP benefits.

Eligibility may be reestablished during a disqualification period and the household is allowed to resume participation if the member who caused the disqualification leaves the household.

Eligibility may also be reestablished if the violator becomes exempt from the work registration requirements under Part VIII.A.1 except for TANF Employment Services Program registration (Part VIII.A.1.c) or an application for or receipt of Unemployment Compensation (Part VIII.A.1.f).

A household determined ineligible because of a voluntary quit may reestablish eligibility if a new and otherwise eligible member joins as its head, provided the original head has left the household.

If the member who caused the disqualification leaves the household or becomes exempt from work registration before the effective date of the case closure or while an application is still pending, the BPS must reestablish eligibility without requiring another application, provided the household is otherwise eligible. For currently eligible households, the action to reestablish the case may be taken in the month following the effective date of the closure as long as the member left before the effective date.

Example

a. The head of household quit a job without good cause on May 2. The BPS takes action to close the case effective May 31. On May 27 the household reports that the individual who quit the job has left the household. The case must be reestablished without requiring a new application.

b. The head of household reduced the number of hours worked without good cause on May 2. On June 3, the household reports that the head left the household that morning. The household must reapply.

For pending applications, the application must be denied for the period the disqualification is appropriate, and certified from the date the disqualification can end.

For applications that have already been denied, a reapplication is needed.

If a sanctioned household splits into more than one household, the sanction will follow the member who caused the disqualification.

7. Good Cause

Good cause for leaving employment may include but is not limited to the following:

a. Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin, or political beliefs;

b. Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;

c. Enrollment of the head of household or other individual required to register at least half-time in any recognized school, training program, or institution of higher education that requires the household member to leave employment;

d. Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program, or institution of higher

education in another county or similar political subdivision that requires the household to move and thereby requires the head of household or other individual required to register for work to leave employment;

e. Resignations by persons under the age of 60 that are recognized by the employer as retirement;

f. Acceptance of a bona fide offer of employment of 30 hours or more a week or in which the weekly earnings are equivalent to the federal minimum wage multiplied by 30 hours by the head of household or other individual required to register. Good cause will also include acceptance of such employment which, because of circumstances beyond the control of the household member, subsequently either does not materialize or results in employment of less than 30 hours a week or weekly earnings of less than the federal minimum wage multiplied by 30 hours.

g. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm labor or construction work. There may be some circumstances where households will apply for SNAP benefits between jobs, particularly in cases where work may not yet be available at the new job site. Even though employment at the new job site has not actually begun, the quitting of the previous employment will be considered as good cause if it is part of the pattern of that type of employment.

h. Leaving a job because of other circumstances beyond the member's control, such as, illness, illness of another household member requiring the presence of the person claiming good cause, a household emergency, or the unavailability of transportation.

i. Employment which is considered unsuitable by not meeting the following criteria:

1) The employment pays less than the federal minimum wage or, if the employment does not fall under federal guidelines, pays less than 80% of the federal minimum wage.

2) The employment is on a piece-rate basis and earnings are expected to be less than the federal minimum wage or, if the employment does not fall under federal guidelines, pays less than 80% of the federal minimum wage.

3) The employment would require joining, resigning from, or refraining from joining any legitimate labor organization.

4) The work offered is at a site subject to a strike or lockout at the time of the offer, unless the strike has been enjoined under the Taft-Hartley Act or an injunction has been issued under Section 10 of the Railway Labor Act.

5) The employment would be hazardous to the registrant's safety and/or health.

6) The registrant is physically or mentally unfit to perform the employment, as documented by a medical statement provided by a physician or licensed or certified psychologist or information from another reliable source.

7) Daily travel to and from work will exceed two (2) hours round trip, exclusive of time necessary to transport children to and from a childcare facility. Employment will not be considered suitable if the distance to the place of employment prohibits walking and neither public nor private transportation is available to transport persons to the job site.

8) Working hours or the nature of the employment would conflict with the registrant's religious convictions, beliefs or observations.

It is the responsibility of the BPS to investigate any allegations of employment unsuitability. The case record must contain the facts regarding a determination of unsuitable employment, the date of substantiation and the method of securing the information.

8. Verification

To the extent that the information given by the household is questionable, the BPS must request verification of the household's statements. The primary responsibility for providing verification rests with the household. If it is difficult or impossible for the household to obtain documentary evidence in a timely manner, the BPS must offer to help the household to obtain the needed verification. Acceptable sources of verification include, but are not limited to, the previous employer, employee associations, union representatives, farm worker service organizations, and grievance committees or organizations. Whenever documentary evidence cannot be obtained, the BPS must substitute a collateral contact. The BPS is responsible for obtaining verification from acceptable collateral contacts provided by the household.

If the household and the BPS are unable to obtain requested verification from these or other sources about the cause for the quit or work reduction, the household will not be sanctioned. This may include instances when the employer cannot be located or when the employer refuses to address requests about the job quit.

C. SANCTION PERIODS FOR NONCOMPLIANCE

Individuals or entire households will be barred from receiving SNAP benefits for periods when household members quit a job or reduce work efforts without good cause. Only the person who quits or reduces work will be disqualified unless that person is the head of the household. See Part VI.D to determine the head of household. The disqualification procedures of Part XII.E must be followed to attribute income and resources to the remaining household members. The entire household will be ineligible for the sanction period for the time listed below if the person who quit or reduced work is the head of household.

The duration of the disqualification period is dependent on the number of times the household member fails to comply. For each act of noncompliance by an individual, the length of the disqualification is increased. Violations by one household member must not be added to actions by another member to determine the sanction period.

The individual or household sanction periods are:

	Participating Household Voluntary Quit/Reduction	Applying Household Voluntary Quit/Reduction
Violation 1	One month	30 days
Violation 2	Three months	90 days
Violation 3 or more	Six months	180 days

For applying households, the penalty period is assessed from the day of the quit or work reduction.

The sanction period must be served before the individual or household regains eligibility except in instances when an individual who causes the action leaves the household or becomes exempt from work registration and related requirements. After the sanction period has been served, eligibility may be regained by the individual or household for voluntary quit or work reduction violations.

See Part XIII.D.2 for a discussion of prorating benefits for households that reapply before the sanction period expires.

PART IX RESOURCES

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A. RESOURCES (7 CFR 273.8)

Only liquid assets will count in determining the eligibility of households except for determining the net worth of incorporated businesses. Households must report all countable resources held by its members at the time of application and any the members expect to receive during the certification period. The BPS must document the assets in sufficient detail. The household's available resources at the time of the interview will determine whether the assets are below the maximum allowable resource limit.

B. RESOURCE LIMITS

The household's total nonexempt resources may not exceed:

- $4,500 if the household has at least one member who is 60 years of age or older or a member who is disabled, as defined in Definitions.

- $3,000 if the household does not have a member who is 60 years of age or older or one who is disabled, as defined in Definitions.

The resource limits do not apply to categorically eligible households or members, including those who meet BBCE requirements. See Part II.G.3.

C. NONEXEMPT RESOURCES

Resources used to determine eligibility include:

1. Liquid assets, such as, but not limited to:

   a. Cash on hand. This provision includes money that remains on an income debit card, such as the EPPICard for TANF or DCSE, after the month the income is deposited when such a card is not otherwise connected to an account as addressed in b below.

   b. Money in accounts. "Account" means a contract of deposit of funds between a depositor and a financial institution. This includes checking accounts, savings accounts, certificates of deposit, share accounts (i.e., credit union accounts), or like arrangements.

   c. Receipt of lottery or gambling winnings. Receipt of lottery or gambling winnings of $4,500 or more for a single game before taxes or other withholdings will cause households to be ineligible for benefits. If multiple persons shared in the purchase of a bet or ticket, only the portion allocated to a SNAP household member is countable.

   d. Stocks or bonds.

   e. Lump sum payments, such as income tax refunds, rebates or credits, lump sum insurance settlements, refunds of security deposits on rental property or utilities, retroactive lump sum SSA, Public Assistance, Railroad Retirement benefits, or other

payments. Lump sum payments also include accumulated vacation, sick, or severance pay of terminated employees received in one installment.

f. Funds in a trust or transferred to a trust except as stated in Part IX.D.9.d.

g. Earned income tax credits count two months after the month of receipt regardless of whether the payments were received as a tax refund or periodically throughout the year. Earned income tax credits are excluded as a resource for the month of receipt and the following month.

NOTE: When determining the amount of nonexempt liquid resources to count, especially bank accounts, do not consider any amount that would count as income for the same month.

Example

An applicant deposited his Social Security check into a checking account. The resource amount of the checking account would be the account balance minus the amount of the deposit.

Presume that joint bank accounts belong to the parties in proportion to their net contributions during the lifetime of all parties. A joint account between persons married to each other belongs to each party equally (half and half) however. Except for persons married to each other, each party's net contribution to the account may be established by signed statements from all parties if the verbal claim is questionable. If the parties can establish that they intended a different ownership arrangement, that ownership arrangement prevails over the above presumption.

Example

A household member’s name is listed on her elderly mother's savings account. Both the household member and her mother provide statements that the daughter has not contributed any money to the account. The account is not a resource to the client.

If parties married to each other are divorced by final decree, ownership of a joint account is proportional to their net contributions unless the divorce decree specifies otherwise.

2. That portion of the liquid resources of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be those of the alien according to procedures established in Part XII.C.2.

3. Business resources of self-employment arrangements. The worker must assess the business structure to determine countable resources. Determine the number of business owners and whether the business is incorporated. For arrangements that are not incorporated, assess liquid resources as belonging to the business owners in proportion to their ownership percentage. For businesses that are incorporated, calculate the company's net worth by adding all business resources such as accounts, cash, inventory, vehicles, buildings, etc. and subtract all business liabilities/debts/expenses. Apply each owner's share of the net worth toward the resource maximum. Note that limited liability companies (LLC) are not incorporated so the resources belong to the company owners.

D. EXEMPT RESOURCES

Resources that will not count in determining eligibility include:

1. Real property, regardless of acreage.

2. Mobile homes, regardless of lot ownership.
3. Vehicles.

4. Household goods, such as furniture and appliances, and personal effects, such as clothing and jewelry. All tools are exempt, whether they are essential to the employment or self-employment of a household member.

5. Burial plots. In addition, the value of bona fide funeral agreements is exempt.

6. Cash value of life insurance policies.

7. Money in pension or retirement plans. This exemption includes plans authorized under the Internal Revenue Code or funds in a Federal Thrift Savings Plan account. This exemption includes Individual Retirement Accounts, 401(k), 403(b), and KEOGH plans. Money withdrawn from an exempt fund will count as income when it is withdrawn unless lump sum provisions of Part XI.F.9 apply.

8. The contract amount for land, buildings, and vehicles, sold on an installment basis.

Examples

a. An applicant sells a piece of land for $3,000. The applicant continues to hold the deed while the buyer pays $100 per month. The $3,000 selling price is exempt, but the $100-payment counts as income.

b. An applicant sells a car for $1,900 (which is its "Blue Book" value) but continues to hold title to the car while the buyer pays $75 per month. The monthly payment of $75 will count as income.

9. Resources whose cash value is not accessible to the household, such as, but not limited to:

a. Security deposits on rental property or utilities.

b. Property in probate. For example, any property inaccessible to the household until there is a judicial determination concerning the validity of a will.

c. Some profit-sharing programs. For example, a program that makes money available to the employee only when necessary to allow the employee to pay excessive medical expenses is exempt.

d. Irrevocable trust funds. These are any funds in a trust or transferred to a trust, and the income produced by that trust to the extent that it is not available to the

household provided that the following four criteria are met:

1) The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;

2) The trustee administering the fund is either:

   a) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member; or,

   b) An individual appointed by the court who has court-imposed limitations placed on the use of the funds which meet the requirements of this chapter;

3) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and,

4) The funds held in irrevocable trust are either:

   a) Established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or

   b) Established with funds of a person outside the household.

If the trust arrangement does not meet the four conditions listed above, the household must initiate court action to establish inaccessibility within the application processing timeframes for determining eligibility. Until the court renders a decision, the trust is available to the household.

10. Governmental payments designated for the restoration of a home damaged in a disaster, if the household is subject to legal sanctions in the event the funds are not used as intended. These types of payments include:

    a. The Department of Housing and Urban Development or through the Individual and Family Grant Program.

    b. The Small Business Administration as disaster loans or grants.

11. Resources that have been prorated as income for self-employed persons will not count as a resource. This includes profits from the annual sale of crops.

12. Resources of nonhousehold members, including ineligible students. See Part VI.C.1 for a list of these persons. The resources of disqualified household members are countable, however. (See Parts VI.C.2 and XII.E.)

13. Resources excluded by law. (Admin. Notice A-39-97). This includes:

a. Benefits received from the supplemental food program for the Women, Infants and Children program (WIC) (P.L. 100-435).

b. Reimbursements from Title II of the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970. (P.L. 91-646, Section 216).

c. Earned income tax credits excluded as follows:

1. Federal earned income tax credits received as a lump sum or as payment for the month of receipt and the next month.

2. Federal, state or local earned income tax credits for 12 months from receipt if the individual receiving the tax credit was receiving SNAP benefits when the tax credit was received and provided that the household continuously participates during the 12-month period. In determining the 12-month period, temporary breaks of one month or less will not be considered as nonparticipation.

d. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(3) of the School Lunch Act.

e. Energy Assistance payments, including payments from the Low-Income Home Energy Assistance Program (i.e., the Virginia Fuel Assistance Program), CSA payments, HUD and FmHA utility reimbursements. (P.L. 99-425).

f. Financial assistance from a program funded in whole or in part under Title IV of the Higher Education Act and the Bureau of Indian Affairs, as amended. Exclude also any money incurred or issued through the U.S. Department of Education or received under the Carl D. Perkins Vocational and Applied Technology Education Act (P.L. 99-498 and 100-50).

g. Payments to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts, under the Wartime Relocation of Civilians Act (P.L. 100-383).

h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation. (P.L. 101-201 and 101-239).

i. All compensation from the Alaska Native Claims Settlement Act and amendments (P.L. 92-203 and 100-241).

j. Payments authorized under the Disaster Relief Act of 1974, as amended (P.L. 100-707) and the Disaster Relief and Emergency Assistance amendments of 1988. The President must declare the disaster or emergency. This exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations.

Payments through the Federal Emergency Management Agency (FEMA) to property owners under the National Flood Insurance Act of 1968 to reduce risks of flood damage are excluded. Most funds from FEMA are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for a homeless household, are not excluded.

k. The following payments to or land of Indian tribes:

- Indian land held jointly with the tribe or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs.

- Payments under the SAC and Fox Indian claims agreement (P.L. 94-189).

- Payments received by certain Indian tribal members for submarginal land held in trust by the United States (P.L. 94-114, Section 6).

- Payments received from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).

- Payments received by the Confederate Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation from the Indian Claims Commission (P.L. 95-433, Section 2).

- Payments from the Maine Indian Claims Settlement Act of 1980 to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet (P.L. 96-420, Section 9c).

- Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).

  Per capita interests in trust or restricted lands under the Indian Tribal Judgment Fund Use (P.L. 93-134 and 97-458).

- Payments to the Chippewa Tribes: Turtle Mountain, Red Lake, Mississippi, Lake Superior, Saginaw or White Earth (P.L. 97-403, 98-123, 99-146, 99-264, 99-346, and 99-377).

- Payment to the Blackfeet, Grosventre, and Papago Tribes (P.L. 97-408).

- Payments to the Assiniboine Tribes (P.L. 98-124, Section 5 and 97-408).

- Payments to the Seneca Nation (P.L. 101-503).

- Payments to the Puyallup Tribe (P.L. 101-41).

- Payments, except for per capita payments over $2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, and the Miccosukee Tribe of Florida and the independent Seminole Tribe of Florida (P.L. 101-277).

- Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).

l. Resources of SSI or TANF recipients. A separate evaluation of resources for SNAP purposes is not needed for a household in which all members are SSI or TANF recipients. In addition to the receipt of TANF income, the resource exclusion also applies to a household in which any member receives a TANF-funded service as defined as a PA Case in Definitions. The BPS must evaluate the resources of household members who do not receive SSI or TANF.

m. Amounts paid to individuals under the Radiation Exposure Compensation Act for injuries or death resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada and Utah (P.L. 101-426).

n. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).

o. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with congenital spina bifida and payments to children of female Vietnam veterans who are born with certain birth defects (P.L. 104-204 and P.L. 106-419).

p. Money in an Achieving a Better Life Experience (ABLE) account. ABLE accounts are set up to provide funding for disability-related expenses for individuals determined to be disabled before age 26.

14. HUD retroactive tax and utility cost subsidy payments issued pursuant to the settlement of Underwood v. Harris, for the month in which payment was received and the following month.

15. Resources under a lien.

16. Money in individual development accounts (IDA). These exempt funds may be in the form of a trust, trust account or a custodial account. The owner of the account must be a current or former TANF recipient or one who is ineligible for TANF if the person's income is less than 200 percent of the federal poverty guidelines. Funds in the account are exempt if they are not withdrawn. The account will remain exempt if the household withdraws the funds and uses the money to pursue post-secondary education, to purchase a house, to start a business or to meet an emergency need approved by the sponsoring agency. In Virginia, the accounts are called the Virginia Individual Development Account (VIDA) and Assets for Independence Account (AFIA).

17. Money in an escrow account established by the Family Self-Sufficiency Program through the U.S. Department of Housing and Urban Development.

18. Money in educational accounts. These accounts include Coverdell Savings accounts and qualified tuition accounts (Internal Revenue Codes 529 and 530).

E. HANDLING OF EXEMPT FUNDS (7 CFR 273.8(f))

1. Liquid assets that are exempt from consideration, as outlined in Chapter D, that are kept in a separate and identifiable account from nonexempt funds remain exempt as a resource for an unlimited time.

2. Exempt funds kept in an account along with other nonexempt funds remain exempt for six months from the date the funds are commingled. After six months from the date the funds are commingled, all funds in the commingled account are countable as a resource.

Example

A two-person household has a savings account with a balance of $900. The household receives a payment of $1,200 from the Individual and Family Grant Program (IFG) in January. If the household places the IFG funds in a separate and identifiable account, the IFG funds will remain exempt indefinitely. If the household deposits these funds in the savings account containing $900, however, the IFG funds will remain exempt for only six months from the date they are commingled with the nonexempt funds.

If the funds are commingled in January, the total amount in the account as of July will count towards the resource level.

3. Funds exempted under Part IX.D.11 will retain the exemption as a resource for the full period over which they have been prorated as income, even if commingled with nonexempt funds.

Example

A self-employed farmer receives a $1,000 payment that is prorated as income over 10 months. This money is deposited in the household's regular checking account with other nonexempt funds. Any portion of the payment that remains in the checking account will be exempt as a resource for the full 10-month period over which the income is prorated. After the 10-month period, any part of the payment remaining in the account with the nonexempt funds will count a resource.

4. Where a resource is exempt because of its use by or for a household member, the exemption will also apply when the resource is used by or for a disqualified person whose resources count as part of the household's resources. This could include the work-related equipment essential to the employment of an ineligible alien household member or disqualified person, as allowed under Part IX.D.4, or burial plots for ineligible alien or disqualified household members, as allowed under Part IX.D.5.

F. TRANSFER OF RESOURCES (7 CFR 273.8(i))

At the time of application, households must provide information about any resources transferred during the three-month period immediately preceding the date of application. The BPS must

assess any resource transfer by a household member or disqualified person whose resources count to the household. If resources have knowingly been transferred during this period to qualify or attempt to qualify for SNAP benefits, the household will be disqualified from participation in the program for up to one year from the date of discovery of the transfer.

Example

A client transferred resources on November 20 to be eligible for SNAP benefits. The household filed an application the following February 21. Since the transfer occurred more than three months before the application date, there would be no disqualification because of the transfer.

Disqualification will also apply if the household acquires resources after being certified and then knowingly transfers the resources to avoid going over the maximum resource limit.

The following transfers will not affect eligibility:

1. Resources that would not affect eligibility, e.g., exempt personal property such as furniture, or nonexempt funds, such as money that, when added to other household nonexempt resources, totals less at the time of transfer than the resource limit.

2. Resources transferred between members of the same SNAP household, including ineligible aliens and disqualified persons whose resources count to the household.

3. Resources transferred for reasons other than qualifying for SNAP benefits. For example, a parent placing funds into an educational trust fund.

If the BPS establishes that an applicant household knowingly transferred resources to qualify for or to attempt to qualify for SNAP benefits, the BPS must provide the household the *Notice of Action* to deny the application. The notice must explain the reason for denial and the length of the disqualification. The disqualification period will begin in the month of application. If the household is participating at the time the transfer is discovered, the BPS must send an *Advance Notice of Proposed Action* or *Notice of Action* to explain the reason for closure and length of disqualification. The disqualification period will be effective with the first allotment to be issued after the advance notice period has expired, unless the household has requested a fair hearing and continued benefits.

If the BPS learns that the person who transferred the resources that resulted in disqualification left the household, eligibility for remaining household members can be determined without regard to the rest of the disqualification period. The disqualification period will follow the member who improperly transferred the resources, however.

Example

A nine-month disqualification is imposed on January 3 for the period January through September. The household reapplies June 12, and the member who transferred a bank account is no longer a household member. Eligibility for the rest of the household can be evaluated from the date of the reapplication on June 12.

The length of the disqualification is based on the amount by which nonexempt transferred resources, when added to other nonexempt resources, exceed the allowable resource limit.

Example

A household has $3,400 in a savings account. To become eligible for SNAP benefits, the household transferred $1,500 from the bank account to someone outside the SNAP household. The resource limit for this household is $3,000. The amount of the transferred resource used in determining the length of the disqualification period will be $400.

The following chart is used to determine the disqualification period:

Amount in Excess of the Resource Limit	Period of Disqualification
$.01 to $249.99	1 month
$250 to $999.99	3 months
$1000 to $2999.99	6 months
$3000 to $4999.99	9 months
$5000 or over	12 months

PART X INCOME DEDUCTIONS

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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 BPS 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 BPS must also assess who has responsibility to pay expenses and whose income is used to pay 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. To determine the standard deduction, household size must not include disqualified or ineligible members.

Household Size	Standard Deduction
1-3 members	$204
4 members	$217
5 members	$254
6 or more members	$291

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 childcare expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter is allowable after all other deductions have been determined. The BPS 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 $712 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 $712 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, instead of 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	$369
4 or more	$467

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 BPS 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 BPS 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 $233.50, i.e. $467 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 $233.50 as its utility costs, or it may use its actual utility expense amount.

Only 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, be required 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.

A household may use the utility standard for a full year provided:

- the household incurs a heating or cooling expense at any point during the year or anticipates such an expense; or
- the household received a LIHEAP payment during the period covered by the utility standard, or such a payment is anticipated.

Examples

1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.

2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

Each household must receive a thorough explanation of the options available in considering utility expenses. The household may switch between use of the standard and actual costs only at the time of certification. If a household moves while certified, the household may switch from one to the other. If the household initially chose to use actual utility costs but the utility standard was allowed because the household failed to declare costs or verify questionable information timely, the household may not switch to actual costs once the verification is provided.

f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for basic telephone service, or has an established percentage of such an expense, the household must use a telephone standard of $52, or the appropriate percentage of the standard.

The BPS must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

Example

Two SNAP units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.

h. One-time deposits for utilities, telephones, housing, etc., will not count as shelter costs.

i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home for SNAP purposes.

j. Verification requirements for shelter expenses are addressed in Part III.A. Verification is needed only if the household's declaration is questionable. Receipts or statements from the provider are sources of acceptable verification if such proof is needed.

5. Medical Expenses (7 CFR 273.9(d)(3))

The cost of medical expenses incurred by elderly or disabled household members, excluding special diets, is allowed as a deduction for those households when the cost exceeds $35 a month. If the cost is $35 or less, no deduction is allowed. The $35-limit applies to the entire household and is not applied individually to the expenses of members who may be entitled to a deduction.

A medical standard deduction of $200 has been established. Households must verify that eligible members incur more than $35 in allowable medical expenses per month to get the medical standard deduction. Households that incur more than $235 in allowable medical expenses per month may opt out of using the medical standard deduction. These households may verify and claim all their medical expenses and have them evaluated as allowed by Part XIII.B.4. Households may switch between the medical standard deduction and actual costs only at the time of certification except when the household was not previously entitled to the standard. Once imposed, the medical standard deduction will remain in place for the balance of the certification period provided the household contains at least one elderly or disabled member who was part of the household at certification.

Persons who are 60 years of age or over or who are disabled, as described in Definitions, may be eligible for the medical deduction. An individual must be elderly or disabled when the medical expense is incurred. Spouses or other persons receiving benefits as a dependent of the eligible individual are not entitled to the medical deduction.

a. Allowable expenses include:

1) Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by state law or other qualified health professional.

2) Hospitalization or outpatient treatment, nursing care, and nursing home care. Costs for persons who were household members immediately prior to entering a nursing home or hospital, will also be allowed.

3) Prescriptive drugs, when prescribed by a licensed or qualified practitioner, and other over-the-counter medication (including insulin, aspirin, antacids, etc.) which is approved by a licensed or qualified practitioner. Cost of medical supplies, sick room equipment (including rental) or other prescribed equipment are deductible.

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 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 childcare 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 certification will be used and updated at the next recertification, if there has been an adjustment in benefit 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 subsequently dies if the expenses 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 $190.30 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 this shelter allowance.

The BPS must accept the household's declaration of expenses unless the declaration is questionable. If the BPS determines that verification is needed but the household has difficulty in obtaining traditional types of verification of shelter costs, the BPS 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 BPS may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction (Part X.A.4) in which case, the household may or may not receive an actual deduction.

B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the BPS must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the unverified expenses being claimed. If the expense cannot be verified within 30 days of the date of application, the BPS must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification of its questionable shelter expenses by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty-day processing standard because the BPS failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, the BPS must send the household the Notice of Action to extend the pending status of the case on the 30th day after the initial application or reapplication was filed. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See Part II.G.2.). If the lack of verification is the fault of the local department of social services, and the household is eligible, the household is entitled to benefits retroactive to the month of application. (See Part II.G.3.). If a recertification application is filed, verification time frames at recertification (Part IV.C.4) will apply and the ability to extend the pending status of the application is not allowed.

PART XI INCOME

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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	$2,510	$1,632	$1,255
2	$3,407	$2,215	$1,704
3	$4,303	$2,798	$2,152
4	$5,200	$3,380	$2,600
5	$6,097	$3,963	$3,049
6	$6,993	$4,546	$3,497
7	$7,890	$5,129	$3,945
8	$8,787	$5,712	$4,394
Each additional member	+$897	$583	$449

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 BPS 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.

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 BPS 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.

Income received by individuals who are participating in on-the-job training programs funded through the Workforce Innovation and Opportunity Act is considered earned income. This provision includes on-the-job training programs funded under the National and Community Services Act, Americorps, the Summer Youth Employment and Training Program, and the Youthbuild Program. This provision, however, does not apply to household members under 19 years of age who are under the parental control of another household member, regardless of school attendance and/or enrollment as discussed in Part XI.F.8. See also Part XI.F.11.d.

4. Payments under Title I of the Domestic Volunteer Service Act of 1973

Payments under Title I of the Domestic Volunteer Service Act of 1973 (VISTA, etc.) count as earned income unless they are excluded from consideration. See Part XI.F.11.c.

5. Payments to Day Care Providers

Payments to day care providers for meals served to children, other than their own, funded by the School Lunch Act will count as earned income to the provider. These payments do not count as reimbursement. See Part XII.A.7 for allowable business costs.

6. Jury Duty Pay

Jury duty pay is countable earned income unless it meets the infrequent/irregular income or reimbursement policy of Part XI.F.4 or F.6.

Use the following documents or records to verify the earned income of the household. The documents are often available from the applicant.

Pay stubs	Pay envelopes
Employee's W-2 Form	Wage tax receipts
State or federal income tax return	Self-employment bookkeeping records
Sales and expenditure records	

Verification from other sources might include:

Employer's wage records	VEC Office
Statement from the employer	State Income Tax Bureau

D. SPECIAL INCOME OF MILITARY PERSONNEL (FNS Policy Memos 81-1, 81-5, and 81-13 and Admin Notice A-24-91)

Many members of the military receive special allowances that count in determining the eligibility and the benefit amount of households containing such persons. Military personnel may receive the following allowances:

1. Basic Allowance for Housing (BAH)

   The BAH is considered as earned income for SNAP purposes. The household is also entitled to a shelter deduction. In some instances, the BAH may be listed as income and then all or a portion of the amount deducted on the leave and earnings statement because he or she lives on the base. Use the amount listed to compute the SNAP shelter deduction.

2. Basic Allowance for Subsistence (BAS)

   The BAS is paid daily in cash or three months in advance by check. The BAS is not considered a part of the wages. The BAS will appear on the leave and earnings statement monthly. The BAS is considered as earned income for SNAP purposes.

3. Clothing Maintenance Allowance (CMA)

   The CMA is excluded as income for SNAP purposes. The payment is counted as a reimbursement for the job-related expense of uniforms under Part XI.F.6.

Any amount received by or made available to household members for deployment or service in a combat zone will not count as income for SNAP purposes unless the payment was received before the deployment. This exclusion includes items such as, but not limited to, incentive pay for hazardous duty, special pay for imminent duty or hostile fire duty or certain reenlistment bonuses, or special pay for certain occupational or educational skills.

E. UNEARNED INCOME (7 CFR 273.9(b)(2))

Unearned income includes:

1. Assistance Payments

   Assistance payments from federal, federally aided, or state-local public assistance programs, based on need. Examples are:

   a. Temporary Assistance to Needy Families (TANF)
      Note that payments received through the Diversionary Assistance Program as a lump sum are excluded as income. See Part XI.F.9.

   b. General Relief (GR)

   c. Supplemental Security Income (SSI)

   Income from these assistance programs will count as unearned income even if provided in the form of a vendor payment, unless the provisions of Part XI.F.3 apply that prohibit considering certain vendor payments as countable income. Assistance payments from programs that require the actual performance of work without compensation, other than the assistance payments themselves, count as unearned income.

2. Annuities and Pensions

Annuities and pensions, such as:

a. Retirement benefits

b. Veteran's benefits

c. Disability benefits

d. Old age, survivors, and Social Security benefits (OASDI)

3. Workmen's or Unemployment Compensation

4. Strike Benefits

5. Foster Care Payments

Foster care payments made to a household on behalf of a legally assigned individual in foster care. Note: Foster care payments will be considered the income of the foster family if the household elects to count the foster individual as a household member for SNAP purposes. Therefore, if the foster person is excluded from the household under the provisions of Part VI.A.3, the payment is not considered income to the rest of the household.

6. Certain Rental Property Income

Income derived from rental property in which a household member is not actively engaged in the management of the property at least an average of 20 hours a week. Except for the fact that the earned income deduction (Part XIII.A.2) does not apply, treat this income the same as a self-employment enterprise. (See Part XII.A.)

7. Support and Alimony Payments

Support and alimony payments made directly to the household from a nonhousehold member. This includes payments redirected to the household from the Division of Child Support Enforcement (DCSE). Payments received by or for TANF recipients that the household should send to the DCSE as a condition of TANF eligibility will not count even if the household fails to redirect the payments.

8. Dividends, Royalties and Interest

Payments received in the form of dividends or royalties are countable. Interest payments will count as income if the amount averages more than $10.00 per month.

9. Money Withdrawn from Trust Funds or Improper IDA Withdrawals

Money withdrawn or dividends that are or that the household could receive from trust funds do not count as a resource under Part IX.E.12. Trust withdrawals will count as income in the month received unless they are otherwise exempt. Dividends that the household has the option of either receiving as income or reinvesting in the trust will count as income in the month they become available to the household unless they are otherwise exempt.

Withdrawals from an individual development account (IDA) will not count as income if the withdrawal is for pursuing post-secondary education, purchasing a home, starting a business or as an approved household emergency. All other withdrawals from the IDA will count as unearned income in the month of the withdrawal.

10. Income Available to Sponsored Aliens (7 CFR 273.9(b)(4); 7 CFR 273.11(h)(2)(iv))

For households that contain sponsored aliens (as defined in Part XII.C.), unearned income will also include that amount of the monthly income of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be that of the alien according to the procedures in Part XII.C.3 and 5. Income deeming applies unless the sponsored alien is otherwise exempt from this provision as allowed in Part XII.C.1.

Actual money paid to the alien by the sponsor or the sponsor's spouse does not count as income to the alien unless the amount paid exceeds the amount attributed to the sponsor. See Part XII.C.4. The amount paid that exceeds the amount attributed will count as income to the alien in addition to the amount attributed to the alien.

11. Funds Deposited into Joint Accounts

Funds deposited into a joint bank account by a nonhousehold member count as income to the household, to the extent the deposited funds are intended for household use. The BPS must use this policy only when deposited funds are intended for household use.

In situations where a SNAP household member's name is on a joint account with a nonhousehold member and the funds deposited by the nonhousehold member are clearly not intended for the household member's use, no income to the household will be counted. The BPS must evaluate the account balance as a resource to the household as allowed by Part IX. C.1.

The BPS must verify the household member's statement concerning the amount of money available as income. If all the money deposited into the joint account is intended for the household's use, then verification of the amount deposited would suffice. When this is not the case however, it will be necessary to verify the amount through the nonhousehold member.

If the statements of the household and nonhousehold member differ regarding the amount of money intended for the household's use, the BPS must resolve the discrepancy and document the case record.

12. Other Money Payments

All other direct money payments from any source that can be construed to be a gain or benefit to the SNAP household, other than monetary gifts for an identifiable one-time occasion or normal annual occasion.

In verifying unearned income of the household, the following documents or records are generally available through the applicant:

RSDI award letter (note that changes in benefits will not always be reflected)	Benefit payment check
Unemployment Compensation award letter	Pension award notice
Veterans Administration award notice	Correspondence on benefits
Income tax records	Railroad Retirement award letter
Support and alimony payments evidenced by court order, divorce or separation papers, contribution check	

Verification from other sources include:

Social Security (Form SSA-1610)	Social Security District Office files
VEC - Unemployment Compensation Section	Employer's record
Union records	Workers Compensation records
Veterans Administration	Insurance company records
Tax records	Railroad Retirement Board records
PA case file	

F. EXCLUDED INCOME (7 CFR 273.9(b)(5); 273.9(c))

The following income will not count in determining eligibility or benefit level:

1. Repayment of a Prior Overpayment

Repayment of a prior overpayment provided that the income was not excludable elsewhere in this chapter at the time of the overpayment. This includes:

a. Money withheld from an assistance payment, from earned income, or from any other income source to repay a prior overpayment received from that income source.

b. Money received from any income sources that the household voluntarily or involuntarily returns to repay a prior overpayment received from that income source.

Example

A TANF recipient is entitled to a grant of $225.00 but the amount of

the actual payment is $175.00. The agency withheld $50.00 to repay a prior overpayment. The overpayment was not the result of the household's failure to comply with the TANF program requirements. The net amount received by the TANF recipient is the amount that will count as income for SNAP purposes.

However, money withheld from an assistance program that results from the household's failure to comply with the requirements of the other program will count as income as specified in Part XII.D.

2. Payments Received by the Division of Child Support Enforcement (DCSE)

Payments received and kept by the DCSE on behalf of TANF recipients will not count as income. Payments redirected to households by the DCSE or supplemented through the TANF Program will count as income. Payments received by TANF recipients that the recipient must direct to DCSE as a condition of TANF eligibility will not count as income even if the household keeps the payments.

3. In-Kind Benefits and Vendor Payments

In-kind benefits and vendor payments are any gains or benefits that are not in the form of money payable directly to the household.

a. In-Kind Benefits

In-kind benefits are benefits for which no monetary payment occurs on behalf of the household. These benefits include meals, clothing, housing or produce from a garden.

b. Vendor Payments

A vendor payment is a money payment made on behalf of a household by a person or organization outside of the household to a service provider or creditor of the household. Vendor payments made to a third party on behalf of the household are included or excluded as income as described below:

1. PA vendor payments, excluding GR vendor payments

Vendor payments from PA programs, other than GR, are excluded as income if they are made for:

a. Medical assistance;

b. Childcare assistance;

c. Energy assistance;

d. Emergency assistance;

e. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant; or

f. Emergency TANF vendor payments on behalf of a migrant or seasonal farm worker household while the household is in the job stream.

2. GR Vendor Payments

Except for some vendor payments for housing, GR vendor payments do not count as income. A housing vendor payment will count as income unless the payment is for:

a. Utility costs;

b. Energy assistance;

c. Housing assistance from a state or local housing authority;

d. Special and emergency assistance, not specifically excluded by other provisions of this section, made over and above the normal grant; or

e. Emergency GR vendor payments on behalf of a migrant or seasonal farm worker household while the household is in the job stream.

3. HUD Vendor Payments

Rent or mortgage payments made by the Department of Housing and Urban Development (HUD) to landlords or mortgagees are excluded. This includes TANF payments for housing made through HUD.

4. Educational Assistance Vendor Payments

Educational assistance paid on behalf of households for living expenses are excluded.

5. Vendor Payments that are Reimbursements

Vendor payments that are also in the form of reimbursements are excluded.

6. Demonstration Project Payments

In-kind or vendor payments that would normally not count as income, but which are converted, in whole or in part, to a direct cash payment under a federally authorized demonstration project or a waiver of federal law provisions are excluded.

7. Other Third-Party Payments

Money which is legally obligated and otherwise payable to the household must be counted as income and not excluded as vendor payments when they are diverted to a third party by the provider of the payment for a household expense. Court-ordered support or alimony payments and wages are examples of payments that will count as income regardless of diverted payments to third parties.

4. Infrequent or Irregular Income

Any income in the certification period that is received too infrequently or irregularly to be reasonably anticipated, but which is not more than $30 in a calendar quarter. This may include interest payments on bank accounts or other financial instruments if the average monthly payment is less than $10.00 per month.

5. Loans

All loans. The loan may be from a private individual as well as from a commercial institution. Verify that money received by the household is a loan if circumstances are questionable as per Part III.A.2. When verifying that income is exempt as a loan, a legally binding agreement is not required. A simple statement of both parties that indicates that the payment is a loan and that the household must repay the loan will be sufficient verification. If the household receives payments on a recurrent or regular basis from the same source however, but claims the payments are loans, the BPS may also require that the lender provide a statement that addresses that repayments are being made or that payments will be made according to an established repayment schedule.

6. Reimbursements

Reimbursement on past or future expenses, to the extent that:

a. They do not exceed actual expenses.

b. They do not represent a gain or benefit to the household.

Reimbursements for normal household living expenses, such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit, and, therefore, are not excluded. To exclude this money, these payments must be for an identified expense, other than normal living expenses, and the recipient must use the money for the purpose intended.

When a reimbursement covers multiple expenses, including a flat allowance, it is not necessary to identify each expense separately if none of the reimbursement covers normal living expenses.

The amount by which a reimbursement exceeds the actual incurred expense will count as income. It is not necessary to consider whether reimbursements exceed actual expenses

unless the provider or the household indicates the amount is excessive. This applies to anticipated expenses as well as past expenses for which reimbursement covers.

Jury duty pay may count as a reimbursement if it meets the criteria of this section.

Examples of reimbursements that do not represent a gain or benefit to the household are:

a. Reimbursement or flat allowances for job or training related expenses, such as:

1) Travel

2) Per diem

3) Uniforms

4) Transportation to and from the job or training site, including reimbursements for the travel expenses incurred by migrant workers.

b. Reimbursements for out-of-pocket expenses of volunteers incurred in the course of their work.

c. Medical reimbursements.

d. Dependent care reimbursements.

e. Reimbursements received by households to pay for services provided by Title XX of the Social Security Act.

7. Third Party Funds

Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member. If the intended beneficiaries of a single payment are both household and nonhousehold members, any identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member will not count. If the nonhousehold member's portion cannot be readily identified, the payment will be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold member's pro rata share or the amount used for the nonhousehold member's care and maintenance, whichever is less. The term nonhousehold member refers both to persons residing with the SNAP household but considered nonhousehold members according to the provisions of Part VI.C and persons who do not reside with the SNAP household.

Examples

a. Ms. X is payee for Social Security benefits for two children who do not live with her. The check totals $200. Ms. X gives the children's guardian $100. In addition, she deposits $25 in a savings account for the children and spends the remaining $75 on items for the children.

Ms. X has no income assigned from this source. The BPS must count $200 to the children's household. If Ms. X could not account for any portion of the $200, that portion would count as income to her.

b. Ms. Y receives child support for her two children. One child does not live with her. The father sends $200 ($100 prorated for each child). Ms. Y sends $150 to the child who is not in her home.

The income for Ms. Y's household is $100. The second child's income is $150 ($100 child support and a contribution of $50 from the mother).

c. Ms. Z and her four children receive a TANF check of $300. The oldest child is in Job Corps in another city, so the SNAP unit excludes this child. Ms. Z sends the child $50 a month from the TANF check to cover his living expenses.

The child's prorated share of the TANF check is $300 divided by 5 = $60. The mother sends $50. The lesser amount, $50, is excluded income in the SNAP calculation.

d. Household A requests the inclusion of children who reside in Household B part of the month. A member of Household A pays child support to Household B for one or more of these children. Household B uses that income to pay household and the children’s personal expenses. The child support will not count as income to Household A but would count toward Household B if that household applies for SNAP benefits.

8. Earnings of Children

The earned income of children who are under age 18 and who attend elementary or high school, or who attend GED classes that are operated, supervised, or recognized by the local school board are excluded. This exclusion also applies to participants of elementary or high school level home-school programs that are approved by the local school superintendent as meeting the state’s home-school law. The children must also be:

a. Certified with a natural, adoptive or step-parent, or

b. Under the control of a household member other than a parent, as defined in Part VI.A.2.b.

This exclusion will continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings must be divided equally among the working members and the child's pro rata share excluded.

This exclusion will end the month following the month in which the child turns 18 and the money becomes countable.

9. Lump Sum Payments

Monies received in the form of a nonrecurring lump sum payment, including but not limited to:

a. Income tax refunds, rebates or credits;

b. Retroactive lump sum Social Security, public assistance, Railroad Retirement benefits or other payments;

c. Lump sum insurance settlements;

d. Refunds of security deposits on rental property or utilities.

e. Accumulated vacation, sick, or severance pay of terminated employees received in a lump sum;

f. Gambling winnings;

g. Monetary gifts for identifiable one-time occasions or normal annual occasions; and

h. Retroactive SSI payments even when received in multiple installments.

These payments will count as resources in the month received unless specifically excluded from consideration as a resource by other federal laws. The fact that the household or agency can anticipate a lump sum payment does not affect the exclusion as income.

Irregular unemployment compensation benefits will not count as lump sum payments although they may include amounts intended to cover prior periods.

Irregular support payments generally will not count as lump sum payments. The TANF disregarded support payment received for a prior period and support payments made through one-time payments such as the withholding of federal or state tax refunds will count as a lump sum resource, however. The disregarded incentive support payment will be for a prior period if the entitlement date is two or more months prior to the check date. This exclusion does not include the TANF monthly supplement payment received for the prior month.

10. Self-Employment Expenses

The cost of producing self-employment income. The procedures for computing the cost of producing self-employment income are described in Part XII.A.5 and 9.

11. Exclusion by Law

Income specifically excluded by federal law from consideration as income in determining SNAP eligibility or benefits. This includes:

a. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, Section 216).

b. All compensation received under the Alaska Native Claims Settlement Act and amendments (P.L. 92-203 and 100-241).

c. Payments to volunteers under programs covered by the Domestic Volunteer Services Act of 1973, as amended (P.L. 93-113). This includes:

- Title I - Payments to VISTA volunteers if the volunteers were receiving SNAP benefits or public assistance when they joined the Title I program. This also includes payments to VISTA volunteers if the payment is less than the federal minimum wage.

- Title II - This includes the Retired Senior Volunteer Program, Foster Grandparents, and the Senior Companion Program.

d. Payments from programs funded in whole or in part under the Workforce Innovation and Opportunity Act (WOIA), except for on-the-job training programs funded through the WOIA. Payments from on-the-job training programs under this section are considered countable earned income, except for persons under 19 who are under parental control of a household member. For such individuals, the on-the-job WOIA payments are excluded.

This exclusion includes projects conducted under the National and Community Services Act, Americorps, and the Summer Youth Employment and Training Program, as if the projects were conducted under the WOIA. Payments made under the Youthbuild Program through the Housing and Community Development Act must also be treated like WOIA payments (P.L. 97-300, 99-198, 101-610, 102-367, 102-550).

e. Payments from the Community Service Employment Program under Title V of the Older Americans Act (P.L. 100-175). Some organizations that receive Title V funds are:

- Experience Works (formerly Green Thumb)

- National Council on Aging

- National Council on Black Aging

- American Association of Retired Persons

- U.S. Forest Service

- National Association for Spanish Speaking Elderly

- National Urban League

- National Council of Senior Citizens

f. Payments from private nonprofit charitable organizations, not more than $300 per fiscal quarter, which are not already excluded as a lump sum resource. Any amount over the $300 limit is counted as unearned income (P.L. 100-232).

g. Payments under the Wartime Relocation of Civilians Act to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts (P.L. 100-383).

h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation (P.L. 101-201 and P.L. 101-239.)

Payments to veterans with a service-connected disability resulting from Agent Orange exposure are countable (P.L. 102-4).

i. Payments under the Disaster Relief Act of 1974, as amended, and the Disaster Relief and Emergency Assistance amendments of 1988. The President must declare the event a federal disaster or emergency. The exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations (P.L. 100-707).

Payments through the Federal Emergency Management Agency (FEMA) to property owners under the National Flood Insurance Act of 1968 to reduce risks of flood damage are excluded.

Most payments from FEMA are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for the homeless household, are not excluded.

j. The value of any childcare provided, arranged, or reimbursed under the Social Security Act through the block grant childcare program (Section 6585, P.L. 102-586, as amended).

k. Earned income tax credits (P.L. 101-508).

l. Salary reductions for military personnel which are used to fund the GI bill (P.L. 99-576).

m. The following payments to Indian tribes:

- Income from certain submarginal land of the U.S. which is held in trust for certain Indian tribes (P.L. 94-114, Section 6).

- Income from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).

- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation (P.L. 95-433, Section 2).

- Payments from the Maine Indian Claims Settlement Act of 1980 to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet (P.L. 96-420, Section 9c).

- Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531, Section 22).

- Per capita payments of up to $2,000 per calendar year under the Indian Judgment Fund Act as amended (P.L. 93-134 and 97-458).

- Payments to the Chippewa Tribes: Turtle Mountain, Red Lake, Mississippi, Lake Superior, Saginaw, or White Earth (P.L. 97-403, 98-123, 99-146, 99-264, 99-346, and 99-377).

- Payments to the Blackfeet, Grosventre, and Papago Tribes (P.L. 97-408).

- Payments to the Assiniboine Tribes (P.L. 98-124, Section 5 and 97-408).

- Payments to the Seneca Nation (P.L. 101-503).

- Payments to the Puyallup Tribe (P.L. 101-41).

- Payments to the Sac and Fox Tribes (P.L. 94-189).

- Payments, except for per capita payments over $2000, to the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Florida, and the independent Seminole Tribe of Florida (P.L. 101-277).

- Payments made under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (P.L. 103-436).

n. Payments under the Radiation Exposure Compensation Act (P.L. 101-426).

o. Contributions of an SSI recipient into a Plan for Achieving Self Support (PASS) account (PL 102-237).

p. Payments for meals for children or adults on whose behalf the payment is made through the Child and Adult Care Food Program, Section 12(a) of the School Lunch Act.

q. Payments to individuals because of their status as victims of Nazi persecution (P.L. 103-286).

r. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with congenital spina bifida and payments to children of female Vietnam veterans who are born with certain birth defects (P.L. 104-204 and P.L. 106-419).

s. Money contributed to Achieving a Better Life Experience (ABLE) accounts or money distributed from such accounts for disability-related expenses are excluded as income. ABLE accounts are set up for persons determined to be disabled before age 26.

12. Government Subsidies for Housing and Energy/Utility Payments

Payments or allowances made for housing, energy assistance or utility payments under any federal, state or local government program will not count. This includes payments received from the Low-Income Home Energy Assistance Program (Virginia Energy Assistance Program), HUD and FmHA utility payments.

13. Shared Shelter Arrangements

In some situations, SNAP households may share shelter expenses with others. Money may exchange hands between the units to facilitate bill paying. This exchange of money for the purposes of bill paying in a shared shelter arrangement is not considered income to the person receiving it. Each household is entitled to its share of the shelter expenses.

Allow the household to describe/define the arrangements. Allow each household to claim its portion of the shelter costs if the arrangement is for the purpose of splitting living costs as opposed to a rental arrangement where one household elects to charge another household for shelter costs.

Note: This policy does not replace the roomer/boarder and rental property situations.

14. Funds Deposited in an Individual Development Account (IDA) or HUD Escrow Account

Money deposited in an IDA on behalf of a household member will not count as income nor money deposited in an escrow account established by HUD.

15. VIEW Supportive Services Payments

Payments made directly or indirectly to household members for supportive services through VIEW will not count as income. This exclusion does not include VIEW Transitional Payments.

16. Educational Benefits

Money received for educational purposes. These payments include, among others, scholarships, grants, educational loans, veteran’s educational benefits, and work-study.

17. Legally Obligated Child Support Payments

Child support payments paid by a household member to an individual or agency outside the household are allowable as an income exclusion. Payments to a third party on behalf of a child, including payments to obtain health insurance for the child, in accordance with the support order, will also be included in the income exclusion. An income exclusion for amounts paid toward arrearages are allowable. Administrative fees charged by an employer to collect support through wages are allowable.

The legal obligation to pay child support, the amount of support obligated, and the amount of support actually paid must be verified before the income exclusion is allowed. The allowable income exclusion may not exceed the monthly obligated amount unless the amount paid includes an amount in arrears.

The child support exclusion may not include alimony or spousal support payments made to or for a nonhousehold member.

G. INCOME OF EXCLUDED HOUSEHOLD MEMBERS (7 CFR 273.9(b)(3); 273.11(d))

Individual household members may be disqualified from receiving SNAP benefits or may be ineligible to participate. See Part VI.C for a discussion of nonhousehold members. See Part XII.E for a discussion of how to handle the income of a disqualified household member to the remaining members.

For excluded household members who are ineligible rather than disqualified, such as ineligible students, the income of the ineligible member is not considered available to the household. Any cash payments from the ineligible member to the household must be considered income under the normal income standards described in this manual. If the household shares deductible expenses with the ineligible member, only the amount actually paid or contributed by the eligible members is allowed as an expense. If these payments or contributions cannot be differentiated, the expenses must be prorated evenly among the persons paying or contributing to the expense and only the eligible members' pro rata share deducted.

When the earned income of one or more household members and the earned income of an ineligible member are combined into one wage, the income of the household members must be determined as follows:

- If the household's share can be identified, count that portion due to the household as earned income.

- If the household's share is not identifiable, prorate the earned income among those it was intended to cover and count the prorated portion to the household.

PART XII SPECIAL INCOME DETERMINATIONS

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A. SELF-EMPLOYMENT INCOME

1. Definition

Self-employment income includes:

a. The total gross income from a self-employment enterprise. Self-employment income also includes the total gain from the sale of any capital goods or equipment related to the business.

b. Farm income. Income from farming will be that income derived from activities such as:

1) the production and sale of crops and livestock for food;

2) the raising of livestock to produce items such as eggs, wool, milk, etc.; and

3) the production and sale of tobacco, cotton and other non-food crops.

c. Payments from roomers and boarders.

d. Income from rental property. (See Part XI.C.2 and E.6.)

The BPS must assess the business structure of self-employment arrangements to determine if the business is incorporated and the number of business owners. Income from business arrangements that are not incorporated must be calculated as described in this chapter and divided over the number of business owners. Income from business arrangements that are incorporated must be handled as wages/salaries (Part XI.C.1), not self-employment income. Note that limited liability companies (LLC) are not incorporated so the income is considered as self-employment. See Part IX.C.3 for a discussion of business resource assessments for SNAP purposes.

2. Averaging of Self-Employment Income (7 CFR 273.11(a))

All self-employment income is calculated in the same manner described below, except income from boarders not residing in a commercial boarding house. Instructions for computing this type of income are described in Part XII.B.

a. Self-employment income which represents a household's annual support must be annualized over a 12-month period, even if the income is received in a shorter period of time. For example, income from a farmer's crop that represents the farmer's annual support must be averaged over a 12-month period, even though the income is received in a shorter time frame. In addition, self-employment income that represents a household's annual support must be annualized even if the household has income from other sources.

Note: It may be difficult to determine if self-employment income represents a household's annual support when the household has income from other sources. Consider other factors, in addition to the household's statement, to indicate how long the household could sustain itself on such income. Factors include, but are not be limited to, the previous year's business and personal expenses, tax records, anticipated expenses for the current year, income expected to be received from other sources during the coming year, and so on. These factors, when compared with the income from seasonal self-employment, should provide a basis for making a determination about how long the income is intended to support the household.

For example, if the previous year's expenses were proportionate to the household's income from self-employment, it could be an indication that the income would sustain the household for a year; therefore, the household's income should be annualized. If expenses were not proportionate with the income, it might be determined that such income could not sustain the household for a year; therefore, income should be averaged over the period of time the income is intended to cover.

b. Self-employment income received on a monthly basis but representing a household's annual support must normally be averaged over a 12-month period. Examples of this type of self-employment includes most small businesses, such as grocers, or some farmers. If the averaged amount does not accurately reflect the household's true monthly circumstances because of a substantial increase or decrease in business, the self-employment income must be calculated based on anticipated earnings.

c. Self-employment income that does not represent a household's annual support must be averaged over the period of time the income is intended to cover. This type of seasonal self-employment includes vendors who receive their income in the summer or during the tourist season and supplement it through another source during the rest of the year.

d. Households with newly formed enterprises that have been in existence less than a year must have their self-employment income averaged over the amount of time the business has been in operation, and the monthly amount projected for the coming year. If the business has been in operation for such a short time that there is insufficient information to make a reasonable projection, a certification period should be assigned which allows for a timely review of the household's circumstances.

If a household farming for the first year has not yet received its first income, or an established farming household has not yet realized a change in income due to a change in the amount or type of crops raised, the BPS should not anticipate the amount of the expected income from the new crop when determining the household's income.

3. Determining Monthly Income from Self-Employment (7CFR 273.11(a)(2))

a. For the period over which self-employment income is determined, the BPS must:

1) Add all gross self-employment income, including capital gains, for the period of time over which income is determined.

2) Subtract the cost of producing the self-employment income (See Part XII.A.5.)

3) Divide the remaining self-employment income by the number of months over which the income will be averaged.

b. When self-employment income is not averaged but is calculated on an anticipated basis, the BPS must:

1) Determine any capital gains the household anticipates receiving during the period over which the income is averaged which is likely to be the certification period.

2) Divide the amount by 12 (use this amount in successive certification periods during the next 12 months unless the anticipated amount of capital gains changes. If this should occur, a new average monthly amount must be calculated.)

3) Add anticipated monthly amount of capital gains to anticipated monthly self-employment income.

4) Subtract the cost of producing the self-employment income. The cost of producing the self-employment income will be calculated by anticipating the monthly allowable costs of producing the income.

If obtaining verification of the cost of doing business will delay the household's certification, the BPS must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for these costs. If these costs or a portion of them cannot be verified within 30 days of the date of application, the BPS must determine the household's eligibility and benefit level without providing a deduction for the unverified portion. The household must be given at least 10 days to provide the verification. For initial applications and reapplications, if the household would be ineligible unless these unverified costs are allowed, the household will have an additional 30 days to take the required action. Action must be taken on recertification applications as allowed by the verification time frames described in Part IV.C.4.

One or more payments to farmers from the Disaster Assistance Act of 1988 must be counted as earned income. These payments, made to farmers who are adversely affected by a drought, are given for crop losses or to buy feed grain. This income is considered a replacement for income lost because of a drought, and for self-employed farmers, the

income must be processed using normal annualizing procedures for self-employment income. Since the payment is counted as income, it is excluded as a resource

4. Capital Gains (7 CFR 273.11(a)(3))

The proceeds from the sale of capital goods or equipment are calculated in the same manner as a capital gain for federal income tax purposes. Even if only 50% of the proceeds from the sale of capital goods is taxed, the BPS must count the full amount of the capital gain as income for SNAP purposes.

Example

Farmer A purchased a tractor for $3,000. Over a period of 10 years, he claimed $3,000 in depreciation on the tractor. After 10 years, he sold the tractor for $1,000. For income tax purposes, the transaction appears as follows:

Purchase price		$3,000
Depreciation claim	3,000	
Purchase base		0
Sale price		$1,000
Reported as gross		x 50%
Taxable income		$ 500

For SNAP purposes, the entire proceeds or $1,000 would be included as gross income.

5. Allowable Costs of Producing Self-Employment Income (7 CFR 271.11(a)(4))

Allowable costs of producing self-employment income include, but are not limited to, the following:

a. the identifiable costs of labor, stock, raw material, seed and fertilizer.

b. payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods or on the principal for improvements to real estate.

c interest paid to purchase income producing property, capital assets, equipment, machinery, and other durable goods.

d. insurance premiums paid on income producing property.

e. taxes paid on income producing property.

f. costs of repairs to property needed for general maintenance.

g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, payments on the mortgage principal, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are not deductible as a cost of doing business:

a. net losses from previous periods.

b. federal, state, and local income taxes.

c. money set aside for retirement purposes.

d. other work-related personal expenses, such as transportation to and from work.

e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same SNAP household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - $1.66 per meal; Lunch or Supper - $3.15 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 BPS 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.

The allowable cost of doing business may never exceed the amount the household receives from the boarder. If actual costs are used, only separate and identifiable costs of providing rooms and meals to the boarders are allowed.

3. Earned Income Deduction

The 20% earned income deduction as defined in Part X.A.2, will be allowed for all income from boarders. The net boarder payment must be added to all other earned income before allowing the 20% deduction.

C. SPONSORED IMMIGRANTS (7 CFR 273.4(c))

Affected Groups

All immigrants granted U.S. visas based on family connections and some employment-based immigrants must have a sponsor in order to obtain permanent residency. The sponsor must execute an affidavit of support on behalf of the immigrant to demonstrate financial responsibility for the immigrant.

This chapter applies to persons who file visa applications on or after December 19, 1997, and for persons who file for an adjustment of status on or after December 19, 1997.

Individual sponsors must document that they have the capacity to financially support and maintain an immigrant, generally at 125 percent of the federal poverty level. The sponsor must execute a legally enforceable affidavit of support, INS Form 864, on behalf of each immigrant. The sponsorship affidavit also requires an agreement to reimburse agencies for any means-tested public benefits obtained by the sponsored immigrant.

The BPS must evaluate the provisions of this chapter for immigrants who are eligible for SNAP benefits as permanent resident immigrants with 40 quarters of work credited to them (Part VII.F.1.f.) and for permanent residents who are conditionally eligible for SNAP benefits if they meet a qualified status (Part VII.F.2.).

Exemptions

The provisions of this chapter do not apply to the following groups:

- Immigrants without sponsors. This group includes persons who entered the United States without an individual sponsor who signed a legally binding affidavit of support. These immigrants include refugees, asylees, persons whose deportation is withheld, Amerasians and Cuban/Haitian entrants. Note, however, that this exemption does not include Haitian entrants who gain lawful permanent resident status through the Haitian Family Reunification Parole Program if a sponsor executes an affidavit of support.

- Immigrants whose sponsors signed affidavits of support before December 19, 1997 or persons whose sponsors have not signed a legally enforceable affidavit of support.

- Immigrant children under 18 years of age.

- Immigrants who would be indigent without SNAP benefits or other public assistance in

that the household's income, including any assistance from the sponsor, is insufficient to provide food or shelter. Indigence here means that the household's own income and any direct cash or in-kind contribution from the sponsor or others do not exceed the gross income level for the household's size. The only income the BPS may deem from the sponsor for a 12-month renewable period is the amount the sponsor provides if the immigrant is indigent. The BPS must report the immigrant and sponsor's names to the USCIS if an immigrant is determined to be indigent.

This exemption will last for one year from the date of the indigence determination. The BPS may renew the indigence determination for additional 12-month periods.

Before determining indigence, the BPS must explain the determination and reporting requirements to the household or representative. If the household elects not to proceed, the BPS must explain the consequences of this action and of being a "nonapplicant," as addressed in Part II.B. The BPS must not report the names of the sponsored immigrant or sponsor to the USCIS in this instance.

- An immigrant determined to be a battered spouse, child or parent or subject to extreme cruelty in the U.S. The person must be living separately from the batterer. This exemption covers any 12-month period. The exemption may be extended for additional 12-month periods if the immigrant shows that a court, administrative order or the USCIS recognizes the battery and if the BPS determines the battery has a substantial connection to the receipt of SNAP benefits.

1. Computing the Countable Income of Sponsors

A portion of the monthly income of the sponsor and the sponsor's spouse, if he or she executed the affidavit of support, must be considered in determining the eligibility and benefit level of the household of which a sponsored immigrant is a member. The BPS must make the determination as follows:

a. Calculate the earned income of the sponsor and the sponsor's spouse.

b. Deduct the 20% earned income deduction from this amount.

c. Add the unearned income of the sponsor and the sponsor's spouse.

d. Deduct the gross income eligibility limit for the size of the sponsor's household including any person who is claimed or could be claimed by the sponsor or the sponsor's spouse as a dependent for federal income tax purposes.

e. The remainder is the countable income for the sponsored immigrant for SNAP purposes.

If the immigrant has already reported gross income information about the sponsor for the sponsored alien rules for TANF, that income amount may be used for SNAP purposes. Allowable deductions are limited to the 20% earned income deduction and the SNAP gross monthly income amount stated above.

If a sponsored immigrant can demonstrate to the satisfaction of the BPS that the sponsor is responsible for other immigrants, the income deemed here must be divided by the number of sponsored immigrants. The process described here to arrive at the deemed income must also be used to exclude the amount for a sponsored immigrant or citizen child.

Money paid to the immigrant by the sponsor (or the sponsor's spouse) will not count as income unless the amount paid exceeds the amount attributed to the immigrant under Part XII.C.1.a.

Exampes

- Sponsor's income attributed to immigrant $100
  Amount paid directly to the immigrant by the sponsor for an "odd job" $ 60

  This $60.00 amount will not count as income to the immigrant's household.

- Sponsor income attributed to immigrant $100
  Amount paid directly to the immigrant by the sponsor for an "odd job" $120

  The $20.00 over the $100 attributed income is countable income to the immigrant's household.

2. Computing Countable Resources of Sponsors

Resources of the sponsor and the sponsor's spouse count towards the immigrant household. The total amount of the sponsor's and spouse's nonexempt resources must be reduced by $1500. If a sponsored immigrant can demonstrate to the satisfaction of the BPS that the sponsor is responsible for other immigrants, the resources counted here must be divided by the number of sponsored immigrants that apply for or are receiving SNAP benefits. Exclude the amount that would be attributed to a sponsored immigrant or citizen child.

3. Termination of the Sponsor's Obligation

The evaluation and use of the income and resources of the sponsor and spouse of the sponsor must continue toward the SNAP eligibility and benefit level of the immigrant until the immigrant becomes a U.S. citizen. The evaluation of the sponsor's obligation will also terminate when the immigrant can be credited with 40 quarters of work coverage, provided the immigrant received no public benefits for any quarter beginning January 1997. (See Part VII.F. for a discussion of qualifying quarters of work.)

Other conditions that will cause the sponsor's support obligation to end are the death of either the sponsored immigrant or the sponsor, or instances when the immigrant leaves the country or no longer holds permanent resident status.

4. Responsibilities of the Sponsored Immigrant

The immigrant is responsible for the following:

a. obtaining the cooperation of the sponsor;

b. providing information or documentation necessary to calculate the countable income and resources of the sponsor at application and recertification; and,

c. providing the names or other identifying information about immigrants for whom the sponsor has signed an agreement to support to enable the BPS to determine how many of these sponsored immigrants applied for or are receiving SNAP benefits so that the sponsor's attributed income and resources can be divided by the number of such immigrants.

If information about other immigrants for whom the sponsor is responsible is not provided, the income and resource amounts will be attributed to the immigrant in their entirety until the information is provided.

The immigrant is also responsible for:

- reporting the required information about the sponsor and sponsor's spouse if a different sponsor is obtained during the certification period; and,

- reporting a change in income should the sponsor or the sponsor's spouse changes or loses employment, or dies during the certification period. These changes must be handled according to the timeliness standards in Parts XIV.A.

The household is primarily responsible for obtaining the information or verification needed to determine the sponsor's or spouse's income and resources but, the BPS must provide assistance as required by Part III.B.

5. Reimbursement Procedures

After SNAP benefits are issued to a sponsored immigrant, the BPS must pursue collection of the total amount of benefits issued. The BPS may lump together the amount of all public benefits issued by the local department instead of pursuing separate collections for each program. Legal and other collection costs may be included in the reimbursement requests.

The BPS must exclude any sponsor who is receiving SNAP benefits from the reimbursement procedures.

The request for reimbursement must be sent to the sponsor by personal service and must include the following:

a. Date of the sponsor's affidavit or support;

b. Sponsored immigrant's name;

c. Immigrant's registration number;

d. Address of the immigrant;

e. Immigrant's date of birth;

f. Type of public benefit received;

g. Date(s) benefits received; and,

h. Total amount of benefits received.

The request for reimbursement must advise the sponsor to respond within 45 days of the request by paying the requested amount or by arranging a payment plan that is satisfactory to the BPS.

If the sponsor does not respond to the reimbursement request, the BPS may file a civil suit against the sponsor at the end of the 45-day period. If a final judgment is obtained against the sponsor, the BPS must mail a certified copy of the judgment and a cover letter containing the reference "Civil Judgment for Congressional Report - 213A(i)(3)IIRIRA" to:

United States Citizenship and Immigration Services
Statistics Branch
425 I Street NW
Washington, D.C. 20536

The BPS must send any reimbursement payments for SNAP benefits and a copy of the reimbursement request letter to:

U.S. Department of Agriculture
Food and Nutrition Service
Mid-Atlantic Regional Office
P.O. Box 953772
St. Louis, MO 63195-3772

The BPS must send a copy of the reimbursement request letter and reimbursement check to:

U.S. Department of Agriculture
Food and Nutrition Service
Mid-Atlantic Regional Office
300 Corporate Boulevard
Robbinsville, NJ 08691-1598

Note that while a sponsor's obligation may be terminated for conditions noted in Section b. above, that termination does not relieve the sponsor or the sponsor's estate of the obligation to reimburse programs for the issuance of public benefits provided before the support agreement terminated.

Efforts to collect amounts issued to sponsored immigrants through the Supplemental Nutrition Assistance Program or other means-tested public benefits must be made within 10 years of the date of the last issuance.

6. Awaiting Verification

If the information necessary to determine the amount of the sponsor's or sponsor's spouse's income and resources attributed to the immigrant, is not received or verified in a timely manner, the sponsored immigrant will be ineligible until all necessary facts are obtained. In addition, if questions arise about whether an immigrant has a sponsor, the date of entry, or the date of the adjustment of status, such questions must be resolved before SNAP eligibility can be established for the immigrant. The eligibility of any remaining household members must be determined. The income and resources of the ineligible immigrant (excluding the attributable income and resources of the alien's sponsor and sponsor's spouse) must be treated in the same manner as a disqualified member as set forth in Parts XI.G and XII.E, and considered available in determining the eligibility and benefit level of the remaining household members.

If the sponsored immigrant refuses to cooperate in providing and/or verifying needed information, other adult members of the immigrant's household will be responsible for providing and/or verifying the information required. If the household refuses to cooperate in this regard, the entire household is ineligible. If the information or verification is subsequently received, the BPS must act on the information as a reported change in household membership as required by the timeliness standards in Part XIV.A.

If the same sponsor is responsible for the entire household, the entire household will be ineligible until the needed sponsor information is provided and/or verified.

D. HOUSEHOLDS WITH A DECREASE IN INCOME DUE TO FAILURE TO COMPLY WITH ANOTHER PROGRAM'S RULES

SNAP benefits must not be increased when a household's benefits from another means-tested, publicly funded program are reduced, terminated, or suspended because of a failure to comply with that program's requirements. Changes that are not related to the penalty imposed by the other program must continue to be reflected in the SNAP benefit amount, including adding household members who may be barred from receiving benefits from other public assistance programs. The public assistance income, as a penalty, must not be counted in the calculation of SNAP benefits if the public assistance case is closed at the household's request, failing to sign the VIEW Agreement of Personal Responsibility or for a reason other than noncompliance, regardless of prior case actions that may have been taken due to noncompliance.

1. For federal, state, or local public assistance programs, such as TANF or GR-Unattached Child, failure to comply will be determined to exist after it has been established that policy exemptions and good cause provisions, if appropriate, have not been met. Failure to comply may also be evidenced by a court conviction for a fraud conviction or a finding through the ADH process.

When TANF or GR-Unattached Child benefits are decreased because of the household's failure to comply with that program's requirements, the SNAP benefit amount must be based on both the actual amount of the TANF or GR-Unattached Child payment and the amount of the reduction or penalty. The penalty income must be counted as long as the reduced payment is received. If the PA case is closed, the penalty income must be counted in the SNAP calculation for a minimum of six months following the closure of the PA case or longer if the PA case remains under care.

Example

The BPS reduced a household's TANF grant from $291 to $241 per month. The reduction occurred because of the household's failure to comply with the immunization requirements needed by TANF program rules. The TANF amount to be used for SNAP purposes is $291.

The penalty amount will no longer count if the household reapplies and is approved again for TANF or GR-Unattached Child benefits within the six-month period.

2. Social Security (OASDI) benefits, unemployment compensation and veteran's benefits are not means-tested programs. If reduced payments occur for these programs because of a failure to comply, the SNAP benefit amount must be based only on the actual amount of the payment(s).

3. HUD payments and SSI are publicly funded and means-tested programs. If reduced payments occur for these programs because of a failure to comply however, the SNAP benefit amount must be based only on the actual amount of the check(s), to the extent the payment is counted as income for SNAP purposes.

E. DISQUALIFIED INDIVIDUALS OR HOUSEHOLDS (7 CFR 273.11(c))

Individual household members or entire households may be disqualified from receiving SNAP benefits. The reason for disqualification will affect procedures for calculating income and will affect the eligibility and benefit level of the remaining household members.

1 Disqualified Individuals – Prorated Income/Deductions
This section applies to disqualified individuals because:

- Failure to obtain or refusal to provide a Social Security Number (Part VII.G);
- An ineligible immigrant (Part VII.F);
- Questionable citizenship (Part VII.F); or
- Ineligible because of time-limited benefits because of the work requirement (Part XV).

a. Resources – Resources of disqualified individuals count in full to the remaining household members.

b. Income – Prorate the income of the disqualified individual. Subtract allowable

exclusions. Divide the income evenly among all household members, including the disqualified individual. Count all but the disqualified individual's portion.

c. Deductions – Assess who is responsible for an expense or who pays an expense. Divide the expenses of the disqualified individual evenly among all household members, including the disqualified individual. Count all but the disqualified individual's portion except allow the utility standard in full for households entitled to the utility standard regardless of who pays heating or cooling expenses.

Provisions allowed here for the disqualified individual do not alter or cancel provisions of Part X.A when an eligible household member is responsible for or pays an expense. If an eligible household member is responsible for an expense or pays the expense, allow the household the entire expense even if the disqualified individual is also responsible for the expense.

d. Eligibility and Benefit Level – Do not include the disqualified individual to:
- Assess the resource eligibility limit:
- Assess the income eligibility limit;
- Allow the unlimited shelter deduction if there are no other elderly or disabled household members;
- Assign the benefit level; or
- Assign the standard deduction.

2. Disqualified Individuals – Fully Countable Income/Deductions
This section applies to disqualified individuals because of:
- An intentional program violation (Part XVII);
- Voluntarily quit a job or reduced work without cause (Part VIII.B)
- Fleeing prosecution/imprisonment or in violation of parole or probation (Part.VI.C.2.e) or
- A felony conviction for sexual abuse, sexual assault, or murder (Part VI.C.2.h).

a. Resources – Resources of disqualified individuals count in full to the remaining household members.

b. Income – Income of disqualified individuals count in full to the remaining household members.

c. Deductions– Count allowable deductions in their entirety to the remaining household members.

d. Eligibility and Benefit Level – Do not include the disqualified individual to:
- Assess the resource eligibility limit:
- Assess the income eligibility limit;
- Assign the benefit level; or
- Assign the standard deduction.

3. Disqualified Households
Households that contain members who receive lottery or gambling winnings equal to or greater than the resource limit for elderly or disabled households are ineligible upon receipt of the money. See Part IX.B. The households will remain ineligible until they reapply for benefits and meet allowable income and resource eligibility levels. This disqualification will include categorically eligible households and households with elderly or disabled members.

F. AVERAGING CONTRACT AND SELF-EMPLOYMENT INCOME (7 CFR 273.10(c)(3)(ii))

1. Annualization

Households that derive their annual income by contract or self-employment in a period of time shorter than one year must have that income averaged over a 12-month period. Prorating the income over 12 months is appropriate as long as the income from the contract is not received on an hourly or piecework basis. Provisions of this chapter do not apply to migrant or seasonal farm workers but may include school employees, sharecroppers, farmers, and other self-employed households.

Contract income that is not the household's annual income in that it is intended to meet the household's needs for only part of the year must be prorated over the period the income is intended to cover. The procedures for averaging self-employment income for shorter periods than 12 months are described in Part XII.A.2.

The statement of an hourly rate of pay in a contract does not necessarily mean the contract is on an hourly basis and therefore is not to be annualized. If the total amount of annual income for the contract period can be derived from the information contained in the contract, or information that is readily available, exclusive of days which may be missed due to circumstances such as illness or bad weather, the income must be annualized.

Examples

1. A school bus driver's contract states he will receive $7 per hour for 5 hours per day over the 180-day school year. The school board states the school year has 180 days. Since a total amount of income can either be derived from the contract or is readily available (7 x 5 x 180 = $6300 per year), the total income is annualized.

2. A school cafeteria worker's contract calls for $7 per hour over the school year of 180 days, but the number of hours available is not indicated. The number of hours per day varies, and the school board cannot anticipate the number. The total amount of income for the contract period cannot be derived from either the contract or other information and, therefore, income is not annualized.

There may be instances in which a contract is initiated for a partial year after the start of the normal contract period. In these instances, the income must be prorated over the partial contract period in the same manner as if the person was hired for the entire contract period.

Example

A contract for a school employee is entered into in January. The regular contract period is September - June. Income for SNAP purposes would normally be prorated from September through August. For this partial year, the income must be prorated from January through August.

2. Adjustments to Annualized Amounts

In cases where a contract specifies a set amount over the contract period, plus additional monies of an uncertain amount if additional work is available and done, only the base contract amount is annualized. Additional monies earned over and above the base contract are counted as income when they can be anticipated. The BPS must explore with the household the past receipt of such income and whether the person is receptive and therefore available for the extra employment. In some instances, the pattern of past receipt of extra earnings may suggest that such money should be anticipated.

Example

A school bus driver's contractual amount is $6300 per year. However, the driver can earn an extra $10 per trip driving for special school functions. $6300 divided by 12 equals 525 per month to count as income from the contract.

Suppose in March the client earns an additional $40 driving to basketball games. He reports receipt of this income to the BPS. No additional money is expected because no other trips are currently planned and his work history shows that no special trips occur after the basketball season. The annualized contract amount of $525 is the only income considered for future months.

In cases where a contract calls for no pay for those days not worked, income averaging over a 12-month period is still appropriate. If it can be anticipated at the time of certification that certain days will be missed, the salary for these days should not be counted. Otherwise, the income calculation is to be based on the maximum salary. The household may then inform the BPS as days are missed. The average will then be adjusted for the remaining months.

Example

A school bus driver's contract states that he will receive $1250 for the year, but that he will not be paid for days the school is closed or for days he is sick. When he applies on March 10, he has already missed three days for snow in the contract year and he was sick for two days. The contract reads that $10 will be deducted for each day not worked. The household is certified with income of $100 per month ($1250 - $50 = $1200 -: 12 = $100.00).

On April 5, the household reports that another two days have been missed which were not anticipated at the time of certification. The household's SNAP income is then adjusted to $98.33 ($1200 - $20 = $1180 -: 12 = $98.33). With

the effective date of the next contract, the maximum income from that contract will be averaged over the year, less the income for any anticipated absences.

It will also be necessary to adjust the average if the contract amount changes during the contract period as a result of an increase in salary. As in the situation above, the average is adjusted for the remaining months of the annualized period.

Example

A school employee signs a contract that states that he will receive $3600 per year. The contract runs from September through June. $300 is assigned to each month in the year, beginning in September. Effective in January, the employee reports that his salary was increased to $4800 per year. Now, $400 is assigned to the months remaining in the contract period ($4800 ÷ 12 = $400).

3. Termination of Annualized Income

If no further income from the same source is expected, contract income that has been annualized is considered terminated as of the last month included in the annualization.

Example

A contract school employee is paid $6,000 over the ten months in the school year, September through June. She grosses $600 in each of the 10 months. She does not plan to work for the school board in the next school year.

The BPS annualizes the income over the year September through August and counts $6,000 ÷ 12 = $500 per month.

Should the employee apply in June, the income is not considered terminated in June even though June is the last month she receives pay. The income is terminated in August, the last month included in the annualization.

Income that is interrupted within the contract period is considered terminated the month the change in contract employee status occurs.

Example

A school employee stops work in February. The BPS annualized her contract income and assigned income to the months September through August. The income will no longer count for February.

Self-employment income that has been annualized is considered terminated as of the month the person terminates the self-employment enterprise.

G. WAGES HELD BY AN EMPLOYER

Wages held by an employer at the request of the employee will count as income to the household for the month the wages would otherwise have been paid by the employer. Wages held by the employer as a general practice will not count as income to the household even if it is in violation of law. Held wages will count if the household expects to ask for and receive an advance, or expects to receive income from wages that the employer previously held as a general practice.

This income will count if the BPS did not previously count the income.

Advances on wages count as income in the month received only if the BPS can reasonably anticipate the receipt of the income as defined in Part XIII.A.3. Conversely, when an employer withholds wages to repay an advance that previously counted as income in a SNAP determination, the wages withheld will not count as income.

H. TRANSITIONAL BENEFITS FOR FORMER TANF RECIPIENTS

Transitional Benefits allow SNAP benefits to continue in a frozen amount for a brief period while former TANF recipients adjust financially to the loss of the TANF-related income. References to TANF in this chapter also refer to View Transitional Payments. At any time during the Transitional Benefits period, the household may reapply and receive regular SNAP benefits. The Transitional Benefits component does not apply to Diversionary Assistance cases.

1. Transitional Benefits Eligibility

Transitional Benefits will apply to any SNAP case if at least one household member is the Case Name or Payee for a TANF case that closed. When a TANF case closes, the BPS must convert the SNAP case to Transitional Benefits unless:

- the SNAP household is ineligible for Transitional Benefits, as listed below;
- the household requests to remain in the regular program; or
- the household requests closure of the SNAP case.

Transitional Benefits will not apply when:

- there is no active case certified to receive SNAP benefits at the time of the action to close the TANF case;
- the TANF case is closed or there is no TANF payment because of noncompliance with TANF Program rules when:
  - there is a sanction or disqualification of the TANF benefits;
  - the household requests closure of a TANF case that is already being sanctioned because of noncompliance;
  - the household preempts the implementation of a sanction or disqualification by requesting closure of the TANF case; or

- a sanctioned or disqualified case is closed for a reason unrelated to an act of noncompliance but the TANF sanction/disqualification remains in effect.
- the TANF case is closed for failing to sign the VIEW Agreement of Personal Responsibility.

- the TANF case is closed because there are no eligible children in the home as a result of a child protective services investigation;
- the TANF case is closed after discovery that the case was approved in error;

- the SNAP case is sanctioned for noncompliance with SNAP rules or all household members are ineligible or disqualified from receiving SNAP benefits; or
- the TANF case closed because of the household's failure to renew its eligibility at the end of the certification period.

Transitional benefits will also not apply while a TANF case is suspended. Once the TANF case closes however, conversion will be appropriate if the reason for the closure is not one that is listed above.

2. Calculation of Benefits

Households will receive benefits during the transitional period based on the circumstances that existed at the time of the TANF case closure. The SNAP benefit amount must exclude the TANF grant as income for the month of the TANF case closure. The SNAP calculations must not include any new income amount that may have caused the TANF case closure. Note, however, new income amounts may be reflected in the SNAP calculations if there is a delay in the closure of the TANF case. The BPS must leave all other eligibility factors in place, including income, deductions and household composition.

The BPS must not reflect any changes in the SNAP benefit amount during the Transitional Benefits period. As the BPS discovers changes or the household reports changes in its circumstances, the BPS must act on those changes for SNAP benefits but override any system recalculations of the benefit amount to reflect the "frozen" amount as calculated above. In instances where household members leave the household and subsequently apply in another SNAP household, the BPS must delete the household members who are in another SNAP household and adjust the allotment for the new household size. In other words, during the Transitional Benefits period, except for household composition changes to delete members to prevent duplicate participation, the BPS must not adjust benefits to reflect changes.

Households receiving Transitional Benefits will not be entitled to adjusted benefits through a mass change if a mass change occurs during the Transitional Benefits period.

3. Transitional Benefits Procedures

The Transitional Benefits period will be for five calendar months after the effective date of the TANF case closure. The certification period for Transitional Benefits cases will be five months. The BPS must adjust the original certification period to lengthen or shorten the period so that the certification period will be five months.

The BPS must provide the household with a Notice of Action to notify the household of the revised benefit amount and new certification period. The BPS must send the Notice of Expiration before the last month of the new certification period to notify the household to reapply for benefits to continue to receive SNAP benefits.

Households that receive Transitional Benefits are not required to report changes in their circumstances for SNAP purposes. These households are not subject to the Interim Reporting requirements as addressed in Part XIV.

4. Ending Transitional Benefits

- Eligibility for Transitional Benefits will end the month an application for TANF benefits is filed if any member of the TANF household reapplies for TANF assistance. The BPS must provide an adequate notice for the closure. The application will be treated as an application for SNAP benefits unless the household elects not to apply for SNAP benefits.

- Eligibility for Transitional Benefits will also end as soon as administratively possible if a TANF case is reinstated because of the household's request for continued benefits for a timely-filed appeal. The SNAP case must be changed to reflect the original certification period and calculations that existed before the conversion to Transitional Benefits. The BPS must provide an adequate notice.

- Transitional Benefits will end as soon as administratively possible when the household requests closure of the case. The BPS does not need to send a notice to the household if the request is made in writing or in person. The household must reapply for SNAP benefits to receive additional benefits.

- Transitional Benefits will end when a household moves from Virginia. The BPS does not have to provide either an advance or an adequate notice.

PART XIII ELIGIBILITY DETERMINATIONS AND BENEFIT LEVELS

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A. DETERMINING HOUSEHOLD ELIGIBILITY AND BENEFIT LEVELS (7 CFR 273.10(a))

Eligibility and the level of SNAP benefits for households submitting an initial application, reapplication or recertification must be based on circumstances reasonably anticipated for the months of eligibility.

Applicant households consisting of residents of a public institution who apply jointly for SSI and SNAP benefits prior to release from the institution will have their eligibility determined for the month in which the applicant was released from the institution.

Because of anticipated changes, a household may be eligible for the month of application, but ineligible in the subsequent month. The household is entitled to benefits for the month of application even if the processing of its application results in the benefits being issued in a subsequent month. Similarly, a household may be ineligible for the month of application, but eligible in a subsequent month due to anticipated changes in circumstances. Even though denied for the month of application, the household does not have to reapply in the subsequent month. [The same application must be used for the denial for the month of application and the determination of eligibility for subsequent months, within the timeliness standards in Part II.F.]

As a result of anticipating changes, the amount of SNAP benefits for a household for the month of application may differ from the benefit amount in subsequent months. The BPS must establish a certification period for the longest possible period as allowed by Part IV.A.2 over which changes in the household's circumstances can be reasonably determined. The household's benefit amount may vary month to month within the certification period to reflect changes determined at the time of certification. Benefits for the initial month or a subsequent month must be prorated from the day of application, the day the household provides the last verification or takes the final action, or the day the household establishes eligibility according to Part XIII.D.

1. Household Composition

A household's membership for eligibility determination and benefit level is assessed as of the application date for the month of application or the first day of the month following entry or attachment to the household for ongoing eligibility. See Part VI for guidelines in determining household composition.

If any household member is included in another active SNAP case for the month of application, reapplication or recertification, eligibility for the remaining household members must be determined. The household member included in another case is added to the current case as soon as administratively possible.

The BPS must add the individual to the gaining household for the earliest possible month after the move. However, if the person cannot be removed from the old household effective the following month, the person cannot be added to the new household until the person is deleted from the old one. For example, a member moves on June 28 and there is insufficient time to send advance notice effective July 1, so the deletion is effective August 1. A new member cannot be added to the household until the individual's income and resources have been determined and eligibility determined.

If the individual's move coincides with the gaining household's recertification, the new member is added in the same timeframes as though the change occurred during the certification period. The new member is added for the earliest possible month, and depending on the dates involved, the recertification may be processed without the new member being immediately included.

NOTE: Participation in more than one household in a month is prohibited except as noted in Part VII for people who leave a household containing a person who abused them and enter a shelter for individuals fleeing domestic violence.

When a household reports the loss of a member, the individual is deleted as soon as administratively possible. The BPS has a maximum of 10 days to act on the change. A 10-day advance notice period must be provided if the deletion results in negative action.

When an individual is deleted from a household, the income and deductible expenses of the person must be deleted effective the same month, unless the provisions for considering income and expenses of ineligible or disqualified members are applicable.

2. Special Circumstances

The BPS must evaluate issues related to changes in the age of household members if the change occurs in the month of application or the month following the application filing date. The BPS should factor in age changes when assigning the certification period as related to issues such as income exclusions and work requirement exemptions. The BPS must evaluate any age changes that occur during the certification period at recertification/renewal. Except for the allowance of medical expenses, issues related to changes in age must be reflected the month after the household member's birthday.

3. Income and Deductions (7CFR 273.10(c))

The BPS must calculate the allotment using the household members' anticipated income and deductible expenses.

The provisions of this chapter do not generally apply to households with self-employment or contract income. Household members whose income is from self-employment (Part XII.A) or a contract (Part XII.F) will have these types of income averaged as described in the chapters cited. The income is assigned to the months over which it is averaged. If a household member's status as a self-employed person or contract employee changes, the last month to consider income from those sources is the month the change in status occurs.

Households receiving monthly or semi-monthly income, such as state or federal assistance payments, or semi-monthly pay checks, must have the income assigned to the normal month of receipt, even if mailing cycles, weekends or holidays cause the income to be received in a different month.

For the online systems used to verify child support or unemployment benefits, mailing and processing days must be added to the payment dates shown to reflect the period of receipt properly for SNAP purposes. Checks are prepared and mailed on the business day following

the APECS disbursement date or the VEC warrant date. Allow two mail days to determine the payment date and month of receipt. Allow two business days for electronic funds transfer payments to reach the designated debit card or bank account to determine the payment date and month of receipt.

The BPS must:

- Consider the income already received by the household during the application process.
- Consider any anticipated income the household and the BPS are reasonably certain will be received during the months of certification.
  - If the amount of income or when it will be received, is uncertain, that portion of the household's income that is uncertain must not be counted.
  - If the total amount of the income is unknown, the portion that the BPS can anticipate with reasonable certainty is countable as income.
  - Do not automatically project amounts of past income or assume that current income will continue without exploring the situation with the household.
- Consider work patterns or patterns of receiving income in determining income or in determining whether to average several monthly amounts to project future income more accurately. In discussions with the household, consider:
  - the number of days and hours normally worked;
  - whether overtime pay is available or likely;
  - whether the job is subject to external forces, such as weather; or
  - the number of days usually missed and if pay is affected.

For migrant and seasonal farm workers:

- Be reasonably certain that income is likely to be received based on formal or informal commitments for work for individual instead of the general availability of work in an area.
- Do not base income on an assumption of optimum weather or field conditions

For new income sources, the BPS must determine:

- rate of pay,
- the number of hours expected, and
- pay date, including the pay period and date of receipt.

Complete information must be known before counting the income. Estimating amounts by using the rate of pay multiplied by the expected number of hours is acceptable if representative pay stubs are not available. After the initial pay cycles are established, pay stubs or payroll records must be used to project the income unless the BPS documents that the information is not representative and why an estimate should be used.

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For all application types, generally evaluate income received during the 30-day period before the application filing date**.** If the income for this period does not reflect the amount the household expects to receive during the certification period, the BPS must work with the household to determine a more appropriate amount.

The BPS must establish the onset and termination of income. If income amounts change by $25 or more from one pay period to the next, amounts from additional periods may be needed to determine a more representative amount to use.

If income fluctuates so much that the prior 30-day period does not accurately reflect the income, a longer period may be used if it provides a more accurate indication of fluctuations in future income. The length of time used to create a reasonably accurate amount anticipated does not need to equal the same number of months in the certification period.

If the household's income fluctuates seasonally, it may be appropriate to use the most recent season comparable to the certification period instead of the 30-day period before the application date as an indicator of future income. Use caution however, in using income from a past season as an indicator of current income since the income may fluctuate between the same seasons of different years.

Past income may not be used as an indicator of future income when changes in income can be anticipated.

Whenever income is anticipated for every pay period in a month and it is received on a weekly or biweekly basis, the BPS must convert the income to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15. If the household will receive less than a full month's pay, or if less than a full month's pay is to be counted for SNAP purposes, either the exact amount of income, if it can be anticipated, or an average per pay period times the actual number of pays, can be used.

Pay received daily must be converted to a weekly or biweekly amount and then converted to a monthly amount by multiplying the weekly amounts by 4.3 and the biweekly amounts by 2.15.

The BPS must document:

- Decisions made regarding averaging;
- the exclusion or inclusion of certain amounts,
- reasons for using a wider time period to average/anticipate amount
- reasons why amounts are not representative.

B. EVALUATING EXPENSES (7CFR 273.10(d))

An expense is defined as a service provided by someone outside of the SNAP household for which a money payment is made. If a deductible expense is covered by an excluded reimbursement, as defined in Part XI.F.6, or is paid by a vendor payment, as defined in Part XI.F.3, no deductions will be given except for certain energy assistance payments, as described in Part X.A, and any payments that are also personal loans.

Methods of evaluating expenses are described below.

1. As billed - Expenses considered in determining shelter or dependent care costs are allowed only for the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay or pays the expense. Expenses paid in advance are allowed in the month the expense would have been due. Amounts carried forward from past billing periods cannot be allowed as a part of the cost of shelter or dependent care even if included with the most recent bill.

Expenses incurred more frequently than monthly must be converted to a monthly amount by considering 4.3 weeks in a month or by considering the actual amount billed during the month.

Example

A household buys coal by the bag every 3 days, at $3.00 per bag. By considering 4.3 weeks in a month, the expense is computed as follows: 7 ÷ 3 = 2.33 bags per week x 4.3 = 10.02 bags per month x $3 = $30.06.

By considering the actual amount billed during the month, the expense is computed as follows: 10 bags purchased x $3 = $30.00.

2. Averaged - Expenses which fluctuate from month to month and those which are billed less frequently than monthly may be averaged over the period the expense is intended to cover and reflected in the allotment calculation for those months. The certification period assigned would have no effect on the months in which the allowance is given. A one-time only expense may be averaged over the entire certification period.

Example

A household presents an oil bill of $250. The oil was received in December and is expected to last until February. The expense of $250 is averaged over 3 months, and $83.33 is assigned to the months of December, January, and February and reflected in the allotment calculations for those months.

The household must be given the opportunity to choose between having expenses averaged or counted as billed.

3. Anticipated - Expenses for which the household anticipates being billed during the certification period are allowed. These expenses will be treated as billed or averaged over the period the bill will cover. For example, if a household anticipates a bill for property tax during the certification period, it may be allowed as a deductible expense in the month billed or averaged over the number of months the tax bill will cover. Another example is utility expenses that fluctuate month to month for households that opt to use actual utility costs. The BPS may evaluate changes in the amount billed monthly by evaluating the previous year's bills for the same months in question, updated by overall price increases. If a recent bill amount is the only information available, the BPS may use the utility company's estimate.

Example

The household presents all oil bills received the past winter. The household expects the amount of oil to be the same this winter. The oil vendor gives the BPS the current price per gallon. The BPS may use the information to project the household's costs for the current season.

The BPS may not average prior expenses to determine the expenses without considering whether the averaged amount reflects anticipated expenses.

4. Medical Expenses - Households that incur and verify medical expenses of more than $35 a month are allowed the medical standard deduction. Households that incur and verify allowable medical expenses of $235 or more per month may opt to use actual expenses instead of the medical standard deduction. The provisions of this chapter apply only to households with medical expenses of $235 or more per month.

At the time of certification, households must report and verify allowable medical expenses or, at recertification, report changes in expenses previously reported. Households may also report allowable medical expenses that the household expects to incur during the certification period.

Because of the different ways in which individual medical expenses are incurred, the method for counting each bill must be considered individually. Any portion of a medical expense that is reimbursable by insurance policies will not be given as a deduction until the household verifies the portion of the cost that is its responsibility. The portion of the cost that is not reimbursable will be allowed as a deduction at the time the reimbursement is received or otherwise becomes known, even though this may be in a later certification period.

When determining the monthly medical deduction, the BPS must consider each of the methods described below for each expense.

For a household comprised of elderly or disabled members who have a 24-month certification period, the BPS must review the household's eligibility before the twelfth month. If the household reports a one-time medical expense incurred during the first 12 months, the BPS must give the household the option of deducting the expense for one month, averaging the expense over the remaining months of the first 12 months or averaging the expense over the remaining months of the certification period. If the household reports a one-time expense after the twelfth month, the household may elect to deduct the expense in one month or over the remaining months of the certification period.

a. Lump sum deduction. The household may get a deduction for medical expenses as a lump sum in the month the expense is billed or become due or, for items such as drugs that have no billing, the month the household incurs the expense. If the household cannot establish a due date for an expense, the due date will be the month after the original billing date or incurred date.

b. Averaging. One-time medical bills may be averaged over the certification period in which they are billed or become due. At certification, it will be the household's option whether to count a one-time bill as a lump sum or to average it. If the household reports a one-time bill during a certification period, the household may have the deduction as a lump sum, if possible, or averaged over the remainder of the certification period and reflected as an expense for those months.

Example

A household with an elderly or disabled member reports a one-time only medical expense of $325.00 on March 5. The household's certification

period is February 1 through July 31. The household may choose to take the entire deduction in April, the month the change would be effective, or have the expense averaged over the remainder of the certification period.

Lump Sum Deduction:

$325.00	one-time only medical expense
-35.00	
$290.00	medical deduction for April

Averaged Deduction:

$325.00 ÷ 4 months (April through July)	$81.25
	-35.00
Monthly Medical deduction	$46.25

For recurring medical expenses for which a bill is not customarily issued, a monthly amount can be determined by averaging costs for a past period that is long enough to include all the expenses. These recurring expenses include prescriptions, transportation costs to obtain medical services or pet food for an attendant animal. The averaged amount will serve as the medical expense.

Example

A client has 4 regular prescriptions. One is refilled every 6 weeks, one is refilled every 2 months, one is refilled every 3 weeks, and one is refilled as needed, usually once every four months. Prescription expenses from the prior 4 months include each of the expenses at least once. The total is $180. $180/4 months = $45 average monthly expense.

c. Expected rate of payment. Many persons make regular payments on large medical bills over a period of months or years. If regular payments on medical bills are arranged before the bill is overdue these may be allowed as medical deductions in the month the installment payment is due.

Example

In January, a new applicant reports an ongoing medical expense of $50.00 per month. This is a payment on a hospital bill of $1,000.00 that was incurred six months earlier. The client arranged the $50 per month installment payment before the bill was considered past due. A balance of $700.00 remains due. The expected rate of pay of $50 per month may be allowed.

d. Anticipated expenses

Allowable medical expenses which the household expects to incur during the certification period may be deducted. Reasonable estimates of the expected expense will be allowed for the certification period. The household is not required to report or

verify further the actual expenses when it is incurred. An anticipated expense, for which adequate verification has been provided at certification, may be averaged over the certification period or allowed as a one-time expense.

C. COMPUTATION OF NET INCOME AND BENEFIT LEVEL

All households, except elderly and disabled households as described in Part XI.A, must pass gross income prescreening. All households must meet net income eligibility standards.

Monthly gross and net income amounts are determined in the following manner:

Step 1 Assess the income of each household. Exclude all allowable income sources and amounts, including amounts for legally obligated child support payments made by the household. Do not exceed the legally obligated amount unless a portion covers a legally obligated amount that is in arrears. (Part XI.F.17)

Step 2 List the household's total gross earned income. Include the total net income from self-employment enterprises (gross income from self-employment minus the allowable costs of doing business).

Note: Farm and fishing self-employment losses may be offset against other income. Subtract the farm or fishing loss from non-farm/fishing self-employment income. If the non-farm/fishing gain is greater than the farm or fishing loss, offsetting is complete. Apply this result toward the gross income total.

If the farm or fishing loss is greater than the non- farm/fishing gain, or if there was no non-farm/fishing self-employment income in the household, the negative balance of the calculation gain minus loss, or the farm or fishing loss will be applied against the adjusted gross earned and unearned income total.

Step 3 List the household’s total gross unearned income.

Step 4 Total the adjusted earned income amount with the unearned income amount.

Step 5 Subtract the excess farm or fishing loss, if any, from Step 2.

Step 6 At this point, all households, except elderly, disabled or categorically eligible ones

must pass gross income eligibility limits listed in Part XI.A. For elderly, disabled and categorically eligible households and for all other households that pass gross income prescreening, continue the calculation to apply appropriate deductions to the case.

Step 7 Subtract the earned income deduction. Compute the earned income deduction by multiplying the combined net self-employment and gross earned income figures by 20%.

Step 8 Subtract the standard deduction appropriate for the number of eligible members in the household. (Part X.A.1)

Step 9 Subtract dependent care costs. (Part X.A.3)

Step 10 Subtract the shelter allowance for homeless households that incur or expect to incur shelter expenses during the month. No other shelter costs may be allowed (Step 12) if the shelter allowance is used.

Step 11 List medical expenses of members eligible for this deduction. Compute the medical deduction by totaling the expenses and subtracting $35. (Part X.A.5)

Step 12 The remaining figure is the adjusted net income. To compute the shelter deduction, compare shelter expenses to half the adjusted net income. If shelter expenses exceed half the adjusted net income, the excess shelter expenses can be allowed as a deduction under these guidelines:

a) If the household does not contain an elderly or disabled member, the excess shelter expense cannot exceed the maximum deduction for shelter (Part X.A.4);

b) If the household contains an elderly or disabled member, any amount of excess shelter expense can be allowed as a deduction.

Step 13 Subtract the shelter deduction from the remaining income to determine the net income.

Step 14 Round down to the nearest whole dollar amount if the net income amount ends in 1-49 cents. If the net income amount ends in 50-99 cents, round up to the nearest whole dollar amount.

Eligibility and benefit amounts are based on the net income. See Part XI.A for allowable net income standards and Part XXIII for the benefit amounts for each household size.

D. PRORATION OF BENEFITS (7 CFR 273.10(a))

The benefit level for the household for all applications, except timely filed recertification applications, will be based on the day of the month the household applies for benefits or, in some instances, the day the household supplies needed verifications or takes required actions. The date of application for persons in public institutions jointly applying for SSI and SNAP benefits prior to release from the institution will be the day the person is released from the institution. Using a 30-day calendar, households will receive benefits prorated from the date of application, as defined in Part II.B, the date of eligibility, or the date actions/verifications are provided to the end of the month. (A household applying on the 31st day of a month will be treated as if it applied on the 30th day of the month.)

After using either table described below to determine the benefit amount, the BPS must round the product down if it ends in $.01 through $.99. If this computation results in a benefit amount of less than $10, then no issuance will be made for the initial month however, this month will count as the first month of the certification period. This policy applies to all eligible households, including one- and two-person households who otherwise would be entitled to a minimum allotment of $23.

1. Initial Month Benefits

The initial month of application for the purposes of proration is defined as:

a. The first month in which a household applies for benefits in a Virginia locality; or

b. The first month in which a household files a reapplication for benefits, as defined in Definitions.

Example

1) A household applies on July 15. The application is denied for July but approved for August. The application is processed within the initial 30-day period. The household must be given a full month's benefits for August.

2) A household's certification period ended June 30. The household reapplies on August 15. The application is approved on August 20. Benefits for August would be prorated because August is the "initial month of application" as defined above.

c. The first month after the 30th day in which an applicant household supplies any remaining verification or finally provides required information needed to process the application.

Example

A household applies on July 15. The household fails to submit verifications or to take actions until August 20, 36 days after the application date. The household caused the processing delay so benefits must be prorated from August 20.

d. The first month in which a household files an application for benefits following the end of the last certification period.

Example

A household’s certification period ends June 30. The household files another application on July 15. If the household is determined eligible, benefits for July must be prorated.

NOTE: For migrant or seasonal farm worker households, the initial month's benefits will not be prorated if the household has received SNAP benefits anywhere within the 30 days prior to the date of application.

2. Proration for Special Circumstances

SNAP benefits are generally calculated from the date of application or for an entire month. In some instances, however, it may be necessary to calculate benefits and eligibility from a date other than the application date or the first of a month. The instances in which this proration is permitted follows:

a. The head of the household quits a job or reduces work without good cause after an application is filed but before the household is certified. Benefits must be prorated for the period between the application date and the date of the quit or reduction, if the household is otherwise eligible.

Examples

1) A household applies on April 12. The head of household reduces his work hours on April 21 before the household is certified. The sanction is imposed on April 21; the household may be eligible for 9 days benefits for April, i.e., April 12-20, inclusive.

2) A household applies April 17. The head of household quits his job on May 4, before the household has been certified. The sanction period begins May 4. The household may be entitled to April benefits prorated from the date of application and benefits for the first 3 days of May.

b. The head of the household quit or reduced work without good cause resulting in the ineligibility of the household. The household reapplies before the sanction period expires. (The application must be denied if the sanction period does not expire during the month of application.) Benefits must be prorated from the day after the sanction period expires through the last day of the month.

Example

A household is sanctioned for voluntary quit. The last day of the sanction period is April 12. The household files a reapplication on April 9. April's benefits are prorated from the day after the sanction period ends, i.e., April 13.

c. A reapplication is filed for a household that lost its eligibility because of the Work Requirement. The household will regain eligibility after the application date by completing a work activity within 30 days as required by Part XV.C. Benefits must be prorated from the day after eligibility is regained through the last day of the month. (The application must be denied if eligibility is not regained during the month of application.)

Example

A one-person household, subject to the Work Requirement, received its three initial months of benefits during January, February and March. (The household was subsequently denied or it would have been denied because of the Work Requirement if an application had been filed.) A reapplication is filed on June 11 showing that the applicant started to work on May 17. It is projected that the applicant will have completed 80 work hours on June 15. Benefits must be prorated from June 16 if verification supports the claim that a minimum of 80 hours has been completed within the 30-day period.

Proration of benefits from a date other than the application date, for the situations described here, is appropriate only when an entire household is penalized through disqualification or ineligibility. Individual household members must be reconnected to the ongoing case at the beginning of the month following the end of the sanction period or the date eligibility is regained.

3. Proration Charts

CHART 1

The following formula is to be used to determine the amount of the prorated allotment. Find the date of application, the date actions/verifications are provided, or date of entitlement in Column 1. Multiply the monthly benefit amount by Column 2.

Column 1	Column 2	Column 1	Column 2	Column 1	Column 2
1	1.0	11	.6667	21	.3334
2	.9667	12	.6334	22	.3
3	.9334	13	.6	23	.2667
4	.9	14	.5667	24	.2334
5	.8667	15	.5334	25	.2
6	.8334	16	.5	26	.1667
7	.8	17	.4667	27	.1334
8	.7667	18	.4334	28	.10
9	.7334	19	.4	29	.0667
10	.7	20	.3667	30	.0334
				31	.0334

CHART 2

The following table may be used to prorate a month's benefits that are calculated based on a specific number of days of eligibility, rather than calculated from a particular date to the end of the month. Column 1 is the number of days of eligibility; column 2 is the proration factor. Multiply the full month's allotment by the proration factor for the number of days for which benefits are being provided.

Column 1	Column 2	Column 1	Column 2	Column 1	Column 2
1	.0334	11	.3667	21	.70
2	.0667	12	.40	22	.7334
3	.10	13	.4334	23	.7667
4	.1334	14	.4667	24	.80
5	.1667	15	.50	25	.8334
6	.20	16	.5334	26	.8667
7	.2334	17	.5667	27	.90
8	.2667	18	.60	28	.9334
9	.30	19	.6334	29	.9667
10	.3334	20	.6667	30	1.0
				31	1.0

PART XIV HANDLING CHANGES

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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 BPS 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 BPS must adjust entitlement to benefits and benefit levels based on reported changes and for changes the BPS 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 $4,500 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 $4,500 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 of the first chart below will apply to most households but the income limits of the second chart apply for households that are ineligible for Broad Based Categorical Eligibility. The income limits are:

Chart 1 (Gross Income Limit 200%)					Chart 2 (Gross Income Limit 130%)				
HH Size	Monthly	Weekly	Every 2 Weeks	Twice a Month	HH Size	Monthly	Weekly	Every 2 Weeks	Twice a Month
1	$2,510	$ 583.72	$1,167.44	$1,255.00	1	$1,632	$ 379.53	$ 759.06	$ 816.00
2	3,407	792.32	1,584.65	1,703.50	2	2,215	515.11	1,030.23	1,107.50
3	4,303	1,000.69	2,001.39	2,151.50	3	2,798	650.69	1,301.39	1,399.00
4	5,200	1,209.30	2,418.60	2,600.00	4	3.380	786.04	1,572.09	1,690.00
5	6,097	1,417.90	2,835.81	3,048.50	5	3,963	921.62	1,843.25	1,981.50
6	6,993	1,626.27	3,252.55	3,496.50	6	4,546	1,057.20	2,114.41	2,273.00
7	7,890	1,834.88	3,669.76	3,945.00	7	5,129	1,192.79	2,385.58	2,564.50
8	8,787	2,043.48	4,086.97	4393.50	8	5,712	1,328.37	2.656.74	2,856.00
Additional members	+$897.00	+$208.60	+$417.20	+$448.50	Additional members	+$583.00	+$135.58	+$271.16	+$291.50

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 $4,500 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 if 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 BPS 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 BPS must provide the Change Report form to each household at initial application, reapplication, and when the household size changes. Additionally, the BPS 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.

3. Local Agency Action on Changes (7 CFR 273.12(c), 273.2(f))

Except when households receive Transitional Benefits for former TANF recipients, the BPS must act promptly to terminate or to adjust benefits when changes in household circumstances are reported by recipient households, including information about an upcoming or future change reported at application/renewal or through the interim report. For changes that will occur in the future, the BPS is encouraged to use electronic or manual reminders to adjust the benefit level or a household's eligibility for benefits timely when the change finally occurs. For Transitional Benefits cases, the BPS must input changed information during the Transitional Benefits period, but the benefit amount must remain in the same amount calculated when the TANF case closed, i.e., overriding a calculated benefit amount. (See Part XII.H.)

The SNAP case must reflect the following changes:

- changes reported by the household;
    - If the household reports an address change, the BPS must inquire about shelter costs that result from the move. If the household fails to provide new shelter costs, the BPS must remove existing shelter costs from the SNAP calculations.
- changes put into VaCMS to meet reporting or policy requirements of another program;
- changes to prevent duplicate participation; and
- changes that are considered verified upon receipt, such as information about the removal of a child from the home by a foster care worker or information from a drug treatment center that says a client moved.

Other information may become known to the BPS through other means than listed above. If the change is one that the household was required to report, the BPS must act on the information. If the change is a change that was not required to be reported, the BPS must hold the information and evaluate it at the next interim report or renewal, whichever comes first.

The Appendix to this chapter contains charts that outline the procedures for handling changes reported or discovered during the certification period.

The BPS has 10 days from the date the BPS learns of a change to act on the new information. When the reported change requires a reduction, termination or suspension of benefits, the BPS must issue an advance notice within 10 calendar days, beginning with the date the BPS receives the change, unless one of the exemptions for mailing the notice in Part XIV.D is applicable. In these cases, depending on the change, the BPS must send an adequate notice if a notice is required at all.

Part III.F contains required BPS actions needed in response to information obtained through IEVS. The household or the source of information must verify unverified information received through IEVS. If the BPS opts to obtain verification from the household, the BPS must request the information and allow the household 10 days to respond, as allowed in section d below.

If the household reports the addition of a new member, that person may not be included in the allotment until the BPS knows the income and resource information about the individual.

a. Required Supplemental Allotments

If the reported change requires an increase in the household's benefits, the change must be reflected no later than the first allotment issued ten (10) days after the date the change was reported. However, if the increase in benefits is a result of the addition of a new household member or is the result of a decrease of $50 or more in the household's gross monthly income, the BPS must reflect the change no later than the month following the month in which the change was reported. If it is too late in the month to adjust the upcoming month's allotment, it will be necessary to issue a supplementary allotment by the 10th of the upcoming month.

b. Voluntary Supplemental Allotments

At its option, the local agency may give a supplemental allotment for individual household changes in the month of the changes. The agency may not give supplemental allotments for household composition changes. The agency may give supplemental allotments for income reductions or increased shelter, medical or dependent care expenses.

If the agency opts to provide supplements, the agency must give the supplements for all similar situations, e.g., medical expenses more than $100, loss of income or income reductions of $200 or more, etc.

c. Changes and Verification

Households may need to verify information that changes during the certification period. See Part III.E for a discussion of verification requirements for changes unrelated to the Interim Report process. See Part XIV.C.2.c for a discussion of verification requirements for changes related to the Interim Report.

d. Contacting the Household

Whenever the BPS learns of a change or a potential change in the household's circumstances during the certification period, the BPS must determine the impact of the change on the household's eligibility and benefit level based on the information reported. The BPS must initiate the review of the change within ten days of the notification of the change.

1) Informal Contact

Depending on the source of the information reported, as addressed above, and the completeness of the report, the BPS may need to contact the household for additional information or clarification. If the BPS is unable to determine the impact of the information as reported, the BPS should

contact the household by telephone or letter/memo to clarify the information. If the BPS is unable to obtain clarification, the BPS must address the information at renewal or the interim evaluation, whichever is first.

2) Request for Contact

Upon receipt of unclear or unverified information, additional information will be needed before the BPS may act on the information. The BPS must pursue clarification and verification, if appropriate. The BPS must assess:

- If the information is fewer than 60 days old;
- Whether the household would be required to report the information based on the household's reporting requirement, if the information was accurate; or
- If the information significantly conflicts with information presented at certification.

If these conditions apply, the BPS must send the household the *Request for Contact. The Request for Contact* must also be sent when mail is returned by the post office as undeliverable. The BPS must complete the form to request information or to request that the household complete an action within ten calendar days. The BPS must not send the Request for Contact to evaluate changes the household is not required to report or that do not meet one of the four instances for responding to changes immediately, as outlined above in section 2. See Part XXIV for the *Request for Contact* form.

Timely Response - No change Reported

If the household responds timely to the *Request for Contact* form and there are no changes in the household's circumstances, the BPS must take no other case action related to the change report.

Timely Response - Changes Reported

The BPS must send the household a *Request for Contact* form when a household must clarify its situation or provide additional information as indicated above. The household has ten days to provide the requested information. If the household responds to the request for information within the ten-day limit and reports changes in its circumstances, the BPS must evaluate the changed information within ten days of receiving the information. If the change results in an increased allotment, the BPS must send the *Notice of Action* to show the allotment change for the next month. If the agency provides voluntary supplemental allotments for similarly reported changes, the BPS must approve the supplemental allotment for the current month, in addition to the change for the next month. If the change results in a reduction or termination of benefits, the BPS must send the household the *Advance Notice of Proposed Action* or the *Notice of Action* to allow a minimum of ten days for the household to appeal before the reduction or termination becomes effective.

Untimely Response - No Changes

The BPS must send a SNAP household a *Request for Contact* form when a

household must clarify its situation or provide additional information as indicated above. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the BPS must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds before the effective date of the closure and there are no changes in the household's circumstances, the BPS must rescind the adverse action notice and reinstate the case.

Untimely Response - Changes Reported

The BPS must send a household a *Request for Contact* form when a household must clarify its situation or provide additional information as indicated above. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the BPS must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds after the reporting period but before the effective date of the closure, and reports changes to its circumstances, the BPS must review the change report and determine the impact, if any, on the household's eligibility or benefit level. If the household remains entitled to an allotment despite the information, the BPS must send a *Notice of Change* to increase benefits from zero to the revised amount.

No Response to the Request for Contact

If the household does not respond to the request for information by the tenth day, the BPS must send the household an adverse action notice to close the case. The basis for the case's closure will be the household's failure to provide clarification.

If the contact request form is undeliverable by the post office because of the address, the BPS must send the contact request to the new address, if one is supplied by the post office and the new address is in the same Virginia locality as the BPS taking the action. If a returned address indicates that the household is no longer in the locality, the BPS must close the case. Depending on when the changes occurred in a household's circumstances, the BPS might need to file a claim for benefits that the household incorrectly received.

e. Suspension

When changes cause a household to become ineligible and it appears that the ineligibility will be temporary, the BPS may suspend benefits for one month rather than close the case. The BPS must send An *Advance Notice of Proposed Action* to suspend unless the change meets one of the exceptions for sending the notice. After the month of suspension, if ineligibility continues, the BPS must close the case. The BPS must send another *Advance Notice of Proposed Action*. If the ineligibility is indeed temporary, the BPS must reinstate the case effective the month following the suspension.

4. Changes in Public Assistance (7 CFR 273.12(f))

The provisions described in this section do not apply to households converting to Transitional Benefits when a TANF case closes. If a change for a PA case requires either a reduction or termination in public assistance benefits and reduction or termination in SNAP benefits, the BPS must issue a single *Advance Notice of Proposed Action* for both the public assistance and SNAP actions.

If the household requests a fair hearing within the period provided by the *Advance Notice of Proposed Action*, the BPS must continue the household's SNAP benefits on the basis authorized immediately before sending the notice. The household must reapply for SNAP benefits if the certification period expires before the fair hearing process is over, however. If the household does not appeal, the change goes into effect according to the procedures specified in Part XIV.A.2.

If any household's benefits will increase because of the reduction or termination of public assistance benefits, the BPS must not take any action to increase the household's SNAP benefits until the household decides whether it will appeal the public assistance adverse action. If the household decides to appeal and its PA benefits continue, the household's SNAP benefits must continue at the previous allotment amount. If the household does not appeal, the BPS must make the change effective according to the procedures in Part XIV.A.2 except the date the notification of the change is received is the day after the date the Public Assistance *Advance Notice of Proposed Action* expires.

If a change results in the termination of a household's PA benefits and the BPS does not have enough information to determine how the change affects the household's SNAP eligibility or benefit level, the BPS must take the following action:

a. When the BPS sends the PA *Advance Notice of Proposed Action* the BPS must wait until the notice period expires or until the household requests a fair hearing, whichever occurs first. If the household requests a fair hearing and the PA benefits continue pending the appeal, the household's SNAP benefits must continue at the previous benefit amount.

b. If a PA *Advance Notice of Proposed Action* is not required or the household decides not to request a fair hearing or continuation of PA benefits, the BPS must send the household a *Request for Contact* form to seek information or clarification from the household. If the household does not respond within ten days, the BPS must send an adverse action notice to close the case.

   In jointly processed cases in which the SSI determination results in a denial and the BPS believes that SNAP eligibility or benefit levels may be affected, the BPS must send the *Request for Contact* form for the household to clarify its situation within ten days. The BPS must close the case if the household does not respond to the clarification request.

5. Mass Changes (7 CFR 273.12(e))

A mass change is one that affects the entire caseload or significant portions of the caseload. Mass change notices are not required if the change does not affect current benefits such as an increase in net income limits. For mass changes that only affect benefits for a portion of the caseload, the BPS may opt to send notices to the households potentially or actually affected by the change only instead of the entire caseload. These changes could include a mass change in TANF grant amounts. For mass changes that result in a reduction or termination of benefits, the BPS does not need to send an *Advance Notice of Proposed Action*. Each household must receive an individual notice that a change will occur, however.

A general notice may be used for mass changes. Households must receive the notice no later than the benefit availability date. Minimal information needed on the mass change notice includes:

a. the general nature of the change;

b. examples of the change's effect on allotments;

c. the month in which the change will take effect;

d. the household's right to a fair hearing;

e. the household's right to continue benefits as long as its appeal is filed in a timely manner and the issue appealed is the improper computation of SNAP eligibility or benefits, or the misapplication or misinterpretation of federal law or regulation;

f. general information on whom to contact for additional information; and

g. the liability the household will incur for any overissued benefits if the fair hearing decision is adverse.

Instead of the above notice, the BPS may send each household an individual *Notice of Action*.

Mass changes include (7 CFR 273.12(e)):

a. adjustment to the maximum allowable monthly income.

b. adjustment to the shelter cost deduction.

c. adjustments to the dependent care deduction.

d. adjustment of the utility standard.

e. adjustment of the standard deduction.

f. adjustment of the full benefit amount.

g. cost-of-living adjustments in Social Security and SSI benefits.

h. any other cost-of-living adjustments in benefits such as VA or Black Lung when VDSS notifies local agencies that a change will be a mass change.

i. mass changes to TANF or GR grants.

j. monthly supplements to TANF grants based on the receipt of child support issued at the beginning of the month.

Many of the mass changes listed in this section may be effective on October 1 of each year.

Local and state agencies will receive instructions for implementing mass changes as the changes occur.

6. Failure to Report Changes

Households must report certain changes in circumstances as specified in Part XIV.A. If the BPS discovers during the certification period that a household failed to report a change as required and, as a result, received benefits to which it was not entitled, the BPS must issue an *Advance Notice of Proposed Action* and establish a claim against the household according to Part XVII.A if the BPS has enough information to determine ineligibility or the new benefit level. If the BPS does not have enough information to determine a new benefit level or ineligibility, the BPS must send the *Request for Contact* to allow the household ten days to clarify information or to supply verification. The household must supply information or take required action within ten days or the BPS must close the case. The BPS will have ten days to act on the change from the date the BPS learns of the change.

The BPS may not disqualify household members for failing to report a required change unless the BPS establishes, through investigation, that an intentional program violation occurred. In addition, the BPS may not file a claim against a household for failure to report a change that it is not required to report.

7. Reductions or Terminations Due to Disqualification (7 CFR 273.11(c)(3)

When the BPS determines that an individual is ineligible within the household's certification period, the BPS must determine the eligibility or ineligibility of the remaining household members.

a. If a household's benefits are reduced or terminated within a certification period because one of its members was disqualified due to intentional program violation, the BPS must notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of his or her

disqualification. The household is not entitled to an *Advance Notice of Proposed Action* but may request a fair hearing to contest the reduction or termination of benefits, unless the household has already had a hearing on the amount of the claim.

b. If a household's benefits are reduced or terminated within the certification period because one or more of its members is disqualified, as addressed in Part XII.E, the BPS must issue an *Advance Notice of Proposed Action* that informs the household of the disqualification, the reason for the disqualification, the eligibility and benefit level of the remaining members and the actions the household must take to end the disqualification, if appropriate.

8. Retention of Cases When Households Temporarily Leave Project Area

The provisions of this section will not apply to households with active TANF, Refugee Assistance, or Medicaid cases if the BPS transfers a TANF or Refugee Assistance case.

When a participating household is forced to seek temporary housing outside the city/county of usual residence, but still in Virginia, the original locality may, at its option, keep the SNAP case in an active status for up to two calendar months after the move to another Virginia locality. The BPS must transfer the SNAP case at the end of the second month if the household does not return to the original locality, provided the household maintains contact with the BPS. The BPS must transfer the case even if the household intends to return to the locality.

Changes to reflect the new address, shelter costs, income, household composition, or any other reported changes must be acted on and verified, if necessary, in accordance with the "Local Agency Action on Changes" section of this chapter and Part III.E.

The BPS should consider the distance to the household's temporary address in deciding to keep a case active after the move from the locality. If the distance and/or other concerns such as inadequate transportation would hinder continued participation, the BPS should transfer the case. The BPS must close the case if the household requests closure.

This policy only applies to ongoing cases, including households due for recertification. Newly applying and reapplying households must file applications in the current locality of residence. If the household moves while an application (new or reapplication) is pending, the original locality must determine eligibility for the month of application and any other month during which the household was in the locality on the first day of the month and then transfer the case.

9. Transfer of SNAP Cases

When a household moves from one Virginia locality to another, beyond a temporary move as addressed in subsection 8 of this chapter, the agency must generally transfer the case to the other Virginia locality. Agencies must work cooperatively to ensure that there is no break in certification and the issuance of benefits for affected households or that

households are not referred to the original office to file applications, Interim Reports, etc. once they visit or make other contact with the new office.

a. Cases to Be Transferred

The transferring agency may generally transfer any certified, ongoing SNAP case with at least one month remaining in the certification period. These cases may include regularly certified cases and cases receiving transitional benefits. The transferring agency must complete any processes related to the Interim Report and postponed verifications for applications certified under expedited service processing.

If a household moves while an application/renewal is pending, the transferring agency must process the application and generate benefits for any month the household was residing in the locality. After the application has been processed, the transferring agency must transfer the case to the new locality.

In some instances, the BPS may request a closed case file when a household reapplies for benefits in another locality. The transferring agency must also honor the request for a closed case file and transfer the case file promptly.

b. Cases that Cannot Be Transferred

The BPS must not transfer SNAP cases in the following instances:

- The household moves from a Virginia locality to another state. The BPS must close the case.
- There is a pending application/renewal. The BPS in the original locality must process the application. The BPS must secure sufficient information to process the application.
- A case is suspended because of ineligibility unrelated to the move from the locality that is projected to last one month. Resolve the issues that lead to the projected ineligibility and then either close the case or transfer it to the new locality.
- The Interim Report process is incomplete. Resolve any issues related to the Interim Report. Transfer the case if the household remains eligible after evaluation of the Interim Report. If the household contacts the new locality without having submitted the Interim Report, the new locality should provide the Interim Report. If the completed Interim Report and needed verification are provided to the new locality, both the interim and verification must be forwarded to the original locality.
- There is a loss of contact with the household, but the BPS has information that the household no longer resides in the locality.

c. Case Transfer Process for the Transferring Agency

Within five working days after being notified that a household has moved from the locality, the BPS must complete a desk review of the case. The desk review is to ensure that documents are properly filed; the record is complete and orderly; and that documentation of case actions is complete. The BPS must also review the accuracy of the benefit amount in relation to the reported move. The BPS must complete the address change and other changes such as household composition, income or shelter expense changes that result from the move or reported before the move occurs. If the household fails to provide new shelter costs, the BPS must remove existing shelter costs from the SNAP calculations. The BPS must provide sufficient documentation to advise the receiving agency to initiate claims collection activities after the transfer occurs. The case documentation must also support ongoing collection actions.

While the assessment of the case must take place within five days of the reported move, there are instances when the transferring agency must wait a month before completing the transfer. The final assessment of the case must take place after handling postponed verifications for an expedited case or after processing the interim report. The final assessment of the case may take place as late as a month after the report of the move.

If the household reports changes in household circumstances, verification of the changed elements may be needed before the second month, by the next recertification, or for the Interim Report, depending on the impact of the changes on the allotment. Verification will be needed before the second month if the SNAP benefit will increase because of the reported changes. The transferring agency must notify the household on the *Notice of Action* that reflects the allotment change to provide the new verifications to the new agency. The transferring agency must also notify the receiving agency on the *Case Record Transfer Form* to obtain the verification or change the allotment back to the original amount.

The BPS must complete the *Case Record Transfer Form* and forward it to the receiving agency. The transferring agency must transfer the entire case file. At its option, the agency may keep photocopied or other duplicates of case documents. The transferring agency may not keep any of the original documents from the case file except when the transferring and receiving agency both use a compatible electronic filing system or when there is an ongoing claims investigation in which case the agency may keep applicable case information and send a copy of the documents to the receiving agency or arrange to secure the necessary documents later from the receiving agency.

The BPS must complete a *Notice of Transfer* form to notify the household of the transfer of the case. The BPS must send the Notice of Transfer to the household along with a *Change Report* form.

The transferring agency must deliver the intact case file to the receiving agency by certified mail, by authorized courier service, or hand delivery by local agency personnel. The transferring agency must obtain a receipt for the case file from the receiving agency. Note: If the transferring and receiving agency both use a compatible electronic filing system, the transferring agency may share the case information electronically if that is acceptable to the receiving agency. If the receiving agency does not use an electronic filing system, the transferring agency must print the case information and send the documents to the receiving agency.

d. Case Transfer Process for the Receiving Agency

Within five days of receiving a case file transferred from another Virginia locality, the receiving agency must review the case file and determine the continued eligibility and benefit level. The household is not required to report or verify any eligibility elements that may have changed because of the move beyond the mandatory reporting elements (i.e., income that exceeds the gross income level and number of work hours for persons whose benefits would be time-limited).

The receiving agency will be responsible for all future processes related to the transferred case, including such actions as but not limited to, sending the *Notice of Expiration* for the end of the certification period, receiving applications for continued benefits, establishing claims or providing restoration, or responding to quality assurance or hearing officer requests.

The receiving agency must not return a case transferred to it unless the case was sent to the incorrect locality. The receiving agency must not return a case even if the case was not eligible for transfer as noted in section b above.

B. CHANGES REPORTED BY AN APPLICANT HOUSEHOLD WHILE AN APPLICATION IS PENDING

Households must report required changes, as outlined in Part XIV.A.1, no later than 10 days after receiving the Notice of Action to approve the application. If households report any changes before the application is processed however, the BPS must act on that information using the following steps.

1. Assess the information to determine applicability to the month of application or a subsequent period.

2. Determine if verification is needed. If verification of the element is needed, as per Part III.A and Part III.E, request the information from the household. Send a revised verification checklist, allowing the household 10 days to supply the verification.

   If this 10-day period would cause the application to be held more than 30 days, extend the processing time, even if all other verification/information has already been provided. If the household provides the verification on or before the 10th day, the household would receive

benefits for the month of application. (Code the delay in processing as Agency Delay so that the household may receive benefits for the month of application, provided the verification is provided by the 30th day or the 10th day noted above.)

3. If the change is reported after Day 30 so that the processing period has already been extended, the household would still get 10 days to provide the additional information. Benefits would be prorated back to the date of the request for the additional information if the verification is provided on or before the 10th day instead of prorating from the date when the final element was verified.

4. Once the changed element has been verified, the new information must be factored in the benefit calculation for the month of application as well as any months that follow the application month. Eligibility and benefit level for the household must be based on the income and expenses already received/reported as well as elements that are anticipated with reasonable certainty to occur during the month.

5. There will be instances when the change will not affect the application month. Such an instance would be when there is a change in the household's composition. Part XIII.A.1 requires that household composition must be evaluated as of the application date so that any change to the household's membership would be reflected the month after the month of the change. This restriction would also include any associated changes such as calculating the income or personal deductions for a specific member.

6. The application must be denied if the household fails to verify the new elements or the items requested originally.

C. INTERIM REPORT FILING

All households must file an Interim Report by the sixth or twelfth month of the certification period unless they are exempt from filing as noted below. In instances where households lose ESAP eligibility, the Interim Report may be due by month 24. Household composition and financial circumstances at the time of application will be the basis of the SNAP benefit amount for the first half of the certification period unless the household reports a change during the certification period before the Interim Report period. Household composition and financial circumstances reported on the Interim Report will be the basis of the SNAP benefit amount for the remainder of the certification period unless the household reports additional changes after filing the Interim Report.

1. Exemption from Filing

The following households are exempt from filing Interim Reports:

a. Households with certification periods of six months or less which may include:
   1) Households with unstable or changeable circumstances, such as homeless households and households with migrant or seasonal farm workers.

   2) Households that receive Transitional Benefits for former TANF recipients.

b. Households with certification periods of 12 months or less if all household members are elderly or permanently disabled and there is no earned income.

c. Households certified through VaCAP or ESAP.

2. Interim Reporting Filing

The Virginia Department of Social Services will generate and mail Interim Reports to certified households for which the sixth or twelfth month of the certification period is the following month. A list of cases sent the Interim Report each month and a copy of individual reports are available online.

a. Household Responsibilities
The household must:
- Complete the Interim Report and return it to the local department of social services by the fifth day of the sixth or twelfth month. Any responsible household member or authorized representative may complete the Interim Report.
- Supply verification of changed elements.
- Provide additional information or verifications, as requested, within 10 days of the request.

b. Agency Responsibilities
The BPS must:
- Assess Interim Report forms returned from households for completeness, accompanied verifications and reported changes.
  - Remove all shelter expenses if the household fails to declare shelter expenses that result from a move reported on the Interim Report.
  - Give no allowance for unverified or undeclared expenses. Leave the prior child support payment amount in place but remove all existing shelter expense amounts.
- Assess and act on returned Interim Report forms:
  - Interim Report forms returned on or by the 20th of the sixth/twelfth month (or the 18th or 19th of February, as appropriate), complete the assessment and reinstate the case to provide benefits timely for month seven/thirteen for eligible households.
  - Interim Report forms returned after the 20th of the sixth/twelfth month (or after the 18th or 19th of February, as appropriate), complete the assessment and reinstate the case to provide benefits within 10 days of receipt, as all other reports of changes. The BPS is encouraged to act promptly to avoid case closures and delay of benefits. (See Part XIV.A.2.)
  - Evaluate and act on completed interim report forms returned in month seven/thirteen after closure of a case. If eligible for benefits, reinstate the case without requiring the household to reapply.
    - Provide benefits, as allowed in section d. below, after

determining the cause of the delay.
    - Provide benefits, as allowed in section d. below, after determining the cause of the delay.
    - Require the household to reapply for benefits if the household returns the interim report after month seven/thirteen.
- Send the *Interim Report Form - Request for Action* form
    - If the household fails to return a completed Interim Report timely. Send the *Interim Report Form-Request for Action* by the 15th of the month when the Interim Report is missing. Provide another Interim Report if the household requests it.
    - If the returned Interim Report is incomplete or lacks required verifications of reported income changes and the BPS is unable to obtain information from the household by telephone or other household contact. Send the original Interim Report to the household along with the *Interim Report Form-Request for Action* if information is not obtained.
    - If the returned Interim Report lacks a signature. Send the original Interim Report to the household.
        - The household will have 10 days to supply information, verification, or to complete the form, even if the 10-day period expires after the case should automatically close.
        - Photocopy an incomplete Interim Report before sending the form back to the household.
- If the household fails to return an Interim Report or fails to return a completed Interim Report by the VaCMS cutoff of month six/twelve, the case will automatically close at the end of the sixth or twelfth month, as appropriate. The BPS must send an adequate notice before closure of the case if the household fails to submit a completed Interim Report. The BPS must also send an adequate notice before closure of the case if the household fails to take required actions or to supply requested verifications.

Incomplete Interim Reports

The Interim Report is incomplete if:

- The case name, head of the household, responsible household member or authorized representative has not signed the form;
- The household fails to answer each question or fails to submit verification of income; or
- The household fails to provide information needed to determine eligibility or benefit level, such as failing to note if changes have occurred in household composition or the address.

The BPS must use reasonable judgement to determine if the Interim Report is incomplete. For example, if the household indicates that no changes have occurred for income but supplies new pay stubs, the report is complete. Consider the Interim Report complete even if the household fails to:

- Provide proof of reported changes in its child support obligation or the amount paid; or
- Declare new shelter expenses that result from a move to a new residence.

c. Verification Requirements

To determine eligibility for the second half of a certification period, the household must provide the following:

- Proof of changed income amounts, (≥ $125) or source changes, including starting or stopping. The BPS must request sufficient income verification that will allow a reasonable monthly estimate of the income expected.

  Note: The household does not need to submit verification of self-employment or contract income that has been averaged or verify exempt income or resources.

- Proof of other elements. The household may need to verify other eligibility elements reported on the Interim Report, as needed.

d. Calculation of Benefits

The BPS must:

- Determine a household's continued eligibility and benefit level effective the seventh or thirteenth month based on information provided through the Interim Report or generated through systems inquiries if the source generated and verifies the information.
- Determine the date of receipt of the Interim Report or required verification if it is received in month seven/thirteen.
  - Determine who caused the delay. A delay will be agency-caused if agency actions contribute to a delay in the return of the Interim Report (such as an incorrect address) or if the initial request for required verification or information is delayed so that the 10-day period to return the information extends into month seven/thirteen.
    - Agency Delay: Provide benefits for month seven/thirteen in full without proration.
    - Household delay: Prorate benefits for month seven/thirteen from the date when the Interim Report is submitted or when the last required verification or information element is provided.
- Reinstate the case after the evaluation of the Interim Report; and
- Provide an adequate notice to the household, as appropriate, of ineligibility or the benefit calculation for the second half of the certification period that results from the evaluation of the Interim Report.

D. ADVANCE NOTICE OF PROPOSED ACTION

The household must receive written notice prior to any action to reduce or terminate benefits within the certification period. The advance notice period is 10 days and begins with the day following the date the BPS gives or mails the notice to the household. The BPS may use the Notice of Action for

this purpose, unless benefits in both TANF and SNAP are reduced or terminated simultaneously. In that case, the BPS may use the Advance Notice of Proposed Action. Both forms and instructions are in Part XXIV.

Neither an advance notice nor an adequate notice is necessary when (7 CFR 273.13(b)):

1. All members of the household have died.

2. The household has moved from the locality, except in those situations where the agency transfers the case or opts to retain the case as allowed by Part XIV.A.7.

3. Restoration of benefits is complete and the household had previous notification when the increased benefits would terminate.

4. The allotment fluctuates monthly due to anticipated changes and the household had prior notice at the time of certification.

5. Simultaneous applications were made for TANF/GR and SNAP benefits and the household was notified that receipt of financial assistance could reduce the benefit level.

6. A household is given a normal certification period under expedited service contingent on the receipt of postponed verification, provided the household receives written notice that benefits may be reduced or terminated upon receipt of the postponed verification or if verifications postponed are not received.

7. A household's benefits increased based on a reported change and later decreased to the original amount when the household fails to provide verification, provided the local department advised the household at the time of the increase. (See Part XIV.A.2.)

8. All members have moved into an ineligible institution (one that does not meet the requirements of Part VII.C.1a-d).

9. The household voluntarily requests to end its SNAP benefits or requests to end Transitional Benefits and makes the request in writing or in the presence of a worker. If the household does not provide a written request, the local department must send the household a letter to confirm the voluntary withdrawal.

10. A participating household fails to respond to a demand letter requesting repayment of a claim and the local department initiates benefit reduction.

11. A household is converted from cash and/or a voluntary benefit repayment of a claim to benefit reduction. (See Part XVII.F.)

In instances where the BPS does not need to send a notice if the household had prior notice of the change, the BPS must send an advance notice if the household did not receive a notice. In addition, the advance notice is not necessary when the household reports a change before the beginning of the certification period even though the Notice of Action to inform the household of

approval may have already been sent.

Example

A household files for recertification and approved on July 18. The BPS provides a Notice of Action on this same day. The new certification period is to begin August 1. On July 25, the household reports a change that would decrease the benefits for August. The Advance Notice of Proposed Action is not required. Instead, provide a revised Notice of Action.

The advance notice may be retracted if it is mailed by mistake. It may also be retracted if it becomes unnecessary because the household's situation changes during the advance notice period. The household must be informed of the retraction.

If an advance notice is mailed giving erroneous information, a corrected notice must be mailed. If the new allotment will be more than that which the household has already been told, the BPS must continue with the original effective date. If the new allotment amount will be less than that which the household has already been told, the BPS must begin the 10-day advance notice period again.

Example

An advance notice is mailed on October 20 to decrease benefits to $50. The new amount should have been $45. A corrected notice is mailed on October 25.

Decrease benefits to $50 effective November 1. Decrease benefits to $45 effective December 1.

E. ADEQUATE NOTICE

Adequate notice of a change in benefits is by the time the changed benefits are received by the household, or by the time the benefits would have been received if the case had not been closed. The *Notice of Action* may be used for this purpose. The form and instructions are in Part XXIV.

Adequate notice is necessary In the following situations:

1. Certain mass changes take place. (See Part XIV.A.4.)

2. A waiver to an *Advance Notice of Proposed Action* is signed because continuing the original benefit amount will result in a claim for which the household may be required to repay. The BPS must explain to the household that it is the household’s choice whether to sign the waiver.

3. Benefit reduction is invoked when a participating household responds to a demand letter by requesting renegotiation of the repayment schedule but the BPS determines renegotiation is not warranted. (See Part XVII.F.)

4. The person is a resident of a drug or alcoholic treatment center or group living arrangement and the facility loses its FNS authorization or its certification from the appropriate state or local agency.

   Note: Residents of group living arrangements applying on their own behalf are still eligible to participate.

5. A household member is disqualified for fraud, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.

6. The BPS determines that, based on reliable information, the household will not be residing in the locality as of the first day of the next month unless the agency opts to retain the case, as allowed by Part XIV.A.7, or unless there is sufficient information to allow the agency to transfer the case, as allowed by Part XIV.A.8.

7. A certified household's address is unknown and mail has been returned by the post office indicating no known forwarding address. The agency must send the Request for Contact in response to the returned, undeliverable mail.

8. A household files a timely request for a fair hearing and requests continuation of benefits in response to a prior notice to reduce or terminate benefits.

9. A household becomes ineligible for Transitional Benefits, such as when it reapplies for TANF assistance.

10. The BPS completes an evaluation of eligibility and benefit level based on a returned, completed Interim Report.

11. The household files an incomplete Interim Report or the household failed to submit a completed Interim Report.

CHANGES IN INCOME, DEDUCTIONS, RESOURCES

Within 10 days of the report from one of the four sources listed in Part XIV.A.2, the BPS must:

- Determine the amount:

  Income: Frequency, rate, dates of receipt

  Deductions: Frequency, amounts, due dates, entitlement

- Include in existing calculations to determine continued eligibility and benefit level.

- Compare to gross/net income standards, resource or deduction maximum, as appropriate.

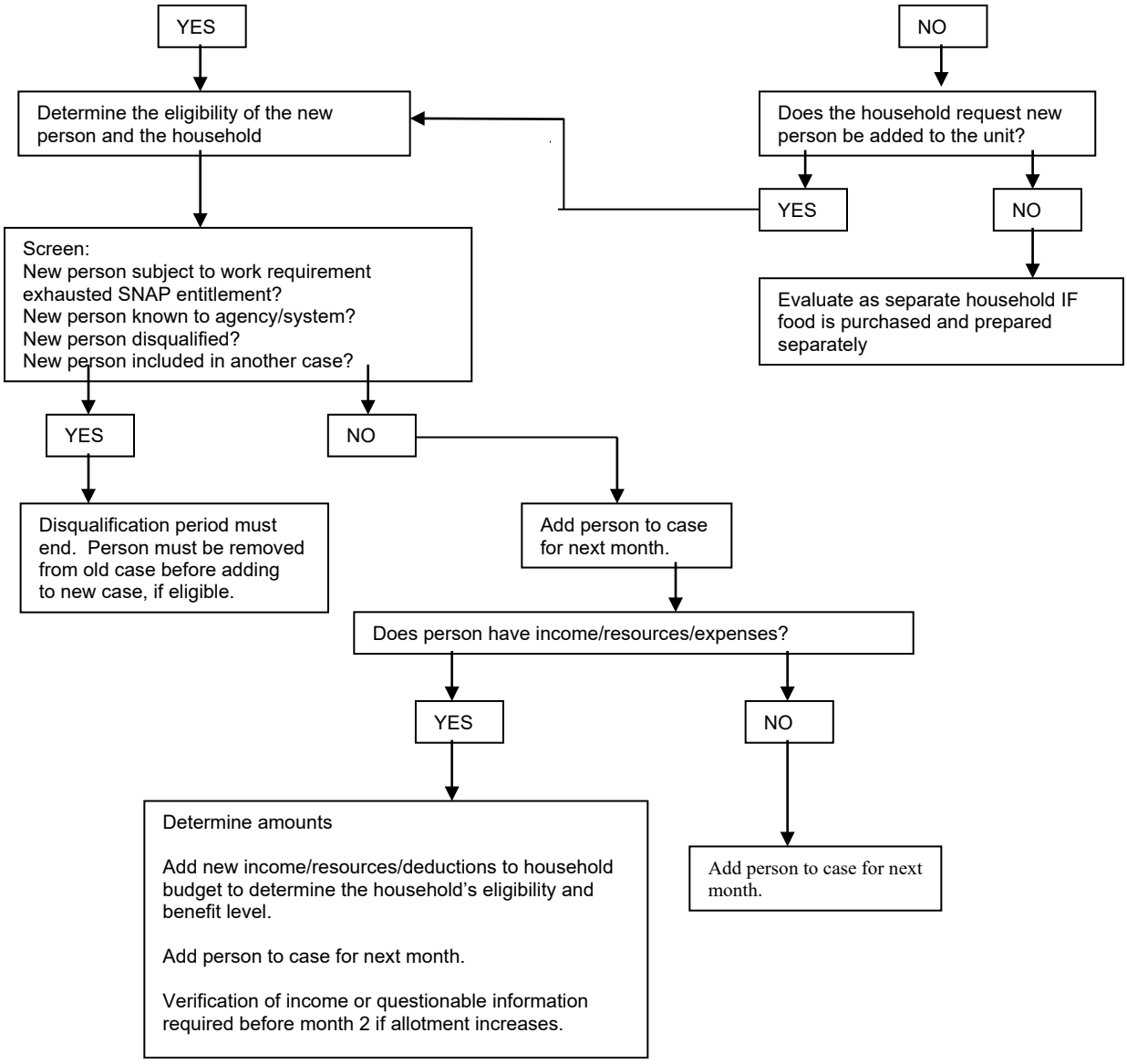
After change evaluation, is the household still eligible?

Yes	No	Unknown
Send 10-day advance notice if the benefits decrease. Verification needed at recertification. Send Notice of Action if the benefits increase. Verify new information before Month 2. If not verified, amount is returned to the original amount.	Send 10-day advance notice to close case or to suspend case for one month. Verify information if questionable.	Household must clarify or verify change within 10 days. Contact the household informally. If the household does not respond or take sufficient action, consider the information at recertification or for the interim, whichever is first.

The BPS must normally make changes for the month after the month the change is reported. Except for household composition changes, the BPS may give supplemental allotments for reevaluations made in the month of the change. The BPS may authorize supplemental allotments at the local agency's discretion but must do so uniformly. If the agency makes voluntary supplements, the BPS must provide supplements for all comparable changes.

CHANGES IN HOUSEHOLD COMPOSITION

New Household Member Reported - Is person required to be in the household?



****

Other actions due with change evaluation: Alien status established
Student eligibility established

****

Actions due at recertification: Social Security number obtained or proof of application for number
Work registration completed
Alien registration number obtained

These actions may be discussed and information obtained at the time of the change report however, no negative action may be taken if processes are not completed at this time.

PART XV WORK REQUIREMENT

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A. GENERAL PROVISIONS

All individuals, able to work, must be working or actively engaged in a work activity 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.

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 54 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 55 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 a household does not receive an allotment because benefits are prorated to zero (i.e., less than $10) will also not count toward the limit. 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 BPS 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 55 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 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 BPS 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 BPS must establish the 36-month period and track the reasons for the exemption for everyone 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 BPS must document the case 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 BPS 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 2018 March 2020	May 2018- March 2020	April 2020- June 2023	July 2023- June 2024	July 2024- June 2025
Accomack	Pittsylvania	Statewide	Brunswick	Brunswick
Alleghany/ Covington	Portsmouth	Exemption	Buchanan	Buchanan
Bath	Prince Edward		Danville	Danville
Bland	Prince George		Dinwiddie	Dickenson
Bristol	Pulaski		Franklin City	Dinwiddie
Brunswick	Richmond County		Greensville/ Emporia	Greensville Emporia
Buchanan	Russell		Hopewell	Hopewell
Buckingham	Scott		Nottoway	Martinsville
Carroll	Smyth		Petersburg	Petersburg
Charles City	Surry		Portsmouth	Surry
Charlotte	Sussex		Prince George	Sussex
Craig	Tazewell		Sussex	
Cumberland	Washington			
Danville	Westmoreland			
Dickenson	Williamsburg			
Dinwiddie	Wise			
Franklin City	Wythe			
Galax				
Grayson				
Greensville/ Emporia				
Halifax				
Hampton				
Henry/ Martinsville				
Highland				
Hopewell				
Lancaster				
Lee				
Lunenburg				
Mecklenburg				
Northampton				
Northumberland				
Norton				
Page				
Patrick				
Petersburg				

*The BPS must track the work requirement for all household members except those persons under 18 or over age 54.

PART XVI RESTORATION OF LOST BENEFITS

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A. RESTORATION OF LOST BENEFITS (7 CFR 273.17(a) and (b))

1. The local agency must restore any benefits that the household lost whenever:

   a. The State Department or local agency causes an error that results in a loss, including an invalid denial of an application or termination of benefits;

   b. Federal regulations or instructions specifically provide for restoration of lost benefits; or,

   c. The loss was due to an intentional program violation disqualification based on a court conviction and the decision of the court is reversed.

   The local agency must also restore benefits whenever the loss was caused by an error of the Social Security Administration (SSA) when the error resulted from joint processing of an SSI household. Such an error would include, but is not limited to, the loss of a SNAP application after the applicant filed an application with SSA.

2. Households will not normally receive restoration for an action that occurred more than 12 months before the most recent of the following:

   a. The month the household, or another person or agency notified the local agency in writing or orally of the possible loss to a specific household;

   b. The month the BPS discovers, in the normal course of business, that a loss to a specific household has occurred; or,

   c. The date the household requested a fair hearing to contest the adverse action that resulted in the loss.

   Any exceptions to the 12-month restriction on restoration, will be noted at the time specific policy requiring a restoration is issued.

   If the state or local agency determines that a loss of benefits has occurred and the household is entitled to restoration of those benefits, the BPS must act immediately to restore any benefits lost within the limits described above. No action by the household is necessary.

   The BPS must notify the household of its entitlement and other pertinent information by providing the household with the *Entitlement to Restoration of Lost Benefits*. See Part XXIV for a copy of the form and instructions. The BPS must also use the form to notify households who have requested a review of their case for lost benefits that the household is <u>not</u> entitled to restored benefits.

   The BPS must provide restoration benefits to any household entitled to the benefits even if the household is currently ineligible.

B. COMPUTING THE AMOUNT TO BE RESTORED (7 CFR 273.17(d))

After correcting the error and excluding those months for which benefits may have been lost prior to the 12-month time limits described in Part XVI.A., the BPS must calculate the amount to be restored as follows:

1. If the household was eligible but received an incorrect allotment, the BPS must calculate lost benefits only for those months the household participated.

2. If the loss was caused by an incorrect denial or termination of benefits, the BPS must calculate the months affected by the loss as follows:

   a. If an eligible household's initial application or reapplication was erroneously denied, the month the loss initially occurred will be the month of application, or for an eligible household filing a timely application for recertification, the month following the expiration of its certification period.

   b. If an eligible household's benefits were erroneously terminated, the month the loss initially occurred will be the first month benefits were not received because of the erroneous action.

Example

An eligible household's benefits were erroneously terminated effective June 30. The error was discovered in August and the household was given an opportunity to participate in August. The household is entitled to restoration of lost benefits for the month of July.

After computing the date the loss initially occurred, the loss must be calculated for each month after that date until either the first month the error is corrected or the first month the household is found ineligible.

Examples

1) The BPS has determined that a household is entitled to restoration of lost benefits beginning July 1. The error made by the local agency was corrected in September and an opportunity to receive the correct allotment was provided in September. Benefits must be restored for July and August.

2) The BPS has determined that another household is also entitled to restoration of lost benefits beginning July 1. The error was found in September, at which time it was determined that the household would not have been eligible for other reasons in either August or September. The household would have been eligible in July. Benefits must be restored for July only.

3. For each month affected by the loss, the BPS must determine if the household was indeed eligible. In cases where there is no information in the household's case file to document that the household was eligible in that month, the BPS must advise the household of what information must be provided to determine eligibility for these months. For each month the household cannot provide the necessary information to demonstrate its eligibility, the household is ineligible.

4. For the months the household was eligible, the BPS must calculate the allotment the household should have received. If the household received a smaller allotment than it was eligible to receive, the difference between the actual and correct allotments equals the amount to be restored.

Example

A household was certified for benefits for $70.00 for the months of July through September. The household participated, i.e., benefits were posted to the EBT account each of these three months. The benefit amount should have been $100.00 each month. As a result, the household is entitled to $90.00 in lost benefits ($100.00 - $70.00 = $30.00 X 3 months = $90.00).

5. If a claim against a household is unpaid or if an overissuance and an underissuance of benefits are discovered at the same time, the BPS must offset the amount to be restored against the amount due on the claim before the household will receive any restored. Claims may not be offset against the household's current month's even if the initial allotment includes a retroactive amount.

C. METHOD OF RESTORATION (7 CFR 273.17(f))

Regardless of whether a household is currently eligible or ineligible, the BPS must restore lost benefits to a household by issuing an allotment equal to the benefit amount that were lost. The BPS must provide the restored amount in addition to the monthly benefits currently eligible households are entitled to receive.

The BPS must honor reasonable requests by households to restore lost benefits in monthly installments. A reasonable request would include that the amount to be restored is more than the household can use in a reasonable period.

D. RESTORING BENEFITS TO HOUSEHOLDS NOT RESIDING IN THE LOCALITY

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

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 BPS must restore the lost benefits to the household that contains most of the individuals who were household members at the time the loss occurred. If the BPS cannot locate or determine the household that contains most of household members, the BPS 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 BPS 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 BPS, 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 to restore lost benefits. If the household requests a hearing before or during the time BPS 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 BPS does not agree after reviewing the case file, the household has 90 days from the date of the local BPS determination to request a fair hearing. The BPS must restore lost benefits to the household only if the fair hearing decision is favorable to the household. The household is not entitled to benefits lost more than twelve (12) months before the date the local agency initially discovered the household's possible entitlement to lost benefits.

PART XVII RECIPIENT CLAIMS

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A. CLAIMS AGAINST HOUSEHOLDS (7 CFR 273.18(a))

A claim against a household is an amount owed because:

- A household received more SNAP benefits than it was entitled to receive, resulting in an overpayment; or
- SNAP benefits were trafficked which is the buying or selling of SNAP benefits for cash or consideration other than eligible food; or for the exchange of firearms, ammunition, explosives, or controlled substances.

B. TYPES OF CLAIMS (7 CFR 273.18(b))

There are three types of claims:

1. Agency Error (AE) Claims

An Agency Error is any claim for an overpayment caused by an action or failure to take action by the state or local department of social services.

2. Inadvertent Household Error (IHE) Claims

An Inadvertent Household Error is any claim for an overpayment that results from a misunderstanding or unintended error on the part of the household.

3. Intentional Program Violation (IPV) Claims

An Intentional Program Violation is any claim for an overpayment or trafficking resulting from an intentional error on the part of the household. An IPV is defined in Definitions.

In order for a claim to be an IPV, there must be a finding of IPV or fraud by a court, a signed waiver to an Administrative Disqualification Hearing (ADH), or a finding of IPV by a hearing officer as a result of an ADH.

Prior to the determination of IPV, a claim against the household must be established as an IHE claim, except for a trafficking claim, which may only be established as an IPV. However, if the prosecutor advises that collection action may prejudice the case, or the person responsible for signing ADH referrals decides to postpone collection action on cases referred for ADH, no collection action should be taken. If the household member is found not guilty of IPV, either by a court or through an ADH, the claim must be handled as an IHE claim.

a. Referral for Prosecution (7 CFR 273.16(a))

The local department of social services must confer with the local prosecutor to determine the types of cases acceptable for possible prosecution and actual cases of alleged IPV to refer for prosecution. An agreement between the local department of

social services and the prosecutor must include information on how and under what circumstances cases will be accepted for possible prosecution and any other criteria set by the prosecutor for accepting cases for prosecution, such as a minimum amount of overpayment.

The local department of social services may refer a case for prosecution regardless of an individual's current eligibility. The local department of social services is encouraged to refer for prosecution persons suspected of committing an IPV where large amounts of overpaid benefits are involved or where more than one intentional act is suspected. The local department of social services should also encourage the prosecutor to recommend to the court that a disqualification penalty be imposed in addition to any other criminal penalties for such violations. Information on a prior IPV should be shared with the prosecutor to support the assignment of an appropriate disqualification period.

b. Referral for Administrative Disqualification Hearing (ADH) (7 CFR 273.16(e))

See Part XIX for complete ADH guidelines.

An ADH is an impartial review by a hearing officer of a household member's actions involving alleged IPV. The hearing officer must decide if a household member is guilty or not guilty of committing an IPV.

The local department of social services may refer an individual for an ADH regardless of the current eligibility of the individual.

The local department of social services should request an ADH when:

- the agency believes the facts of the case do not warrant criminal prosecution through the courts;
- a case referred for prosecution was declined by the prosecutor;
- a case referred for prosecution was formally withdrawn by the local department of social services because no action was taken by the prosecutor within a reasonable period.

Cases dismissed or acquitted in court may not be referred for an ADH. A case may not be referred for an ADH while its referral for prosecution is in process. An ADH does not prevent the local department of social services, state or federal government from prosecuting the household member for an IPV in a court of appropriate jurisdiction.

C. CALCULATING THE CLAIM AMOUNT (7 CFR 273.18(c))

1. Claims Not Related to Trafficking

A claim must be calculated back to at least twelve months prior to when the BPS discovered

the overpayment, except for an IPV claim, which must be calculated back to the month the act of intentional program violation first occurred. In addition, for all claims, the BPS must not include any period that occurred more than six years before the BPS discovered the overpayment.

The BPS must determine the correct benefit amount for each month the household participated. The income conversion factors of 4.3 or 2.15 must be used, if appropriate, based on Part XIII.A.3, to determine the monthly income. If the claim is an IHE or an IPV claim, the BPS must not apply the earned income deduction to that part of any earned income that the household failed to report in a timely manner.

If, due to either an inadvertent error on the part of the household or an intentional act on the part of the household, a household failed to report a required change in its circumstances within the prescribed time limits provided in Part XIV.A, the first month that benefits were overpaid will be the first month in which the change would have been effective had it been reported timely. Factor in only the 10-day reporting period and the advance notice period. In no event, however, may the BPS determine as the first month in which the change would have been effective, any month later than two months from the month in which the change in household circumstances occurred.

If the household reported a change within the prescribed time limits, but the BPS did not act on the change timely, the first month affected by the failure to act must be the first month the BPS should have made the change effective. Therefore, if an advance notice was required but was not sent, the local department of social services BPS must assume that the maximum advance notice period, as provided in Part XIV.D, would have expired without the household requesting a fair hearing. Do not factor in a 10-day agency action period.

If an overpayment is discovered for a month or months in which a mandatory SNAPET participant has already participated in a work experience assignment, the BPS must determine if the person who performed the work is still subject to a work obligation and determine how many extra hours were worked because of the improper benefit. The participant must be credited that number of hours toward future work obligations.

Once the BPS calculates the amount of correct benefits the household should have received, the BPS must subtract the correct amount of benefits from the benefits the household received to determine the amount of the overpayment or claim.

After calculating the amount of the claim, the BPS must offset the amount of the claim by any amounts which have not yet been restored to the household. The BPS must also offset the amount of the overpayment by the amount of any electronic benefits expunged from the household's EBT account. The difference is the amount of the claim.

If the information needed to compute an overpayment is lacking, no claim can be established until the information is received.

Averaged Income Calculation for Cases Pending Prosecution

The provisions of this section will apply only after the local department of social services has attempted to obtain monthly wage information through all possible means, including issuing

a subpoena duces tecum. A subpoena duces tecum is not appropriate if an employer confirms a monthly breakdown of the income is not available or if the employment records are maintained in another state as some states may not honor another state's subpoena.

The BPS must:

- Verify the beginning and end dates of each period of employment.
- Evaluate the individual's tax return or W-2 forms to calculate a monthly average if other records are not available. VEC records may not be used.
- Establish the claim with NFD (No Fraud Decision) status code. Use the NFD code even if there is an agreement with the Commonwealth's Attorney (CA) to pursue collection prior to prosecution.
  - Advise the CA the overpayment amount was calculated by using a monthly average instead of the actual monthly wages.
- If the case is not accepted for prosecution or the person is found not guilty, collection may still be appropriate and if so, an IDL is required.
  - Annotate the Overpayment Calculation form generated with the IDL with: "*To calculate the overissuance, we used a monthly average as we were not able to get your actual monthly wages from your employer. If you disagree with the use of a monthly average, you may request an agency conference and provide your actual income, and we will recalculate your overissuance to determine if there is any change."*

2. Trafficking Claims

The amount of a claim resulting from trafficking of SNAP benefits will be determined by:

- The individual's admission of the amount trafficked;
- A determination by a court; or
- Documentation that forms the basis for the trafficking determination, such as EBT transaction data.

For both trafficking and non-trafficking claims, the local department of social services must maintain documentation to support how the claim was calculated.

D. CLAIM ESTABLISHMENT (7 CFR 273.18(d)(1))

A claim must be established before the end of the calendar quarter following the quarter in which the overpayment or trafficking incident was discovered, except as allowed below. The date of discovery is the date the BPS has sufficient information to determine that an overpayment or trafficking offense has occurred. The BPS must document the date of discovery. The BPS must also ensure that no less than 90 percent of all potential claims are either established or disposed of within this time frame.

Timely claim establishment exception: Trafficking claims where the court conviction date or ADH decision date causes the claim to be established outside of the timeliness standard. The BPS must have documentation to support the determination of an IPV by a court, a Waiver, or an ADH and the claim should be established within 30 days of the disposition of a court or an ADH.

1. Claim Thresholds (7 CFR 273.18(e)(2)(ii))

The BPS must establish a claim for any household-caused overpayment that totals more than $125 and for any agency-caused overpayment that exceeds $300. The BPS must also establish a claim for an overpayment in any amount for an error identified in a Quality Assurance review. The BPS may initiate collection action for household-caused claims under the $125 threshold or when multiple overpayments for a household within the last six years total or exceed the threshold for the claim type.

2. Liable Persons (7 CFR 273.18(a)(4))

The following persons are responsible, or liable, for paying a claim:

a. Each person who was, or should have been, an adult member of the household, age 18 or older, when the overpayment or trafficking occurred; and
b. A person connected to the household, such as an authorized representative, who actually caused an overpayment or trafficking.

E. INITIATING COLLECTION ACTION (7 CFR 273.18 (e))

1. Demand Letters

The BPS must initiate collection action by mailing or otherwise delivering to the household the appropriate initial demand letter, *Request for Repayment of Extra SNAP Benefits* and a *Repayment Agreement*. The demand letter and repayment agreement must be sent immediately following the establishment of the claim, unless the household cannot be located or a court ordered repayment of the claim. Additionally, if a claim is established as an IHE and collection action is being postponed because the case is being referred for prosecution or an ADH, the BPS must initiate collection action by sending the demand letter and a repayment agreement, if the case is not accepted for prosecution or an ADH. The local department of social services must retain a copy of the initial demand letter to document the claim was properly established.

The household has 30 days from the date of the initial demand letter to tell the BPS how the household intends to repay the claim. The household must make its first payment within 30 days of the date of the letter. If the household pays the claim, follow the procedures in Part XVII.Q for submitting payments.

If a participating household does not respond to the initial demand letter, benefit reduction must be initiated. The household's benefit must be reduced not later than the first day of the second month following the date of the initial demand letter.

If a non-participating household does not respond to the initial demand letter, a *Request for Extra SNAP Benefits-Follow-Up* demand letter and *Repayment Agreement* should be sent at 30-day intervals until the household responds by paying, agrees to pay the claim, or until the criteria for terminating collection action have been met, as specified in Part XVII.K.

If a non-participating household agrees to repay the amount of the overpayment but does not make a payment by the due date specified on the *Repayment Agreement*, the BPS should send a *Request for Repayment of Extra SNAP Benefits-Payment Overdue* letter at 30-day intervals until the household begins to pay again, or until the criteria for terminating collection action, as specified in Part XVII.K have been met. If the household makes the overdue payments and wishes to continue payments based on the previous schedule, these payments will be considered voluntary unless a new Repayment Agreement is signed. If the household renegotiates a new Repayment Agreement with the local department of social services and makes a payment before the end of the 60-day Notice period, any further involuntary collection will be prevented if the terms of the agreement are kept. Only the Treasury Offset Program (TOP) Coordinator may negotiate a new repayment agreement once a claim has been certified to TOP.

If the household requests renegotiation and the BPS concurs with the request, the household may negotiate a new payment schedule. Both the BPS and the household have the option to initiate renegotiation of the payment schedule if they believe that the household's economic circumstances have changed enough to warrant such action.

If a participating household agrees to repay the claim by making installment payments but does not submit a payment by the specified due date, the BPS must invoke benefit reduction.

2. Compromising Claims

The BPS may determine that a household's economic circumstances dictate that a claim will not be paid in three years. The BPS may compromise the claim amount or a portion of the claim by reducing the amount owed to allow the household to pay the claim within three years. Note that the monthly payment amount determined through the Repayment Agreement may result in a claim being repaid in a period that is longer than three years. A claimant may request a compromise at any time after a claim is established but only one compromise will be allowed per claim.

A claim may not be compromised if:

- the claim is the result of an intentional program violation (IPV);
- the claim has been certified to the Treasury Offset Program (TOP); or
- the gross income for the SNAP claim household exceeds 200% of the Federal Poverty Level at the time the compromise is requested.

Compromise Process

The local department of social services should use the Compromising Claims worksheet (032-03-0572-00-eng) to project the repayment amount expected in three years. The entire balance may be compromised if the household’s actual monthly shelter expenses and actual monthly medical expenses exceed the household’s monthly gross income and there are no changes expected in the household’s economic circumstances.

The evaluation process factors in household income, expenses, and liquid resources. The process also requires the agency to:

- Determine the household size at the time the overpayment occurred;
- Determine 200% of the Federal Poverty Level for household size;
- Determine available funds by subtracting household expenses from calculated income and resources;
- Multiply 10% of the available funds for repayment by 36 months.
- The compromised amount is the difference between the amount to be paid and the total overpayment.

Example

A claim was established for $1000 due to an agency error. The household requests a compromise stating an inability to pay the amount owed.

- The difference between the monthly expenses, monthly income and 10% of the resources is $200 which is the calculated funds available for repayment.
- 10% of the available funds is $20; ($20 x 36 months = $720), the amount the household is expected to repay in 36 months.
- $280 is the compromised claim amount ($1000 - $720 = $280).
- Enter the compromised amount as a payment using the code CR.
- The household must repay $720.

The BPS must document the reason for the compromise or if the request is denied.

The BPS may use the full amount of the claim, including any amount compromised, to offset a restoration of lost benefits. The BPS may reinstate any compromised portion of the claim, if the claim becomes delinquent. The BPS must notify the claimant that the compromised amount may be restored to the claim balance if the claim becomes delinquent.

F. COLLECTION METHODS (7 CFR 273.18(f)&(g))

1. Allotment Reduction (7 CFR 273.18(g)(1))

A household may choose to have its SNAP benefits reduced to repay a claim. However, the local department of social services must implement allotment reduction against a participating household unless the household is making regular payments in an amount greater than the amount that could be recovered through allotment reduction.

Prior to reduction, the local department of social services must inform the household orally or in writing of the appropriate formula for determining the amount of SNAP benefits to be recovered each month and the effect of that formula on the household's allotment, i.e., the amount of SNAP benefits the local department of social services expects will be recovered each month.

For an AE or an IHE claim, the amount of the reduction must be limited to 10% of the allotment or $10, whichever is greater, unless the household agrees to a higher amount. For an IPV claim, the amount of the reduction must be limited to 20% or $20, whichever is greater, unless the household agrees to a higher amount. The *Repayment Agreement* must be used to document the household's request for a higher allotment.

The BPS may not reduce the initial month's allotment at application or reapplication unless the household agrees to the reduction. The BPS must document this agreement.

The local or state department of social services may not use involuntary collection methods, such as state or federal offsets, against individuals in a household that is having its allotment reduced.

2. Lump Sum Payments (7 CFR 273.18(g)(4))

The local department of social services must accept any payment for a claim, whether it represents full or partial payment. The payment may be made with cash, check, or money order. The local department of social services may accept a credit or debit card for payments if the agency has the capability to accept these types of payments. The local department of social services must retain appropriate documentation of the payment.

3. Installment Payments (7 CFR 273.18(g)(5))

The local department of social services may accept installment payments as the result of a negotiated repayment agreement. The repayment agreement must include a due date for the payments. The payments may be made by cash, check, or money order. The local department of social services may accept a credit or debit card for payments if the agency has the capability to accept these types of payments. Unless a court order prohibits it, a certified household must make installment payments in an amount that is greater than the amount that is recoverable through benefit reduction. The local department of social services must retain appropriate documentation of the payments.

If the household does not submit a payment according to the terms of its negotiated repayment agreement, the claim is delinquent and subject to additional collection actions. If the household is participating in the program, benefit reduction must be invoked.

4. Electronic Benefit Transfer (EBT) Accounts (7 CFR 273.18(g)(2))

The local department of social services must allow a household to pay its claim using benefits from its EBT account. At the household's request, this reduction may be used in addition to allotment reduction or other repayment methods. If a certified household chooses EBT account deduction as the primary collection method, the monthly payment must be greater than the amount that is recoverable through allotment reduction, unless a court order prohibits it.

The local department of social services must obtain written permission from the household to collect from an EBT account. The household should complete the *Repayment Agreement* form to note permission for a one-time or monthly payment from the EBT account. The agency must send the household a receipt of each transaction.

After 365 days of inactivity, the local department of social services must also use any benefits expunged from the household's EBT account of which the local department of social services is aware to offset the amount of the claim. This offset may be done at any time during the

collection process. The local department of social services does not need the household's permission to apply expunged benefits to a claim but the agency must send the household a receipt to note the claim reduction. The agency may use the Request/Receipt for EBT Account Deduction as the receipt

5. Offsets to Restored Benefits (7 CFR 273.18(g)(3))

The BPS must reduce any restored benefits owed to a household by the amount of any outstanding claim. This offset may be done at any time during the collection process.

6. Public Service (7 CFR 273.18(g)(7))

The local department of social services may accept public service as a form of payment, but only if a court orders the public service specifically in lieu of paying the claim. The local department of social services, in conjunction with the court, should set the hourly rate for the work performed. The local department of social services must retain appropriate documentation.

7. Treasury Offset Program (7 CFR 273.18(n))

The Virginia Department of Social Services must refer eligible claims that are delinquent for 180 days or more to Treasury Offset Program (TOP) for offset against any eligible federal payment. This includes, but is not limited to, federal tax refunds, salaries of federal employees and retirement benefits. The Virginia Department of Social Services will submit claims to TOP using instructions of the Treasury Department. See Appendix I of this chapter for TOP procedures.

8. Other Collection Actions (7 CFR 273.18(g)(8))

The local department of social services may employ involuntary collection action to collect delinquent claims against non-participating households. These actions include, but are not limited to, civil action, to include wage garnishments and/or liens against property, referral to public or private collection agencies, and the repayment of claims by offsetting the balance against state tax refunds or lottery payments. Note that SNAP debts are not subject to credit reporting and may not appear on individual credit records.

9. Unspecified Collections

When funds are received for a combined public assistance/SNAP benefit claim and the household does not specify to which claim to apply the collection, each program must receive its pro rata share of the amount collected.

10. Overpaid Claims

If a household overpays a claim, the household must be provided a refund as soon as possible after the over-collection is discovered, unless the over-collection is attributed to an expunged EBT benefit. The method of refund will depend on what caused the over-collection. For example, an over-collection due to allotment reduction will be refunded by a restoration to the household.

G. COLLECTING IPV CLAIMS

When a household member is found to have committed an IPV by a court of appropriate jurisdiction, the local department of social services must request the matter of restitution be brought before the court. If the court mandates restitution, the amount of the claim against the household will be established by the court, even if the amount of restitution ordered is less than the amount of the original claim. The court order to repay will serve as the household's demand letter.

The BPS must initiate collection action if:

- the court does not rule on restitution:
- the IPV was established by an ADH: or
- the household member waived his/her right to an ADH.

The BPS must send the household the demand letter, *Request for Repayment of Extra SNAP Benefits (IPV)* and a *Repayment Agreement* unless:

- The household has repaid the overpayment because of an IHE demand letter; or,
- The BPS has documentation that shows the household cannot be located.

An IPV demand letter and a repayment agreement must also be sent for any unpaid or partially paid IPV claim, even if the household has previously received an IHE demand letter.

The local department of social services should pursue other collection action to obtain restitution against any household that fails to respond to a written demand letter for repayment of any IPV claim if the claim cannot be collected through direct payment or allotment reduction, unless the agency determines that other means are generally not cost effective.

If an individual who was court ordered to repay the overpayment does not pay as ordered, the local department of social services should advise the local prosecutor or the probation office, as appropriate.

H. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.18(g)(1)(vii)

If a household's membership has changed since the overpayment occurred, the BPS may pursue collection action against any household which has a member who was an adult member of the household that received the overpayment. The BPS may also offset the amount of the claim against restored benefits owed to any household which has a member who was an adult member of the original household at the time the overpayment occurred. See Part XVI.B.5. for the process to apply amounts due for restoration against outstanding claims.

The local department of social services may also pursue collection from any individual liable for the claim that is not currently a member of a participating household that is undergoing allotment reduction.

I. DETERMINING DELINQUENCY (7 CFR 273.18(e)(5))

A claim must be considered delinquent if:

- The claim has not been paid by the due date on the initial demand letter or repayment agreement and a satisfactory payment arrangement has not been made; or
- A payment arrangement has been established and a scheduled payment, either no payment or one in a lesser amount, has not been made by the due date on the repayment agreement.

The claim will remain delinquent until payment is received in full, a satisfactory payment agreement is negotiated or allotment reduction is invoked.

A claim will not be considered delinquent if:

- Another claim for the same household is currently being paid, either through an installment agreement or allotment reduction, and the local department of social services expects to begin collection on the claim once the prior claim(s) is paid in full; or
- The local department of social services is unable to determine delinquency status because collection is coordinated through the court or probation office; or
- A fair hearing has been requested and a hearing decision has not been rendered.

J. TERMINATING COLLECTION (7 CFR 273.18(e)(8))

A claim must be terminated if the claim meets any of the following criteria and the action is supported by documentation:

- All adult members of the household are dead and there are no plans by the local department of social services to pursue collection from the estate;
- A claim has an outstanding balance of $25 or less and no payment has been made for 90 days or more;
- A claim is delinquent for three years or longer; no payments have been received in three years and the claim has not been certified to TOP;
- The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local department of social services may keep the claim active until the claim meets criteria #3, listed above;
- A claim has been discharged through bankruptcy. The discharge of the debt removes the liability from all liable persons, not just the individual who filed bankruptcy, unless contrary to the court order;
- A claim has been transferred to another state for collection; or.
- It is no longer cost effective to pursue the claim as the balance is less than $1 for a participating household or less than $5 for a household that is not currently participating.

A claim must also be terminated if there is insufficient information or documentation to substantiate that the claim was properly established or to determine the correctness of the balance due. Properly established means that an initial demand letter was mailed or a court ordered repayment.

The local department of social services must document the reason for termination.

Note that a terminated claim may be reinstated if a new collection method or a specific event (such as winnings the lottery) increases the likelihood of further collections.

K. INVALID CLAIMS

A claim found to be invalid through a fair hearing, the ADH process, a court determination, or discovered as erroneously established by the State or local department of social services, must be deleted. If the documentation to support the claim is no longer available and cannot be recreated, the claim must be terminated**.** Deleted claims are treated as terminated claims.

L. IPV DISQUALIFICATION PENALTIES (7 CFR 273.16(b))

1. IPV Penalties

Individuals found to have committed an IPV, either by a court of appropriate jurisdiction or by an ADH or, who waived their right to an ADH, are ineligible to receive SNAP benefits for:

a. One year for the first violation;
b. Two years for the second violation;
c. Permanently for the third violation; and
d. Ten years for a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time. The ten-year penalty does not apply when a household fails to report a move to the agency at a former address.

An individual may receive more than one IPV by violating two or more unrelated program rules, such as change reporting and trafficking, during the same period.

In addition to these disqualification penalties, individuals may be disqualified from the program for other program violations. Individuals will be disqualified for two years for a finding by a court that they used SNAP benefits to purchase illegal drugs. A second court finding regarding these purchases will result in permanent disqualification from the program. Individuals will be permanently disqualified from the program based on a court finding that SNAP benefits were used to purchase firearms, ammunition, or explosives, even if it is the first such finding.

A conviction of trafficking in SNAP benefits of $500 or more will also result in the permanent disqualification of the individual.

2. Reporting Procedures (7 CFR 273.16(i))

The BPS must enter information in the Electronic Disqualified Recipient Subsystem (eDRS) to report information about individuals disqualified for an IPV. The disqualification may be based on an ADH, a conviction by a court of appropriate jurisdiction, or a waiver to an ADH. The BPS must enter information in the eDRS within 30 days of the effective date of disqualification. In cases where the disqualification for IPV is reversed by a court of appropriate jurisdiction, or was submitted in error, the agency must update the eDRS to delete the information relating to the disqualification.

3. Imposition of Disqualification Penalties

To determine the appropriate disqualification penalty to impose on an individual who has been found to have committed fraud or an IPV, BPS must access the eDRS to see if there is a record of other IPV rulings for individual household members. One or more IPV disqualifications that occurred before April 1, 1983, will be considered as only one previous disqualification when determining the appropriate penalty to impose in a case under consideration.

When eDRS is used to determine the disqualification penalty for an individual found to have committed an IPV, the BPS must verify the information with the Locality Contact provided by the eDRS. A verbal confirmation from the Locality Contact may be accepted for the initial assessment but documentation that supports the prior disqualification(s), must be obtained before a final determination is made of the length of the penalty.

The actual number of prior disqualifications will determine the penalty for a new IPV, not the disqualification number that a State or a Virginia locality assigned to the offense. Only the individual found guilty of IPV is disqualified, not the entire household.

If a court fails to impose a disqualification period for the IPV or fraud conviction, the BPS must impose the disqualification penalties described in this chapter unless it is contrary to the court order. If disqualification is ordered by the court, but a date for initiating the disqualification period is not specified, the individual must be disqualified beginning with the first month which follows the date of the court decision. The BPS must send the Notice of Disqualification before the effective date of the disqualification.

If a hearing officer rules that the household member committed an IPV, that member must be disqualified beginning with the first month that follows the date the household member received written notification of the hearing decision. If the household member signed a waiver to an ADH, that member must be disqualified beginning with the first month which follows the date the signed waiver was received by the agency. The BPS must send the Notice of Disqualification before the effective date of the disqualification.

For a disqualification that results from a court decision or the ADH process, the local department of social services must send the Notice of Disqualification to inform the household of the length, reason and starting date of the disqualification. The BPS must send the Notice of Disqualification before the effective date of the disqualification. The BPS must maintain a copy of the notice.

A BPS may not lengthen the disqualification period after it has been imposed by judicial decision, ADH, or waiver. Once a disqualification penalty has been imposed, the period of disqualification must continue uninterrupted until completed, regardless of the eligibility of the disqualified member's household. If an additional IPV is determined for a person who is already serving a disqualification period, the new disqualification period(s) must begin before the original period expires so that the disqualification periods run concurrently. If the BPS determines the household member is currently serving a disqualification imposed by another locality within Virginia or imposed by another state, the BPS must calculate how much time

is remaining in the disqualification period before adding the person to the case as an active household member. If one or more months remain in the disqualification period, the BPS must disqualify the household member for the remainder of the disqualification period.

If the BPS fails to impose the disqualification within the timeframes described above, an agency-caused claim (AE) must be established for the months the individual should have been disqualified. A household-caused claim (IHE) must be established if the agency discovers that a member participated during a disqualification period imposed by another locality or state.

4. Use of eDRS Prior to Certification

As outlined in Part III.F.1, all adult household members must be screened through eDRS prior to certification for a new application or a reapplying household. Information obtained from the eDRS must be independently verified. A verbal response from the eDRS Locality Contact is acceptable for the initial assessment. The household must be given an opportunity to respond to the verbal information obtained from the Locality Contact. If the household affirms the verbal information provided by the Locality Contact, a determination on the individual member's eligibility may be made without additional documentation from the Locality Contact. The household is allowed a minimum of 10 days to respond to the eDRS findings.

If the household member disputes the information or fails to respond to the request for information, the BPS must get written documentation from the Locality Contact to process the application or to determine the length of the disqualification penalty. If the household is not entitled to expedited processing, the BPS must hold the application pending until the written verification from the Locality Contact is received. Applications entitled to expedited processing must be processed and benefits delivered within the required seven-day period, even if the household's affirmation or written documentation from the Locality Contact is not received by the seventh day. An IHE claim must be established, however, for any overpaid benefits.

M. DOCUMENTATION

The local department of social services that establishes the claim must maintain documentation to support proper establishment of the claim, including how the overpayment amount was determined, documentation to support the date of discovery and documentation to support disqualification. In addition, documentation to support the balance due must also be maintained by the agency(s) collecting the payments. Documentation includes, but is not limited to, verifications from employers, landlords, schools; applications with false or omitted information; a copy of the initial demand letter; a copy of the *Notice of Disqualification*; and receipts for cash payments. If the local department of social services does not have documentation to support the claim, the claim must be terminated.

N. INTERSTATE CLAIMS COLLECTION (7 CFR 273.18(i))

In cases where a household moves out of Virginia, the local department of social services must initiate or continue collection action against the household for any overpayment to the household which occurred while the household was under the local department s jurisdiction. The local department of social services may transfer a claim to another state if the receiving state agrees to accept the claim. The local department of social services must provide documentation needed to show the claim is legally enforceable to allow the receiving state to pursue collection. Terminate the claim when it is transferred to another state.

Local departments of social services may accept claims established in another state if requested. The local department must receive documentation needed to show the claim is legally enforceable from the other state and must confirm that the other state terminated the claim prior to initiating collection activity in Virginia**.**

O. BANKRUPTCY (7 CFR 273.18(j))

Local departments of social services may act on behalf of, and, as the USDA, in any bankruptcy proceeding against bankrupt households owing SNAP claims. Local departments of social services possess any rights, priorities, interests, liens or privileges, and must participate in any distributions of assets, to the same extent as the USDA. Acting as the USDA, local departments have the power and authority to file objections to discharge, proofs of claims, exceptions to discharge, petitions for revocation of discharge, and any other documents, motions or objections that USDA might have filed. Any amounts collected under this authority must be transmitted to the Virginia Department of Social Services as normal claims payments.

All collection activity on a claim must cease upon receipt of the notice of bankruptcy filing, pending the outcome. If the notice of discharge identifies USDA, FNS, VDSS, or the local department of social services as a creditor whose debt has been discharged, the claim must be terminated and any amounts collected after the date of the bankruptcy filing must be refunded. The discharge of the debt removes the liability from all liable persons, not just the individual who filed bankruptcy. If the discharge notice does not identify USDA, FNS, VDSS or the local department of social services as a creditor whose debt has been discharged, collection activity on the claim will resume.

P. SUBMISSION OF PAYMENTS (7 CFR 273.18(l))

Once a month, local departments of social services must submit one consolidated check to cover cash and state tax intercept payments received from all households for the month. The check, payable to the "Treasurer of Virginia" must be sent to:

Virginia Department of Social Services
Division of Finance, SNAP Collections Unit
5600 Cox Road
Glen Allen, VA 23060-

The *Monthly Payment Record* (MPR) must be sent with the consolidated check. If no cash or state tax intercept payments are received during the month, the local department of social services must send an e-mail to barbara.mosley@dss.virginia.gov and jewel.lee-gaines@dss.virginia.gov and copy emory.freeman@dss.virginia.gov to acknowledge that no payments were received. The check and MPR, or e-mail must be sent to be received by the 15th day of the month following the report month.

Q. DISPUTED CLAIMS

If a fair hearing or a court did not establish the amount of a claim and/or the individual(s) liable for repaying the claim, the household has 90 days from the date of the demand letter to appeal the amount and /or their liability by requesting a fair hearing. The household must also be notified of the following actions relating to claims and has the right to appeal these:

- After initial notification, whenever the amount of the claim changes;
- Whenever a claim is used to offset a restoration and prior notification of the claim had not been given;
- When multiple overissuances within the last six years total $125 or more and collection action is now being initiated, and prior notification of the claim had not been given.

If the fair hearing determines that the claim is valid, the BPS must re-notify the household of the claim amount. The post-fair hearing notice must inform the household that the claim amount is still due and that repayment is required. A *Repayment Agreement* must be sent with the re-notification. The household cannot request a fair hearing based on this second notice. Delinquency will be determined by the due date of this subsequent notice, not the original demand letter.

R. OTHER MONEY RETURNS

Money is sometimes returned to the agency for reasons other than because of a claim. In these instances, the money is not to be submitted to the State Office as claims payments would be. A check or money order payable to "USDA-FNS-HQ" and a letter explaining the circumstances must be submitted to:

USDA-FNS-HQ
P.O. Box 953807
St. Louis, MO 63195-3809

S. SYSTEM OF RECORD

Virginia Case Management System (VaCMS) is the system of record for claims. This means VaCMS must be used to:

- establish all claims;

- reflect all payments received;
- report terminations of claims; and
- reflect dates for:
    - initial demand letter;
    - follow-up demand letters; and
    - court-ordered restitution.

Treasury Offset Program

The Treasury Offset Program (TOP) is used to recover delinquent SNAP claims through the offset of federal payments. Federal payments, such as tax refunds, Social Security benefits and salaries or retirement benefits of federal employees, may be used to repay SNAP claims. A debtor referred to TOP may have any eligible federal payment due to them intercepted through TOP.

All liable persons are equally responsible for the full amount and any fees associated with TOP.

The Finance Division of the Virginia Department of Social Services is responsible for the administration of TOP. The Finance Division's system will determine if claims are delinquent, refer claims for TOP certification and will keep all payment and intercepts information.

Referral Process

Recipient claims that are delinquent for 120 days and are legally enforceable must be referred to TOP. This excludes a debtor who is a member of a participating household whose benefits are being reduced.

Legally enforceable claims are those where the debtor:

- received a 60-day notice;
- was given the right to appeal;
- no longer participates in the Supplemental Nutrition Assistance Program; and
- currently has an outstanding balance. The outstanding balance must be more than $25.

Exceptions to Referring to TOP

Claims will not be referred to TOP if any of the following apply:

- The debtor is currently paying on any approved existing claim;
- The claim is in pending status because collection has been postponed awaiting a court or Administrative Disqualification Hearing (ADH) decision;
- The debtor enters into a repayment agreement and makes a payment during the 60 day notice period;
- A court orders the debtor to pay the claim through court or a probation office;
- The debtor is a member of a participating household undergoing allotment reduction; or
- The debtor has filed for or is in bankruptcy proceedings.

Notification

The debtor must be given notice 60 days in advance of the impending referral to TOP. The 60-day notice will be sent to an address that has been verified as an adequate address by the Food and Nutrition Service (FNS). The notice will inform all liable debtors that the claim amount and the appropriate action needed to prevent the debt from being offset. The notice must advise the debtor of the right to appeal the referral at both the state and federal level and provide the timeframe for requesting an appeal.

The LDSS may negotiate a new repayment agreement any time prior to the end of the 60-Day Notice period. A new repayment agreement will prevent any further involuntary collection if the terms of the agreement are kept. The repayment agreement must be initiated to have the claim repaid in full within 36 months of receipt of the 60-day notice. When this is not possible due to the client's financial situation, the repayment amount should be a minimum payment of $25.00 per month. The LDSS must evaluate financial hardship prior to accepting a repayment of less than $25 per month.

If a claim has been certified to TOP, only the State TOP Coordinator may negotiate a new repayment agreement

TOP Appeal

A debtor should request an appeal within 30 days of the 60-day notice. Regardless of the request date, the BPS must conduct a desk review and render a decision. The request for an appeal must be in writing to the local department of social services. A TOP appeal is a desk review, not a fair hearing, which is completed by the local supervisor or designated staff. The desk review is to ensure the debt is past due and legally enforceable. The supervisor or designee must verify that:

- The request for the review was timely;
- The client received an initial demand letter or there is a court order;
- The claim calculation is complete and accurate;
- The claim is delinquent; and
- The debtor is not currently in a participating household.

The decision from a TOP appeal must be in writing within 30 days of request. The decision must give instructions for requesting a federal appeal, contain the FNS address, instruct the debtor to send proof of the reason why the claim is not past due and legally enforceable and instruct the debtor to provide the applicable case number. Send TOP appeal requests to

Attn: Treasury Offset Program Review
Supplemental Nutrition Assistance Program
USDA/Food and Nutrition Service
Mercer Corporate Park
300 Corporate Blvd
Robbinsville, New Jersey 08691-1598

Claims in TOP

When a claim is in TOP, the Division of Finance must ensure:

- That the date of delinquency is correct;
- The status of the debt is accurate;
- The balance is adjusted when payments are made outside of TOP; and
- All refunds due to over collection by TOP are reported to TOP.

Inactivating Claims in TOP

A claim must be made inactive in TOP if:

- The debtor is a member of a participating household whose benefits are being reduced;
- DOF renders a decision that an acceptable arrangement has been made for the debtor to resume payments; or
- There is any pending litigation on the claim.

Removing Claims from TOP

A claim must be removed from TOP if:

- FNS or the Treasury Department instructs the local department of social services to remove the claim;
- The claim is paid in full;
- The claim is disposed of through a hearing, termination, compromised, bankruptcy proceeding or any other means;
- The claim was referred in error;
- The debtor is a member of a participating household whose benefits are being reduced; or
- DOF renders a decision that an acceptable arrangement has been made for the debtor to resume payments.

PART XVIII REPLACEMENT OF EBT CARDS, BENEFITS AND FOOD

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A. Replacement of EBT Cards

This chapter covers general guidance for replacing EBT cards, benefits in electronic benefit accounts and food purchased with SNAP benefits destroyed in a household disaster. See Chapter G of the Virginia EBT Policies and Procedures Guide for additional information.

Households need an EBT card to access SNAP benefits. The cardholder may call the Customer Service Representative (CSR) for the EBT card vendor to request a replacement card or contact the local agency. The CSR will validate the system address before issuing a replacement card if the cardholder calls Customer Service for a replacement card. If the address is incorrect, the card vendor cannot mail a replacement card. The CSR will status the card if lost or stolen and will refer the cardholder to the local agency to have the address updated. The local agency must issue a replacement card via mail or a vault card, per the household's request.

The local agency must offer a vault card as a replacement card upon request by the SNAP household. The agency must status the card immediately upon notification from the cardholder that the card is lost and/or stolen. A member of the eligibility staff in the local agency must complete the *Internal Action and Vault EBT Card Authorization* form to authorize the issuance of a vault card and notify the card issuance unit so that the card is available for pick as soon as administratively possible. Document crediting the replacement fee to the household's account. See Part XXIV for a copy of the *Internal Action and Vault EBT Card Authorization* form.

A request for a replacement card will result in the deduction of a $2.00 card replacement fee from a household's EBT account, unless the fee is waived by the local agency depending on the household's circumstances. The vendor cannot waive the card replacement fee. The local agency must credit the fee back to the household's account if the replacement is due to a household disaster, lost or stolen, if the original is undelivered through the mail, the card is worn, or violence against the household or for improperly manufactured cards. See Part XVIII.A.4 for information about assigning and crediting of the fee for replacement cards.

1. Undelivered EBT Card

a. Undeliverable, Returned Cards

The post office will not deliver EBT cards with inaccurate or incomplete addresses. The post office will not forward EBT cards to a new or changed address if households move but fail to report the change to the local agency.

If the card is undeliverable because of an incomplete or inaccurate address for the primary cardholder or the authorized representative, the BPS must update the mailing address, as appropriate.

b. Nonreceipt of the EBT Card

In instances when cardholders report the nonreceipt of a mailed EBT card to the local agency, the agency must check the EBT account to determine the mailing date and check if the status of the card has been changed. If more than six mail

days have passed and the status of the card is unchanged, the local agency must offer the household a vault card. The local agency must issue the replacement card via the method requested by the household, either a vault card or sent vial mail.

If the cardholder reports the nonreceipt of a mailed EBT card to Customer Service after a sufficient mail period, the CSR will change the status of the card to cancel the card. The vendor will mail another card to the household or, at the cardholder's option, defer mailing another card to allow the cardholder to receive a vault card at the local agency. In either case, the card must be available for pick up in the agency or is mailed within two business days of the cardholder's report.

Households will not have the $2.00 card replacement fee assessed against their benefit accounts when they receive replacement of undelivered cards. Households will generally have the card replacement fee automatically deducted from the account except when there is a replacement card for a card in an inactive status such as the initial card lost in the mail or one returned as undeliverable.

2. Lost, Stolen, Damaged Cards

When a cardholder reports an inability to access the household’s benefits because the EBT card is unavailable for use, the cardholder must call the agency or the CSR to request deactivation of the card. Deactivation will prevent the usage of the card should the cardholder or someone else attempt to use the card.

The cardholder must request replacement of the card through the CSR or the local agency. The cardholder must note the reason for the replacement to the local agency. A replacement card must be available for pick up or mailed immediately.

The reason for the destruction or unavailability of the original card will determine whether the local agency credits the replacement fee back to the household’s account. Reasons for replacing an EBT card include:

- Lost – The cardholder loses or misplaces the card.
- Stolen – The cardholder loses the card through violence exerted upon a household in an act of robbery or burglary committed by someone outside the household.
- Household Disaster – The cardholder loses or damages the card through a household fire or natural disaster, such as a flood or tornado.
- Card Damage (negligence) – The card is unusable because of the cardholder’s neglect.
- Card Damage (improperly manufactured) – The card is unusable because of a manufacturing error

3. EBT Card Replacement Fee

Each cardholder will receive written and verbal instruction on how to protect the EBT card. When an EBT card is or becomes unusable for any reason, the cardholder must obtain a

replacement card to access the household's EBT account. The EBT card vendor will deduct $2.00 from each SNAP case benefit account for replacement EBT cards in nearly every instance when a cardholder receives a replacement card.

The automatic fee deduction will not occur when the original card has an inactive status or when a household reapplies for benefits. The chart below summarizes application of the card replacement fee.

No Fee	Fee Deducted	Fee Credited
Reapplication		x (if applied)
Inactive card, such as lost in the mail		x (if applied)
	Lost	
	Stolen/robbery	x
	Household disaster	x (verify if questionable)
	Improperly manufactured	X
	Cardholder name change	X
	Card damaged/destroyed	
		x Agency-caused error, such as misspelled name

4. EBT Card Replacement Fee Credit

The EBT vendor will automatically deduct a $2.00 fee from a household's SNAP EBT account in most instances when a cardholder requests a replacement card. There are instances however, when, despite proper care of the card by the cardholder, the household experiences loss or destruction of the EBT card. In these instances, the local agency must credit the $2.00 replacement fee back to the household's account.

An eligibility or administrative unit supervisor must authorize the fee credit on the *Internal Action and Vault EBT Card Authorization* form.

The local agency must credit the card replacement fee when a household experiences an individual household disaster or there is a natural disaster. An EBT card destroyed by fire or a flood, tornado, hurricane or earthquake would allow the agency to credit the replacement fee back to the household. The agency must verify the impact of the disaster upon the household if the report is questionable, otherwise, the household's statement is acceptable.

The local agency must also credit the replacement fee when a cardholder loses the card through violence inflicted upon the household or cardholder by someone outside the household. The agency may verify the existence of the police report if the information is questionable, otherwise, the household's statement is acceptable In addition to crediting the replacement fee for instances of a household disaster or violence against the household, the local agency must credit the replacement fee if the agency discovers an improperly manufactured card after a cardholder receives the card. The agency must also credit the

replacement fee if the vendor fails to identify a replacement card at reapplication or a replacement for an inactive card. The local agency may also credit the fee back to the household's account, if requested, when the household identifies another primary cardholder or authorized representative.

The chart above summarizes instances when the local agency must credit the card replacement fee to the household. As indicated above, an eligibility or administrative supervisor must authorize the credit. The Issuance Supervisor must provide the credit.

B. BENEFIT REPLACEMENT

Households will not receive a replacement for benefits lost due to loss of the EBT card and/or PIN up to the time that the cardholder reports the loss to CSR or the local agency. Households will have benefits replaced if someone accesses the benefits after the household reported to CSR that the card was lost or stolen. Households will also receive replacement for benefits lost due to a system error.

C. REPLACEMENT OF FOOD DESTROYED IN A DISASTER

Households may request a replacement for food purchased with SNAP benefits and that was subsequently destroyed in a household disaster. This policy may apply to an individual household disaster or a disaster that affects more than one household.

The BPS must use prudent judgement when households request a food replacement. Eligibility for a replacement must be based on the benefit amount for the month, the amount of the food loss reported, and time of the month when the loss occurred on a case-by-case basis. The agency may deny replacement requests, such as for unsupported explanations or unacceptable collateral contacts. See Part III.A.3 for a discussion of collateral contacts. Households may appeal the denial of a replacement request or the authorized amount.

Normally, replacements would only be made to currently participating households, but this is not a requirement for a food replacement. The household must be able to provide a reasonable explanation to document the food purchase with SNAP benefits and the amount of time lapsed from participation in the program**.**

The household may be entitled to a replacement of the actual value of the loss but the amount may not exceed the benefit amount for one month. The household must report the disaster within 10 days of the loss. A household member must sign the *Food Replacement Request* form attesting to the loss. If the local agency does not receive the affidavit within 10 days after the report of the loss, the household will not receive a replacement. If the 10th day occurs when the local agency is closed and the affidavit is received the day after the local agency reopens, the BPS must consider the statement as received timely. See Part XXIV for the Food Replacement Request form.

The BPS must verify the household's disaster. Sources of verification include community agencies, such as the Red Cross or fire department or the power company to determine power outages.

Replacement may be provided for food destroyed after power outages that exceed eight hours.

The agency must provide replacement benefits within 10 days of the reported loss or within 2 working days of receiving the affidavit, whichever is later.

There is no limit on the number of times a household may receive replacement of food destroyed in a disaster. If USDA issues a disaster declaration and the household is eligible for emergency benefits under that policy, the household may not receive both the emergency benefits and a replacement for the same time period. See Part XX for a discussion of the disaster program.

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

The Consolidated Appropriations Act of 2023 allotted funds temporarily to replace SNAP benefits that were stolen due to skimming, card cloning and other similar fraudulent methods.

1. Replacement of benefits due to skimming, cloning or other fraudulent means is limited to the losses of SNAP benefits that occurred between October 1, 2022, and September 30, 2024. Households may receive only two replacements from October 1 to September 30 of each year.

   Households must report losses that occurred from August 1, 2023 to September 30, 2024 to the local department within 30 days of discovering the loss. Households must submit a signed *SNAP EBT Replacement Request and Client Attestation* form within 10 days of reporting the loss.

   The local department staff must review the EBT transaction history and household's account to determine if the loss of benefits most likely occurred due to cloning, scamming, phishing, or other fraudulent means. If the local department determines that the replacement request is valid, replacement benefits must be processed and provided replacements the later of:
   - Ten business days after the LDSS receives the completed and signed *SNAP EBT Replacement Request and Client Attestation* request from the household; or
   - Two business days after receiving a signed and completed *SNAP EBT Replacement Request and Client Attestation*.

2. The amount of the replacement benefits is the lesser of:
   - Twice the amount of all the SNAP benefits in the month prior to the fraudulent transaction; or
   - The amount of the fraudulent transaction.

   If the theft occurred in the first month of the household's receipt of SNAP benefits, the BPS must use the first month of SNAP benefits to calculate the replacement benefits. If the theft occurred after a gap in receipt of benefits, the BPS must use the last prior issuance month of SNAP benefits to calculate the replacement benefits.

3. Record keeping.

The local agency must maintain any documents to support the SNAP Replacement transaction to the case. Such documents may include the completed attestation form, EPPIC transaction history, information submitted by the household, and an optional police report if one is supplied by the household.

The BPS must provide households a written determination of approval or denial of the restoration of benefits within two business days of the determination. The notice of determination must 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, see Chapter G.

PART XIX FAIR HEARINGS AND ADMINISTRATIVE DISQUALIFICATION HEARINGS

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A. INTRODUCTION (7 CFR 273.15(c))

The Food and Nutrition Act requires that each state provide a fair hearing to any household aggrieved by any action of the local social services agency that affects the household's receipt of SNAP benefits.

An individual has the right to appeal and receive a fair hearing when:

- a claim for benefits is denied, or is not acted upon with reasonable promptness;
- the individual is aggrieved by any other agency action that affects entitlement to or receipt of benefits; or
- agency policy in its administration of the Program affects the individual's situation.

Within 60 days of receipt of a request for a fair hearing, the State must assure that the hearing is conducted, a decision is reached, and the household and local agency are notified of the decision.

1. Role of the Commissioner of Social Services

§63.2-517 through §63.2-519 of the Code of Virginia give the Commissioner of Social Services ultimate authority and responsibility for the appeal process. The State Board of Social Services, as authorized by §63.2-801 of the Code of Virginia, establishes policies and procedures to implement SNAP, including the appeal process, according to federal regulations.

The Commissioner may delegate authority to make decisions in any appeal case. The Commissioner must appoint a panel to review hearing decisions upon the request of either the household or the local agency. The panel must report periodically to the Commissioner regarding the need for changes in the conduct of future hearings, or to policy and procedures related to the issue of the appeal.

2. Definitions

The following definitions will be applicable to the terms used in this chapter.

a. State Hearing Authority - A comprehensive term used to designate the State decision-maker in appeal cases; as such, it includes the Commissioner and qualified hearing officers of the Virginia Department of Social Services. Hearing officers have the authority to make binding decisions in appeal cases in the name of the State Hearing Authority.

b. Hearing Officer - An impartial representative of the State to whom appeals are assigned and by whom they are heard. The hearing officer must not have been involved in any way with the agency action on appeal. The hearing officer has the authority to conduct and control hearings and to decide appeal cases.

c. Claimant - The SNAP household that files an appeal about an aspect of its entitlement to SNAP benefits.

B. RIGHT OF APPEAL

The agency must inform applicant households of the following:

- the right to a fair hearing:
- how a hearing may be requested;
- the right to be represented by others or for self-representation

In addition to information about the right of appeal, the BPS must advise SNAP households of the right to appeal when:

- there is dissatisfaction with the agency's action or the failure to act in relation to the household's eligibility or level of participation; or
- action is taken to deny or reduce benefits

Households denied expedited service must also be offered an opportunity to request an agency conference. During a conference, households must receive an explanation of why they were denied expedited service processing and must have an opportunity to present any information on which disagreement with such action is based. The Notice of Action and the Advance Notice of Proposed Action forms may be used interchangeably for denial or negative actions, except as required for issuing a joint notice with public assistance programs (See Part XIV.A.3).

Each household has a right to a fair hearing to appeal a denial, reduction, or termination of benefits due to a determination that a household member is not exempt from work registration and employment services requirements, or a determination of failure to comply with work registration and employment services requirements.

Individuals or households may appeal local agency actions related to work registration and employment services if the individual or household believes that a finding of failure to comply has resulted from improper decisions on these matters. These actions include exemption status, the type of employment and training requirement imposed, or local agency refusal to make a finding of good cause.

C. HEARING REQUEST (7 CFR 273.15 (h))

A household that is aggrieved by any local agency action may request a hearing by any clear expression, oral or written, to the effect that an opportunity to present the case to a higher authority is desired. Such request may be made by a household member, the authorized representative, or some other person acting on the household's behalf, such as a legal representative, relative or friend. The right to make such a request is not to be limited or interfered with in any way. If a household makes an oral request for a hearing, the local agency must complete the procedures necessary to start the hearing process. The Notice of Appeal form must be made available to the household to facilitate appeal requests; however, completion of this form by the household is not required if a clear expression for a hearing has been made by some other method. Local agencies must help the claimant submit and process the request, and prepare the case, if needed. Information and referral services must be provided to help claimants make use of any legal services available in the community that can provide legal representation at the hearing.

Upon request, the local agency must make available, without charge, information from the case file for a household or its representative to determine whether a hearing should be requested or to prepare for a hearing. Confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the nature or status of pending criminal prosecutions, must be protected from release.

D. TIME LIMITS FOR REQUESTING A HEARING (7 CFR 273.15 (g))

A household must be allowed to request a hearing on any adverse action or loss of benefits which occurred in the prior ninety (90) days. Action by the agency will also include a denial of a request for restoration of any benefits lost more than 90 days, but less than a year prior to the request. The household must be allowed to appeal and request a hearing at any time during the certification period if it is dissatisfied with the current level of benefits.

If the amount of a claim was not established by a fair hearing or a court, the household will have 90 days from the date of notification of the claim to appeal the amount or establishment of the claim.

E. LOCAL AGENCY CONFERENCE (7 CFR 273.15 (d))

When a household advises the local agency that it wishes to appeal denial of expedited service processing, the BPS must offer an agency conference. At the conference, the recipient may be represented by an authorized representative, legal counsel, relative or friend. Upon receipt of a request for such a conference, the BPS must schedule the conference within two working days, unless the household requests that the conference be scheduled later. The household's failure to request a BPS conference has no effect upon the right to appeal and have a fair hearing or upon the right to continued participation.

The conference with local agency staff is designed to allow the household to receive, a verbal explanation of the reason expedited service was denied. The conference is to avoid a lack of understanding by the household. The household should be given the opportunity to explain why it is entitled to expedited service processing.

The conference may be attended by the BPS but must be attended by an eligibility supervisor or the director and a household member or its representative.

The local agency conference may or may not result in a change in the agency decision regarding entitlement to expedited service. Regardless of the result of the conference, the household must be provided with a fair hearing unless there is a written withdrawal of the request for a hearing. The agency must provide the results of the conference in writing to the household. The fact that the conference was held will not affect an appeal or the required time limits for filing or implementing a decision.

F. PARTICIPATION DURING APPEAL (7 CFR 273.15 (k))

When a verbal or written hearing request is made during the adverse (advance or adequate) notice

period, the household is entitled to continued participation until the end of the current certification period or until a decision on the fair hearing is reached, unless the household specifically waives continuation of benefits in writing. The household's participation in the Program will be continued on the basis authorized immediately prior to the adverse action notice. Continuation of benefits during the appeal process is only appropriate if the appeal is a result of a change which occurred during the certification period and for which an adverse action notice was issued or required. The agency must explain to the household that continuation of benefits is strictly at the household's option and that should it elect to have benefits continued and the hearing decision upholds the agency action, the household will be required to repay the value of any benefits overissued prior to and during the period such benefits were continued. A Notice of Action must be provided to the household when benefits are continued.

1. Determining Continuation of Benefits During the Appeal Process

The local agency must be aware that an appeal was made during the required time frame prior to authorizing continued participation. This means that the local agency must have
(1) received the request directly from the household, or
(2) written or verbal confirmation from the Hearings Manager or a hearing officer that a timely appeal request was received.

If a hearing request is not made within the period provided by the adverse action notice, benefits must be reduced or terminated as provided in the notice. If the household establishes that its failure to make the request within the adverse notice period was for good cause, the hearing officer must require that the local agency reinstate the benefits to the prior basis.

When benefits are reduced or terminated due to a mass change, participation on the prior basis must be reinstated only if the issue being contested is that the SNAP eligibility or benefit amount was improperly computed or that federal law or regulation is being misapplied or misinterpreted by the state. Households requesting an appeal of a mass change are eligible for continuation of benefits as long as they request a hearing within 90 days of the action being appealed and meet the requirements of this paragraph.

2. Exceptions to Continuation of Benefits

Once benefits have been continued or reinstated during the appeal process, they must not be reduced or terminated prior to the receipt of the official hearing decision unless:

a. the certification period expires;

b. the appeal issue is one of federal law or regulation and written notice has been received from the hearing officer;

c. a change in circumstances affecting the household's eligibility or benefit level occurs while the hearing decision is pending and a request for a second hearing has not been received; or,

d. a mass change occurs.

G. PREPARATION FOR THE HEARING

The appeal request, upon receipt by the Hearings Manager, must be assigned to a hearing officer who will validate the appeal and acknowledge the request by letter to the claimant with a copy to the BPS and other appropriate parties. Appeals staff will arrange with the local appeal coordinator to gather sufficient information to determine the validity of appeal requests. The local department of social services must provide validating information within five business days of the request for information.

The BPS must prepare a Summary of Facts of the case and forward it to the hearing officer within five days prior to the hearing. A general outline of this summary follows, although the content may vary to fit case situations. All statements made should be factual and phrased in a way not objectionable to the claimant.

For appeals that involve work registration or SNAP E&T noncompliance, eligibility staff and E & T staff must prepare the Summary of Facts jointly except when a household member refuses to register.

The Summary of Facts should include the following:

1. Identifying Information:

   Name of local agency
   Name, address and case number of claimant
   Persons included in the SNAP household
   Name, age, relationship to claimant
   Other persons in household
   Name, relationship

2. Date of Request and Reason for Appeal (quote the claimant in requesting the hearing)

3. Statement of Agency Action

   a. Give a brief, factual statement of the reason for agency action, or failure to act, and the nature and date of agency action. Note if there was an agency error, negligence or administrative breakdown.

   b. Under the heading "Agency Policy", cite and quote passages from the Virginia SNAP certification manual on which agency action was based.

   c. If the level of participation is in question, give a detailed breakdown of the claimant's financial circumstances as it appears on the SNAP application with whatever explanation may be necessary.

   d. Note the date and result of an agency conference on the denial of expedited service, if appropriate.

4. State whether participation is continuing during the appeal process on the basis authorized immediately prior to the adverse action notice.

5. The Summary must be signed and dated by the agency director or designee. The BPS must retain a copy of the Summary, which is the official document for presentation of its case at the hearing.

The BPS must provide a copy of the Summary and any other documents and records which are to be used at the hearing to the claimant or representative. The summary or documents must be provided at a reasonable time prior to the date of the hearing.

If documents pertinent to the hearing are received by the local department of social services or there are changes in the situation following transmittal of the Summary, copies of the documents and a written statement of the changes must be mailed in advance of the hearing to the hearing officer. Copies of the additional information must also be made available to the claimant or representative.

During the period between the filing of the appeal and the receipt of the decision from the State Hearing Authority, the local department of social services continues to be administratively responsible for the case on appeal. This responsibility includes appropriate adjustment in eligibility status or level of participation necessitated by changes in the claimant's situation, income, changes in household composition, or changes for any other reason.

If a change in circumstances occurs during the appeal process that results in a reduction or termination of benefits, an advance notice must be sent. If the claimant fails to appeal the proposed additional change, participation will be adjusted with respect to this change in circumstances. The change must be reported to the hearing officer for consideration of possible effect on the decision.

H. RESPONSIBILITIES OF HEARING AUTHORITY (7 CFR 273.15 (i))

In preparation of the hearing, the hearing authority must consider and act on the following situations:

1. If the request for a hearing is from a household, such as migrant farm workers, that plans to move from the locality, the hearing must be held as quickly as possible so a decision may be reached before the household leaves the area.

2. If the household requests postponement of the hearing, it must be granted. The postponement may not exceed 30 days. The time limit for action on the decision may be extended for as many days as the hearing is postponed.

3. If there are a series of individual requests for hearings, the appropriateness of conducting a single group hearing must be determined. The hearing officer may consolidate only cases in which the sole issue is one of State and/or federal law, regulation or policy, and with the consent of the appealing parties.

   In all group hearings, the policies governing hearings must be followed. Each individual claimant must be permitted to present his own case or be represented by legal counsel or other spokesman. If the claimants request a group hearing on an issue specified in this chapter, the request must be granted.

I. DENIAL OR DISMISSAL OF REQUEST FOR HEARING (7 CFR 273.15(j))

A request for a hearing will not be denied or dismissed unless:

1. The request is not received within 90 days of the date of agency action or failure to act;

2. The request is withdrawn in writing by the household or its representative;

3. The household or its representative fails, without good cause, to appear at the scheduled hearing; or

4. Files an oral request to withdraw without coercion. The hearing officer must send the household a notice to confirm the withdrawal and offers the household an opportunity to reinstate the hearing within ten days. If reinstated, the 60-day process period will begin anew.

J. HEARING PROCEDURE

The hearing must be conducted at a time, date, and place convenient to the claimant(s). Preliminary written notice must be given at least 10 days prior to the hearing. (Allow two days for mailing in addition to the postmark date.) The claimant will be requested to advise the local department of social services immediately if the scheduled date or place is inconvenient, but, without such notification, it is assumed the arrangements are convenient. The hearing may be conducted through a teleconference.

The local department of social services is responsible for assuring that the claimant has transportation to the hearing if the claimant is unable to make arrangements.

When a claimant indicates that the scheduled date is not convenient, the hearing date may be extended. The hearing officer will determine whether the provision of extension is being abused and reserves the right to set a date beyond which the hearing will not be delayed.

The hearing is to be conducted in an informal atmosphere and every effort will be made to arrive at the facts of the case in a way that will put the claimant at ease. It is the hearing officer's responsibility to assure that this is done, and the hearing officer may, within the discretion allowed, designate those persons who may attend the hearing or the particular portion of the hearing they may attend. The hearing officer has full authority to recess the hearing or to continue to another date in the interest of fairness.

When the issue on appeal is of a medical nature, (e.g., concerning a diagnosis, an examining physician's report, or a Disability Determination Services decision), the hearing officer may request a medical assessment by someone other than the person(s) involved in making the original examination. Such an assessment will be obtained at combined State and local expense from a source satisfactory to the claimant and will be made a part of the hearing record.

Any material from the SNAP case record must be made available to the claimant and/or his representative upon request. Additionally, a household must be allowed to examine its employment component case file at a reasonable time before the date of the fair hearing. Confidential or other information, which the head of the household or his representative does not have an opportunity to hear, see, and respond to, must not be introduced at the hearing, nor will it become a part of the hearing record. It is within the discretion of the hearing officer to designate what is pertinent to an issue on appeal and admissible as evidence during the hearing, including the entire case record, if appropriate.

When benefits are continued pending a hearing decision, the hearing officer must rule at the hearing whether the issue being appealed is one of federal law, regulation or policy, or whether the issue relates to a matter of fact or judgement applicable to an individual case. If the hearing officer rules that the issue being appealed is one of federal law, regulation or policy, benefits will be reduced or terminated as proposed by the Advance Notice of Proposed Action or the Notice of Action.

If, during the appeal process, the need for adjustment in eligibility or basis of issuance in favor of the claimant becomes evident, reconsideration or modification of the former decision will be made by the local department of social services. If an adjustment is satisfactory to the claimant, the claimant may withdraw the appeal or of have a formal decision made by the Hearing Authority.

The local department of social services employment services staff or the agency's designee operating the relevant employment and training component must receive sufficient advance notice of the hearing so that representatives may attend the hearing or are available for questioning by telephone during the hearing. If a hearing is scheduled by households appealing a work registration or employment and training issue, the results of the hearing are binding on the local department of social services.

K. EVENTS OF THE HEARING

The hearing must be attended by the BPS and the claimant or a representative. The household may also bring relatives or friends along if it so chooses. The hearing officer has the authority to limit the number of persons present if space limitations exist. The hearing officer will coordinate the following activities at the hearing:

1. Identification of those present for the record.

2. Provide an opening statement to explain the hearing purpose, procedure to be followed, how and by whom a decision may be made and to be communicated to claimant and local agency, and the option of either party, if decision is made by the hearing officer, to request review of the decision by the Commissioner.

3. The claimant or his representative must be given the opportunity to:

    a) examine all documents and records which are used at the hearing;

b) present the case or have it presented by legal counsel or other person;

c) bring witnesses;

d) establish pertinent facts and advance arguments; and,

e) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

4. The local department of social services will have the opportunity to clarify or modify its statements contained in the Summary of Facts and to question the claimant, his representative, or witnesses on the important issue(s). The local department of social services has the same rights as the claimant to examine documents, bring witnesses, advance arguments, question evidence and submit evidence.

5. Evidence admissible at the hearing is limited to information that is related to the issue(s) being appealed. Such issues include those given by the claimant at the time of the appeal request and those given by the local department of social services as a basis for its actions or inaction under appeal. The hearing officer must determine whether an issue, other than the one being appealed, may be introduced, but no additional issues are admissible without concurrence of the claimant and local department of social services.

L. DUTIES OF THE HEARING OFFICER

The hearing officer must:

1. Ensure that all relevant issues are considered.

2. Request, receive, and make part of the record all evidence determined necessary to decide the issues being raised.

3. Regulate the conduct of the hearing consistent with due process to ensure an orderly hearing.

4. Order an independent medical assessment or professional evaluation from a source mutually satisfactory to the household and the local department of social services if it is relevant and useful.

5. Render a decision in the name of the State Hearing Authority. Decisions must comply with regulations as stated in the Virginia SNAP Certification Manual and the Virginia EBT Policies and Procedures Guide and must be based on the hearing record. An official report containing the substance of what transpired at the hearing, the findings and conclusions of the hearing officer, together with all papers and requests filed in the proceeding, will constitute the record for the decision.

6. Provide a copy of the decision that reverses the actions of a local department of social services to the SNAP Regional Consultant.

M. HEARING DECISION (7 CFR 273.15(q))

An official report containing the substance of the hearing, together with the findings and conclusions of the hearing officer, and all papers filed in the proceeding, will constitute the record for the decision. The household and the local department of social services must each be notified of the decision by a copy of the written official report of the decision.

The decision of the hearing officer will be final and binding when presented in writing to the claimant and the local department of social services.

The claimant, the claimant's representative, and the local department of social services must be given written notice of the right to request a review of the hearing officer's decision by the Appeals Review Panel. The decision must be put into effect regardless of whether review by the Appeals Review Panel of the decision has been requested. In addition to the claimant's right to request a review by the Appeals Review Panel, the claimant may seek a judicial review of the decision.

The request for the Appeals Review Panel review by either party must be submitted in writing within 10 days following the date of the hearing officer's written decision with a written statement of the reasons for the objection to the decision. A copy of the review request by the local department of social services must be submitted to the claimant.

The Appeals Review Panel will make recommendations about future policy changes or the conduct of future hearings only. The claimant, the claimant's representative, and local department of social services will not be notified about the panel’s recommendations.

When the decision of the hearing officer is adverse to the claimant, all available administrative remedies have been exhausted.

All hearing records and decisions are available for public inspection and copying, subject to the disclosure safeguards, provided identifying names and addresses of household members and other members of the public are kept confidential.

N. IMPLEMENTATION OF DECISIONS

All final hearing decisions must be reflected in the household's benefits within time limits specified in this section. Local departments of social services must provide documentation to the hearing officer of compliance with hearing decisions.

1. Decisions that result in an increase in household benefits must be reflected in the benefit amount within 10 days of the receipt of the hearing decision, even if the local agency must provide a supplementary allotment or otherwise provide the household with an opportunity to obtain the allotment outside of the normal issuance cycle. The local department of social services may take longer than 10 days if it elects to make the decision effective in the household's normal cycle, provided that the issuance will occur within 60 days from the household's request for the hearing.

2. Decisions that result in a decrease in household benefits must be reflected in the next

scheduled issuance following receipt of the hearing decision. No additional notice to the household is needed.

3. When the decision of the hearing officer or Commissioner, as appropriate, determines that a household has been improperly denied program benefits or as been issued a smaller benefit amount than it was due, lost benefits must be provided to the household as allowed by Part XVI.A.

4. When the decision of the hearing officer or Commissioner, as appropriate, upholds the action of local department of social services, a claim against the household must be prepared, as allowed by Part XVII.A for any overissuances.

O. INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (7 CFR 273.16(e))

An Administrative Disqualification Hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving an alleged intentional program violation (IPV) for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

In order to request an ADH, there must be clear and convincing evidence that demonstrates that a household member committed or intended to commit an IPV as described in the Definitions section. Examples of evidence include, but are not limited to, the following:

1. Written verification of unreported income or resources received by the household;

2. Verification that the household understands its reporting requirements by its signature under the rights and responsibilities section of the application or on some other form;

3. An application or change report form submitted during the period the IPV is alleged to have occurred which omits the information in question; and

4. Documented contacts with the household during the period the IPV is alleged to have occurred in which the household failed to report information in response to agency queries about household circumstances.

Each example noted above does not have to be presented to document intentionality, however, it is likely that such deliberateness can only be shown through the presentation of more than one of these evidence examples.

P. INITIATION OF AN ADH

The local department of social services must ensure that the evidence against the household member alleged to have committed the IPV is reviewed by either an eligibility supervisor or agency director to certify that such evidence warrants a referral for an ADH.

Prior to submitting the Referral for Administrative Disqualification Hearing to the State Hearing Authority, the local department of social services must provide the forms, Notification of Intentional

Program Violation and Waiver of Administrative Disqualification Hearing and may provide the "Administrative Disqualification Hearings" pamphlet to the household member suspected of the IPV. To determine the appropriate disqualification period for the notification form, the agency must access the electronic Disqualified Recipient Subsystem (eDRS) to determine the number of prior disqualifications an individual may have. The eDRS information about prior disqualifications must be verified before deciding on the length of the penalty. See Part XVII.L.2 for additional information about eDRS.

The waiver must be returned to the agency within 10 days from the date notification is sent to the household to avoid submission of the Referral for ADH. If a signed waiver is received, no ADH is conducted and the disqualification period is imposed in accordance with policy at Part XVII.L.1. No further administrative appeal procedure exists after an individual waives his/her right to an ADH and a disqualification penalty has been imposed. The disqualification period cannot be changed by a subsequent fair hearing decision. The household member is entitled to seek relief in a court having appropriate jurisdiction and the period of disqualification may be subject to stay or other injunctive remedy by a court of appropriate jurisdiction. Allegations of coercion by the household member, household head, or legal representative to VDSS or the local department of social services will negate the waiver however and the case must be referred for an ADH.

If no waiver to the ADH is received within 10 days, the local department of social services must submit the Referral for Administrative Disqualification Hearing to the Hearings Manager by the 15th day following the date notification was sent to the household. The additional five days allows for possible mail delivery delays. The form must include the following information:

1. Identifying Information as requested at the top of the form;

2. Summary of the Allegation(s);

3. Summary of the Evidence; and

4. Copies of documents supporting the allegation.

The referral must be signed and dated by the supervisor or director.

If a case is referred for an ADH, it must not simultaneously be referred for prosecution. The local department of social services may combine a fair hearing and an ADH into a single hearing if the factual issues arise out of the same or related circumstances and the household receives prior notice that hearings will be combined.

If the ADH and fair hearing are combined, the agency must follow timeframes for conducting an ADH. If the hearings are combined for the purpose of settling the amount of the claim at the same time as determining whether the IPV has occurred, the household will lose its right to a subsequent fair hearing on the amount of the claim. However, the local department of social services must, at the household's request, allow the household to waive the 30-day advance notice period for the scheduling of the ADH when the hearings are combined.

Q. SCHEDULING THE ADH

Upon receipt of the request for the ADH, the Hearings Manager will forward the request to the appropriate hearing officer.

1. Advance Notice of ADH (7 CFR 273.16(e)(3))

The hearing officer must schedule a date for the ADH and provide written notification to the household member suspected of IPV at least 30 days in advance of the date the ADH has been scheduled. The form, "Advance Notice of Administrative Disqualification Hearing" is used for this purpose. The pamphlet that describes the ADH procedures may be sent with the advance notice. The ADH advance notice may be sent by first class mail, certified mail - return receipt requested, or be any other reliable method. If the notice is sent by first class mail and it is subsequently returned as undeliverable, the hearing may still be held.

Once the ADH has been scheduled, the ADH is to be conducted and a decision made within 90 days of the date the household is notified in writing that the ADH has been scheduled. A copy of the decision must be provided to the household and the local agency.

2. Time and Place of the ADH (7 CFR 273.16(e)(4))

The time and place of the ADH must be arranged so that the hearing is accessible to the household member suspected of IPV. The member or representative may request a postponement of the ADH if the request for postponement is made at least 10 days in advance of the date of the scheduled hearing. The ADH will not be postponed for more than 30 days and the State Hearing Authority may limit the number of postponements to one. When a hearing is postponed, the time limit for rendering and notifying the household and agency of the decision is extended for as many days as the hearing is postponed.

3. Failure of Household Member to Appear at the ADH

If proof of nonreceipt of the ADH advance notice has not been received, the requirement to notify the individual alleged to have committed the IPV has been met. The ADH may be held even if the member or representative subsequently cannot be located or fails to appear without good cause.

The individual has 10 days from the date of the scheduled ADH to present reasons other than nonreceipt of the notice to show good cause for failure to appear at the hearing. Good cause reasons based on nonreceipt of the notice must be presented within 30 days of the scheduled hearing.

Even though the household member is not represented, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence. If the household member is found to have committed IPV but a hearing officer later determines there was good cause for not appearing, the previous decision is no longer valid and a new ADH shall be conducted. The hearing officer who originally ruled on the case may conduct the new hearing. The good cause decision must be entered into the hearings record by the hearing officer.

4. Participation While Awaiting a Hearing (7 CFR 273.16(e)(5))

A pending ADH will not affect the household's right to be certified and receive SNAP benefits. The household member alleged to have committed an IPV cannot be disqualified through an ADH until a hearing officer finds the individual guilty of IPV, so the eligibility and benefit level of the household is determined in the same manner as for any other household.

R. CONDUCT OF THE ADH

The hearing officer will preside and conduct the hearing informally. Technical rules of evidence are not required. The hearing may be conducted via a teleconference. The hearing may also be recorded.

1. Attendance at the ADH

The ADH is attended by persons directly concerned with the issue. This normally means a representative of the local department of social services and the household member alleged to have committed an IPV and/or the household's representative. If space is limited, the hearings officer may limit the number of persons in attendance.

2. Responsibilities and Duties of Hearing Officer

The hearing officer must:

a. Identify those present for the record;

b. Advise the household member or representative that he/she may refuse to answer questions during the hearing;

c. Explain the purpose of the ADH, the procedure, how and by whom a decision will be reached and communicated, and the option of either the local department of social services or the household to request a review of the hearing officer's decision by the Commissioner;

d. Consider all relevant issues. Even if the household is not present, the hearing officer must carefully consider the evidence and determine if an IPV was committed based on clear and convincing evidence;

e. Request, receive and make part of the record all evidence determined necessary to render a decision; and

f. Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.

3. Rights of the Household

The household member alleged to have committed IPV and/or the representative must be given adequate opportunity to:

a. Examine all documents and records to be used at the ADH at a reasonable time prior to the ADH as well as during the ADH. The contents of the case file, including the application form and documents of verification used by the BPS to establish the alleged IPV, must be made available, provided that confidential information, such as the names of individuals who have disclosed information about the household without its knowledge, or the nature and status of pending criminal prosecutions, is protected from release.

The local agency must provide a free copy of the portions of the case file that are relevant to the hearing If requested by the household or its representative. Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge may not be introduced at the hearing or affect the hearings officer's decision.

b. Present its case or have it presented by legal counsel or another person.

c. Bring witnesses.

d. Advance arguments without undue interference.

e. Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

f. Submit evidence to establish all pertinent facts and circumstances in the case.

As the household may not be familiar with the rules of order, it may be necessary to make particular efforts to arrive at the facts of the case in a way that makes the household feel most at ease.

The household member or representative may refuse to answer questions during the hearing.

4. Responsibilities and Duties of Local Agency

The local agency representative is responsible for presenting the agency's case in the ADH. The agency representative has the same rights as the household as listed in Part XIX.R.3., items a. through f. above.

S. NOTIFICATION OF ADH DECISION (7 CFR 273.16(e)(9))

The hearing officer is responsible for rendering a decision. The decision must be based on clear and convincing evidence from the hearing record, which is an official report of the hearing, including all papers and requests filed in the proceeding. The hearing officer must substantiate the decision by identifying supporting evidence and applicable regulations.

Following the ADH, the hearing officer must prepare a written report of the substance of the hearing that must include findings, conclusions, decision and appropriate recommendations. The decision must specify the reasons for the decisions, identify the supporting evidence, identify pertinent SNAP regulations and respond to reasoned arguments made by the household member or representative.

The hearing officer must notify the household member of the decision. The form "Administrative Disqualification Hearing Decision" must accompany the findings. The hearing officer must inform the household of its right to request review of the decision. If the household member is found guilty of IPV, the decision must advise the household that disqualification will occur.

The determination of IPV by the hearing officer cannot be reversed by a subsequent fair hearing decision.

The household member is entitled to seek relief in a court of appropriate jurisdiction. The period of disqualification may be subject to stay by a court of appropriate jurisdiction or other injunctive remedy.

The amount of the overissuance subject to repayment may be appealed by a fair hearing, provided that the household member did not request a fair hearing for that reason that was consolidated with the ADH.

If the household member or representative did not appear at the hearing and the hearing officer determines that an IPV was committed, the hearing officer will delay notification of the decision until 10 days after the date of the hearing to allow the individual time to present good cause for failing to attend.

T. IMPLEMENTATION OF THE ADH DECISION

Upon receipt of the notice of a decision from the hearing officer finding the household member guilty of an IPV, the local agency must inform the household of the disqualification by sending a "Notice of Disqualification Due to Intentional Program Violation" or other disqualification notice approved for use. The notice must inform the household of the reason for disqualification and must inform the household that the disqualification will be effective upon receipt of the notice. The household member who committed the IPV must be disqualified in accordance with the length of time specified in Part XVII.M.1. The local agency must also provide written notice to the household of the benefit amount that will be received or advise that a recertification application must be filed if the certification period has expired.

If it is determined that the individual did not commit an IPV, no disqualification will be imposed and any overissuance must be handled as a nonfraud claim.

VIRGINIA LEGAL AID PROJECTS

1-866-LEGLAID (1-866-534-5243) Legal Aid Hotline, www.valegalaid.org

Blue Ridge Legal Services, Inc.
204 N. High Street
Harrisonburg VA 22803
540- 433-1830
www.brls.org

Blue Ridge Legal Services, Inc.
303 S. Loudoun Street, Suite D
Winchester VA 22604
540-662-5021
www.brls.org

Blue Ridge Legal Services, Inc.
215 S. Main Street
Lexington VA 24450
540-463-7334
www.brls.org

Blue Ridge Legal Services, Inc.
132 Campbell Ave., SW, Suite 300
Roanoke VA 24011
540-344-2080
www.brls.org

Central VA Legal Aid Society
101 West Broad Street, Suite 101
Richmond VA 23220
804-648-1012, 800-868-1012
www.cvlas.org

Central VA Legal Aid Society
103 E. Water Street, Suites 201-202
Charlottesville VA 22901
434-296-8851, 800-390-9983
www.cvlas.org

Central VA Legal Aid Society
229 N. Sycamore Street, Suite A
Petersburg VA 23803
804-862-1100, 800-868-1012
www.cvlas.org

Legal Aid Justice Center
626 E. Broad Street, Suite 200
Richmond, VA 23219
804-643-1086
www.justice4all.org

Legal Aid Justice Center
6402 Arlington Blvd., Suite 1130
Falls Church, VA 22042
703-778-3450
www.justice4all.org

Legal Aid Justice Center
1000 Preston Avenue, Suite A
Charlottesville, VA 22903
434-977-0553
www.justice4all.org

Legal Aid Society of Roanoke Valley
132 Campbell Avenue SW, Suite 200
Roanoke VA 24011
540-344-2088
www.lasrv.org

Legal Aid Society of Eastern VA
125 St. Paul's Boulevard, Suite 400
Norfolk VA 23510
757-627-5423
www.laseva.org

Legal Services of Northern VA
10700 Page Avenue, Suite 100
Fairfax VA 22030
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www.lsnv.org

Legal Services of Northern VA
100 N. Pitt Street, Suite 307
Alexandria VA 22314
703-778-6800, 866-534-5243
www.lsnv.org

Legal Services of Northern VA
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Arlington VA 22204
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www.lsnv.org

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Leesburg VA 20175
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Legal Services of Northern VA
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311 Virginia Street
Tappahannock VA 22560
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PART XX DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

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A. Introduction

If there is an emergency or major disaster, such as a hurricane, tornado, storm, flood, snowstorm, drought, fire, explosion or other disaster, the regular program may not be able to handle the increased number of households needing food assistance. Under certain conditions, localities and states can petition the Food and Nutrition Service (FNS) to authorize implementation of the Disaster Supplemental Nutrition Assistance Program (D-SNAP).

This chapter outlines how the Commonwealth of Virginia will administer an effective and efficient D-SNAP. Depending on the circumstances, Virginia will request program waivers, as appropriate. Additionally, the Virginia Department of Social Services will advise local departments (LDSS) of changes to required information needed for eligibility determinations.

The D-SNAP Web-Based Eligibility Application User's Guide outlines procedures for accessing the online D-SNAP system. The User's Guide is available at https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Disaster-SNAP.

B. Local Planning

Each LDSS must develop and maintain a local disaster plan. Local plans must be submitted annually by April 15th to the state office D-SNAP coordinator electronically for storage on a state shared drive. See Part D, Assessment and Evaluation of a Disaster for elements that should be included in the plan. A disaster planning guide is available online at https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Disaster-SNAP.

When a disaster occurs, VDSS will communicate with local personnel identified as the Local Contact for the affected locality. This contact will be to discuss the feasibility and desirability of operating a D-SNAP. A list of local contacts is available online at https://fusion.dss.virginia.gov/bp/BP-Home/SNAP/Disaster-SNAP.

If many localities are affected by the disaster, VDSS will hold a conference call with the Local Contacts to review the criteria for operating the D-SNAP. If one or more LDSS opts to apply, VDSS will convene regional, face-to-face, or teleconference meetings to discuss aligning program days/hours of operation and program options within the region. If appropriate, all localities must operate the D-SNAP during the same days and use the same program options.

Each locality offers different resources and may face different challenges in terms of staffing of the local social services department, physical space and community demand. If a disaster occurs, the need for assistance can vary greatly from one area to another.

Each LDSS must develop a local disaster plan that addresses issues and prepares the community to meet the needs of the citizens. The local plan must identify and include appropriate community partners.

The plan should also include other city/county government agencies that will share responsibilities during the disaster. The LDSS, with the help of its partners, will carry out those plans in the event of a disaster that warrants implementation of the D-SNAP.

C. PRE-CONDITIONS FOR AUTHORIZATION OF THE DISASTER PROGRAM

1. The following pre-conditions must be met before the D-SNAP may be authorized:

   a. The President must proclaim a disaster for individual assistance in Virginia. After this decision, states and localities can request the D-SNAP.

   b. Commercial channels of food distribution (wholesale and retail food outlets) must have been both DISRUPTED and subsequently RESTORED such that they are now currently available.

   c. The regular program must be unable to handle the increased number of households needing food assistance expeditiously.

2. Commercial channels of food distribution must be DISRUPTED under any of the following conditions, provided the condition was directly caused by the disaster:

   a. Retail food outlets are closed.

   b. Normal operating hours of food outlets are reduced to the extent that a household's opportunity to purchase food supplies is significantly reduced.

   c. Power failure significantly restricts the operation of food outlets.

   d. Household access to retail food outlets is limited because of disruption to transportation (such as damage to roads or bridges or disruption in otherwise availability of public transportation).

   e. Unusually heavy demand for food exists such that a household's opportunity to purchase food supplies is significantly reduced.

   f. Delivery of food supplies to food outlets is significantly hampered to the extent that a household’s opportunity to purchase food supplies is significantly reduced.

3. Commercial channels of food distribution will be considered RESTORED when conditions or operations have been improved to the extent that households have reasonable access to food outlets with sufficient food supplies.

D. ALTERNATIVES TO THE DISASTER PROGRAM

Implementation of the D-SNAP is not appropriate for every disaster. The choice of whether to utilize the regular program or to request FNS authorization of the D-SNAP depends on the nature of the disaster.

1. The following factors suggest continued utilization of the regular program or a modified program:

a. The affected population is fairly small.

b. The affected population is mostly the same population that is already eligible for or would be eligible for food assistance under the regular program.

c. The disaster appears to be fairly short term.

d. The increase in the demand for food assistance is expected to be manageable.

e. The regular program would be able to adequately respond to the needs of the affected population.

2. The following factors suggest implementation of the Disaster Program:

a. The affected population is large.

b. The affected population includes a large population that would not be eligible for food assistance under the regular program.

c. The disaster is severe and widespread.

d. The increase in the demand for food assistance is expected to be dramatic.

e. The damage is so severe and widespread that application procedures under the regular program would be too cumbersome.

f. The disaster is such that many households would not have the verifications required by the regular program.

g. The affected population needs benefits more quickly than would be provided under the regular program.

h. The regular program would not be able to adequately respond to the immediate needs of the affected population.

E. ASSESSMENT AND EVALUATION OF A DISASTER

Once a disaster has occurred, the local department of social services director in each locality affected must contact the Director of Benefit Programs or specified designee in the Home Office of the Virginia Department of Social Services to provide information regarding the extent of the damage caused by the disaster. This contact is to discuss and determine information specific to the disaster that may need to be gathered and submitted with the request to run a disaster program, e.g., data from the electric company about the extent of power outages. The local agency and Home Office will also discuss whether the D-SNAP or a modified disaster program is the appropriate response.

The local social services agency must request approval to run the D-SNAP. The request must be in writing and submitted to the Director of Benefit Programs or specified designee. The plan must be designed to provide benefits to applicants within three calendar days. (The first day is the day after the application is filed.) A sample cover letter and template for the request are in Appendix III of this chapter. The request to operate the disaster program must include the following information:

1. Names, positions and phone numbers of key contact people responsible for the operation of the D-SNAP. Include also the date of request.

2. Completion of a needs assessment that includes:

   - Status of food distribution, i.e., a statement whether commercial channels of food distribution have been both disrupted and restored.

   - A statement of why the food assistance needs of these households cannot be met by the regular program.

   - An estimate of the number of households expected to apply, and whether the D-SNAP is needed to meet the needs. There must be separate calculations for applicants and ongoing recipients.

     An estimate of how long it will take to accept and process D-SNAP applications from the affected population. The disaster application processing period cannot exceed seven days. Include the date application processing is anticipated to begin and the date it will end.

   - Indicate the disaster period requested, i.e., whether a full or half-month of benefits is requested. This recommendation will be based on the nature, severity, and anticipated duration of the disaster. (FNS will make the final determination)

3. Public information plans for informing the public about the availability of the D-SNAP. The LDSS must identify newspapers, radio stations, television stations, and key media and government websites that cover its service area.

4. List of volunteers and their contact information to assist the LDSS in the operation of the D-SNAP. Information about any disaster relief agencies that the local agency wants to use in administering the D-SNAP. Examples include the Red Cross or Salvation Army. Specify the functions that will be delegated to the disaster relief agency in connection with the certification and issuance of benefits and the geographical areas in which these functions will be performed. NOTE: Volunteers, including relief agencies, may not conduct eligibility interviews or determine eligibility.

   The Virginia disaster state plan does not assign a role to private disaster relief agencies within the Commonwealth. However, access to volunteers from those agencies is available, if needed. During a declared State of Emergency, VDSS is the lead agency for Emergency Support Function (ESF)-6 with responsibility for mass care, housing and human services. In this role, the Virginia Voluntary Organizations Active in Disasters

(VVOAD) is a support organization to ESF-6. VVOAD is an organization of over 20 non-profit groups including faith-based organizations. Several of these organizations support feeding operations within impacted areas during emergencies.

5. Indicate the number of BPS available to process applications. Include how you will be able to contact your own employees (home phone numbers, cell phone, etc.) Also, include a plan to house staff in case of an extreme emergency.

   Each LDSS is responsible for obtaining sufficient personnel to administer the D-SNAP. Such staff includes persons to provide clerical, eligibility determination, issuance, and crowd control duties or functions. Staffing considerations must factor in language needs of the community by having bilingual staff available. To ensure that sufficient staff is in place for a disaster, each LDSS must have a plan in place to expand the number of available workers to perform functions related to the D-SNAP. These additional workers may include workers from other programs within the LDSS, other city/county staff, staff from other LDSS, and volunteers. VDSS will perform a broker function and match volunteers from one LDSS to work temporarily for another LDSS when necessary.

6. List of workers and their contact information willing to assist other LDSS in the event a D-SNAP is operating in another county or city.

7. Procedures for working with power companies – determine what type of data they will provide. Also give any additional information that may be helpful such as conditions in the locality (e.g., duration of power outages, shut down of major employers.)

8. Identification of local demographic data that is available such as population counts of low income individuals and the elderly population in various parts of the locality. If only part of the locality was affected, use street names and zip codes to define geographical areas within the locality in need of assistance. Provide maps if available.

9. The LDSS must identify one or more alternate certification sites to operate a D-SNAP. This option may be necessary if the LDSS is unavailable or inaccessible because of the disaster or because it cannot accommodate an anticipated volume of applicants. In determining the location of the alternate site, the LDSS must consider the accessibility of the location to parking, the location's accommodations for disabled individuals, power and telecommunications arrangements, and the capacity to establish Internet access for multiple computers.

   A contingency plan for supplying additional hardware for operations should be identified, if necessary.

10. The LDSS is responsible for ensuring that all personnel implementing a D-SNAP is adequately trained. VDSS staff will provide initial face-to-face training or videoconference training sessions for affected localities. VDSS will provide an electronic version of all training materials for ongoing reference.

    Once a county/city has been approved to operate a D-SNAP, the LDSS must determine the training needs for all staff involved. At a minimum, each LDSS should have two

representatives attend the VDSS-provided training. Additionally, there will be daily conference calls where any LDSS staff member may call-in and ask questions of VDSS staff regarding the operation of the D-SNAP.

11. Describe procedures for accepting and processing applications, including crowd management procedures at application and issuance sites and fraud prevention measures. Describe also any pre-screening activities. If any volunteers will be there, explain where they are from and what their duties will be.

    Volunteers may perform screening activities that do not involve duplicate participation checks. They cannot perform any interview or certification activities.

12. Plan for crowd control including procedures to reduce applicant hardship (i.e. water, bathrooms, etc.) Include information about how to provide accessibility for the elderly or disabled.

    Crowd Control

    It is anticipated that the number of applicants for the D-SNAP will be significantly larger than the normal flow of SNAP applicants and recipients. The LDSS must have a plan to address an increased number of people.

    In order to even out the flow of applicants on a daily basis, the local agency may ask potential applicants to apply alphabetically or according to birth date or Social Security number. Arrangements should be made to acquire crowd control equipment such as rope barriers, directional signs and some form of public address system.

    The plan must provide for the deployment of additional staff and volunteers to carry out various functions. These functions may include maintaining orderly lines, assigning numbers to applicants in order for them to be served, informing applicants of the approximate waiting time, or cutting off lines at the closing hour of business identified in the local plan for operating the D-SNAP.

    Human Comforts

    The LDSS must attempt to provide basic human comforts to those individuals seeking assistance at D-SNAP certification sites. These comforts include bathroom facilities, access to emergency medical care (which may require having a nurse or other medical personnel on site), and the provision of water and small snacks, which may be available from the local Red Cross or other emergency providers.

    Some applicants, such as the elderly, those with disabilities, and those whose primary language is not English, may have special needs that must be addressed. This would include ensuring that certification sites and bathroom facilities are handicapped-accessible and that there is adequate, appropriate staff to assist applicants who are blind or deaf or have other impairments. In some instances, the LDSS may need to arrange transportation, conduct home visits, and secure translation services.

13. Plan for handling employee applications.

14. Describe procedures for issuing benefits. This would include the plan for the physical security and tracking of EBT cards, the data entry process, card delivery or card replacement. Include any recipient training or customer service training to be implemented.

    D-SNAP households will be issued EBT cards over-the-counter. Designated local agency issuance personnel may access the card issuance screen in the EBT system using Manual Account Setup prior the demographic and benefit files being transmitted to issue vault cards to eligible households. Cardholders must sign for receipt of the card. Cardholders must select a Personal Identification Number (PIN) by calling the EBT vendor's Automated Response Unit. The LDSS is encouraged to provide a telephone for cardholder use in acquiring the PIN.

    Disaster benefits must be provided within 3 days of the application date. (Day 1 is day after the application is filed.) Disaster benefits will be available for household use for 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 mailed.

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 must follow that are specific to the disaster. The approval or denial may be as immediate as the next day.

   If the application is denied, Home Office may request a review of the denial should additional information subsequently become available to substantiate the request for authorization.

2. GEOGRAPHICAL AREA. FNS will specify the locality or parts of localities where the D-SNAP is authorized.

3. DISASTER APPLICATION PERIOD. FNS will authorize a period of up to seven days for receiving, processing, and approving applications. Depending on the volume, processing applications may continue to occur after the expiration of the application period.

   No D-SNAP application may be taken after the expiration of the disaster application period.

4. DISASTER BENEFIT PERIOD. For the D-SNAP, FNS will specify either a half-month or a full month disaster benefit period, depending on the nature, severity, and anticipated duration of the disaster.

5. USE OF DISASTER RELIEF AGENCY. FNS will authorize the use of any disaster relief agency in administering the Disaster Program as well as specifically authorize which functions the agency may perform in connection with the certification and distribution of D-SNAP benefits.

H. APPLICATION TO FNS FOR EXTENSION OF THE DISASTER PROGRAM

An extension of the GEOGRAPHIC AREA covered by the D-SNAP may be requested if the effects of the disaster are more widespread than originally determined.

An extension of the DISASTER APPLICATION PERIOD may be requested if a significant number of D-SNAP applications cannot be taken during the original application processing period.

I. INFORMING THE PUBLIC

During a disaster, state and local levels will disseminate information about the D-SNAP. The VDSS will issue press releases and have information available on its public website about the operation of the D-SNAP in different counties and cities. When a disaster occurs where the LDSS has been approved to operate a D-SNAP, VDSS will contact media and government outlets identified by the LDSS. The press release may include information about:

- Supplemental Nutrition Assistance Program background
- Eligibility requirements
- Locations and the hours of operation
- The distribution of food and commodities through the Red Cross and other organizations

Additionally, the LDSS should arrange for food retailers, advocacy organizations and community and faith based organizations to display posters and distribute flyers. Posters should be displayed in local businesses and areas where disaster victims may congregate or seek other assistance.

The LDSS must also issue press releases and post information on its website to update the public on the status of the D-SNAP.

Local agencies serving affected areas must ensure the public is advised:

- about the availability of disaster benefits;
- how to apply for benefits;
- where and when to apply for disaster benefits;
- eligibility and verification requirements;
- the proper use of D-SNAP benefits and EBT cards;
- retailer availability;

- penalties for fraud; and

- a post-disaster review of D-SNAP applications.

Special efforts must be made to contact those segments of the community that may not be reached by mainstream media, such as persons living in rural areas, the elderly and disabled, the deaf and hearing impaired, and the non-English speaking. Suggested wording for a flyer and news release are in Appendix VI of this chapter. A poster that must be at all application sites is also in Appendix VI.

J. MAJOR DIFFERENCES BETWEEN THE REGULAR PROGRAM AND THE DISASTER PROGRAM

There are major differences between the regular program and the D-SNAP.

1. ELIGIBILITY CRITERIA. Eligibility criteria are less strict to provide food assistance to households that might not otherwise qualify for the regular program.

2. VERIFICATION. Depending on the nature of the disaster, verification rules are relaxed to streamline the application and eligibility determination process. For example, if homes are destroyed in a tornado, verification might not be available.

   At a minimum, the identity of the applicant must be verified. Residence verification is also requested but not required; i.e., the application can be processed without verification of residence.

   Households may be required to verify income and resources depending on the nature of the disaster. There is a standard deduction for disaster related expenses and verification will not be required.

   If a household must provide additional verification after the interview, the worker must advise the household that the information must be provided by the end of the period the agency is authorized to take disaster applications.

3. AMOUNT OF BENEFITS. An eligible household will be provided the maximum allotment for the household size. The allotment will not vary depending on income, as it does in the regular program.

4. DELIVERY OF BENEFITS. In the D-SNAP, benefits are provided within three calendar days of the date of application (day one is the day after the application date), or, if verification is still needed, within three calendar days of the household providing verification, but no later than the last authorized date of the disaster period.

5. NON-FINANCIAL FACTORS. Some non-financial factors are not asked about or evaluated in the D-SNAP. These factors include:
   - Citizenship and alien status

- Student eligibility (Students living in institutions are not eligible.)
- Striker
- Work registration
- Disqualification under the regular program
- Work Requirement and time-limited benefits

K. HOUSEHOLD APPLICATION PROCEDURES FOR THE DISASTER PROGRAM

To apply for D-SNAP benefits, a household member or its authorized representative must complete and submit an *Application for Disaster Supplemental Nutrition Assistance Program Benefits*. See Appendix I of this chapter for a copy of the application. The household or its authorized representative must be interviewed. At a minimum, the identity of the applicant must be verified.

If an authorized representative is applying on behalf of a household, written permission from the head of the household must be provided.

1. FILING AN APPLICATION. If the web-based D-SNAP application is used, the household must sign a *Request for Disaster Benefit Assistance* in order to inform the household that the Social Security Numbers and names of household members will be matched against various files. See Appendix I of this chapter for a copy of the request form.

   If a paper application is used, the household must submit a completed and signed D-SNAP application to the local agency authorized for the D-SNAP, either in person or through an authorized representative. The agency must record the date the application is received.

   The household must file the application during the disaster application processing period authorized by FNS. If a D-SNAP application is mistakenly filed outside of this disaster intake period, it must be denied.

   Households that apply outside of this disaster intake period may complete an application for the regular program and have the application processed according to the regular program application procedures.

2. MATCHES. Applicants must be screened to prevent duplicate participation. They also will be subject to various other matches. To prevent multiple issuances of Disaster SNAP benefits to an individual by more than one locality simultaneously, the local agency must accept applications and inform applicants that eligibility is contingent upon a subsequent check for duplicate participation.

   If the web-based application is used, the household will be screened automatically against extracts from VaCMS, the Division of Human Resources State Employee Database, Child Support Enforcement, and the web-based file itself. Match results will be provided to the worker online for information and evaluation. The local agency must screen all household members against SPIDeR and the local employee database(s). In some disasters, persons who match in VaCMS, and who have already received benefits through the regular program will not be eligible for D-SNAP benefits. A match with the VDSS state employee file is an

indication to the worker of an income source to explore during the interview. A match with support enforcement files is an indication to the worker of a possible income source to explore during the interview. A match with the disaster file itself shows people who have already applied for D-SNAP benefits and the disposition of that application.

If a paper application is used, the household members on the application must be entered into the web-based automated system to check for duplicate participation prior to approval. The application will be automatically screened against the same sources noted above as the web-based application.

3. INTERVIEWS. The household must be interviewed. The individual interviewed may be the head of the household, spouse, any other responsible member of the household, or an authorized representative. If an authorized representative is applying, that person must have written permission from the household. The interviewer must review the information that appears on the application and resolve unclear or incomplete information with the household.

   In addition, the interviewer must advise the household of its rights and responsibilities, including the right to a fair hearing, the proper use of benefits and EBT cards, penalties for fraud, and the civil and criminal penalties for violations of the Food and Nutrition Act. The interviewer must advise the household that it may be subject to a post-disaster review.

   The interviewer must inform each household of the ongoing food assistance program and how to apply for benefits.

   Local agency certification staff, other designated agency staff, staff from other local agencies and state social services staff, may be used to interview households and to determine eligibility.

4. VERIFICATIONS. Verification requirements will depend on the nature of the disaster, e.g., if homes were leveled, verification of several elements may be waived. Identity of the applicant is always verified. Examples of acceptable verification of identity include, but are not limited to, a driver's license, work or school ID, voter registration card, or birth certificate. A collateral contact may be used as a source of verification if the applicant's identity cannot be verified through documentary evidence.

   For items where verification can be waived, the household declaration on the application must be used in the eligibility determination.

5. HOUSEHOLD COOPERATION. If the household refuses to cooperate with any aspect of the application process, the application must be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrate that it will not take actions that it can take and that are required to complete the application process.

6. BENEFIT AMOUNT CALCULATION. Households determined eligible for Disaster Program assistance must receive either a half-month or a full month allotment, depending on which disaster benefit period level was authorized by FNS.

The actual amount of the allotment will be based on the household size. The benefit allotment tables must be used to determine the amount of the allotment.

7. PROCESSING STANDARD. Eligible households that complete the D-SNAP application must have their eligibility determined the same day, or as soon thereafter as possible, to ensure that benefits are issued no later than the third calendar day following the date the application was filed. Ex: Application date is September 17, so September 18 is day one of the processing period.

   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 VDSS 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 for and be certified for disaster benefits. FNS has previously approved options such as the issuance of automatic replacements to ongoing households. The way ongoing households are to be handled will be determined in negotiations with FNS at the time of a disaster.

L. ELIGIBILITY REQUIREMENTS FOR D-SNAP

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 and have unreimbursed out-of-pocket expenses 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 utilizes 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 will 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 in which food loss is the only disaster-related expense.

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

Example

Client applies for D-SNAP for herself, her husband, and two children. She stated they have disaster-related expenses, but the expenses are $75 due to their insurance deductible. Since the family's disaster-related expenses fall below the $100 threshold, the BPS must enter the household's actual expense of $75.

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. 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 BPS 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 four 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.

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 or 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 countable 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.

For households with $100 or more in unreimbursed disaster-related expenses use Chart A. The income levels in Chart A incorporates 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.

For households with $100 or less in unreimbursed disaster-related expenses, or food loss is the only expense use Chart B. The income levels in Chart B does not incorporates the Disaster Standard Expense Deduction (DSED). Households whose total income plus its accessible liquid resources minus their actual disaster-related expenses must be less than or equal to the levels in Chart B to qualify for D-SNAP.

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	$3,156	$ 292	$ 146
2	4,107	536	268
3	4,720	768	384
4	5,561	975	488
5	6,130	1,158	579
6	6,848	1,390	695
7	7,369	1,536	768
8	7,892	1,756	878
Each additional person	+$523	$220	$110

Chart B (DGIL):

Household Size	Income Limit	Benefit Amount Full Month	Benefit Amount* Half Month
1	$2,171	$ 292	$ 146
2	2,620	536	268
3	3,068	768	384
4	3,529	975	488
5	4,015	1,158	579
6	4,500	1,390	695
7	4,948	1,536	768
8	5,397	1,756	878
Each additional person	+$449	$220	$110

* 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 BPS 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 was approved for 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

FORM NUMBER	NAME	PAGES
032-03-1120-06-eng	Application for Disaster Supplemental Nutrition Assistance Program Benefits	1-10
032-03-0663-01-eng	Request for Disaster Assistance	11-12
032-03-0664-03-eng	Internal Action and Vault EBT Card Authorization for Disaster Benefits	13-14
032-03-0662-02-eng	Notice of Action–Disaster Supplemental Nutrition Assistance Program	15-18
032-03-0391-00-eng	Vault EBT Card Issuance Log	19-20
	D-SNAP Card Activation and PIN Selection Handout	21

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

032-03-1120-06 eng (02/23)

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS

Disaster Benefit Period _____ TO _____	AGENCY USE ONLY			
	CASE NAME	FIPS	CASE NUMBER	ATTACHMENTS: Y or N # ____
	WORKER NAME	WORKER NUMBER	DATE RECEIVED	

INSTRUCTIONS:
Complete this application honestly and to the best of your knowledge. If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Supplemental Nutrition Assistance Program 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

CIRCLE ONE

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:**
	TYPE		**DOB:**	**DOB:**	**DOB:**	**DOB:**	**DOB:**
DISASTER BENEFIT PERIOD to INCOME AMOUNTS	GROSS WAGES/SALARY	AMOUNT					
		SOURCE					
	NET SELF-EMPLOYMENT	AMOUNT					
		SOURCE					
	CHILD SUPPORT	AMOUNT					
		SOURCE					
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY	AMOUNT					
		SOURCE					
	PENSION	AMOUNT					
		SOURCE					
	SUPPLEMENTAL SECURITY INCOME	AMOUNT					
		SOURCE					
	OTHER INCOME (SUCH AS VETERANS, UNEMPLOYMENT, TANF) 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, audiotape, 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.

AGENCY USE ONLY

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: RECEIVED BY:	METHOD and DATE: RECEIVED BY:	SOURCE, METHOD, and DATE: RECEIVED BY:	SOURCE, METHOD, and DATE: RECEIVED BY:

NOTES:

Application For Disaster Supplemental Nutrition Assistance Program Benefits

Form Number – 032-03-1120

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 BPS must complete the Agency Use Section on page 1, with identifying information. Note whether there are attachments (e.g., the household needed an additional sheet to list more than 5 household members) by circling Y or N in the Attachments block and show how many pages are attached.

The household or its authorized representative must complete and sign the application. If any information needs to be changed after it has been entered, the applicant or the authorized representative must initial and date the changes.

The Agency Worker must sign and date the application on page 3 underneath the client's or authorized representative's signature. The worker must complete page 4, with the eligibility documentation and determination of benefits if the automated system is not available.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

REQUEST FOR DISASTER SNAP ASSISTANCE

General Information

This request for assistance is the first part of the application process for the Disaster SNAP Program. You must also complete the second part of the application process by:

1. Having an interview and
2. Signing an Application for Disaster SNAP Program Benefits

Complete and Accurate Information

You must give complete, accurate, and truthful information. If you give false or misleading information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster SNAP Benefits.

Verification and Use of Information

The information that you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if it is accurate. In addition, the information will be used to prevent receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database.

Completing the Request for Assistance

If you are applying for your own household, please enter your name and other information requested in the space provided.

You may complete this request for assistance for someone else, if you have been authorized by that person to represent them. You will need a signed and dated statement from the person for whom you are applying before you can complete the application process. If you are applying for someone else, please enter the name and information of the person for whom you are applying. In addition, please enter your name and other information in the space provided.

Applicant Name	**Date of Birth**
Address	**Social Security Number**
	Telephone
Signature or Mark	**Date**

Authorized Representative Name	**Relationship to Applicant**
Address	**Telephone**
Signature or Mark	**Date**

Your SNAP Rights

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of credible, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal employment provider and employer.

Request For Disaster SNAP Assistance

Form Number: 032-03-0663

Purpose of Form: To indicate intent to apply for the Disaster Supplemental Nutrition Assistance Program by an applicant or an authorized representative.

Use of Form: To be completed by an applicant or authorized representative to begin the application process when using the automated Disaster Eligibility System. The form will notify the applicant or the household's authorized representative of various database screenings.

Number of Copies: One

Disposition of Form: The form must be retained in the case record with the signed Application for Disaster Supplemental Nutrition Assistance Program Benefits.

Instructions for Preparation of the Form: The applicant must complete the identifying information. If this form is completed by the applicant's authorized representative, the authorized representative must complete the identifying information for the applicant. In addition, the authorized representative must complete his/her own identifying information. The form must be signed by either the applicant or an authorized representative of the household.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION FOR DISASTER BENEFITS

DATE: _____

TO: _____ Vault Card Issuance Unit _____ EBT Administrative Terminal Personnel

FROM: BPS/Supervisor: _____ Telephone Number: _____

RE: Case Name: _____ Case Number: _____

Amount Authorized: $ _____ **Household Size: _____**

I. ☐ Authorization for a Vault EBT Card
Vault card reason: (1) ☐ Timely processing (2) ☐ Household emergency (3) ☐ Agency determination

Case Name Social Security Number _____ **Case Name Birth Date** _____

Address of household: _____

[ ] Release vault card to Authorized Representative _____

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster ☐ Lost in the mail ☐ Household Violence
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for $ _____.

IV. ☐ Repay SNAP Claim of $ _____ from ☐ EBT account

Issuance/Administrative Unit Use

I. EBT Vault Card Number:

6	**2**	**2**	**0**	**4**	**4**										

Type of identification seen:
☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card
☐ Library Card ☐ Social Security Card ☐ Other: _____

I acknowledge that I received my EBT card. I understand that I need to call the Automated Response Unit (ARU) to select a Personal Identification Number (PIN) to use my benefits.

_____ _____
Applicant or Authorized Representative Signature or Mark Date

☐ Cardholder failed to pick up vault card ☐ Card destroyed on _____ ☐ Vault card not prepared

II. Replacement fee credited on _____

III. EBT account debited for $ _____ for an administrative error on ____/_____/_____

IV. Repaid $ _____ to SNAP Claim on ____/_____/_____.

Completed By: _____ _____
Issuance/Administrative Worker Date

Internal Action and Vault EBT Card Authorization For Disaster Benefits

Form Number - 032-03-0664 (Note: This form will only be used if issuance must be performed manually. In all other instances, the internal action form will be generated through the Web-based disaster eligibility system.)

Purpose of Form – This form documents that the BPS authorizes the Issuance Worker to set up an EBT account and post benefits. It also documents that the household received its EBT card.

Use of Form - The BPS completes the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to a Disaster benefit household. The Issuance and Administrative Unit completes the bottom portion of the form to document that an account was set up and benefits were posted. The applicant or the applicant's authorized representative must sign the form to acknowledge receipt of the vault card.

The agency must also use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

Number of Copies - One.

Disposition of Form - The form is retained in the disaster case file for a minimum of three years.

Instructions for Preparation of Form - The BPS or Supervisor must complete the identifying case and unit information. For approved disaster applications, the BPS must enter the amount of disaster benefits authorized, the household size, the Social Security number and date of birth of the case name, and the household's address.

The Eligibility Supervisor or designee must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited because of an administrative error.

Generally, the Issuance Unit should prepare a vault card for the household on the same day the form is received. The Issuance Worker with either Update 1 or Update 2 role in EPPIC issues the vault card after the case had been transmitted to EPPIC. The Issuance Worker must record identity verification before releasing the vault card to the cardholder and secure the signature of the applicant or the applicant's authorized representative on the form.

The Issuance Unit must destroy the card after five business days if the card is not picked up by the applicant or the authorized representative. The Issuance Worker must note the date of the destruction of the card on the form.

The supervisor of the Issuance or Administrative Unit must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

CASE NUMBER
DATE
COUNTY/CITY

NOTICE OF ACTION - DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

THIS IS TO INFORM YOU OF ACTION TAKEN ON YOUR APPLICATION FOR DISASTER SNAP BENEFITS.

ACTION ON APPLICATION DATED _____

☐ Approved for $ _____for Disaster Benefit Period _____ to _____

☐ Denied Reason _____

☐ Withdrawn Application withdrawn by household on _____

If you do not agree with the action we have taken or the amount of benefits you are receiving, you can have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, you may call me at the number below or write to the Virginia Department of Social Services, Attention: Manager, Appeals and Fair Hearings, 5600 Cox Road, Glen Allen, Virginia 23060. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your hearing within the next 90 days.

In addition to filing an appeal, you also have the right to a conference with your local social services agency, at which time the agency must give you an explanation of its action. You must also be given the opportunity to present any information on which your disagreement with the agency's action is based. At the conference, you have the right to have your story presented by an authorized representative, such as a friend, relative or lawyer. The local agency must provide a conference within three working days from the time of your request. If you would like to have a conference, please call me at the number below.

A fair hearing provides you the opportunity to review the way a local agency social services agency has handled your situation concerning your stated need for benefits. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witnesses to the hearing to help you tell your story. Your Benefit Programs Specialist, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

(1) Examine all documents and records which are used at the hearing;

(2) Present your case or have it presented by a lawyer or by another authorized representative;

(3) Bring witnesses;

(4) Establish pertinent facts and advance arguments; and

(5) Question or refute any testimony or evidence, including the opportunity to confront and cross- examine adverse witnesses.

The decision or recommendation of the hearing officer shall be based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency would be given the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Benefit Programs Specialist	**Telephone Number**	**For Free Legal Advice Call** **1-866-534-5243**

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the Virginia Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, Virginia 23060.
- Call me at the number listed on the front.
- Call 1-800-552-3431

When to Appeal

- Within the next 90 days.

*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your Benefit Program Specialist immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance agreements; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

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), religious creed, disability, age, political beliefs, 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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:

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. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Notice Of Action –Disaster Supplemental Nutrition Assistance Program

Form Number – 032-03-0662

Purpose of Form - To notify an applicant of eligibility action taken on an application for disaster benefits.

Use of Form - To be prepared and provided immediately or within the appropriate time standard following action on an Application for Disaster Supplemental Nutrition Assistance Program Benefits.

Number of Copies - Two.

Disposition of Form - The original is to be provided to the household or authorized representative. One (1) copy is to be retained in the case file.

Instructions For Preparation of Form

Complete the identifying information at the top of the form.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the allotment amount and the period the allotment is to cover (disaster benefit period).

For denials, indicate the reason the application was denied.

For withdrawals, enter the date the household requested the application be withdrawn.

Sign the form. Enter a telephone number for the worker and the telephone number of the local legal aid office.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BENEFIT PROGRAMS

VAULT EBT CARD ISSUANCE LOG

Agency/Location _____ Month _____ Year _____

	Date	Case Number	Cardholder Name	Reason for Vault Card (1, 2, 3)	Card Number (16 digits)	Issued By (Initials)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Vault EBT Card Issuance Log

Form Number - 032-03-0391

Purpose of Form - This log provides a monthly listing of the over-the-counter vault cards the local agency issued for the Disaster Program. The log compiles information from the internal action forms and will support inventory control and requisitioning.

Use of Form - The Issuance Unit must prepare the issuance log upon receipt of the Internal Action and Vault EBT Card Authorization form from the Eligibility Unit and after the Issuance Worker links the vault card in the EBT System.

Number of Copies - One.

Disposition of Form - The Issuance Worker must retain the log for the current month with copies of the Internal Action and Vault EBT Card Authorization forms received in the month.

Instructions For Preparation of Form - The Issuance Worker must complete the log based on information from the internal action form. The Issuance Worker must also initial the log.

DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
ELECTRONIC BENEFIT TRANSFER (EBT) CARD PIN SELECTION

You must select a Personal Identification Number (PIN) before you will be able to buy groceries using your *Virginia EBT card*. Complete the following steps to select your PIN.

STEP 1 – Call 1-866-281-2448. This is a toll-free number.

Press or say 1 for English, 2 for Spanish.

STEP 2 – Enter your 16-digit card number. You may have to re-enter the number if you make a mistake or if you do not enter the entire number.

You will hear: "To select or change your PIN, you will need some personal information of the person whose name is on the case. "

STEP 3 – Enter the last 4 digits of the Social Security Number of the person whose name is on the case, followed by the pound sign. The system will ask if this is correct, press 1. If not, press 2. If you do not have a social security number, you will be asked to enter your 7-digit case number.

STEP 4 – Enter the two digits for the month of birth for the person whose name is on the case. For example, if the person's birthday is May, enter 05. Then enter the two digits for the day of birth. If the person's was born on the 8th, enter 08. Then enter the 4 digits for the year of birth. The system will ask you if this is correct, press 1. If not, press 2.

STEP 5 – Enter your new 4-digit PIN, followed by the pound sign.

STEP 6 – To verify your entry, please re-enter your new 4-digit PIN, followed by the pound sign.

When you successfully complete the steps, you will hear this message: "You successfully selected your PIN. Your card is ready to use. Please do not write your PIN on your card."



Disaster Supplemental Nutrition Assistance Program

Administrator's Planning Guide

Introduction

The United States Department of Agriculture (USDA) can authorize the implementation of a short-term Disaster Supplemental Nutrition Assistance Program (D-SNAP) when there is a major disaster. The purpose of the D-SNAP is to provide emergency food assistance to disaster victims as effectively and efficiently as possible. As a result, the D-SNAP is much more streamlined than the regular Supplemental Nutrition Assistance Program (SNAP). Eligibility criteria are much less stringent, and generally most items of information do not need to be verified. In order to implement a D-SNAP in the throes of an emergency, advance planning is crucial.

The Commonwealth of Virginia has submitted a plan to USDA to outline how the D-SNAP will operate in Virginia. The issuance of cards will be handled through the existing EBT system. This Administrator's Planning Guide provides guidance for planning for the implementation of a D-SNAP on the local level.

Briefly, the D-SNAP includes a determination of eligibility and an issuance of benefits. There must be a separation of duties between the eligibility and issuance tasks.

The eligibility portion is accomplished by:

- Completing the application on-line with a web-based disaster application. The application must be printed and signed by the applicant and interviewer. The web-based application screens for matches with VaCMS, the Virginia Department of Social Service Employee Database, APECS, and with the Disaster Database itself. The web-based application calculates the disaster benefit and produces the Internal Action Form for the eligibility staff to authorize the issuance of a vault card.

- If logistics are such that paper applications are used, the paper application is taken, signed by the applicant and interviewer, then data-entered into the web-based system for matching and benefit calculation.

- Either process must ensure that all applicants are interviewed, and applications are signed and dated by the applicant and the interviewer.

The issuance portion is accomplished by:

- Automatic establishment of an EBT account and posting of benefits;
- Issuance of vault cards as no initial EBT cards will be mailed; or

The Planning Process

Members of the community who will be partners in implementing the D-SNAP should be identified and included in the planning process. This group should include social service providers, providers of emergency food assistance, police departments and members of county and municipal governments who may be able to provide additional staff or other resources to assist you in administering the D-SNAP.

It is further recommended that local agencies coordinate within the region to set the same parameters for the D-SNAP. This effort will result in less confusion for the public and will allow for the use of one media spokesperson for the region. VDSS will convene regional meetings or conference calls after a disaster to facilitate this process.

Planning should cover the activities that are outlined in this Planning Guide. Suggestions or edits related to this or other guidance should be submitted to the Division of Benefit Programs.

Decision to Implement a D-SNAP

The decision to implement a D-SNAP should be made by key decision makers in a jurisdiction. The D-SNAP should be implemented only in those cases where it is not practical to operate the regular program. Factors that may lead one to decide that a D-SNAP is the appropriate option include:

- A large population of prospective applicants – If damage from the disaster is severe or widespread, affecting many households not already participating in the program, then this volume of applicants may not be able to be served through the existing application and eligibility determination process. Damage could include damage to individual residences, or loss of income due to closing of employment locations.
- The disaster is such that many households would not have the verifications required by the regular program, (e.g., houses were leveled in a tornado.)
- The affected population needs benefits more quickly than would be provided under the regular program, and they have used available income and resources that could have been used for food on disaster related expenses.
- Availability of grocery stores – USDA will only approve the operation of a disaster program if food retailers are open for business in the community. Additionally, the point of sale (POS) devices that enable an EBT/credit/debit card transaction must be operational.

In making the decision to operate the program, there should be designations for:

- The contact person and back up contact for the D-SNAP.
- A contact list including home and cell phone numbers of the key decision-makers including the Department Director, Board members, and other county officials.
- Assignment of personnel to gather information and prepare the application to VDSS.
- Identification of the information sources necessary to prepare an application.
- Identification of the need for additional employees to have EPPIC Update 1 authorization to issue vault cards.

When the community decides to operate a D-SNAP, the application form (Appendix III) should be completed and submitted to the Home Office via e-mail.

Operating the D-SNAP

Notifications

Operating the D-SNAP requires certain notifications including:

- How staff and other agencies involved will be notified
    - Develop a call tree with essential names and telephone numbers.
    - Develop an email distribution list of key contacts.
- How the public will be notified
    - Identify key information hubs including local newspapers, radio stations, television stations, government offices, and government web sites.
    - Identify a single spokesperson for the locality and consider designating one spokesperson for a group of localities.
    - Include social service agencies and other disaster relief agencies.
    - Consider developing posters in advance. Specifics of dates and hours of operation can be completed manually when needed.
    - Have a strategy for keeping the public informed throughout the disaster period.

Locations

In determining locations for the application sites, consideration should be given to these factors:

- Staff and applicant security, including during extended hours of operation.
- Availability of public transportation and parking.
- Accessibility to delivery vehicles for commodity distribution.
- Adequate space and facilities for human comfort concerns, such as:
    Arrange to protect people from the elements;
    Place water and food stations near areas of long waits;
    Arrange for bathroom facilities and supplies;
    Provide ample waiting areas.
- Adequate space to accommodate the anticipated number of applicants.
- Security of the facility for EBT cards and issuance activities.
- Accessibility to the elderly and disabled.
- Adequacy and accessibility of power sources and supplies.
- Availability of Internet access.
- Consideration of other county or city facilities.
- Consideration of social service agency offices.
- Consideration of use of trailers or tents for waiting areas.
- Consideration of entering into agreements with adjoining LDSS to handle each other's applicants.

Staffing

The local agency will want to decide:

- Staffing needs for implementation of the program.
- Sources of additional staff.
  - Consider training agency staff not ordinarily involved in the regular program to be prepared to take applications for the D-SNAP.
  - Arrange with other county or municipal departments to lend staff to assist.
  - Arrange with community agencies to lend staff.
  - Consider using volunteers (cannot be used for interviewing or determining benefits)
  - Maintain a list of the names of staff that are willing to help in other jurisdictions if their own is not affected by the disaster, and submit to the Division of Benefit Programs, which will then act as a clearinghouse for matching staff with locations of need.
- How training will be provided for staff not trained by state staff.
- What resources other agencies can provide.
- How the need for additional certification sites will be assessed, and what sites are available.

Equipping the Site

The local administrator should consider:

- How the need for equipment (including computers and a printer for each computer) and supplies will be determined.
- How needed equipment and supplies will be acquired and distributed (source, actual acquisition).
- Ensuring that supplies of applications, forms and vault cards are available.
- Making arrangements in advance of the disaster for the loan of equipment from other agencies or Home Office.

Crowd Management

In operating the D-SNAP, crowd management will be an important factor. These factors can assist with crowd control:

- Determine client flow.
- Estimate wait time from certain points and post signs to inform crowd.
- Consider separate lines for elderly or disabled applicants.
- Consider staggering applications by asking people to apply by birth date, Social Security Number, alphabetically, or some other method.
- Consider giving people in line information sheets indicating what items of information they need to apply so if they are not prepared they can get the information.
- Consider giving numbers or colored chips to bring back the next day to people who are in line when lines are cut off so they can be seen the next day without standing in line again.
- Arrange for equipment such as ropes, barriers and bullhorns as well as other staff to establish lines, block access to secure areas, and direct traffic flow.

Administrative Considerations

The local agency will be faced with other considerations. These include:

- How the need for extension of the D-SNAP will be assessed and request made, if warranted.
- How information necessary for daily reports will be gathered.
- How and by whom reports will be submitted.
- How program operation will be assessed.
- How adjustments to program operations will be made.
- How to handle employee applications; it is recommended that specific supervisory personnel be designated to take and process employee applications.

Reimbursement of Expenses

The local agency should keep detailed records of expenses that may be submitted for reimbursement. During the most recent disaster, the criteria for reimbursement were:

- The expenditure must be the result of the declared disaster.
- The expenditure must be a cost incurred for an activity for which the agency is directly responsible.
- The expenditure must have been incurred within the locality's jurisdiction.
- The expenditure must be a cost incurred in excess of what the insurance covers.

Applicable disaster-related expenditures include overtime costs, food for staff, staff travel to additional work sites, staff lodging and any special equipment purchases. All reported expenditures must include all backup documentation. Documentation may include, but is not limited to receipts, timesheets, copies of purchase orders and warrant registers.

Sample Cover Letter to Operate the D-SNAP

Local Agency Address

Date

Director's name
Director of Benefit Programs
5600 Cox Road
Glen Allen, VA 23060

Dear

The President has declared a disaster in Virginia. Based on this, we in _____county request authorization to operate the Disaster Supplemental Nutrition Assistance Program (D-SNAP). Considering that our entire county (or a significant area --whichever fits the situation better) has been affected by this disaster, we want to operate the full D-SNAP and not a modified plan. The population is also too large to operate the regular program.

We have attached the Application for Disaster Supplemental Nutrition Assistance Program. We have ensured that the issuance and certification staff is separate and that the same person does not determine eligibility and then issue benefits.

According to our plan, we will be able to operate the D-SNAP successfully and provide benefits within three days.

Please advise as soon as possible if we have been approved to operate the D-SNAP.

Sincerely,

Director or designee

City/County of

DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(Date)

1. Type of Disaster and Date of On-set: *EX: Hurricane, September 18, 2003. Include a statement that a Presidential declaration has been granted.*

2. Description of the geographical area: *EX: The entire county was affected by the hurricane. EX: Only the southern part of the county was affected by the flood, primarily residences in zip code 22407.*

3. Status of Food Distribution: *(USDA requires commercial trade networks to be operational again before approving a disaster SNAP program or an estimate given when they will be restored.) EX: Retail food outlets were closed for two days and all major grocery stores are now in operation. Point-of-sale (POS) devices are operational.*

4. Needs Assessment Part A: *(Statement explaining why the food needs cannot be met by the regular program and that the volume of affected households cannot be adequately served). EX:* There *are many citizens who have been unable to work due to the business closures from flooding. In addition, there was widespread property damage along the tributaries of the river where flash floods wiped out the community around the courthouse.*

5. Needs Assessment Part B: *(Provide separate estimates of the number of ongoing and new households involved in the disaster. Depending on the nature of the disaster, there may be other options available for consideration in the plan, such as automatic replacements for ongoing households.) EX: Our current participation is xxx number of households. We anticipate XXX new households needing disaster services.*

6. Needs Assessment Part C: *If disaster resulted in loss of food only, the plan must include:*
   - *a Statement of outage duration*
   - *b. Geographical limits*
   - *c. Percentage of customers affected*
   - *d. Indication of whether food loss alone allows household eligibility*

7. Description of Residency Requirement *(Does the applicant need to reside in the locality? Is a household working but not living in the affected area eligible?)*

8. Application Processing Estimate: *(Indicate the time frame for taking applications for the D-SNAP, including the beginning date normally not to exceed 7 days.) EX: If approval is received by October 9, we will initiate operations on October 10 and take*

applications for five calendar days. Benefits will be issued no later than three days following the date of application.

9. Length of Duration of the Program: *(Indicate the disaster period requested, by indicating the start and end date, usually a full month. Depending on the nature of the disaster, USDA may advise the state of the parameters.) EX: A full month's benefit period is requested because of the severity of the flooding and the fact that affected households lost all food in addition to lost income and disaster-related expenses.*

10. Disaster Relief Agencies: *(Indicate which other agencies will participate in taking and processing applications or issuing benefits and specify the functions they will perform.) Other agencies could include the Red Cross or Salvation Army. EX: We do not anticipate using a Disaster Relief Agency to certify or issue benefits.*

11. Public Information: *(Identify the newspapers, radio stations, television stations, and key media outlets or government web sites the local agency will use.) EX: We will contact the Independent News Courier and WPDK radio to disseminate information about the program, the criteria, and hours of operation. We will post the information on the City's web page, and direct community partners to the city and state web sites.*

12. Procedures for Processing and Accepting Applications: *Explain where applications will be taken, including crowd management at sites and fraud prevention measures.) EX: Applications will be taken for 7 days, October 7 through October 13, from 9 a.m. to 7 p.m. at the City Human Resources Center. Designated senior management will take and process any employee applications. All applications will be screened for duplicate participation. The Sheriff's Department is on call to assist with security of the facility. The plan needs to address:*

    a. *Description of any activities to help applicants understand how to complete the application (language issues)*
    b. *Screening activities*
    c. *Any volunteers used*
    d. *Description of alternate locations*
    e *Procedures to reduce applicant hardship (i.e. water, bathrooms, etc.)*
    f. *Accessibility for the elderly or disabled*

13. Procedures for Processing Benefits: *(Explain benefit issuance procedures.) EX: Applicants will be screened to prevent duplicate participation. Benefits to eligible households will be issued on a vault card by staff authorized to set up accounts in the EBT system and post benefits. Will the client be given a card the day of the application or will they be required to pick up the card another day? Specify different procedures for:*

    a. *Ongoing households*
    b. *New applicants*
    c. *Special needs population (elderly, disabled, etc)*
    d. *Estimate how long it will take to process applications*
    e. *Describe any alternate sites that will be used*
    f. *Crowd control measures*

14 Number of benefit program specialists: *(Number of eligibility workers available to process D-SNAP applications)*

15. Any additional information that you believe may be helpful in processing your application. *(Provide detailed, specific information on conditions in your county/city, such as duration of power outages, shut down of key employers, lack of other resources to meet needs, how you will contact employees.)*

16. Fraud Prevention Procedures: *This would include a description of:*

a. Application/issuance site controls
b. Use of onsite fraud investigators
c. Specific plans to handle employee applications.
d Separation of duties
e. Signs will be posted to notify of fraud prevention and audit)

17. Name, Title, and Telephone number of Requesting Official:

18. Date of Request:

Electronic Benefits Transfer (EBT) Disaster Issuance Process

Eligibility for the Disaster Supplemental Nutrition Assistance Program (D-SNAP) process is outside of VaCMS. Benefits approved in the D-SNAP system are merged with the regular benefit approvals and changes in VaCMS and forwarded to the EBT vendor. Batch cutoff times are 9:00 a.m., 11:00 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m., and 8:00 p.m. After each cutoff, the benefit file is transmitted at 10 minutes past the hour and the demographic file follows at 20 minutes past the hour.

The process described in this Appendix outlines how to attach an EBT vault card to a D-SNAP case and how to issue the EBT vault card to the Case Name or the household's authorized representative. Workers with an Update function profile in EPPIC will issue vault cards. There will be no initial mailing of cards in the operation of the D-SNAP.

If additional workers need the capacity to issue vault cards to meet the emergency need, the local security officer may add or change duties as necessary. Please note the separation of duties between eligibility staff and issuance staff must be maintained, i.e., workers responsible for determining eligibility for or approving case actions in the D-SNAP system must also not have the role of issuing cards.

<u>General EBT Card Issuance Instructions:</u>

Step 1 Receive the case file, *Request for D-SNAP Assistance*, application, *Internal Action and Vault EBT Card Authorization for Disaster Supplemental Nutrition Assistance Program Benefits* and notice of action from the BPS. The application and internal action form must be provided because information from these forms will be needed to issue an EBT vault card. Cards may be issued to the primary cardholder in advance of the case appearing in the issuance system through manual account setup. Clients must be advised of the time their cards will be available for PIN selection and when benefits will be accessible. Cards issued to authorized representatives can not be issued through manual account setup. Issuance staff must wait for these cases to appear in the issuance system prior to issuing.

Step 2 Access the case in the EBT system, by performing a case number or case name search.

Step 3 Take a vault card from the supply. Write the vault card number on the internal action form. Initial and date the internal action form next to the card number.

Step 4 Complete the *Vault EBT Card Issuance Log*.

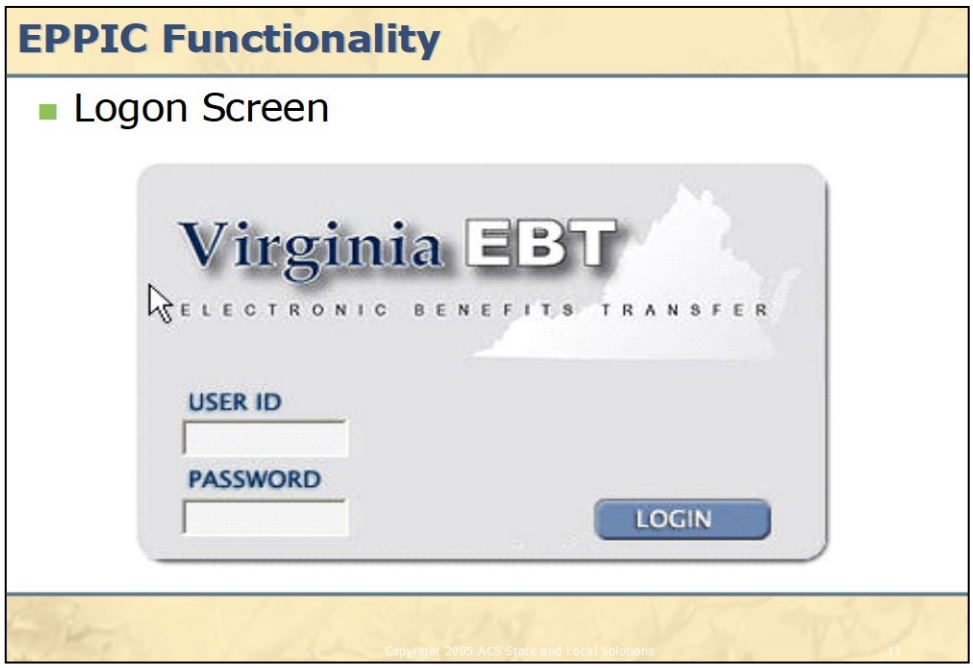
Step 5 Access the Recipient Card Issue screen in the EBT system, choose vault card as the method of issuance, and enter the vault card number associated with that case in the card number field.

Step 6 Obtain the case name or authorized representative's signature on the Internal Action Form when the card is given to the person.

Step 7 Ensure that the cardholder has the Q&A brochure which explains PIN selection and care of the EBT card.

LOGIN PROCESS

The following information is needed to log on to the EBT system EPPIC:



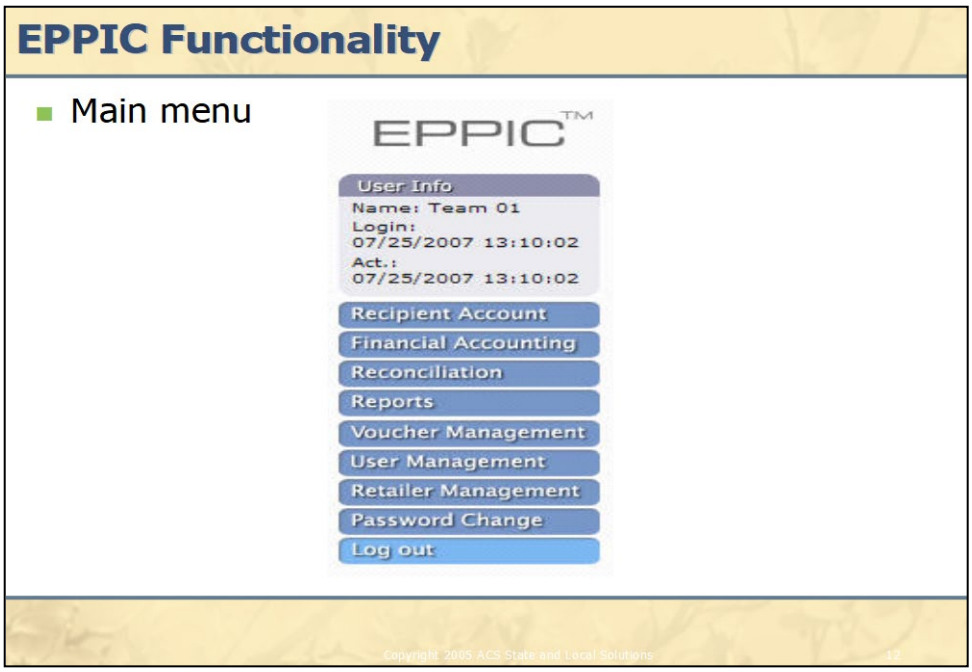
USER ID - User Id is the assigned logon ID (lower case only)

PASSWORD - Initial password will be communicated to the worker by the local security office. The worker will be prompted to change the password to a strong password at the first login.

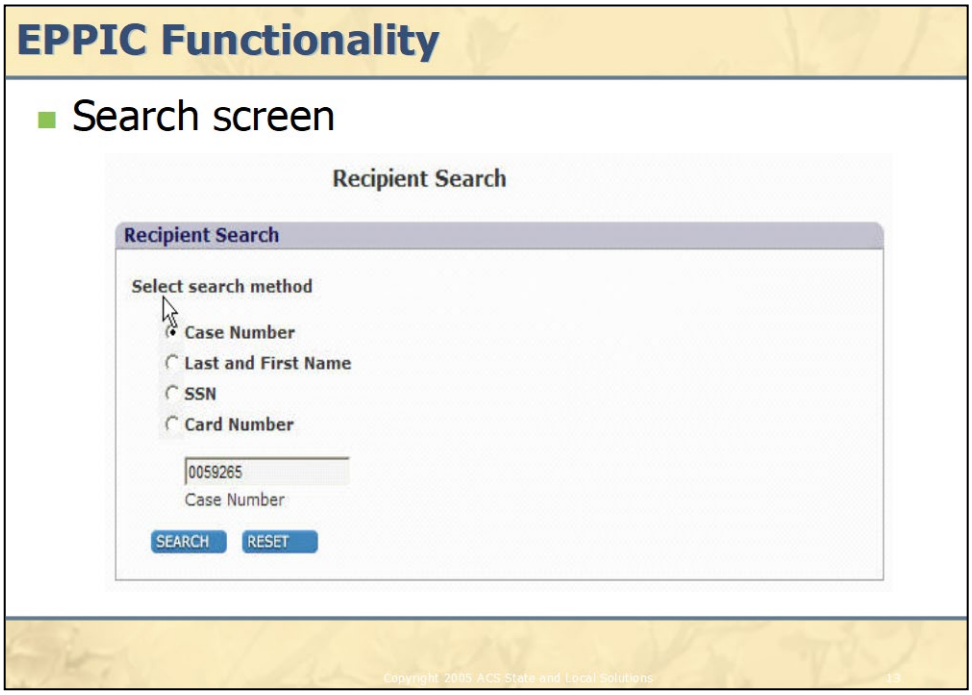
- STRONG PASSWORD GUIDELINES
  Passwords must be eight to ten characters long.
  They must have at least one upper- and lower-case letters and must be alphanumeric.
  Passwords are case sensitive.
  Punctuation symbols are not allowed (e.g., ?, %, @)
  Passwords must be changed every 30 days.

1. Enter the User ID in the User ID field.
2. Enter the Password in the Password field.
3. Click Login or hit Enter.

The EPPIC Main Menu displays.



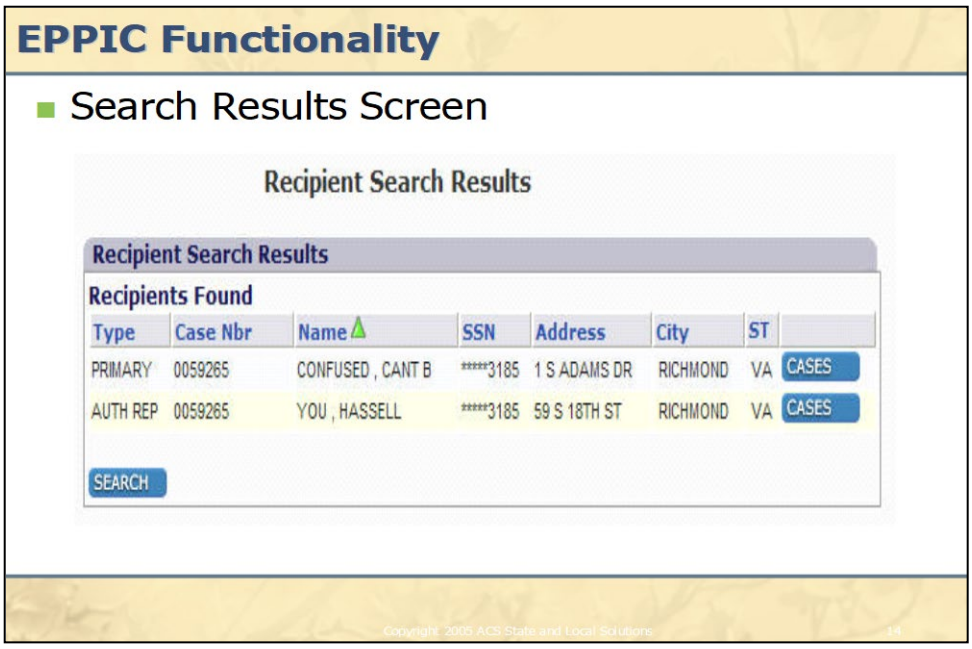
The Update Worker must click “Recipient Account” and then “Account Maintenance” to issue a vault card. The Recipient Search Screen will appear.



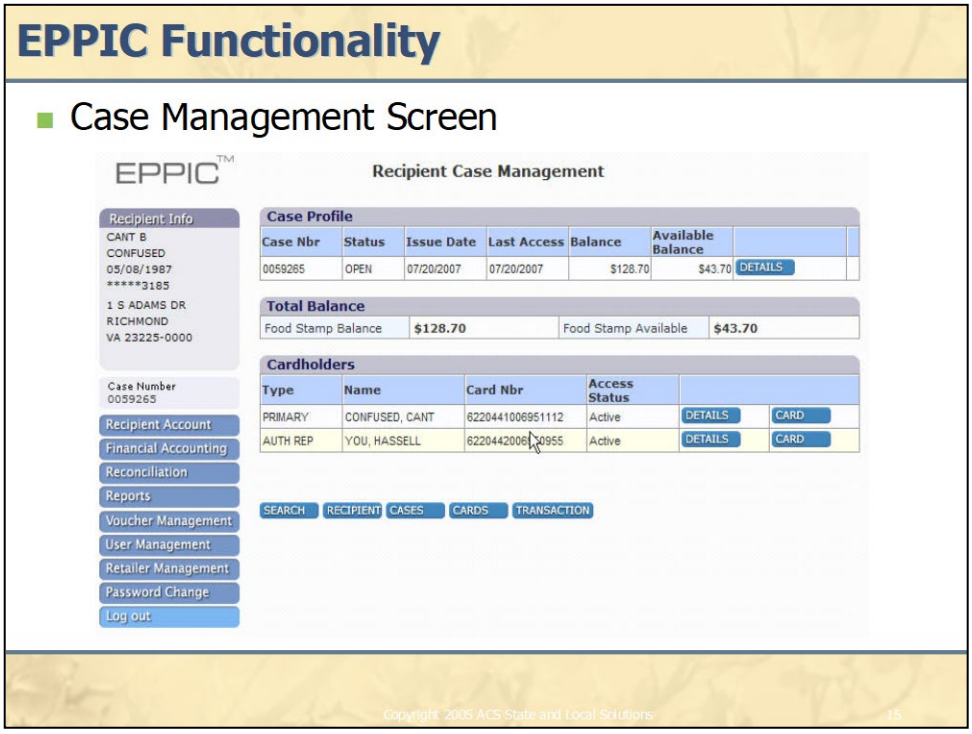
Recipient Search

Select the search method. The Internal Action Form should have the client’s D-SNAP case number and name on it. Enter the desired search method and click “search.” The Recipient Search Results screen will display.

If the applicant’s name is not found in EPPIC, the Update Worker should go through the Manual Account Setup feature to issue a vault card.



Find the person to whom the vault card will be issued. Click on "Cases" for the "Recipient Case Management Screen."



Within the Cardholders tab, click "Card". When Account Management Card Issuance appears, select VAULT.

Enter the vault card number of the card to attach to this EBT account. Click "Issue." A gray dialog box appears to say the card has been issued. Click OK.

The vault card has been issued. The client will need to call the ARU to select a PIN, and then the card can be used.

The same steps are used to issue the card to an authorized representative. The Update Worker must locate the representative in EPPIC before the card can be attached.

CARD DESTRUCTION

If a vault card is prepared in advance of the client or representative being present, and is not picked up after five business days, the card must be destroyed. The Issuance Worker must note the date of destruction on the internal action form in the appropriate disaster case file. The Issuance Worker must record the destruction on the *Undelivered EBT Cards – Destruction Record*.

ADDITIONAL BENEFITS ADDED TO DISASTER EBT ACCOUNTS

In some instances, there may be more than one D-SNAP benefit added to an account. This may occur when the BPS is aware that a mistake was made in the calculation of benefits or when the household reports a change. The additional benefit must be authorized in the D-SNAP system and will be transmitted by batch to the EBT account.

REPAYMENTS

Repayments on D-SNAP cases are handled the same way repayments on regular accounts are handled.

TROUBLESHOOTING

Unresolved error messages must be referred to the Help Desk at 1-800-223-8846.

SAMPLE FLYER

DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FOR VICTIMS OF HURRICANE _____

The City of _____ is authorized to implement the Disaster SUPPLEMENTAL NUTRITION ASSISTANCE Program to assist the victims of Hurricane _____. Hurricane victims may be eligible for a one-time only benefit issuance. You must have incurred disaster related expenses to be eligible.

Where to Apply: Hurricane victims may apply for Disaster Food Assistance at:

_____
_____
_____

The office will take applications Monday - Friday from ____ am to _____ pm.

Who May Apply: A responsible adult household member may apply for the family.

Time Limits: Applications may be submitted from _____through_____.

Who's Eligible: The household must have lived in the City of _____during Hurricane _____. The household must also have suffered a loss of income or damage to home property or self-employment business.

To determine the household's income, the net income (take-home pay) from wages or self-employment, assistance payments and other unearned income, such as Social Security or child support, that a household receives will be added to cash on hand and other accessible funds (such as money in checking and savings accounts). Compare your income and household size to the following income limits:

Number in Household	1	2	3	4	5	6	7	8
Income Limit	$3,156	$4,107	$4,720	$5,561	$6,130	$6,848	$7,369	$7,892

Note: For households of 9 or more, add+$523
$393 for each additional household member to the limit.

Benefit Levels: Eligible households will receive a one-time, ne-month allotment of food assistance benefits.

Verification Needed: Individuals applying for disaster food assistance need to bring documents to prove their identity and residence in the City of _____.

Sample Wording for a News Release

USDA TO ISSUE EMERGENCY FOOD ASSISTANCE IN _____ COUNTY.

RICHMOND – The U.S. Department of Agriculture has approved the issuance of Disaster Supplemental Nutrition Assistance benefits for hurricane victims in _____ County.

County residents can begin applying for disaster food assistance on _____ at the _____ County Department of Social Services, _____, _____. The site will be open _____ from __ am until __ pm. County residents who are not usually eligible for benefits may qualify temporarily if their home property or self-employment business was damaged or destroyed or if they have lost income as a result of the hurricane. Eligibility is based on available income and resources. For a family of four with an income of _____ or less, the SNAP benefit amount would be $____.

Those applying for help need to bring identification, which could be a driver's license, school or work ID, birth certificate or other identification. Also, proof of residency, such as utility bills or tax statements, should be brought.

County residents who are already receiving benefits will need to call the _____ Department of Social Services at _____.

State and Federal officials are committed to providing benefits to all eligible households. Fraud staff may be on-site to make sure only eligible households receive disaster benefits.

ATTENTION APPLICANTS

BE SURE TO TELL THE TRUTH WHEN YOU APPLY FOR BENEFITS!

- People who give false or misleading information or withhold information to receive benefits may be prosecuted or referred for an Administrative Disqualification Hearing.

- People who break the Supplemental Nutrition Assistance Program rules may be disqualified from the program, fined and/or imprisoned.

- People who get benefits they are not entitled to may be required to pay them back.

- We will check to see if you have received disaster benefits more than once. The information you give, including Social Security Numbers, may be matched against Federal, State and local records to determine if the information you provide is accurate.

DO NOT SELL, TRADE, OR GIVE AWAY YOUR Virginia EBT Card!

VDSS Information Security Policy and Procedures
Disaster Food Stamp System Access

This document describes the procedures users must follow to gain access to the Disaster Supplemental Nutrition Assistance Program (D-SNAP) System when a disaster is declared within the State of Virginia and a locality opts to implement the Disaster Supplemental Nutrition Assistance Program. The Director of the Division of Benefit Programs, the Supplemental Nutrition Assistance Program Manager or the Manager of the Business Operations Unit must notify the Director of the Division of Information Systems that a disaster has been declared in the State of Virginia and there is likely interest in the Disaster Supplemental Nutrition Assistance Program. Upon notification from the Director of Information Systems, the Information Systems Security Unit will implement the procedures outlined in this Appendix.

Information Systems Security Unit Responsibilities

1. Once a disaster has been declared, the Information Systems Security Unit will ensure the following areas within DIS have been notified at the direction of the Director.

   # Network Firewall for D-SNAP access implemented by On-Call Network Security Engineer

   # Remote Dial-up/VPN implemented by VITA/DSS Telecommunications Group

   # URL for application implemented by Information Systems DBA Group

   # LDAP User Administration support implemented by Web Development Staff in Public Affairs

   # Customer Care Center Supervisor notified

2. The Information Systems Security Unit will maintain a form entitled “VDSS Disaster System Access Request Form” on the Technology Business Support Services (TBSS) website that each locality will use to gain access to the system. The URL for the TBSS website is: http://www.localagency.dss.virginia.gov.us/tech_supp/index.cgi

3. The Information Systems Security Unit will e-mail an additional form to each local department Director and Agency Security Officer when there is a disaster to request remote access or an additional EBT Issuance Profile (Profile 6), if these functions are needed. The Information Systems Security Unit will process these requests with the additional approval from the EBT Group. This additional approval will help ensure a separation of duties from normal eligibility processes when possible. These documents should be faxed to the Information Systems Security Unit at (804) 726-7891 once they have been fully completed and appropriately signed. These requests will be processed upon receipt from local departments.

4. As each form is processed, the Information Systems Security Unit will notify the User and the Agency Security Officer by e-mail everyone’s User Id and password. The Information Systems Security Unit will provide each user requiring remote access instructions for downloading and installing the VPN software and the disaster.pcf file.

Local Agency Responsibilities

1) The Agency Director/Designee must determine the need for D-SNAP System access, remote access, or additional issuance profiles.

2) Each user who will require access to the Disaster eligibility system must complete the *VDSS Disaster System Access Request Form* located on the TBSS website. The document must be completed fully and signed and dated by the User, Supervisor, and Director/Designee.

3) The local Security Officer must use the LDAP User Administration tool to turn on the Disaster Food Stamp Access for everyone for whom a signed access form was received. Three (3) additional locality FIPS may be turned on if directed by the Agency Director. Additional FIPS designations may be requested on the Disaster Supplemental Nutrition Assistance Program Access form at the time of implementation or in the form of an email later from the local agency Director and may be used to assist other localities in a disaster. If a local worker is designated to assist another locality, then it will be the sole responsibility of the local worker's Director to direct the worker's Security Officer to turn on an additional FIPS. The local Security Officer must retain the completed request form and all related e-mails at the local level for five years.

Disaster Closure

Upon the completion of the disaster, all disaster system accesses will be deactivated and returned to their original state in the preparation for future disasters. These accesses include:

removal of the network access to the system
#deactivation of remote access
#suspension of EBT issuance profiles
#D-SNAP LDAP User Administration availability
#removal of the URL to the application
#passwords reset

VDSS Security is responsible for removing all disaster FIPS from appropriate tables. All logs, documents, and files pertaining to this disaster must be maintained for a minimum of five years.

Helpful Information

The disaster eligibility system is accessible at https://dssiad2.dss.virginia.gov/D-SNAP

Questions or issues with the User ID or passwords should be directed to the Information Systems Security Unit at security@dss.virginia.gov. All other issues or concerns while using the disaster eligibility system should be directed to the Division of Information Systems Customer Care Center at 1-800-223-8846.

COMMONWEALTH OF VIRGINIA
VDSS DISASTER SYSTEM ACCESS REQUEST FORM
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The following information will be used to grant access to the Disaster System. **This document must be retained at the locality for a period of five years.** **Note: This access will be removed after the disaster period ends.**							
Existing VA EBT User ID				Existing User Profile #			
User's Full Name:							
Position/Title:				Phone # with area code			
Agency/Division		FIPS:		Additional FIPS required:			

Acknowledgment:

Inappropriate access to or use of Disaster Food Stamp System and or computer application/systems is a violation of the Department's Security Policy and may result in the Department initiating administrative and/or criminal action against the responsible party. By signing I acknowledge that the password and other access devices are my responsibility to safeguard.

User Signature	Date:

Approval:

Supervisor's Signature	Date:
Director/Designee's Signature	Date:

(Agency Security Officer Use Only)

Additional FIPS	

Agency Security Officer Signature /
Date:

Form retained by Agency Security Officer for a period of 5 years

Created 08/08/05

COMMONWEALTH OF VIRGINIA
VDSS DISASTER PROFILE/REMOTE ACCESS REQUEST FORM
DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

The following information will be used to grant remote access or an additional EBT Issuance Profile for the Disaster System. **You must fax the completed form to the Security Unit at Home Office: Fax # 804-726-7891. Incomplete forms will be returned.**
Note: This access will be removed after the disaster period ends.

Existing VA EBT User ID		Existing User Profile #	
User's Full Name:			
Position/Title:		Phone # with area code	

Agency/Division		FIPS:					

Access Authorization:

Does this user require remote access to the VDSS Disaster System? Yes ☐ NO ☐

Does this user require EBT Issuance Profile 06 to the VDSS Disaster System? Yes ☐ NO ☐

Acknowledgment:

Inappropriate access to or use of Disaster System and or computer application/systems is a violation of the Department's Security Policy and may result in the Department initiating administrative and/or criminal action against the responsible party. By signing I acknowledge that the password and other access devices are my responsibility to safeguard.

User Signature	Date:

Approval:

Supervisor's Signature	Date:
Director/Designee's Signature	Date:

(Information Security Unit Use Only)

EBT Disaster Profile assigned:	
Initial Password:	
Remote Access User ID:	
Initial Password:	
EBT Unit Signature / Date:	

Info Security Signature / Date:

If you have questions regarding your User ID, contact the Information Security Unit at security@dss.virginia.gov

Form retained by Information Security Unit for 5 years Created 08/08/05 rev: 10/01/09

REMOTE ACCESS/VPN DOWNLOAD INSTRUCTIONS

Your Remote account is xxxxxx. Your password is: xxxxxx.

The remote access account is accessible through Dial-up via modem or Virtual Private Network (VPN) connection via high speed connection via cable modem.

DIAL-UP VIA MODEM

To use dial-up access, the PC must be equipped with an internal or external modem.

Dial-up phone numbers:

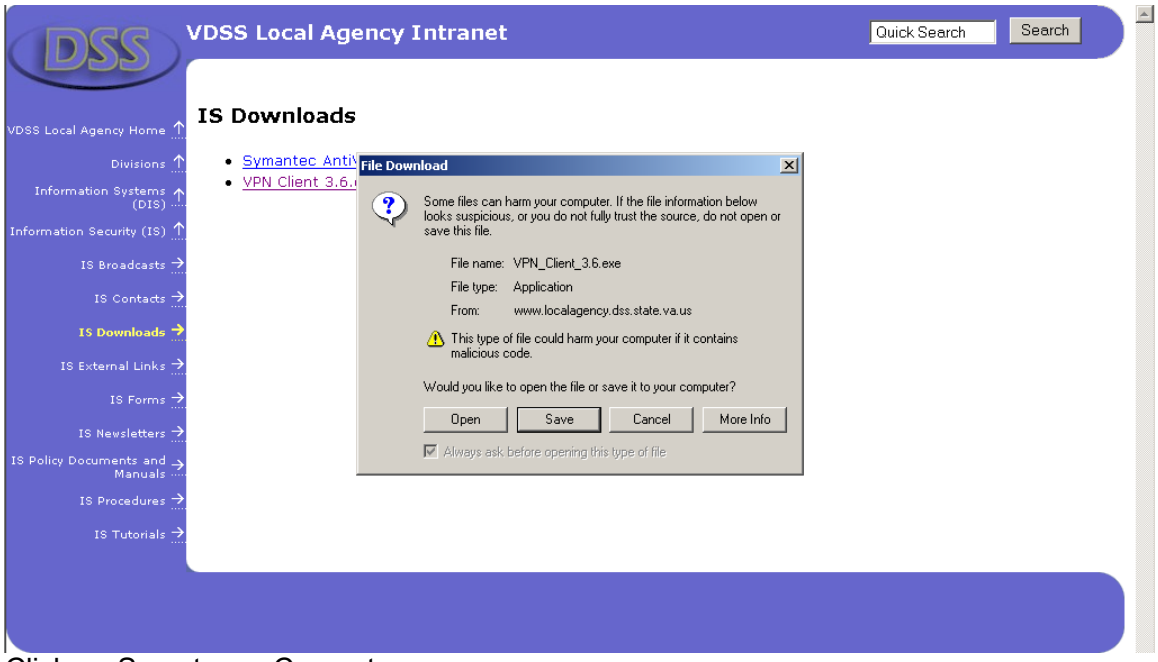
Local	804-786-0578**
Toll Free	877-216-0122

**Please use the local dial-up phone number in the local calling area.

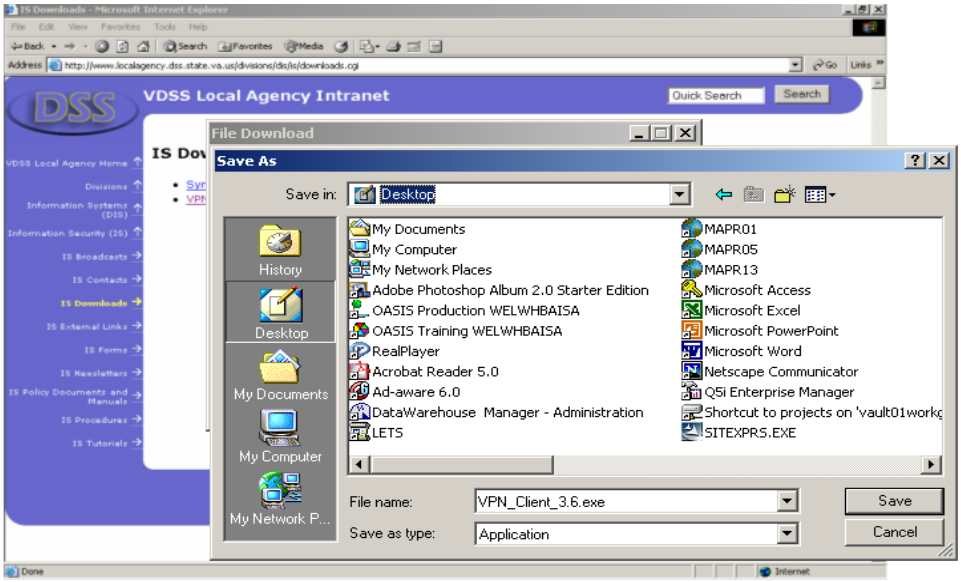
VPN SOFTWARE INSTALLATION

The VPN software is downloadable from the DSS network. The address is http://www.localagency.dss.virginia.gov/divisions/dis/is/downloads.cgi.

Access to the network is available at https://webmail.dss.virginia.gov/vpnclients/. Once the download is complete, place the attached disaster.pcf file in the Profiles folder of the VPN software.



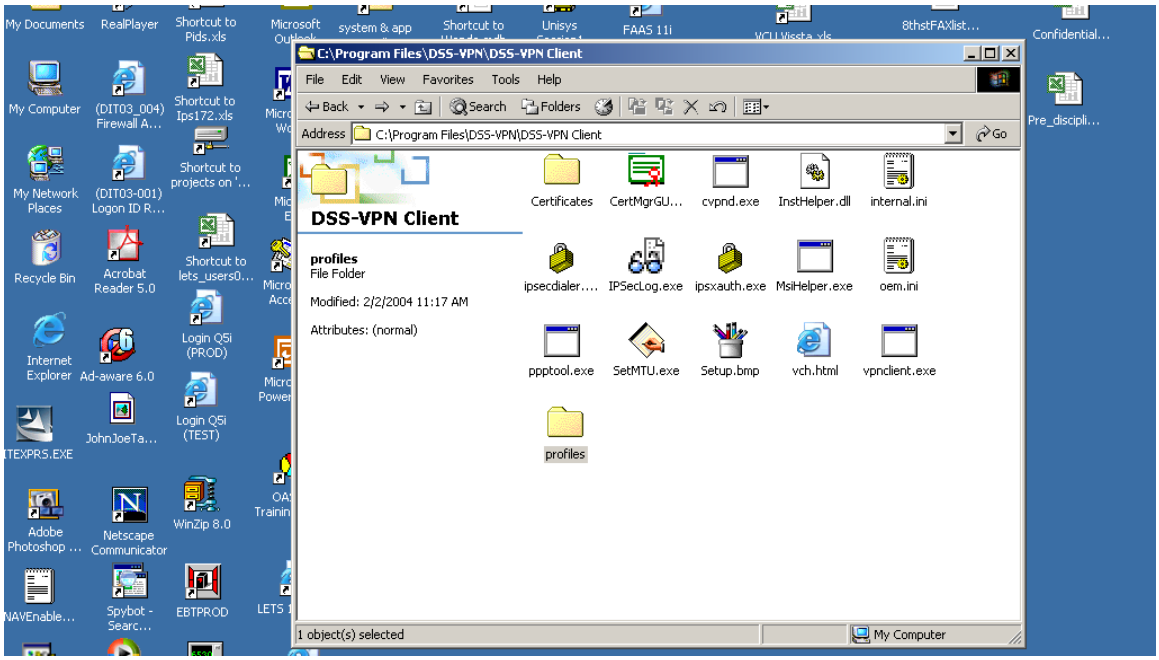
Click on Save to my Computer



1. Click Save, Save in: Desktop, when download completes
2. Go to your Desktop. Double click on VPN_Client 3.6.exe
3. Follow the onscreen instructions to complete installation.

Double click My Computer
Open: C: Local Disk
Open: Program Files
Open: DSS-VPN
Click on: DSS-VPN Client

Drop the attached disaster.pcf file into the Profiles folder.



If the yellow Profiles folder is not visible, access files in the following order:

My Computer
C:
Program Files
Show Files
DSS-VPN
DSS-VPN Client (This is where the Yellow “Profiles” folder should be. If it is not there, create it using the steps below.)

Click on File
Click on New
Folder
Type the name of the new folder Profiles and copy and drop the disaster.pcf file in that folder.

D-SNAP DAILY REPORT

Note: If additional counties are added, the formulas in Location & Program Totals will need to be adjusted.

	Date	New Apps Taken	New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
			Households	Persons	Total Benefits			Households	Persons	Total Benefits		
Program TOTAL:			0	0	$0	0		0	0	$0		$0

DISASTER LOCATION:	Date	New Apps Taken	New Approved			Avg Benefit per New HH	Households Denied	Supplements Approved			Avg Benefit per Ongoing HH	Total New + Ongoing Benefits
			Households	Persons	Total Benefits			Households	Persons	Total Benefits		
Location TOTAL:		0	0	0	0			0	0	0.00		0

FNS-292B

Final disaster figures must be submitted on the FNS-292B Report of Supplemental Nutrition Assistance Program Benefit Issuance for Disaster Relief within 45 days of the end of a D-SNAP operation. VDSS must submit the report electronically through the Food Programs Reporting System (FPRS). The report will provide the following elements for D-SNAP operations:

- Number of Households – new households issued D-SNAP benefits
- Total Number of Persons Assisted - new persons issued D-SNAP benefits
- Number of Certified Persons - ongoing households issued supplements
- Value of Benefits Issued - total of benefits issued to new households and supplements issued to ongoing households.

The FNS-292B report should not include the value of any replacements issued.

FNS-388

The Monthly Issuance Report (FNS-388) will reflect disaster issuance and participation figures. This report must include replacement benefits. Replacement benefits must be reported for the month for which they are intended.

FNS-209

The number of claims established and collected against D-SNAP benefits must be entered in the Remarks section of the Status of Claims Against Households Report (FNS-209). These numbers must also be included in newly established claims (line 4) and collection summary (lines 14, 16 and 18(a)). D-SNAP claims must be identified on backup documentation in accounting systems for the FNS-209.

FNS-46

The portion of D-SNAP benefits reported in the Gross, Returns, and Net Issuance must be explained in the Remarks Section of the Issuance Reconciliation Report (FNS-46). The FNS-46 and FNS-388 must reconcile with the reported Net Issuance amount.

PART XXI REDUCTION, SUSPENSION, CANCELLATION OF SNAP BENEFITS

CHAPTER	SUBJECT	PAGES
A.	GENERAL PURPOSE	1
B.	DEFINITIONS	1
	1. Reduction	1
	2. Cancellation	1
	3. Suspension	1
C.	REDUCTION	1
D.	SUSPENSIONS AND CANCELLATIONS	1
E.	GENERAL OPERATING PROCEDURES	2
	1. Notifying Eligible Households	2
	2. Restoration of Benefits	2
	3. Record Keeping	2
	4. Eligibility Determination	2
	5. Expedited Services	2-3
	6. Certification Periods	3
	7. Action to be Taken When The Suspension or Cancellation Is Lifted	3
	8. Fair Hearings	3

A. GENERAL PURPOSE

This chapter provides guidelines local agencies must use if the USDA orders a reduction, suspension or cancellation of SNAP benefits. Depending upon the orders issued by USDA, there could be a suspension or cancellation of benefits for one or more months, a reduction for one or more months or a combination of these.

B. DEFINITIONS

1. Reduction - A reduction of SNAP benefits means that there will be a percentage reduction of the maximum benefit amounts. Local agencies will receive benefit tables that reflect the reduction as it applies to each household size at each income increment.

2. Cancellation - A cancellation of SNAP benefits means that there will be no benefits issued for a particular month or months.

3. Suspension - A suspension of SNAP benefits is basically the same as a cancellation except it should be more temporary. The net effect of a suspension may mean that eligible household would receive benefits a delayed basis.

C. REDUCTION

The Virginia Department of Social Services will notify local agencies if there must be a reduction of SNAP benefits. The notification will include the effective date of the reduction and the percentage.

When agencies receive the notice that a reduction must occur, local workers must act immediately to implement the order. Modification of the statewide computer system must also occur so that households would receive the appropriate benefit amounts.

Any household with one or two members whose reduced benefits would be less than $23 would generally receive a minimum benefit of $23. If there is a reduction rate of 90% or more for the affected month, one or two-person households would not receive the $23 minimum. Benefit levels of $1, $3 and $5 must be rounded up to $2, $4 and $6 respectively.

D. SUSPENSION AND CANCELLATIONS

The Virginia Department of Social Services will notify local agencies if there must be a suspension or cancellation of SNAP benefits and the effective date of the suspension or cancellation.

Households will not receive a minimum benefit if benefits are suspended or cancelled.

When agencies receive the notice that a suspension or cancellation must take place, local workers must act immediately to implement the order. Reprogramming for the statewide computer system must also occur timely to make necessary computer adjustments.

E. GENERAL OPERATING PROCEDURES

1. Notifying Eligible Households

A reduction, suspension or cancellation of benefits would be a mass change. Normal requirements applied to mass changes would be used:

a. Notification of recipients through news media.

b. Posters in certification offices.

c. General explanatory notices mailed to participating households.

The BPS may not use the Advance Notice of Proposed Action to notify households if there is a reduction, suspension or cancellation of benefits.

2. Restoration of Benefits

Households receiving restored benefits or who are to receive retroactive benefits at the time of the order for reduction, suspension or cancellation of benefits, will not have these benefits affected during the month(s) the action is in effect.

Households who receive reduced or cancelled benefits because of these procedures are not entitled to restoration of benefits at a future date unless USDA orders the restoration.

3. Record Keeping

There must be a record of benefits that households receive during a month(s) when a reduction is in effect and the amount households would have received had full monthly benefits been distributed. There must also be records kept showing the benefit amount households would have received if there is a cancellation of benefits.

4. Eligibility Determination

An order for a reduction, suspension or cancellation of benefits will not affect the determination of eligibility. The BPS must accept and process applications within normal time frames. If an applicant is determined eligible and a reduction is in effect, that household must receive benefits according to the revised issuance tables that reflect the reduction.

If an applicant is eligible and a cancellation is in effect, the household will not receive any benefits.

5. Expedited Services

a. Households eligible for expedited processing who apply during month(s) when a reduction or suspension is in effect must be processed as allowed by expedited procedures.

1) If a reduction is in effect the allotment issued must reflect the reduction.

2) If a suspension is in effect at the time of certification, the eligible household will not receive any benefits until the suspension of benefits is no longer in effect.

b. Households eligible for expedited processing who apply during month(s) in which cancellations are in effect must have their cases processed either in seven calendar days or by the end of the month of application, whichever date is later.

6. Certification Periods

A reduction, suspension or cancellation will have no effect on the certification periods assigned to eligible households.

Normal recertification procedures will also apply during a reduction, suspension or cancellation of benefits.

7. Action to be Taken When the Suspension or Cancellation is Lifted

Local agencies will receive immediate notice that the suspension or cancellation of benefits is over. Local agencies and the State Office must resume all actions to post full benefits to EBT accounts of certified households as soon as possible.

8. Fair Hearings

Households may request a fair hearing if the household believes that the benefit level was computed incorrectly or that the rules were misapplied or misinterpreted for benefits that were reduced, suspended or cancelled by this policy. Under no circumstances will households have a right to continuation of benefits, even if they appeal in a timely manner.

If a hearing determines that a household received fewer benefits than it should have, the household may be entitled to restoration of lost benefits for the difference.

PART XXII WORKFARE - RESERVED

PART XXIII BENEFIT ALLOTMENTS

CHAPTER	SUBJECT	PAGES
A.	CALCULATING BENEFIT ALLOTMENTS	1
B.	BENEFIT ALLOTMENT TABLES	1-60

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 $2,600. The allotment offered at that level of income is $195. The rest of the allotment table, from the net income of $2,601 through $3,246, 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 $220 to the monthly maximum benefit allotment.

2. Maximum Monthly Net Income. If there are more than ten household members, add $449 to the monthly maximum net income. NOTE: Maximum monthly net income limits do not apply to categorically eligible households.

Benefit Issuance by Household Size
2024

Monthly Net Income			1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
0	-	0	292	536	768	975	1158	1390	1536	1756	1976	2196
1	-	3	291	535	767	974	1157	1389	1535	1755	1975	2195
4	-	6	290	534	766	973	1156	1388	1534	1754	1974	2194
7	-	10	289	533	765	972	1155	1387	1533	1753	1973	2193
11	-	13	288	532	764	971	1154	1386	1532	1752	1972	2192
14	-	16	287	531	763	970	1153	1385	1531	1751	1971	2191
17	-	20	286	530	762	969	1152	1384	1530	1750	1970	2190
21	-	23	285	529	761	968	1151	1383	1529	1749	1969	2189
24	-	26	284	528	760	967	1150	1382	1528	1748	1968	2188
27	-	30	283	527	759	966	1149	1381	1527	1747	1967	2187
31	-	33	282	526	758	965	1148	1380	1526	1746	1966	2186
34	-	36	281	525	757	964	1147	1379	1525	1745	1965	2185
37	-	40	280	524	756	963	1146	1378	1524	1744	1964	2184
41	-	43	279	523	755	962	1145	1377	1523	1743	1963	2183
44	-	46	278	522	754	961	1144	1376	1522	1742	1962	2182
47	-	50	277	521	753	960	1143	1375	1521	1741	1961	2181
51	-	53	276	520	752	959	1142	1374	1520	1740	1960	2180
54	-	56	275	519	751	958	1141	1373	1519	1739	1959	2179
57	-	60	274	518	750	957	1140	1372	1518	1738	1958	2178
61	-	63	273	517	749	956	1139	1371	1517	1737	1957	2177
64	-	66	272	516	748	955	1138	1370	1516	1736	1956	2176
67	-	70	271	515	747	954	1137	1369	1515	1735	1955	2175
71	-	73	270	514	746	953	1136	1368	1514	1734	1954	2174
74	-	76	269	513	745	952	1135	1367	1513	1733	1953	2173
77	-	80	268	512	744	951	1134	1366	1512	1732	1952	2172
81	-	83	267	511	743	950	1133	1365	1511	1731	1951	2171
84	-	86	266	510	742	949	1132	1364	1510	1730	1950	2170
87	-	90	265	509	741	948	1131	1363	1509	1729	1949	2169
91	-	93	264	508	740	947	1130	1362	1508	1728	1948	2168
94	-	96	263	507	739	946	1129	1361	1507	1727	1947	2167
97	-	100	262	506	738	945	1128	1360	1506	1726	1946	2166
101	-	103	261	505	737	944	1127	1359	1505	1725	1945	2165
104	-	106	260	504	736	943	1126	1358	1504	1724	1944	2164
107	-	110	259	503	735	942	1125	1357	1503	1723	1943	2163
111	-	113	258	502	734	941	1124	1356	1502	1722	1942	2162
114	-	116	257	501	733	940	1123	1355	1501	1721	1941	2161
117	-	120	256	500	732	939	1122	1354	1500	1720	1940	2160

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
121 - 123	255	499	731	938	1121	1353	1499	1719	1939	2159
124 - 126	254	498	730	937	1120	1352	1498	1718	1938	2158
127 - 130	253	497	729	936	1119	1351	1497	1717	1937	2157
131 - 133	252	496	728	935	1118	1350	1496	1716	1936	2156
134 - 136	251	495	727	934	1117	1349	1495	1715	1935	2155
137 - 140	250	494	726	933	1116	1348	1494	1714	1934	2154
141 - 143	249	493	725	932	1115	1347	1493	1713	1933	2153
144 - 146	248	492	724	931	1114	1346	1492	1712	1932	2152
147 - 150	247	491	723	930	1113	1345	1491	1711	1931	2151
151 - 153	246	490	722	929	1112	1344	1490	1710	1930	2150
154 - 156	245	489	721	928	1111	1343	1489	1709	1929	2149
157 - 160	244	488	720	927	1110	1342	1488	1708	1928	2148
161 - 163	243	487	719	926	1109	1341	1487	1707	1927	2147
164 - 166	242	486	718	925	1108	1340	1486	1706	1926	2146
167 - 170	241	485	717	924	1107	1339	1485	1705	1925	2145
171 - 173	240	484	716	923	1106	1338	1484	1704	1924	2144
174 - 176	239	483	715	922	1105	1337	1483	1703	1923	2143
177 - 180	238	482	714	921	1104	1336	1482	1702	1922	2142
181 - 183	237	481	713	920	1103	1335	1481	1701	1921	2141
184 - 186	236	480	712	919	1102	1334	1480	1700	1920	2140
187 - 190	235	479	711	918	1101	1333	1479	1699	1919	2139
191 - 193	234	478	710	917	1100	1332	1478	1698	1918	2138
194 - 196	233	477	709	916	1099	1331	1477	1697	1917	2137
197 - 200	232	476	708	915	1098	1330	1476	1696	1916	2136
201 - 203	231	475	707	914	1097	1329	1475	1695	1915	2135
204 - 206	230	474	706	913	1096	1328	1474	1694	1914	2134
207 - 210	229	473	705	912	1095	1327	1473	1693	1913	2133
211 - 213	228	472	704	911	1094	1326	1472	1692	1912	2132
214 - 216	227	471	703	910	1093	1325	1471	1691	1911	2131
217 - 220	226	470	702	909	1092	1324	1470	1690	1910	2130
221 - 223	225	469	701	908	1091	1323	1469	1689	1909	2129
224 - 226	224	468	700	907	1090	1322	1468	1688	1908	2128
227 - 230	223	467	699	906	1089	1321	1467	1687	1907	2127
231 - 233	222	466	698	905	1088	1320	1466	1686	1906	2126
234 - 236	221	465	697	904	1087	1319	1465	1685	1905	2125
237 - 240	220	464	696	903	1086	1318	1464	1684	1904	2124
241 - 243	219	463	695	902	1085	1317	1463	1683	1903	2123

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
244 - 246	218	462	694	901	1084	1316	1462	1682	1902	2122
247 - 250	217	461	693	900	1083	1315	1461	1681	1901	2121
251 - 253	216	460	692	899	1082	1314	1460	1680	1900	2120
254 - 256	215	459	691	898	1081	1313	1459	1679	1899	2119
257 - 260	214	458	690	897	1080	1312	1458	1678	1898	2118
261 - 263	213	457	689	896	1079	1311	1457	1677	1897	2117
264 - 266	212	456	688	895	1078	1310	1456	1676	1896	2116
267 - 270	211	455	687	894	1077	1309	1455	1675	1895	2115
271 - 273	210	454	686	893	1076	1308	1454	1674	1894	2114
274 - 276	209	453	685	892	1075	1307	1453	1673	1893	2113
277 - 280	208	452	684	891	1074	1306	1452	1672	1892	2112
281 - 283	207	451	683	890	1073	1305	1451	1671	1891	2111
284 - 286	206	450	682	889	1072	1304	1450	1670	1890	2110
287 - 290	205	449	681	888	1071	1303	1449	1669	1889	2109
291 - 293	204	448	680	887	1070	1302	1448	1668	1888	2108
294 - 296	203	447	679	886	1069	1301	1447	1667	1887	2107
297 - 300	202	446	678	885	1068	1300	1446	1666	1886	2106
301 - 303	201	445	677	884	1067	1299	1445	1665	1885	2105
304 - 306	200	444	676	883	1066	1298	1444	1664	1884	2104
307 - 310	199	443	675	882	1065	1297	1443	1663	1883	2103
311 - 313	198	442	674	881	1064	1296	1442	1662	1882	2102
314 - 316	197	441	673	880	1063	1295	1441	1661	1881	2101
317 - 320	196	440	672	879	1062	1294	1440	1660	1880	2100
321 - 323	195	439	671	878	1061	1293	1439	1659	1879	2099
324 - 326	194	438	670	877	1060	1292	1438	1658	1878	2098
327 - 330	193	437	669	876	1059	1291	1437	1657	1877	2097
331 - 333	192	436	668	875	1058	1290	1436	1656	1876	2096
334 - 336	191	435	667	874	1057	1289	1435	1655	1875	2095
337 - 340	190	434	666	873	1056	1288	1434	1654	1874	2094
341 - 343	189	433	665	872	1055	1287	1433	1653	1873	2093
344 - 346	188	432	664	871	1054	1286	1432	1652	1872	2092
347 - 350	187	431	663	870	1053	1285	1431	1651	1871	2091
351 - 353	186	430	662	869	1052	1284	1430	1650	1870	2090
354 - 356	185	429	661	868	1051	1283	1429	1649	1869	2089
357 - 360	184	428	660	867	1050	1282	1428	1648	1868	2088
361 - 363	183	427	659	866	1049	1281	1427	1647	1867	2087
364 - 366	182	426	658	865	1048	1280	1426	1646	1866	2086

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
367 - 370	181	425	657	864	1047	1279	1425	1645	1865	2085
371 - 373	180	424	656	863	1046	1278	1424	1644	1864	2084
374 - 376	179	423	655	862	1045	1277	1423	1643	1863	2083
377 - 380	178	422	654	861	1044	1276	1422	1642	1862	2082
381 - 383	177	421	653	860	1043	1275	1421	1641	1861	2081
384 - 386	176	420	652	859	1042	1274	1420	1640	1860	2080
387 - 390	175	419	651	858	1041	1273	1419	1639	1859	2079
391 - 393	174	418	650	857	1040	1272	1418	1638	1858	2078
394 - 396	173	417	649	856	1039	1271	1417	1637	1857	2077
397 - 400	172	416	648	855	1038	1270	1416	1636	1856	2076
401 - 403	171	415	647	854	1037	1269	1415	1635	1855	2075
404 - 406	170	414	646	853	1036	1268	1414	1634	1854	2074
407 - 410	169	413	645	852	1035	1267	1413	1633	1853	2073
411 - 413	168	412	644	851	1034	1266	1412	1632	1852	2072
414 - 416	167	411	643	850	1033	1265	1411	1631	1851	2071
417 - 420	166	410	642	849	1032	1264	1410	1630	1850	2070
421 - 423	165	409	641	848	1031	1263	1409	1629	1849	2069
424 - 426	164	408	640	847	1030	1262	1408	1628	1848	2068
427 - 430	163	407	639	846	1029	1261	1407	1627	1847	2067
431 - 433	162	406	638	845	1028	1260	1406	1626	1846	2066
434 - 436	161	405	637	844	1027	1259	1405	1625	1845	2065
437 - 440	160	404	636	843	1026	1258	1404	1624	1844	2064
441 - 443	159	403	635	842	1025	1257	1403	1623	1843	2063
444 - 446	158	402	634	841	1024	1256	1402	1622	1842	2062
447 - 450	157	401	633	840	1023	1255	1401	1621	1841	2061
451 - 453	156	400	632	839	1022	1254	1400	1620	1840	2060
454 - 456	155	399	631	838	1021	1253	1399	1619	1839	2059
457 - 460	154	398	630	837	1020	1252	1398	1618	1838	2058
461 - 463	153	397	629	836	1019	1251	1397	1617	1837	2057
464 - 466	152	396	628	835	1018	1250	1396	1616	1836	2056
467 - 470	151	395	627	834	1017	1249	1395	1615	1835	2055
471 - 473	150	394	626	833	1016	1248	1394	1614	1834	2054
474 - 476	149	393	625	832	1015	1247	1393	1613	1833	2053
477 - 480	148	392	624	831	1014	1246	1392	1612	1832	2052
481 - 483	147	391	623	830	1013	1245	1391	1611	1831	2051
484 - 486	146	390	622	829	1012	1244	1390	1610	1830	2050
487 - 490	145	389	621	828	1011	1243	1389	1609	1829	2049

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
491 - 493	144	388	620	827	1010	1242	1388	1608	1828	2048
494 - 496	143	387	619	826	1009	1241	1387	1607	1827	2047
497 - 500	142	386	618	825	1008	1240	1386	1606	1826	2046
501 - 503	141	385	617	824	1007	1239	1385	1605	1825	2045
504 - 506	140	384	616	823	1006	1238	1384	1604	1824	2044
507 - 510	139	383	615	822	1005	1237	1383	1603	1823	2043
511 - 513	138	382	614	821	1004	1236	1382	1602	1822	2042
514 - 516	137	381	613	820	1003	1235	1381	1601	1821	2041
517 - 520	136	380	612	819	1002	1234	1380	1600	1820	2040
521 - 523	135	379	611	818	1001	1233	1379	1599	1819	2039
524 - 526	134	378	610	817	1000	1232	1378	1598	1818	2038
527 - 530	133	377	609	816	999	1231	1377	1597	1817	2037
531 - 533	132	376	608	815	998	1230	1376	1596	1816	2036
534 - 536	131	375	607	814	997	1229	1375	1595	1815	2035
537 - 540	130	374	606	813	996	1228	1374	1594	1814	2034
541 - 543	129	373	605	812	995	1227	1373	1593	1813	2033
544 - 546	128	372	604	811	994	1226	1372	1592	1812	2032
547 - 550	127	371	603	810	993	1225	1371	1591	1811	2031
551 - 553	126	370	602	809	992	1224	1370	1590	1810	2030
554 - 556	125	369	601	808	991	1223	1369	1589	1809	2029
557 - 560	124	368	600	807	990	1222	1368	1588	1808	2028
561 - 563	123	367	599	806	989	1221	1367	1587	1807	2027
564 - 566	122	366	598	805	988	1220	1366	1586	1806	2026
567 - 570	121	365	597	804	987	1219	1365	1585	1805	2025
571 - 573	120	364	596	803	986	1218	1364	1584	1804	2024
574 - 576	119	363	595	802	985	1217	1363	1583	1803	2023
577 - 580	118	362	594	801	984	1216	1362	1582	1802	2022
581 - 583	117	361	593	800	983	1215	1361	1581	1801	2021
584 - 586	116	360	592	799	982	1214	1360	1580	1800	2020
587 - 590	115	359	591	798	981	1213	1359	1579	1799	2019
591 - 593	114	358	590	797	980	1212	1358	1578	1798	2018
594 - 596	113	357	589	796	979	1211	1357	1577	1797	2017
597 - 600	112	356	588	795	978	1210	1356	1576	1796	2016
601 - 603	111	355	587	794	977	1209	1355	1575	1795	2015
604 - 606	110	354	586	793	976	1208	1354	1574	1794	2014
607 - 610	109	353	585	792	975	1207	1353	1573	1793	2013

Benefit Issuance by Household Size
2024

Monthly Net Income			1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
611	-	613	108	352	584	791	974	1206	1352	1572	1792	2012
614	-	616	107	351	583	790	973	1205	1351	1571	1791	2011
617	-	620	106	350	582	789	972	1204	1350	1570	1790	2010
621	-	623	105	349	581	788	971	1203	1349	1569	1789	2009
624	-	626	104	348	580	787	970	1202	1348	1568	1788	2008
627	-	630	103	347	579	786	969	1201	1347	1567	1787	2007
631	-	633	102	346	578	785	968	1200	1346	1566	1786	2006
634	-	636	101	345	577	784	967	1199	1345	1565	1785	2005
637	-	640	100	344	576	783	966	1198	1344	1564	1784	2004
641	-	643	99	343	575	782	965	1197	1343	1563	1783	2003
644	-	646	98	342	574	781	964	1196	1342	1562	1782	2002
647	-	650	97	341	573	780	963	1195	1341	1561	1781	2001
651	-	653	96	340	572	779	962	1194	1340	1560	1780	2000
654	-	656	95	339	571	778	961	1193	1339	1559	1779	1999
657	-	660	94	338	570	777	960	1192	1338	1558	1778	1998
661	-	663	93	337	569	776	959	1191	1337	1557	1777	1997
664	-	666	92	336	568	775	958	1190	1336	1556	1776	1996
667	-	670	91	335	567	774	957	1189	1335	1555	1775	1995
671	-	673	90	334	566	773	956	1188	1334	1554	1774	1994
674	-	676	89	333	565	772	955	1187	1333	1553	1773	1993
677	-	680	88	332	564	771	954	1186	1332	1552	1772	1992
681	-	683	87	331	563	770	953	1185	1331	1551	1771	1991
684	-	686	86	330	562	769	952	1184	1330	1550	1770	1990
687	-	690	85	329	561	768	951	1183	1329	1549	1769	1989
691	-	693	84	328	560	767	950	1182	1328	1548	1768	1988
694	-	696	83	327	559	766	949	1181	1327	1547	1767	1987
697	-	700	82	326	558	765	948	1180	1326	1546	1766	1986
701	-	703	81	325	557	764	947	1179	1325	1545	1765	1985
704	-	706	80	324	556	763	946	1178	1324	1544	1764	1984
707	-	710	79	323	555	762	945	1177	1323	1543	1763	1983
711	-	713	78	322	554	761	944	1176	1322	1542	1762	1982
714	-	716	77	321	553	760	943	1175	1321	1541	1761	1981
717	-	720	76	320	552	759	942	1174	1320	1540	1760	1980
721	-	723	75	319	551	758	941	1173	1319	1539	1759	1979
724	-	726	74	318	550	757	940	1172	1318	1538	1758	1978
727	-	730	73	317	549	756	939	1171	1317	1537	1757	1977
731	-	733	72	316	548	755	938	1170	1316	1536	1756	1976

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
734 - 736	71	315	547	754	937	1169	1315	1535	1755	1975
737 - 740	70	314	546	753	936	1168	1314	1534	1754	1974
741 - 743	69	313	545	752	935	1167	1313	1533	1753	1973
744 - 746	68	312	544	751	934	1166	1312	1532	1752	1972
747 - 750	67	311	543	750	933	1165	1311	1531	1751	1971
751 - 753	66	310	542	749	932	1164	1310	1530	1750	1970
754 - 756	65	309	541	748	931	1163	1309	1529	1749	1969
757 - 760	64	308	540	747	930	1162	1308	1528	1748	1968
761 - 763	63	307	539	746	929	1161	1307	1527	1747	1967
764 - 766	62	306	538	745	928	1160	1306	1526	1746	1966
767 - 770	61	305	537	744	927	1159	1305	1525	1745	1965
771 - 773	60	304	536	743	926	1158	1304	1524	1744	1964
774 - 776	59	303	535	742	925	1157	1303	1523	1743	1963
777 - 780	58	302	534	741	924	1156	1302	1522	1742	1962
781 - 783	57	301	533	740	923	1155	1301	1521	1741	1961
784 - 786	56	300	532	739	922	1154	1300	1520	1740	1960
787 - 790	55	299	531	738	921	1153	1299	1519	1739	1959
791 - 793	54	298	530	737	920	1152	1298	1518	1738	1958
794 - 796	53	297	529	736	919	1151	1297	1517	1737	1957
797 - 800	52	296	528	735	918	1150	1296	1516	1736	1956
801 - 803	51	295	527	734	917	1149	1295	1515	1735	1955
804 - 806	50	294	526	733	916	1148	1294	1514	1734	1954
807 - 810	49	293	525	732	915	1147	1293	1513	1733	1953
811 - 813	48	292	524	731	914	1146	1292	1512	1732	1952
814 - 816	47	291	523	730	913	1145	1291	1511	1731	1951
817 - 820	46	290	522	729	912	1144	1290	1510	1730	1950
821 - 823	45	289	521	728	911	1143	1289	1509	1729	1949
824 - 826	44	288	520	727	910	1142	1288	1508	1728	1948
827 - 830	43	287	519	726	909	1141	1287	1507	1727	1947
831 - 833	42	286	518	725	908	1140	1286	1506	1726	1946
834 - 836	41	285	517	724	907	1139	1285	1505	1725	1945
837 - 840	40	284	516	723	906	1138	1284	1504	1724	1944
841 - 843	39	283	515	722	905	1137	1283	1503	1723	1943
844 - 846	38	282	514	721	904	1136	1282	1502	1722	1942
847 - 850	37	281	513	720	903	1135	1281	1501	1721	1941
851 - 853	36	280	512	719	902	1134	1280	1500	1720	1940
854 - 856	35	279	511	718	901	1133	1279	1499	1719	1939

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
857 - 860	34	278	510	717	900	1132	1278	1498	1718	1938
861 - 863	33	277	509	716	899	1131	1277	1497	1717	1937
864 - 866	32	276	508	715	898	1130	1276	1496	1716	1936
867 - 870	31	275	507	714	897	1129	1275	1495	1715	1935
871 - 873	30	274	506	713	896	1128	1274	1494	1714	1934
874 - 876	29	273	505	712	895	1127	1273	1493	1713	1933
877 - 880	28	272	504	711	894	1126	1272	1492	1712	1932
881 - 883	27	271	503	710	893	1125	1271	1491	1711	1931
884 - 886	26	270	502	709	892	1124	1270	1490	1710	1930
887 - 890	25	269	501	708	891	1123	1269	1489	1709	1929
891 - 893	24	268	500	707	890	1122	1268	1488	1708	1928
894 - 896	23	267	499	706	889	1121	1267	1487	1707	1927
897 - 900	23	266	498	705	888	1120	1266	1486	1706	1926
901 - 903	23	265	497	704	887	1119	1265	1485	1705	1925
904 - 906	23	264	496	703	886	1118	1264	1484	1704	1924
907 - 910	23	263	495	702	885	1117	1263	1483	1703	1923
911 - 913	23	262	494	701	884	1116	1262	1482	1702	1922
914 - 916	23	261	493	700	883	1115	1261	1481	1701	1921
917 - 920	23	260	492	699	882	1114	1260	1480	1700	1920
921 - 923	23	259	491	698	881	1113	1259	1479	1699	1919
924 - 926	23	258	490	697	880	1112	1258	1478	1698	1918
927 - 930	23	257	489	696	879	1111	1257	1477	1697	1917
931 - 933	23	256	488	695	878	1110	1256	1476	1696	1916
934 - 936	23	255	487	694	877	1109	1255	1475	1695	1915
937 - 940	23	254	486	693	876	1108	1254	1474	1694	1914
941 - 943	23	253	485	692	875	1107	1253	1473	1693	1913
944 - 946	23	252	484	691	874	1106	1252	1472	1692	1912
947 - 950	23	251	483	690	873	1105	1251	1471	1691	1911
951 - 953	23	250	482	689	872	1104	1250	1470	1690	1910
954 - 956	23	249	481	688	871	1103	1249	1469	1689	1909
957 - 960	23	248	480	687	870	1102	1248	1468	1688	1908
961 - 963	23	247	479	686	869	1101	1247	1467	1687	1907
964 - 966	23	246	478	685	868	1100	1246	1466	1686	1906
967 - 970	23	245	477	684	867	1099	1245	1465	1685	1905
971 - 973	23	244	476	683	866	1098	1244	1464	1684	1904
974 - 976	23	243	475	682	865	1097	1243	1463	1683	1903
977 - 980	23	242	474	681	864	1096	1242	1462	1682	1902

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
981 - 983	23	241	473	680	863	1095	1241	1461	1681	1901
984 - 986	23	240	472	679	862	1094	1240	1460	1680	1900
987 - 990	23	239	471	678	861	1093	1239	1459	1679	1899
991 - 993	23	238	470	677	860	1092	1238	1458	1678	1898
994 - 996	23	237	469	676	859	1091	1237	1457	1677	1897
997 - 1000	23	236	468	675	858	1090	1236	1456	1676	1896
1001 - 1003	23	235	467	674	857	1089	1235	1455	1675	1895
1004 - 1006	23	234	466	673	856	1088	1234	1454	1674	1894
1007 - 1010	23	233	465	672	855	1087	1233	1453	1673	1893
1011 - 1013	23	232	464	671	854	1086	1232	1452	1672	1892
1014 - 1016	23	231	463	670	853	1085	1231	1451	1671	1891
1017 - 1020	23	230	462	669	852	1084	1230	1450	1670	1890
1021 - 1023	23	229	461	668	851	1083	1229	1449	1669	1889
1024 - 1026	23	228	460	667	850	1082	1228	1448	1668	1888
1027 - 1030	23	227	459	666	849	1081	1227	1447	1667	1887
1031 - 1033	23	226	458	665	848	1080	1226	1446	1666	1886
1034 - 1036	23	225	457	664	847	1079	1225	1445	1665	1885
1037 - 1040	23	224	456	663	846	1078	1224	1444	1664	1884
1041 - 1043	23	223	455	662	845	1077	1223	1443	1663	1883
1044 - 1046	23	222	454	661	844	1076	1222	1442	1662	1882
1047 - 1050	23	221	453	660	843	1075	1221	1441	1661	1881
1051 - 1053	23	220	452	659	842	1074	1220	1440	1660	1880
1054 - 1056	23	219	451	658	841	1073	1219	1439	1659	1879
1057 - 1060	23	218	450	657	840	1072	1218	1438	1658	1878
1061 - 1063	23	217	449	656	839	1071	1217	1437	1657	1877
1064 - 1066	23	216	448	655	838	1070	1216	1436	1656	1876
1067 - 1070	23	215	447	654	837	1069	1215	1435	1655	1875
1071 - 1073	23	214	446	653	836	1068	1214	1434	1654	1874
1074 - 1076	23	213	445	652	835	1067	1213	1433	1653	1873
1077 - 1080	23	212	444	651	834	1066	1212	1432	1652	1872
1081 - 1083	23	211	443	650	833	1065	1211	1431	1651	1871
1084 - 1086	23	210	442	649	832	1064	1210	1430	1650	1870
1087 - 1090	23	209	441	648	831	1063	1209	1429	1649	1869
1091 - 1093	23	208	440	647	830	1062	1208	1428	1648	1868
1094 - 1096	23	207	439	646	829	1061	1207	1427	1647	1867
1097 - 1100	23	206	438	645	828	1060	1206	1426	1646	1866
1101 - 1103	23	205	437	644	827	1059	1205	1425	1645	1865

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1104 - 1106	23	204	436	643	826	1058	1204	1424	1644	1864
1107 - 1110	23	203	435	642	825	1057	1203	1423	1643	1863
1111 - 1113	23	202	434	641	824	1056	1202	1422	1642	1862
1114 - 1116	23	201	433	640	823	1055	1201	1421	1641	1861
1117 - 1120	23	200	432	639	822	1054	1200	1420	1640	1860
1121 - 1123	23	199	431	638	821	1053	1199	1419	1639	1859
1124 - 1126	23	198	430	637	820	1052	1198	1418	1638	1858
1127 - 1130	23	197	429	636	819	1051	1197	1417	1637	1857
1131 - 1133	23	196	428	635	818	1050	1196	1416	1636	1856
1134 - 1136	23	195	427	634	817	1049	1195	1415	1635	1855
1137 - 1140	23	194	426	633	816	1048	1194	1414	1634	1854
1141 - 1143	23	193	425	632	815	1047	1193	1413	1633	1853
1144 - 1146	23	192	424	631	814	1046	1192	1412	1632	1852
1147 - 1150	23	191	423	630	813	1045	1191	1411	1631	1851
1151 - 1153	23	190	422	629	812	1044	1190	1410	1630	1850
1154 - 1156	23	189	421	628	811	1043	1189	1409	1629	1849
1157 - 1160	23	188	420	627	810	1042	1188	1408	1628	1848
1161 - 1163	23	187	419	626	809	1041	1187	1407	1627	1847
1164 - 1166	23	186	418	625	808	1040	1186	1406	1626	1846
1167 - 1170	23	185	417	624	807	1039	1185	1405	1625	1845
1171 - 1173	23	184	416	623	806	1038	1184	1404	1624	1844
1174 - 1176	23	183	415	622	805	1037	1183	1403	1623	1843
1177 - 1180	23	182	414	621	804	1036	1182	1402	1622	1842
1181 - 1183	23	181	413	620	803	1035	1181	1401	1621	1841
1184 - 1186	23	180	412	619	802	1034	1180	1400	1620	1840
1187 - 1190	23	179	411	618	801	1033	1179	1399	1619	1839
1191 - 1193	23	178	410	617	800	1032	1178	1398	1618	1838
1194 - 1196	23	177	409	616	799	1031	1177	1397	1617	1837
1197 - 1200	23	176	408	615	798	1030	1176	1396	1616	1836
1201 - 1203	23	175	407	614	797	1029	1175	1395	1615	1835
1204 - 1206	23	174	406	613	796	1028	1174	1394	1614	1834
1207 - 1210	23	173	405	612	795	1027	1173	1393	1613	1833
1211 - 1213	23	172	404	611	794	1026	1172	1392	1612	1832
1214 - 1216	23	171	403	610	793	1025	1171	1391	1611	1831
1217 - 1220	23	170	402	609	792	1024	1170	1390	1610	1830
1221 - 1223	23	169	401	608	791	1023	1169	1389	1609	1829
1224 - 1226	23	168	400	607	790	1022	1168	1388	1608	1828

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1227 - 1230	23	167	399	606	789	1021	1167	1387	1607	1827
1231 - 1233	23	166	398	605	788	1020	1166	1386	1606	1826
1234 - 1236	23	165	397	604	787	1019	1165	1385	1605	1825
1237 - 1240	23	164	396	603	786	1018	1164	1384	1604	1824
1241 - 1243	23	163	395	602	785	1017	1163	1383	1603	1823
1244 - 1246	23	162	394	601	784	1016	1162	1382	1602	1822
1247 - 1250	23	161	393	600	783	1015	1161	1381	1601	1821
1251 - 1253	23	160	392	599	782	1014	1160	1380	1600	1820
1254 - 1256	23	159	391	598	781	1013	1159	1379	1599	1819
1257 - 1260	23	158	390	597	780	1012	1158	1378	1598	1818
1261 - 1263	23	157	389	596	779	1011	1157	1377	1597	1817
1264 - 1266	23	156	388	595	778	1010	1156	1376	1596	1816
1267 - 1270	23	155	387	594	777	1009	1155	1375	1595	1815
1271 - 1273	23	154	386	593	776	1008	1154	1374	1594	1814
1274 - 1276	23	153	385	592	775	1007	1153	1373	1593	1813
1277 - 1280	23	152	384	591	774	1006	1152	1372	1592	1812
1281 - 1283	23	151	383	590	773	1005	1151	1371	1591	1811
1284 - 1286	23	150	382	589	772	1004	1150	1370	1590	1810
1287 - 1290	23	149	381	588	771	1003	1149	1369	1589	1809
1291 - 1293	23	148	380	587	770	1002	1148	1368	1588	1808
1294 - 1296	23	147	379	586	769	1001	1147	1367	1587	1807
1297 - 1300	23	146	378	585	768	1000	1146	1366	1586	1806
1301 - 1303	23	145	377	584	767	999	1145	1365	1585	1805
1304 - 1306	23	144	376	583	766	998	1144	1364	1584	1804
1307 - 1310	23	143	375	582	765	997	1143	1363	1583	1803
1311 - 1313	23	142	374	581	764	996	1142	1362	1582	1802
1314 - 1316	23	141	373	580	763	995	1141	1361	1581	1801
1317 - 1320	23	140	372	579	762	994	1140	1360	1580	1800
1321 - 1323	23	139	371	578	761	993	1139	1359	1579	1799
1324 - 1326	23	138	370	577	760	992	1138	1358	1578	1798
1327 - 1330	23	137	369	576	759	991	1137	1357	1577	1797
1331 - 1333	23	136	368	575	758	990	1136	1356	1576	1796
1334 - 1336	23	135	367	574	757	989	1135	1355	1575	1795
1337 - 1340	23	134	366	573	756	988	1134	1354	1574	1794
1341 - 1343	23	133	365	572	755	987	1133	1353	1573	1793
1344 - 1346	23	132	364	571	754	986	1132	1352	1572	1792
1347 - 1350	23	131	363	570	753	985	1131	1351	1571	1791

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1351 - 1353	23	130	362	569	752	984	1130	1350	1570	1790
1354 - 1356	23	129	361	568	751	983	1129	1349	1569	1789
1357 - 1360	23	128	360	567	750	982	1128	1348	1568	1788
1361 - 1363	23	127	359	566	749	981	1127	1347	1567	1787
1364 - 1366	23	126	358	565	748	980	1126	1346	1566	1786
1367 - 1370	23	125	357	564	747	979	1125	1345	1565	1785
1371 - 1373	23	124	356	563	746	978	1124	1344	1564	1784
1374 - 1376	23	123	355	562	745	977	1123	1343	1563	1783
1377 - 1380	23	122	354	561	744	976	1122	1342	1562	1782
1381 - 1383	23	121	353	560	743	975	1121	1341	1561	1781
1384 - 1386	23	120	352	559	742	974	1120	1340	1560	1780
1387 - 1390	23	119	351	558	741	973	1119	1339	1559	1779
1391 - 1393	23	118	350	557	740	972	1118	1338	1558	1778
1394 - 1396	23	117	349	556	739	971	1117	1337	1557	1777
1397 - 1400	23	116	348	555	738	970	1116	1336	1556	1776
1401 - 1403	23	115	347	554	737	969	1115	1335	1555	1775
1404 - 1406	23	114	346	553	736	968	1114	1334	1554	1774
1407 - 1410	23	113	345	552	735	967	1113	1333	1553	1773
1411 - 1413	23	112	344	551	734	966	1112	1332	1552	1772
1414 - 1416	23	111	343	550	733	965	1111	1331	1551	1771
1417 - 1420	23	110	342	549	732	964	1110	1330	1550	1770
1421 - 1423	23	109	341	548	731	963	1109	1329	1549	1769
1424 - 1426	23	108	340	547	730	962	1108	1328	1548	1768
1427 - 1430	23	107	339	546	729	961	1107	1327	1547	1767
1431 - 1433	23	106	338	545	728	960	1106	1326	1546	1766
1434 - 1436	23	105	337	544	727	959	1105	1325	1545	1765
1437 - 1440	23	104	336	543	726	958	1104	1324	1544	1764
1441 - 1443	23	103	335	542	725	957	1103	1323	1543	1763
1444 - 1446	23	102	334	541	724	956	1102	1322	1542	1762
1447 - 1450	23	101	333	540	723	955	1101	1321	1541	1761
1451 - 1453	23	100	332	539	722	954	1100	1320	1540	1760
1454 - 1456	23	99	331	538	721	953	1099	1319	1539	1759
1457 - 1460	23	98	330	537	720	952	1098	1318	1538	1758
1461 - 1463	23	97	329	536	719	951	1097	1317	1537	1757
1464 - 1466	23	96	328	535	718	950	1096	1316	1536	1756
1467 - 1470	23	95	327	534	717	949	1095	1315	1535	1755

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1471 - 1473	23	94	326	533	716	948	1094	1314	1534	1754
1474 - 1476	23	93	325	532	715	947	1093	1313	1533	1753
1477 - 1480	23	92	324	531	714	946	1092	1312	1532	1752
1481 - 1483	23	91	323	530	713	945	1091	1311	1531	1751
1484 - 1486	23	90	322	529	712	944	1090	1310	1530	1750
1487 - 1490	23	89	321	528	711	943	1089	1309	1529	1749
1491 - 1493	23	88	320	527	710	942	1088	1308	1528	1748
1494 - 1496	23	87	319	526	709	941	1087	1307	1527	1747
1497 - 1500	23	86	318	525	708	940	1086	1306	1526	1746
1501 - 1503	23	85	317	524	707	939	1085	1305	1525	1745
1504 - 1506	23	84	316	523	706	938	1084	1304	1524	1744
1507 - 1510	23	83	315	522	705	937	1083	1303	1523	1743
1511 - 1513	23	82	314	521	704	936	1082	1302	1522	1742
1514 - 1516	23	81	313	520	703	935	1081	1301	1521	1741
1517 - 1520	23	80	312	519	702	934	1080	1300	1520	1740
1521 - 1523	23	79	311	518	701	933	1079	1299	1519	1739
1524 - 1526	23	78	310	517	700	932	1078	1298	1518	1738
1527 - 1530	23	77	309	516	699	931	1077	1297	1517	1737
1531 - 1533	23	76	308	515	698	930	1076	1296	1516	1736
1534 - 1536	23	75	307	514	697	929	1075	1295	1515	1735
1537 - 1540	23	74	306	513	696	928	1074	1294	1514	1734
1541 - 1543	23	73	305	512	695	927	1073	1293	1513	1733
1544 - 1546	23	72	304	511	694	926	1072	1292	1512	1732
1547 - 1550	23	71	303	510	693	925	1071	1291	1511	1731
1551 - 1553	23	70	302	509	692	924	1070	1290	1510	1730
1554 - 1556	23	69	301	508	691	923	1069	1289	1509	1729
1557 - 1560	23	68	300	507	690	922	1068	1288	1508	1728
1561 - 1563	23	67	299	506	689	921	1067	1287	1507	1727
1564 - 1566	23	66	298	505	688	920	1066	1286	1506	1726
1567 - 1570	23	65	297	504	687	919	1065	1285	1505	1725
1571 - 1573	23	64	296	503	686	918	1064	1284	1504	1724
1574 - 1576	23	63	295	502	685	917	1063	1283	1503	1723
1577 - 1580	23	62	294	501	684	916	1062	1282	1502	1722
1581 - 1583	23	61	293	500	683	915	1061	1281	1501	1721
1584 - 1586	23	60	292	499	682	914	1060	1280	1500	1720
1587 - 1590	23	59	291	498	681	913	1059	1279	1499	1719
1591 - 1593	23	58	290	497	680	912	1058	1278	1498	1718

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1594 - 1596	23	57	289	496	679	911	1057	1277	1497	1717
1597 - 1600	23	56	288	495	678	910	1056	1276	1496	1716
1601 - 1603	23	55	287	494	677	909	1055	1275	1495	1715
1604 - 1606	23	54	286	493	676	908	1054	1274	1494	1714
1607 - 1610	23	53	285	492	675	907	1053	1273	1493	1713
1611 - 1613	23	52	284	491	674	906	1052	1272	1492	1712
1614 - 1616	23	51	283	490	673	905	1051	1271	1491	1711
1617 - 1620	23	50	282	489	672	904	1050	1270	1490	1710
1621 - 1623	23	49	281	488	671	903	1049	1269	1489	1709
1624 - 1626	23	48	280	487	670	902	1048	1268	1488	1708
1627 - 1630	23	47	279	486	669	901	1047	1267	1487	1707
1631 - 1633	23	46	278	485	668	900	1046	1266	1486	1706
1634 - 1636	23	45	277	484	667	899	1045	1265	1485	1705
1637 - 1640	23	44	276	483	666	898	1044	1264	1484	1704
1641 - 1643	23	43	275	482	665	897	1043	1263	1483	1703
1644 - 1646	23	42	274	481	664	896	1042	1262	1482	1702
1647 - 1650	23	41	273	480	663	895	1041	1261	1481	1701
1651 - 1653	23	40	272	479	662	894	1040	1260	1480	1700
1654 - 1656	23	39	271	478	661	893	1039	1259	1479	1699
1657 - 1660	23	38	270	477	660	892	1038	1258	1478	1698
1661 - 1663	23	37	269	476	659	891	1037	1257	1477	1697
1664 - 1666	23	36	268	475	658	890	1036	1256	1476	1696
1667 - 1670	23	35	267	474	657	889	1035	1255	1475	1695
1671 - 1673	23	34	266	473	656	888	1034	1254	1474	1694
1674 - 1676	23	33	265	472	655	887	1033	1253	1473	1693
1677 - 1680	23	32	264	471	654	886	1032	1252	1472	1692
1681 - 1683	23	31	263	470	653	885	1031	1251	1471	1691
1684 - 1686	23	30	262	469	652	884	1030	1250	1470	1690
1687 - 1690	23	29	261	468	651	883	1029	1249	1469	1689
1691 - 1693	23	28	260	467	650	882	1028	1248	1468	1688
1694 - 1696	23	27	259	466	649	881	1027	1247	1467	1687
1697 - 1700	23	26	258	465	648	880	1026	1246	1466	1686
1701 - 1703	23	25	257	464	647	879	1025	1245	1465	1685
1704 - 1706	23	24	256	463	646	878	1024	1244	1464	1684
1707 - 1710	23	23	255	462	645	877	1023	1243	1463	1683
1711 - 1713	23	23	254	461	644	876	1022	1242	1462	1682
1714 - 1716	23	23	253	460	643	875	1021	1241	1461	1681

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1717 - 1720	23	23	252	459	642	874	1020	1240	1460	1680
1721 - 1723	23	23	251	458	641	873	1019	1239	1459	1679
1724 - 1726	23	23	250	457	640	872	1018	1238	1458	1678
1727 - 1730	23	23	249	456	639	871	1017	1237	1457	1677
1731 - 1733	23	23	248	455	638	870	1016	1236	1456	1676
1734 - 1736	23	23	247	454	637	869	1015	1235	1455	1675
1737 - 1740	23	23	246	453	636	868	1014	1234	1454	1674
1741 - 1743	23	23	245	452	635	867	1013	1233	1453	1673
1744 - 1746	23	23	244	451	634	866	1012	1232	1452	1672
1747 - 1750	23	23	243	450	633	865	1011	1231	1451	1671
1751 - 1753	23	23	242	449	632	864	1010	1230	1450	1670
1754 - 1756	23	23	241	448	631	863	1009	1229	1449	1669
1757 - 1760	23	23	240	447	630	862	1008	1228	1448	1668
1761 - 1763	23	23	239	446	629	861	1007	1227	1447	1667
1764 - 1766	23	23	238	445	628	860	1006	1226	1446	1666
1767 - 1770	23	23	237	444	627	859	1005	1225	1445	1665
1771 - 1773	23	23	236	443	626	858	1004	1224	1444	1664
1774 - 1776	23	23	235	442	625	857	1003	1223	1443	1663
1777 - 1780	23	23	234	441	624	856	1002	1222	1442	1662
1781 - 1783	23	23	233	440	623	855	1001	1221	1441	1661
1784 - 1786	23	23	232	439	622	854	1000	1220	1440	1660
1787 - 1790	23	23	231	438	621	853	999	1219	1439	1659
1791 - 1793	23	23	230	437	620	852	998	1218	1438	1658
1794 - 1796	23	23	229	436	619	851	997	1217	1437	1657
1797 - 1800	23	23	228	435	618	850	996	1216	1436	1656
1801 - 1803	23	23	227	434	617	849	995	1215	1435	1655
1804 - 1806	23	23	226	433	616	848	994	1214	1434	1654
1807 - 1810	23	23	225	432	615	847	993	1213	1433	1653
1811 - 1813	23	23	224	431	614	846	992	1212	1432	1652
1814 - 1816	23	23	223	430	613	845	991	1211	1431	1651
1817 - 1820	23	23	222	429	612	844	990	1210	1430	1650
1821 - 1823	23	23	221	428	611	843	989	1209	1429	1649
1824 - 1826	23	23	220	427	610	842	988	1208	1428	1648
1827 - 1830	23	23	219	426	609	841	987	1207	1427	1647
1831 - 1833	23	23	218	425	608	840	986	1206	1426	1646
1834 - 1836	23	23	217	424	607	839	985	1205	1425	1645
1837 - 1840	23	23	216	423	606	838	984	1204	1424	1644

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1841 - 1843	23	23	215	422	605	837	983	1203	1423	1643
1844 - 1846	23	23	214	421	604	836	982	1202	1422	1642
1847 - 1850	23	23	213	420	603	835	981	1201	1421	1641
1851 - 1853	23	23	212	419	602	834	980	1200	1420	1640
1854 - 1856	23	23	211	418	601	833	979	1199	1419	1639
1857 - 1860	23	23	210	417	600	832	978	1198	1418	1638
1861 - 1863	23	23	209	416	599	831	977	1197	1417	1637
1864 - 1866	23	23	208	415	598	830	976	1196	1416	1636
1867 - 1870	23	23	207	414	597	829	975	1195	1415	1635
1871 - 1873	23	23	206	413	596	828	974	1194	1414	1634
1874 - 1876	23	23	205	412	595	827	973	1193	1413	1633
1877 - 1880	23	23	204	411	594	826	972	1192	1412	1632
1881 - 1883	23	23	203	410	593	825	971	1191	1411	1631
1884 - 1886	23	23	202	409	592	824	970	1190	1410	1630
1887 - 1890	23	23	201	408	591	823	969	1189	1409	1629
1891 - 1893	23	23	200	407	590	822	968	1188	1408	1628
1894 - 1896	23	23	199	406	589	821	967	1187	1407	1627
1897 - 1900	23	23	198	405	588	820	966	1186	1406	1626
1901 - 1903	23	23	197	404	587	819	965	1185	1405	1625
1904 - 1906	23	23	196	403	586	818	964	1184	1404	1624
1907 - 1910	23	23	195	402	585	817	963	1183	1403	1623
1911 - 1913	23	23	194	401	584	816	962	1182	1402	1622
1914 - 1916	23	23	193	400	583	815	961	1181	1401	1621
1917 - 1920	23	23	192	399	582	814	960	1180	1400	1620
1921 - 1923	23	23	191	398	581	813	959	1179	1399	1619
1924 - 1926	23	23	190	397	580	812	958	1178	1398	1618
1927 - 1930	23	23	189	396	579	811	957	1177	1397	1617
1931 - 1933	23	23	188	395	578	810	956	1176	1396	1616
1934 - 1936	23	23	187	394	577	809	955	1175	1395	1615
1937 - 1940	23	23	186	393	576	808	954	1174	1394	1614
1941 - 1943	23	23	185	392	575	807	953	1173	1393	1613
1944 - 1946	23	23	184	391	574	806	952	1172	1392	1612
1947 - 1950	23	23	183	390	573	805	951	1171	1391	1611
1951 - 1953	23	23	182	389	572	804	950	1170	1390	1610
1954 - 1956	23	23	181	388	571	803	949	1169	1389	1609
1957 - 1960	23	23	180	387	570	802	948	1168	1388	1608
1961 - 1963	23	23	179	386	569	801	947	1167	1387	1607

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1964 - 1966	23	23	178	385	568	800	946	1166	1386	1606
1967 - 1970	23	23	177	384	567	799	945	1165	1385	1605
1971 - 1973	23	23	176	383	566	798	944	1164	1384	1604
1974 - 1976	23	23	175	382	565	797	943	1163	1383	1603
1977 - 1980	23	23	174	381	564	796	942	1162	1382	1602
1981 - 1983	23	23	173	380	563	795	941	1161	1381	1601
1984 - 1986	23	23	172	379	562	794	940	1160	1380	1600
1987 - 1990	23	23	171	378	561	793	939	1159	1379	1599
1991 - 1993	23	23	170	377	560	792	938	1158	1378	1598
1994 - 1996	23	23	169	376	559	791	937	1157	1377	1597
1997 - 2000	23	23	168	375	558	790	936	1156	1376	1596
2001 - 2003	23	23	167	374	557	789	935	1155	1375	1595
2004 - 2006	23	23	166	373	556	788	934	1154	1374	1594
2007 - 2010	23	23	165	372	555	787	933	1153	1373	1593
2011 - 2013	23	23	164	371	554	786	932	1152	1372	1592
2014 - 2016	23	23	163	370	553	785	931	1151	1371	1591
2017 - 2020	23	23	162	369	552	784	930	1150	1370	1590
2021 - 2023	23	23	161	368	551	783	929	1149	1369	1589
2024 - 2026	23	23	160	367	550	782	928	1148	1368	1588
2027 - 2030	23	23	159	366	549	781	927	1147	1367	1587
2031 - 2033	23	23	158	365	548	780	926	1146	1366	1586
2034 - 2036	23	23	157	364	547	779	925	1145	1365	1585
2037 - 2040	23	23	156	363	546	778	924	1144	1364	1584
2041 - 2043	23	23	155	362	545	777	923	1143	1363	1583
2044 - 2046	23	23	154	361	544	776	922	1142	1362	1582
2047 - 2050	23	23	153	360	543	775	921	1141	1361	1581
2051 - 2053	23	23	152	359	542	774	920	1140	1360	1580
2054 - 2056	23	23	151	358	541	773	919	1139	1359	1579
2057 - 2060	23	23	150	357	540	772	918	1138	1358	1578
2061 - 2063	23	23	149	356	539	771	917	1137	1357	1577
2064 - 2066	23	23	148	355	538	770	916	1136	1356	1576
2067 - 2070	23	23	147	354	537	769	915	1135	1355	1575
2071 - 2073	23	23	146	353	536	768	914	1134	1354	1574
2074 - 2076		23	145	352	535	767	913	1133	1353	1573
2077 - 2080		23	144	351	534	766	912	1132	1352	1572
2081 - 2083		23	143	350	533	765	911	1131	1351	1571
2084 - 2086		23	142	349	532	764	910	1130	1350	1570

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2087 - 2090		23	141	348	531	763	909	1129	1349	1569
2091 - 2093		23	140	347	530	762	908	1128	1348	1568
2094 - 2096		23	139	346	529	761	907	1127	1347	1567
2097 - 2100		23	138	345	528	760	906	1126	1346	1566
2101 - 2103		23	137	344	527	759	905	1125	1345	1565
2104 - 2106		23	136	343	526	758	904	1124	1344	1564
2107 - 2110		23	135	342	525	757	903	1123	1343	1563
2111 - 2113		23	134	341	524	756	902	1122	1342	1562
2114 - 2116		23	133	340	523	755	901	1121	1341	1561
2117 - 2120		23	132	339	522	754	900	1120	1340	1560
2121 - 2123		23	131	338	521	753	899	1119	1339	1559
2124 - 2126		23	130	337	520	752	898	1118	1338	1558
2127 - 2130		23	129	336	519	751	897	1117	1337	1557
2131 - 2133		23	128	335	518	750	896	1116	1336	1556
2134 - 2136		23	127	334	517	749	895	1115	1335	1555
2137 - 2140		23	126	333	516	748	894	1114	1334	1554
2141 - 2143		23	125	332	515	747	893	1113	1333	1553
2144 - 2146		23	124	331	514	746	892	1112	1332	1552
2147 - 2150		23	123	330	513	745	891	1111	1331	1551
2151 - 2153		23	122	329	512	744	890	1110	1330	1550
2154 - 2156		23	121	328	511	743	889	1109	1329	1549
2157 - 2160		23	120	327	510	742	888	1108	1328	1548
2161 - 2163		23	119	326	509	741	887	1107	1327	1547
2164 - 2166		23	118	325	508	740	886	1106	1326	1546
2167 - 2170		23	117	324	507	739	885	1105	1325	1545
2171 - 2173		23	116	323	506	738	884	1104	1324	1544
2174 - 2176		23	115	322	505	737	883	1103	1323	1543
2177 - 2180		23	114	321	504	736	882	1102	1322	1542
2181 - 2183		23	113	320	503	735	881	1101	1321	1541
2184 - 2186		23	112	319	502	734	880	1100	1320	1540
2187 - 2190		23	111	318	501	733	879	1099	1319	1539
2191 - 2193		23	110	317	500	732	878	1098	1318	1538
2194 - 2196		23	109	316	499	731	877	1097	1317	1537
2197 - 2200		23	108	315	498	730	876	1096	1316	1536
2201 - 2203		23	107	314	497	729	875	1095	1315	1535
2204 - 2206		23	106	313	496	728	874	1094	1314	1534
2207 - 2210		23	105	312	495	727	873	1093	1313	1533

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2211 - 2213		23	104	311	494	726	872	1092	1312	1532
2214 - 2216		23	103	310	493	725	871	1091	1311	1531
2217 - 2220		23	102	309	492	724	870	1090	1310	1530
2221 - 2223		23	101	308	491	723	869	1089	1309	1529
2224 - 2226		23	100	307	490	722	868	1088	1308	1528
2227 - 2230		23	99	306	489	721	867	1087	1307	1527
2231 - 2233		23	98	305	488	720	866	1086	1306	1526
2234 - 2236		23	97	304	487	719	865	1085	1305	1525
2237 - 2240		23	96	303	486	718	864	1084	1304	1524
2241 - 2243		23	95	302	485	717	863	1083	1303	1523
2244 - 2246		23	94	301	484	716	862	1082	1302	1522
2247 - 2250		23	93	300	483	715	861	1081	1301	1521
2251 - 2253		23	92	299	482	714	860	1080	1300	1520
2254 - 2256		23	91	298	481	713	859	1079	1299	1519
2257 - 2260		23	90	297	480	712	858	1078	1298	1518
2261 - 2263		23	89	296	479	711	857	1077	1297	1517
2264 - 2266		23	88	295	478	710	856	1076	1296	1516
2267 - 2270		23	87	294	477	709	855	1075	1295	1515
2271 - 2273		23	86	293	476	708	854	1074	1294	1514
2274 - 2276		23	85	292	475	707	853	1073	1293	1513
2277 - 2280		23	84	291	474	706	852	1072	1292	1512
2281 - 2283		23	83	290	473	705	851	1071	1291	1511
2284 - 2286		23	82	289	472	704	850	1070	1290	1510
2287 - 2290		23	81	288	471	703	849	1069	1289	1509
2291 - 2293		23	80	287	470	702	848	1068	1288	1508
2294 - 2296		23	79	286	469	701	847	1067	1287	1507
2297 - 2300		23	78	285	468	700	846	1066	1286	1506
2301 - 2303		23	77	284	467	699	845	1065	1285	1505
2304 - 2306		23	76	283	466	698	844	1064	1284	1504
2307 - 2310		23	75	282	465	697	843	1063	1283	1503
2311 - 2313		23	74	281	464	696	842	1062	1282	1502
2314 - 2316		23	73	280	463	695	841	1061	1281	1501
2317 - 2320		23	72	279	462	694	840	1060	1280	1500
2321 - 2323		23	71	278	461	693	839	1059	1279	1499
2324 - 2326		23	70	277	460	692	838	1058	1278	1498
2327 - 2330		23	69	276	459	691	837	1057	1277	1497

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2331 - 2333		23	68	275	458	690	836	1056	1276	1496
2334 - 2336		23	67	274	457	689	835	1055	1275	1495
2337 - 2340		23	66	273	456	688	834	1054	1274	1494
2341 - 2343		23	65	272	455	687	833	1053	1273	1493
2344 - 2346		23	64	271	454	686	832	1052	1272	1492
2347 - 2350		23	63	270	453	685	831	1051	1271	1491
2351 - 2353		23	62	269	452	684	830	1050	1270	1490
2354 - 2356		23	61	268	451	683	829	1049	1269	1489
2357 - 2360		23	60	267	450	682	828	1048	1268	1488
2361 - 2363		23	59	266	449	681	827	1047	1267	1487
2364 - 2366		23	58	265	448	680	826	1046	1266	1486
2367 - 2370		23	57	264	447	679	825	1045	1265	1485
2371 - 2373		23	56	263	446	678	824	1044	1264	1484
2374 - 2376		23	55	262	445	677	823	1043	1263	1483
2377 - 2380		23	54	261	444	676	822	1042	1262	1482
2381 - 2383		23	53	260	443	675	821	1041	1261	1481
2384 - 2386		23	52	259	442	674	820	1040	1260	1480
2387 - 2390		23	51	258	441	673	819	1039	1259	1479
2391 - 2393		23	50	257	440	672	818	1038	1258	1478
2394 - 2396		23	49	256	439	671	817	1037	1257	1477
2397 - 2400		23	48	255	438	670	816	1036	1256	1476
2401 - 2403		23	47	254	437	669	815	1035	1255	1475
2404 - 2406		23	46	253	436	668	814	1034	1254	1474
2407 - 2410		23	45	252	435	667	813	1033	1253	1473
2411 - 2413		23	44	251	434	666	812	1032	1252	1472
2414 - 2416		23	43	250	433	665	811	1031	1251	1471
2417 - 2420		23	42	249	432	664	810	1030	1250	1470
2421 - 2423		23	41	248	431	663	809	1029	1249	1469
2424 - 2426		23	40	247	430	662	808	1028	1248	1468
2427 - 2430		23	39	246	429	661	807	1027	1247	1467
2431 - 2433		23	38	245	428	660	806	1026	1246	1466
2434 - 2436		23	37	244	427	659	805	1025	1245	1465
2437 - 2440		23	36	243	426	658	804	1024	1244	1464
2441 - 2443		23	35	242	425	657	803	1023	1243	1463
2444 - 2446		23	34	241	424	656	802	1022	1242	1462
2447 - 2450		23	33	240	423	655	801	1021	1241	1461
2451 - 2453		23	32	239	422	654	800	1020	1240	1460

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2454 - 2456		23	31	238	421	653	799	1019	1239	1459
2457 - 2460		23	30	237	420	652	798	1018	1238	1458
2461 - 2463		23	29	236	419	651	797	1017	1237	1457
2464 - 2466		23	28	235	418	650	796	1016	1236	1456
2467 - 2470		23	27	234	417	649	795	1015	1235	1455
2471 - 2473		23	26	233	416	648	794	1014	1234	1454
2474 - 2476		23	25	232	415	647	793	1013	1233	1453
2477 - 2480		23	24	231	414	646	792	1012	1232	1452
2481 - 2483		23	23	230	413	645	791	1011	1231	1451
2484 - 2486		23	22	229	412	644	790	1010	1230	1450
2487 - 2490		23	21	228	411	643	789	1009	1229	1449
2491 - 2493		23	20	227	410	642	788	1008	1228	1448
2494 - 2496		23	19	226	409	641	787	1007	1227	1447
2497 - 2500		23	18	225	408	640	786	1006	1226	1446
2501 - 2503		23	17	224	407	639	785	1005	1225	1445
2504 - 2506		23	16	223	406	638	784	1004	1224	1444
2507 - 2510		23	15	222	405	637	783	1003	1223	1443
2511 - 2513		23	14	221	404	636	782	1002	1222	1442
2514 - 2516		23	13	220	403	635	781	1001	1221	1441
2517 - 2520		23	12	219	402	634	780	1000	1220	1440
2521 - 2523		23	11	218	401	633	779	999	1219	1439
2524 - 2526		23	10	217	400	632	778	998	1218	1438
2527 - 2530		23	9	216	399	631	777	997	1217	1437
2531 - 2533		23	8	215	398	630	776	996	1216	1436
2534 - 2536		23	7	214	397	629	775	995	1215	1435
2537 - 2540		23	6	213	396	628	774	994	1214	1434
2541 - 2543		23	5	212	395	627	773	993	1213	1433
2544 - 2546		23	4	211	394	626	772	992	1212	1432
2547 - 2550		23	3	210	393	625	771	991	1211	1431
2551 - 2553		23	2	209	392	624	770	990	1210	1430
2554 - 2556		23	1	208	391	623	769	989	1209	1429
2557 - 2560		23		207	390	622	768	988	1208	1428
2561 - 2563		23		206	389	621	767	987	1207	1427
2564 - 2566		23		205	388	620	766	986	1206	1426
2567 - 2570		23		204	387	619	765	985	1205	1425
2571 - 2573		23		203	386	618	764	984	1204	1424
2574 - 2576		23		202	385	617	763	983	1203	1423

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2577 - 2580		23		201	384	616	762	982	1202	1422
2581 - 2583		23		200	383	615	761	981	1201	1421
2584 - 2586		23		199	382	614	760	980	1200	1420
2587 - 2590		23		198	381	613	759	979	1199	1419
2591 - 2593		23		197	380	612	758	978	1198	1418
2594 - 2596		23		196	379	611	757	977	1197	1417
2597 - 2600		23		195	378	610	756	976	1196	1416
2601 - 2603		23		194	377	609	755	975	1195	1415
2604 - 2606		23		193	376	608	754	974	1194	1414
2607 - 2610		23		192	375	607	753	973	1193	1413
2611 - 2613		23		191	374	606	752	972	1192	1412
2614 - 2616		23		190	373	605	751	971	1191	1411
2617 - 2620		23		189	372	604	750	970	1190	1410
2621 - 2623		23		188	371	603	749	969	1189	1409
2624 - 2626		23		187	370	602	748	968	1188	1408
2627 - 2630		23		186	369	601	747	967	1187	1407
2631 - 2633		23		185	368	600	746	966	1186	1406
2634 - 2636		23		184	367	599	745	965	1185	1405
2637 - 2640		23		183	366	598	744	964	1184	1404
2641 - 2643		23		182	365	597	743	963	1183	1403
2644 - 2646		23		181	364	596	742	962	1182	1402
2647 - 2650		23		180	363	595	741	961	1181	1401
2651 - 2653		23		179	362	594	740	960	1180	1400
2654 - 2656		23		178	361	593	739	959	1179	1399
2657 - 2660		23		177	360	592	738	958	1178	1398
2661 - 2663		23		176	359	591	737	957	1177	1397
2664 - 2666		23		175	358	590	736	956	1176	1396
2667 - 2670		23		174	357	589	735	955	1175	1395
2671 - 2673		23		173	356	588	734	954	1174	1394
2674 - 2676		23		172	355	587	733	953	1173	1393
2677 - 2680		23		171	354	586	732	952	1172	1392
2681 - 2683		23		170	353	585	731	951	1171	1391
2684 - 2686		23		169	352	584	730	950	1170	1390
2687 - 2690		23		168	351	583	729	949	1169	1389
2691 - 2693		23		167	350	582	728	948	1168	1388
2694 - 2696		23		166	349	581	727	947	1167	1387
2697 - 2700		23		165	348	580	726	946	1166	1386

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2701 - 2703		23		164	347	579	725	945	1165	1385
2704 - 2706		23		163	346	578	724	944	1164	1384
2707 - 2710		23		162	345	577	723	943	1163	1383
2711 - 2713		23		161	344	576	722	942	1162	1382
2714 - 2716		23		160	343	575	721	941	1161	1381
2717 - 2720		23		159	342	574	720	940	1160	1380
2721 - 2723		23		158	341	573	719	939	1159	1379
2724 - 2726		23		157	340	572	718	938	1158	1378
2727 - 2730		23		156	339	571	717	937	1157	1377
2731 - 2733		23		155	338	570	716	936	1156	1376
2734 - 2736		23		154	337	569	715	935	1155	1375
2737 - 2740		23		153	336	568	714	934	1154	1374
2741 - 2743		23		152	335	567	713	933	1153	1373
2744 - 2746		23		151	334	566	712	932	1152	1372
2747 - 2750		23		150	333	565	711	931	1151	1371
2751 - 2753		23		149	332	564	710	930	1150	1370
2754 - 2756		23		148	331	563	709	929	1149	1369
2757 - 2760		23		147	330	562	708	928	1148	1368
2761 - 2763		23		146	329	561	707	927	1147	1367
2764 - 2766		23		145	328	560	706	926	1146	1366
2767 - 2770		23		144	327	559	705	925	1145	1365
2771 - 2773		23		143	326	558	704	924	1144	1364
2774 - 2776		23		142	325	557	703	923	1143	1363
2777 - 2780		23		141	324	556	702	922	1142	1362
2781 - 2783		23		140	323	555	701	921	1141	1361
2784 - 2786		23		139	322	554	700	920	1140	1360
2787 - 2790		23		138	321	553	699	919	1139	1359
2791 - 2793		23		137	320	552	698	918	1138	1358
2794 - 2796		23		136	319	551	697	917	1137	1357
2797 - 2800		23		135	318	550	696	916	1136	1356
2801 - 2803		23		134	317	549	695	915	1135	1355
2804 - 2806		23		133	316	548	694	914	1134	1354
2807 - 2810		23		132	315	547	693	913	1133	1353
2811 - 2813		23		131	314	546	692	912	1132	1352
2814 - 2816				130	313	545	691	911	1131	1351
2817 - 2820				129	312	544	690	910	1130	1350
2821 - 2823				128	311	543	689	909	1129	1349

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2824 - 2826				127	310	542	688	908	1128	1348
2827 - 2830				126	309	541	687	907	1127	1347
2831 - 2833				125	308	540	686	906	1126	1346
2834 - 2836				124	307	539	685	905	1125	1345
2837 - 2840				123	306	538	684	904	1124	1344
2841 - 2843				122	305	537	683	903	1123	1343
2844 - 2846				121	304	536	682	902	1122	1342
2847 - 2850				120	303	535	681	901	1121	1341
2851 - 2853				119	302	534	680	900	1120	1340
2854 - 2856				118	301	533	679	899	1119	1339
2857 - 2860				117	300	532	678	898	1118	1338
2861 - 2863				116	299	531	677	897	1117	1337
2864 - 2866				115	298	530	676	896	1116	1336
2867 - 2870				114	297	529	675	895	1115	1335
2871 - 2873				113	296	528	674	894	1114	1334
2874 - 2876				112	295	527	673	893	1113	1333
2877 - 2880				111	294	526	672	892	1112	1332
2881 - 2883				110	293	525	671	891	1111	1331
2884 - 2886				109	292	524	670	890	1110	1330
2887 - 2890				108	291	523	669	889	1109	1329
2891 - 2893				107	290	522	668	888	1108	1328
2894 - 2896				106	289	521	667	887	1107	1327
2897 - 2900				105	288	520	666	886	1106	1326
2901 - 2903				104	287	519	665	885	1105	1325
2904 - 2906				103	286	518	664	884	1104	1324
2907 - 2910				102	285	517	663	883	1103	1323
2911 - 2913				101	284	516	662	882	1102	1322
2914 - 2916				100	283	515	661	881	1101	1321
2917 - 2920				99	282	514	660	880	1100	1320
2921 - 2923				98	281	513	659	879	1099	1319
2924 - 2926				97	280	512	658	878	1098	1318
2927 - 2930				96	279	511	657	877	1097	1317
2931 - 2933				95	278	510	656	876	1096	1316
2934 - 2936				94	277	509	655	875	1095	1315
2937 - 2940				93	276	508	654	874	1094	1314
2941 - 2943				92	275	507	653	873	1093	1313
2944 - 2946				91	274	506	652	872	1092	1312

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2947 - 2950				90	273	505	651	871	1091	1311
2951 - 2953				89	272	504	650	870	1090	1310
2954 - 2956				88	271	503	649	869	1089	1309
2957 - 2960				87	270	502	648	868	1088	1308
2961 - 2963				86	269	501	647	867	1087	1307
2964 - 2966				85	268	500	646	866	1086	1306
2967 - 2970				84	267	499	645	865	1085	1305
2971 - 2973				83	266	498	644	864	1084	1304
2974 - 2976				82	265	497	643	863	1083	1303
2977 - 2980				81	264	496	642	862	1082	1302
2981 - 2983				80	263	495	641	861	1081	1301
2984 - 2986				79	262	494	640	860	1080	1300
2987 - 2990				78	261	493	639	859	1079	1299
2991 - 2993				77	260	492	638	858	1078	1298
2994 - 2996				76	259	491	637	857	1077	1297
2997 - 3000				75	258	490	636	856	1076	1296
3001 - 3003				74	257	489	635	855	1075	1295
3004 - 3006				73	256	488	634	854	1074	1294
3007 - 3010				72	255	487	633	853	1073	1293
3011 - 3013				71	254	486	632	852	1072	1292
3014 - 3016				70	253	485	631	851	1071	1291
3017 - 3020				69	252	484	630	850	1070	1290
3021 - 3023				68	251	483	629	849	1069	1289
3024 - 3026				67	250	482	628	848	1068	1288
3027 - 3030				66	249	481	627	847	1067	1287
3031 - 3033				65	248	480	626	846	1066	1286
3034 - 3036				64	247	479	625	845	1065	1285
3037 - 3040				63	246	478	624	844	1064	1284
3041 - 3043				62	245	477	623	843	1063	1283
3044 - 3046				61	244	476	622	842	1062	1282
3047 - 3050				60	243	475	621	841	1061	1281
3051 - 3053				59	242	474	620	840	1060	1280
3054 - 3056				58	241	473	619	839	1059	1279
3057 - 3060				57	240	472	618	838	1058	1278
3061 - 3063				56	239	471	617	837	1057	1277
3064 - 3066				55	238	470	616	836	1056	1276
3067 - 3070				54	237	469	615	835	1055	1275

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3071 - 3073				53	236	468	614	834	1054	1274
3074 - 3076				52	235	467	613	833	1053	1273
3077 - 3080				51	234	466	612	832	1052	1272
3081 - 3083				50	233	465	611	831	1051	1271
3084 - 3086				49	232	464	610	830	1050	1270
3087 - 3090				48	231	463	609	829	1049	1269
3091 - 3093				47	230	462	608	828	1048	1268
3094 - 3096				46	229	461	607	827	1047	1267
3097 - 3100				45	228	460	606	826	1046	1266
3101 - 3103				44	227	459	605	825	1045	1265
3104 - 3106				43	226	458	604	824	1044	1264
3107 - 3110				42	225	457	603	823	1043	1263
3111 - 3113				41	224	456	602	822	1042	1262
3114 - 3116				40	223	455	601	821	1041	1261
3117 - 3120				39	222	454	600	820	1040	1260
3121 - 3123				38	221	453	599	819	1039	1259
3124 - 3126				37	220	452	598	818	1038	1258
3127 - 3130				36	219	451	597	817	1037	1257
3131 - 3133				35	218	450	596	816	1036	1256
3134 - 3136				34	217	449	595	815	1035	1255
3137 - 3140				33	216	448	594	814	1034	1254
3141 - 3143				32	215	447	593	813	1033	1253
3144 - 3146				31	214	446	592	812	1032	1252
3147 - 3150				30	213	445	591	811	1031	1251
3151 - 3153				29	212	444	590	810	1030	1250
3154 - 3156				28	211	443	589	809	1029	1249
3157 - 3160				27	210	442	588	808	1028	1248
3161 - 3163				26	209	441	587	807	1027	1247
3164 - 3166				25	208	440	586	806	1026	1246
3167 - 3170				24	207	439	585	805	1025	1245
3171 - 3173				23	206	438	584	804	1024	1244
3174 - 3176				22	205	437	583	803	1023	1243
3177 - 3180				21	204	436	582	802	1022	1242
3181 - 3183				20	203	435	581	801	1021	1241
3184 - 3186				19	202	434	580	800	1020	1240
3187 - 3190				18	201	433	579	799	1019	1239

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3191 - 3193				17	200	432	578	798	1018	1238
3194 - 3196				16	199	431	577	797	1017	1237
3197 - 3200				15	198	430	576	796	1016	1236
3201 - 3203				14	197	429	575	795	1015	1235
3204 - 3206				13	196	428	574	794	1014	1234
3207 - 3210				12	195	427	573	793	1013	1233
3211 - 3213				11	194	426	572	792	1012	1232
3214 - 3216				10	193	425	571	791	1011	1231
3217 - 3220				9	192	424	570	790	1010	1230
3221 - 3223				8	191	423	569	789	1009	1229
3224 - 3226				7	190	422	568	788	1008	1228
3227 - 3230				6	189	421	567	787	1007	1227
3231 - 3233				5	188	420	566	786	1006	1226
3234 - 3236				4	187	419	565	785	1005	1225
3237 - 3240				3	186	418	564	784	1004	1224
3241 - 3243				2	185	417	563	783	1003	1223
3244 - 3246				1	184	416	562	782	1002	1222
3247 - 3250					183	415	561	781	1001	1221
3251 - 3253					182	414	560	780	1000	1220
3254 - 3256					181	413	559	779	999	1219
3257 - 3260					180	412	558	778	998	1218
3261 - 3263					179	411	557	777	997	1217
3264 - 3266					178	410	556	776	996	1216
3267 - 3270					177	409	555	775	995	1215
3271 - 3273					176	408	554	774	994	1214
3274 - 3276					175	407	553	773	993	1213
3277 - 3280					174	406	552	772	992	1212
3281 - 3283					173	405	551	771	991	1211
3284 - 3286					172	404	550	770	990	1210
3287 - 3290					171	403	549	769	989	1209
3291 - 3293					170	402	548	768	988	1208
3294 - 3296					169	401	547	767	987	1207
3297 - 3300					168	400	546	766	986	1206
3301 - 3303					167	399	545	765	985	1205
3304 - 3306					166	398	544	764	984	1204
3307 - 3310					165	397	543	763	983	1203
3311 - 3313					164	396	542	762	982	1202

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3314 - 3316					163	395	541	761	981	1201
3317 - 3320					162	394	540	760	980	1200
3321 - 3323					161	393	539	759	979	1199
3324 - 3326					160	392	538	758	978	1198
3327 - 3330					159	391	537	757	977	1197
3331 - 3333					158	390	536	756	976	1196
3334 - 3336					157	389	535	755	975	1195
3337 - 3340					156	388	534	754	974	1194
3341 - 3343					155	387	533	753	973	1193
3344 - 3346					154	386	532	752	972	1192
3347 - 3350					153	385	531	751	971	1191
3351 - 3353					152	384	530	750	970	1190
3354 - 3356					151	383	529	749	969	1189
3357 - 3360					150	382	528	748	968	1188
3361 - 3363					149	381	527	747	967	1187
3364 - 3366					148	380	526	746	966	1186
3367 - 3370					147	379	525	745	965	1185
3371 - 3373					146	378	524	744	964	1184
3374 - 3376					145	377	523	743	963	1183
3377 - 3380					144	376	522	742	962	1182
3381 - 3383					143	375	521	741	961	1181
3384 - 3386					142	374	520	740	960	1180
3387 - 3390					141	373	519	739	959	1179
3391 - 3393					140	372	518	738	958	1178
3394 - 3396					139	371	517	737	957	1177
3397 - 3400					138	370	516	736	956	1176
3401 - 3403					137	369	515	735	955	1175
3404 - 3406					136	368	514	734	954	1174
3407 - 3410					135	367	513	733	953	1173
3411 - 3413					134	366	512	732	952	1172
3414 - 3416					133	365	511	731	951	1171
3417 - 3420					132	364	510	730	950	1170
3421 - 3423					131	363	509	729	949	1169
3424 - 3426					130	362	508	728	948	1168
3427 - 3430					129	361	507	727	947	1167
3431 - 3433					128	360	506	726	946	1166
3434 - 3436					127	359	505	725	945	1165

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3437 - 3440					126	358	504	724	944	1164
3441 - 3443					125	357	503	723	943	1163
3444 - 3446					124	356	502	722	942	1162
3447 - 3450					123	355	501	721	941	1161
3451 - 3453					122	354	500	720	940	1160
3454 - 3456					121	353	499	719	939	1159
3457 - 3460					120	352	498	718	938	1158
3461 - 3463					119	351	497	717	937	1157
3464 - 3466					118	350	496	716	936	1156
3467 - 3470					117	349	495	715	935	1155
3471 - 3473					116	348	494	714	934	1154
3474 - 3476					115	347	493	713	933	1153
3477 - 3480					114	346	492	712	932	1152
3481 - 3483					113	345	491	711	931	1151
3484 - 3486					112	344	490	710	930	1150
3487 - 3490					111	343	489	709	929	1149
3491 - 3493					110	342	488	708	928	1148
3494 - 3496					109	341	487	707	927	1147
3497 - 3500					108	340	486	706	926	1146
3501 - 3503					107	339	485	705	925	1145
3504 - 3506					106	338	484	704	924	1144
3507 - 3510					105	337	483	703	923	1143
3511 - 3513					104	336	482	702	922	1142
3514 - 3516					103	335	481	701	921	1141
3517 - 3520					102	334	480	700	920	1140
3521 - 3523					101	333	479	699	919	1139
3524 - 3526					100	332	478	698	918	1138
3527 - 3530					99	331	477	697	917	1137
3531 - 3533					98	330	476	696	916	1136
3534 - 3536					97	329	475	695	915	1135
3537 - 3540					96	328	474	694	914	1134
3541 - 3543					95	327	473	693	913	1133
3544 - 3546					94	326	472	692	912	1132
3547 - 3550					93	325	471	691	911	1131
3551 - 3553					92	324	470	690	910	1130
3554 - 3556					91	323	469	689	909	1129
3557 - 3560					90	322	468	688	908	1128

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3561 - 3563					89	321	467	687	907	1127
3564 - 3566					88	320	466	686	906	1126
3567 - 3570					87	319	465	685	905	1125
3571 - 3573					86	318	464	684	904	1124
3574 - 3576					85	317	463	683	903	1123
3577 - 3580					84	316	462	682	902	1122
3581 - 3583					83	315	461	681	901	1121
3584 - 3586					82	314	460	680	900	1120
3587 - 3590					81	313	459	679	899	1119
3591 - 3593					80	312	458	678	898	1118
3594 - 3596					79	311	457	677	897	1117
3597 - 3600					78	310	456	676	896	1116
3601 - 3603					77	309	455	675	895	1115
3604 - 3606					76	308	454	674	894	1114
3607 - 3610					75	307	453	673	893	1113
3611 - 3613					74	306	452	672	892	1112
3614 - 3616					73	305	451	671	891	1111
3617 - 3620					72	304	450	670	890	1110
3621 - 3623					71	303	449	669	889	1109
3624 - 3626					70	302	448	668	888	1108
3627 - 3630					69	301	447	667	887	1107
3631 - 3633					68	300	446	666	886	1106
3634 - 3636					67	299	445	665	885	1105
3637 - 3640					66	298	444	664	884	1104
3641 - 3643					65	297	443	663	883	1103
3644 - 3646					64	296	442	662	882	1102
3647 - 3650					63	295	441	661	881	1101
3651 - 3653					62	294	440	660	880	1100
3654 - 3656					61	293	439	659	879	1099
3657 - 3660					60	292	438	658	878	1098
3661 - 3663					59	291	437	657	877	1097
3664 - 3666					58	290	436	656	876	1096
3667 - 3670					57	289	435	655	875	1095
3671 - 3673					56	288	434	654	874	1094
3674 - 3676					55	287	433	653	873	1093
3677 - 3680					54	286	432	652	872	1092
3681 - 3683					53	285	431	651	871	1091

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3684 - 3686					52	284	430	650	870	1090
3687 - 3690					51	283	429	649	869	1089
3691 - 3693					50	282	428	648	868	1088
3694 - 3696					49	281	427	647	867	1087
3697 - 3700					48	280	426	646	866	1086
3701 - 3703					47	279	425	645	865	1085
3704 - 3706					46	278	424	644	864	1084
3707 - 3710					45	277	423	643	863	1083
3711 - 3713					44	276	422	642	862	1082
3714 - 3716					43	275	421	641	861	1081
3717 - 3720					42	274	420	640	860	1080
3721 - 3723					41	273	419	639	859	1079
3724 - 3726					40	272	418	638	858	1078
3727 - 3730					39	271	417	637	857	1077
3731 - 3733					38	270	416	636	856	1076
3734 - 3736					37	269	415	635	855	1075
3737 - 3740					36	268	414	634	854	1074
3741 - 3743					35	267	413	633	853	1073
3744 - 3746					34	266	412	632	852	1072
3747 - 3750					33	265	411	631	851	1071
3751 - 3753					32	264	410	630	850	1070
3754 - 3756					31	263	409	629	849	1069
3757 - 3760					30	262	408	628	848	1068
3761 - 3763					29	261	407	627	847	1067
3764 - 3766					28	260	406	626	846	1066
3767 - 3770					27	259	405	625	845	1065
3771 - 3773					26	258	404	624	844	1064
3774 - 3776					25	257	403	623	843	1063
3777 - 3780					24	256	402	622	842	1062
3781 - 3783					23	255	401	621	841	1061
3784 - 3786					22	254	400	620	840	1060
3787 - 3790					21	253	399	619	839	1059
3791 - 3793					20	252	398	618	838	1058
3794 - 3796					19	251	397	617	837	1057
3797 - 3800					18	250	396	616	836	1056
3801 - 3803					17	249	395	615	835	1055
3804 - 3806					16	248	394	614	834	1054

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3807 - 3810					15	247	393	613	833	1053
3811 - 3813					14	246	392	612	832	1052
3814 - 3816					13	245	391	611	831	1051
3817 - 3820					12	244	390	610	830	1050
3821 - 3823					11	243	389	609	829	1049
3824 - 3826					10	242	388	608	828	1048
3827 - 3830					9	241	387	607	827	1047
3831 - 3833					8	240	386	606	826	1046
3834 - 3836					7	239	385	605	825	1045
3837 - 3840					6	238	384	604	824	1044
3841 - 3843					5	237	383	603	823	1043
3844 - 3846					4	236	382	602	822	1042
3847 - 3850					3	235	381	601	821	1041
3851 - 3853					2	234	380	600	820	1040
3854 - 3856					1	233	379	599	819	1039
3857 - 3860						232	378	598	818	1038
3861 - 3863						231	377	597	817	1037
3864 - 3866						230	376	596	816	1036
3867 - 3870						229	375	595	815	1035
3871 - 3873						228	374	594	814	1034
3874 - 3876						227	373	593	813	1033
3877 - 3880						226	372	592	812	1032
3881 - 3883						225	371	591	811	1031
3884 - 3886						224	370	590	810	1030
3887 - 3890						223	369	589	809	1029
3891 - 3893						222	368	588	808	1028
3894 - 3896						221	367	587	807	1027
3897 - 3900						220	366	586	806	1026
3901 - 3903						219	365	585	805	1025
3904 - 3906						218	364	584	804	1024
3907 - 3910						217	363	583	803	1023
3911 - 3913						216	362	582	802	1022
3914 - 3916						215	361	581	801	1021
3917 - 3920						214	360	580	800	1020
3921 - 3923						213	359	579	799	1019
3924 - 3926						212	358	578	798	1018
3927 - 3930						211	357	577	797	1017

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3931 - 3933						210	356	576	796	1016
3934 - 3936						209	355	575	795	1015
3937 - 3940						208	354	574	794	1014
3941 - 3943						207	353	573	793	1013
3944 - 3946						206	352	572	792	1012
3947 - 3950						205	351	571	791	1011
3951 - 3953						204	350	570	790	1010
3954 - 3956						203	349	569	789	1009
3957 - 3960						202	348	568	788	1008
3961 - 3963						201	347	567	787	1007
3964 - 3966						200	346	566	786	1006
3967 - 3970						199	345	565	785	1005
3971 - 3973						198	344	564	784	1004
3974 - 3976						197	343	563	783	1003
3977 - 3980						196	342	562	782	1002
3981 - 3983						195	341	561	781	1001
3984 - 3986						194	340	560	780	1000
3987 - 3990						193	339	559	779	999
3991 - 3993						192	338	558	778	998
3994 - 3996						191	337	557	777	997
3997 - 4000						190	336	556	776	996
4001 - 4003						189	335	555	775	995
4004 - 4006						188	334	554	774	994
4007 - 4010						187	333	553	773	993
4011 - 4013						186	332	552	772	992
4014 - 4016						185	331	551	771	991
4017 - 4020						184	330	550	770	990
4021 - 4023						183	329	549	769	989
4024 - 4026						182	328	548	768	988
4027 - 4030						181	327	547	767	987
4031 - 4033						180	326	546	766	986
4034 - 4036						179	325	545	765	985
4037 - 4040						178	324	544	764	984
4041 - 4043						177	323	543	763	983
4044 - 4046						176	322	542	762	982
4047 - 4050						175	321	541	761	981

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4051 - 4053						174	320	540	760	980
4054 - 4056						173	319	539	759	979
4057 - 4060						172	318	538	758	978
4061 - 4063						171	317	537	757	977
4064 - 4066						170	316	536	756	976
4067 - 4070						169	315	535	755	975
4071 - 4073						168	314	534	754	974
4074 - 4076						167	313	533	753	973
4077 - 4080						166	312	532	752	972
4081 - 4083						165	311	531	751	971
4084 - 4086						164	310	530	750	970
4087 - 4090						163	309	529	749	969
4091 - 4093						162	308	528	748	968
4094 - 4096						161	307	527	747	967
4097 - 4100						160	306	526	746	966
4101 - 4103						159	305	525	745	965
4104 - 4106						158	304	524	744	964
4107 - 4110						157	303	523	743	963
4111 - 4113						156	302	522	742	962
4114 - 4116						155	301	521	741	961
4117 - 4120						154	300	520	740	960
4121 - 4123						153	299	519	739	959
4124 - 4126						152	298	518	738	958
4127 - 4130						151	297	517	737	957
4131 - 4133						150	296	516	736	956
4134 - 4136						149	295	515	735	955
4137 - 4140						148	294	514	734	954
4141 - 4143						147	293	513	733	953
4144 - 4146						146	292	512	732	952
4147 - 4150						145	291	511	731	951
4151 - 4153						144	290	510	730	950
4154 - 4156						143	289	509	729	949
4157 - 4160						142	288	508	728	948
4161 - 4163						141	287	507	727	947
4164 - 4166						140	286	506	726	946
4167 - 4170						139	285	505	725	945
4171 - 4173						138	284	504	724	944

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4174 - 4176						137	283	503	723	943
4177 - 4180						136	282	502	722	942
4181 - 4183						135	281	501	721	941
4184 - 4186						134	280	500	720	940
4187 - 4190						133	279	499	719	939
4191 - 4193						132	278	498	718	938
4194 - 4196						131	277	497	717	937
4197 - 4200						130	276	496	716	936
4201 - 4203						129	275	495	715	935
4204 - 4206						128	274	494	714	934
4207 - 4210						127	273	493	713	933
4211 - 4213						126	272	492	712	932
4214 - 4216						125	271	491	711	931
4217 - 4220						124	270	490	710	930
4221 - 4223						123	269	489	709	929
4224 - 4226						122	268	488	708	928
4227 - 4230						121	267	487	707	927
4231 - 4233						120	266	486	706	926
4234 - 4236						119	265	485	705	925
4237 - 4240						118	264	484	704	924
4241 - 4243						117	263	483	703	923
4244 - 4246						116	262	482	702	922
4247 - 4250						115	261	481	701	921
4251 - 4253						114	260	480	700	920
4254 - 4256						113	259	479	699	919
4257 - 4260						112	258	478	698	918
4261 - 4263						111	257	477	697	917
4264 - 4266						110	256	476	696	916
4267 - 4270						109	255	475	695	915
4271 - 4273						108	254	474	694	914
4274 - 4276						107	253	473	693	913
4277 - 4280						106	252	472	692	912
4281 - 4283						105	251	471	691	911
4284 - 4286						104	250	470	690	910
4287 - 4290						103	249	469	689	909
4291 - 4293						102	248	468	688	908
4294 - 4296						101	247	467	687	907

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4297 - 4300						100	246	466	686	906
4301 - 4303						99	245	465	685	905
4304 - 4306						98	244	464	684	904
4307 - 4310						97	243	463	683	903
4311 - 4313						96	242	462	682	902
4314 - 4316						95	241	461	681	901
4317 - 4320						94	240	460	680	900
4321 - 4323						93	239	459	679	899
4324 - 4326						92	238	458	678	898
4327 - 4330						91	237	457	677	897
4331 - 4333						90	236	456	676	896
4334 - 4336						89	235	455	675	895
4337 - 4340						88	234	454	674	894
4341 - 4343						87	233	453	673	893
4344 - 4346						86	232	452	672	892
4347 - 4350						85	231	451	671	891
4351 - 4353						84	230	450	670	890
4354 - 4356						83	229	449	669	889
4357 - 4360						82	228	448	668	888
4361 - 4363						81	227	447	667	887
4364 - 4366						80	226	446	666	886
4367 - 4370						79	225	445	665	885
4371 - 4373						78	224	444	664	884
4374 - 4376						77	223	443	663	883
4377 - 4380						76	222	442	662	882
4381 - 4383						75	221	441	661	881
4384 - 4386						74	220	440	660	880
4387 - 4390						73	219	439	659	879
4391 - 4393						72	218	438	658	878
4394 - 4396						71	217	437	657	877
4397 - 4400						70	216	436	656	876
4401 - 4403						69	215	435	655	875
4404 - 4406						68	214	434	654	874
4407 - 4410						67	213	433	653	873
4411 - 4413						66	212	432	652	872
4414 - 4416						65	211	431	651	871
4417 - 4420						64	210	430	650	870

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4421 - 4423						63	209	429	649	869
4424 - 4426						62	208	428	648	868
4427 - 4430						61	207	427	647	867
4431 - 4433						60	206	426	646	866
4434 - 4436						59	205	425	645	865
4437 - 4440						58	204	424	644	864
4441 - 4443						57	203	423	643	863
4444 - 4446						56	202	422	642	862
4447 - 4450						55	201	421	641	861
4451 - 4453						54	200	420	640	860
4454 - 4456						53	199	419	639	859
4457 - 4460						52	198	418	638	858
4461 - 4463						51	197	417	637	857
4464 - 4466						50	196	416	636	856
4467 - 4470						49	195	415	635	855
4471 - 4473						48	194	414	634	854
4474 - 4476						47	193	413	633	853
4477 - 4480						46	192	412	632	852
4481 - 4483						45	191	411	631	851
4484 - 4486						44	190	410	630	850
4487 - 4490						43	189	409	629	849
4491 - 4493						42	188	408	628	848
4494 - 4496						41	187	407	627	847
4497 - 4500						40	186	406	626	846
4501 - 4503						39	185	405	625	845
4504 - 4506						38	184	404	624	844
4507 - 4510						37	183	403	623	843
4511 - 4513						36	182	402	622	842
4514 - 4516						35	181	401	621	841
4517 - 4520						34	180	400	620	840
4521 - 4523						33	179	399	619	839
4524 - 4526						32	178	398	618	838
4527 - 4530						31	177	397	617	837
4531 - 4533						30	176	396	616	836
4534 - 4536						29	175	395	615	835
4537 - 4540						28	174	394	614	834
4541 - 4543						27	173	393	613	833

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4544 - 4546						26	172	392	612	832
4547 - 4550						25	171	391	611	831
4551 - 4553						24	170	390	610	830
4554 - 4556						23	169	389	609	829
4557 - 4560						22	168	388	608	828
4561 - 4563						21	167	387	607	827
4564 - 4566						20	166	386	606	826
4567 - 4570						19	165	385	605	825
4571 - 4573						18	164	384	604	824
4574 - 4576						17	163	383	603	823
4577 - 4580						16	162	382	602	822
4581 - 4583						15	161	381	601	821
4584 - 4586						14	160	380	600	820
4587 - 4590						13	159	379	599	819
4591 - 4593						12	158	378	598	818
4594 - 4596						11	157	377	597	817
4597 - 4600						10	156	376	596	816
4601 - 4603						9	155	375	595	815
4604 - 4606						8	154	374	594	814
4607 - 4610						7	153	373	593	813
4611 - 4613						6	152	372	592	812
4614 - 4616						5	151	371	591	811
4617 - 4620						4	150	370	590	810
4621 - 4623						3	149	369	589	809
4624 - 4626						2	148	368	588	808
4627 - 4630						1	147	367	587	807
4631 - 4633							146	366	586	806
4634 - 4636							145	365	585	805
4637 - 4640							144	364	584	804
4641 - 4643							143	363	583	803
4644 - 4646							142	362	582	802
4647 - 4650							141	361	581	801
4651 - 4653							140	360	580	800
4654 - 4656							139	359	579	799
4657 - 4660							138	358	578	798
4661 - 4663							137	357	577	797
4664 - 4666							136	356	576	796

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4667 - 4670							135	355	575	795
4671 - 4673							134	354	574	794
4674 - 4676							133	353	573	793
4677 - 4680							132	352	572	792
4681 - 4683							131	351	571	791
4684 - 4686							130	350	570	790
4687 - 4690							129	349	569	789
4691 - 4693							128	348	568	788
4694 - 4696							127	347	567	787
4697 - 4700							126	346	566	786
4701 - 4703							125	345	565	785
4704 - 4706							124	344	564	784
4707 - 4710							123	343	563	783
4711 - 4713							122	342	562	782
4714 - 4716							121	341	561	781
4717 - 4720							120	340	560	780
4721 - 4723							119	339	559	779
4724 - 4726							118	338	558	778
4727 - 4730							117	337	557	777
4731 - 4733							116	336	556	776
4734 - 4736							115	335	555	775
4737 - 4740							114	334	554	774
4741 - 4743							113	333	553	773
4744 - 4746							112	332	552	772
4747 - 4750							111	331	551	771
4751 - 4753							110	330	550	770
4754 - 4756							109	329	549	769
4757 - 4760							108	328	548	768
4761 - 4763							107	327	547	767
4764 - 4766							106	326	546	766
4767 - 4770							105	325	545	765
4771 - 4773							104	324	544	764
4774 - 4776							103	323	543	763
4777 - 4780							102	322	542	762
4781 - 4783							101	321	541	761
4784 - 4786							100	320	540	760
4787 - 4790							99	319	539	759

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4791 - 4793							98	318	538	758
4794 - 4796							97	317	537	757
4797 - 4800							96	316	536	756
4801 - 4803							95	315	535	755
4804 - 4806							94	314	534	754
4807 - 4810							93	313	533	753
4811 - 4813							92	312	532	752
4814 - 4816							91	311	531	751
4817 - 4820							90	310	530	750
4821 - 4823							89	309	529	749
4824 - 4826							88	308	528	748
4827 - 4830							87	307	527	747
4831 - 4833							86	306	526	746
4834 - 4836							85	305	525	745
4837 - 4840							84	304	524	744
4841 - 4843							83	303	523	743
4844 - 4846							82	302	522	742
4847 - 4850							81	301	521	741
4851 - 4853							80	300	520	740
4854 - 4856							79	299	519	739
4857 - 4860							78	298	518	738
4861 - 4863							77	297	517	737
4864 - 4866							76	296	516	736
4867 - 4870							75	295	515	735
4871 - 4873							74	294	514	734
4874 - 4876							73	293	513	733
4877 - 4880							72	292	512	732
4881 - 4883							71	291	511	731
4884 - 4886							70	290	510	730
4887 - 4890							69	289	509	729
4891 - 4893							68	288	508	728
4894 - 4896							67	287	507	727
4897 - 4900							66	286	506	726
4901 - 4903							65	285	505	725
4904 - 4906							64	284	504	724
4907 - 4910							63	283	503	723

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4911 - 4913							62	282	502	722
4914 - 4916							61	281	501	721
4917 - 4920							60	280	500	720
4921 - 4923							59	279	499	719
4924 - 4926							58	278	498	718
4927 - 4930							57	277	497	717
4931 - 4933							56	276	496	716
4934 - 4936							55	275	495	715
4937 - 4940							54	274	494	714
4941 - 4943							53	273	493	713
4944 - 4946							52	272	492	712
4947 - 4950							51	271	491	711
4951 - 4953							50	270	490	710
4954 - 4956							49	269	489	709
4957 - 4960							48	268	488	708
4961 - 4963							47	267	487	707
4964 - 4966							46	266	486	706
4967 - 4970							45	265	485	705
4971 - 4973							44	264	484	704
4974 - 4976							43	263	483	703
4977 - 4980							42	262	482	702
4981 - 4983							41	261	481	701
4984 - 4986							40	260	480	700
4987 - 4990							39	259	479	699
4991 - 4993							38	258	478	698
4994 - 4996							37	257	477	697
4997 - 5000							36	256	476	696
5001 - 5003							35	255	475	695
5004 - 5006							34	254	474	694
5007 - 5010							33	253	473	693
5011 - 5013							32	252	472	692
5014 - 5016							31	251	471	691
5017 - 5020							30	250	470	690
5021 - 5023							29	249	469	689
5024 - 5026							28	248	468	688
5027 - 5030							27	247	467	687
5031 - 5033							26	246	466	686

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5034 - 5036							25	245	465	685
5037 - 5040							24	244	464	684
5041 - 5043							23	243	463	683
5044 - 5046							22	242	462	682
5047 - 5050							21	241	461	681
5051 - 5053							20	240	460	680
5054 - 5056							19	239	459	679
5057 - 5060							18	238	458	678
5061 - 5063							17	237	457	677
5064 - 5066							16	236	456	676
5067 - 5070							15	235	455	675
5071 - 5073							14	234	454	674
5074 - 5076							13	233	453	673
5077 - 5080							12	232	452	672
5081 - 5083							11	231	451	671
5084 - 5086							10	230	450	670
5087 - 5090							9	229	449	669
5091 - 5093							8	228	448	668
5094 - 5096							7	227	447	667
5097 - 5100							6	226	446	666
5101 - 5103							5	225	445	665
5104 - 5106							4	224	444	664
5107 - 5110							3	223	443	663
5111 - 5113							2	222	442	662
5114 - 5116							1	221	441	661
5117 - 5120								220	440	660
5121 - 5123								219	439	659
5124 - 5126								218	438	658
5127 - 5130								217	437	657
5131 - 5133								216	436	656
5134 - 5136								215	435	655
5137 - 5140								214	434	654
5141 - 5143								213	433	653
5144 - 5146								212	432	652
5147 - 5150								211	431	651
5151 - 5153								210	430	650
5154 - 5156								209	429	649

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5157 - 5160								208	428	648
5161 - 5163								207	427	647
5164 - 5166								206	426	646
5167 - 5170								205	425	645
5171 - 5173								204	424	644
5174 - 5176								203	423	643
5177 - 5180								202	422	642
5181 - 5183								201	421	641
5184 - 5186								200	420	640
5187 - 5190								199	419	639
5191 - 5193								198	418	638
5194 - 5196								197	417	637
5197 - 5200								196	416	636
5201 - 5203								195	415	635
5204 - 5206								194	414	634
5207 - 5210								193	413	633
5211 - 5213								192	412	632
5214 - 5216								191	411	631
5217 - 5220								190	410	630
5221 - 5223								189	409	629
5224 - 5226								188	408	628
5227 - 5230								187	407	627
5231 - 5233								186	406	626
5234 - 5236								185	405	625
5237 - 5240								184	404	624
5241 - 5243								183	403	623
5244 - 5246								182	402	622
5247 - 5250								181	401	621
5251 - 5253								180	400	620
5254 - 5256								179	399	619
5257 - 5260								178	398	618
5261 - 5263								177	397	617
5264 - 5266								176	396	616
5267 - 5270								175	395	615
5271 - 5273								174	394	614
5274 - 5276								173	393	613
5277 - 5280								172	392	612

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5281 - 5283								171	391	611
5284 - 5286								170	390	610
5287 - 5290								169	389	609
5291 - 5293								168	388	608
5294 - 5296								167	387	607
5297 - 5300								166	386	606
5301 - 5303								165	385	605
5304 - 5306								164	384	604
5307 - 5310								163	383	603
5311 - 5313								162	382	602
5314 - 5316								161	381	601
5317 - 5320								160	380	600
5321 - 5323								159	379	599
5324 - 5326								158	378	598
5327 - 5330								157	377	597
5331 - 5333								156	376	596
5334 - 5336								155	375	595
5337 - 5340								154	374	594
5341 - 5343								153	373	593
5344 - 5346								152	372	592
5347 - 5350								151	371	591
5351 - 5353								150	370	590
5354 - 5356								149	369	589
5357 - 5360								148	368	588
5361 - 5363								147	367	587
5364 - 5366								146	366	586
5367 - 5370								145	365	585
5371 - 5373								144	364	584
5374 - 5376								143	363	583
5377 - 5380								142	362	582
5381 - 5383								141	361	581
5384 - 5386								140	360	580
5387 - 5390								139	359	579
5391 - 5393								138	358	578
5394 - 5396								137	357	577
5397 - 5400								136	356	576
5401 - 5403								135	355	575

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5404 - 5406								134	354	574
5407 - 5410								133	353	573
5411 - 5413								132	352	572
5414 - 5416								131	351	571
5417 - 5420								130	350	570
5421 - 5423								129	349	569
5424 - 5426								128	348	568
5427 - 5430								127	347	567
5431 - 5433								126	346	566
5434 - 5436								125	345	565
5437 - 5440								124	344	564
5441 - 5443								123	343	563
5444 - 5446								122	342	562
5447 - 5450								121	341	561
5451 - 5453								120	340	560
5454 - 5456								119	339	559
5457 - 5460								118	338	558
5461 - 5463								117	337	557
5464 - 5466								116	336	556
5467 - 5470								115	335	555
5471 - 5473								114	334	554
5474 - 5476								113	333	553
5477 - 5480								112	332	552
5481 - 5483								111	331	551
5484 - 5486								110	330	550
5487 - 5490								109	329	549
5491 - 5493								108	328	548
5494 - 5496								107	327	547
5497 - 5500								106	326	546
5501 - 5503								105	325	545
5504 - 5506								104	324	544
5507 - 5510								103	323	543
5511 - 5513								102	322	542
5514 - 5516								101	321	541
5517 - 5520								100	320	540
5521 - 5523								99	319	539
5524 - 5526								98	318	538

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5527 - 5530								97	317	537
5531 - 5533								96	316	536
5534 - 5536								95	315	535
5537 - 5540								94	314	534
5541 - 5543								93	313	533
5544 - 5546								92	312	532
5547 - 5550								91	311	531
5551 - 5553								90	310	530
5554 - 5556								89	309	529
5557 - 5560								88	308	528
5561 - 5563								87	307	527
5564 - 5566								86	306	526
5567 - 5570								85	305	525
5571 - 5573								84	304	524
5574 - 5576								83	303	523
5577 - 5580								82	302	522
5581 - 5583								81	301	521
5584 - 5586								80	300	520
5587 - 5590								79	299	519
5591 - 5593								78	298	518
5594 - 5596								77	297	517
5597 - 5600								76	296	516
5601 - 5603								75	295	515
5604 - 5606								74	294	514
5607 - 5610								73	293	513
5611 - 5613								72	292	512
5614 - 5616								71	291	511
5617 - 5620								70	290	510
5621 - 5623								69	289	509
5624 - 5626								68	288	508
5627 - 5630								67	287	507
5631 - 5633								66	286	506
5634 - 5636								65	285	505
5637 - 5640								64	284	504
5641 - 5643								63	283	503
5644 - 5646								62	282	502
5647 - 5650								61	281	501

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5651 - 5653								60	280	500
5654 - 5656								59	279	499
5657 - 5660								58	278	498
5661 - 5663								57	277	497
5664 - 5666								56	276	496
5667 - 5670								55	275	495
5671 - 5673								54	274	494
5674 - 5676								53	273	493
5677 - 5680								52	272	492
5681 - 5683								51	271	491
5684 - 5686								50	270	490
5687 - 5690								49	269	489
5691 - 5693								48	268	488
5694 - 5696								47	267	487
5697 - 5700								46	266	486
5701 - 5703								45	265	485
5704 - 5706								44	264	484
5707 - 5710								43	263	483
5711 - 5713								42	262	482
5714 - 5716								41	261	481
5717 - 5720								40	260	480
5721 - 5723								39	259	479
5724 - 5726								38	258	478
5727 - 5730								37	257	477
5731 - 5733								36	256	476
5734 - 5736								35	255	475
5737 - 5740								34	254	474
5741 - 5743								33	253	473
5744 - 5746								32	252	472
5747 - 5750								31	251	471
5751 - 5753								30	250	470
5754 - 5756								29	249	469
5757 - 5760								28	248	468
5761 - 5763								27	247	467
5764 - 5766								26	246	466
5767 - 5770								25	245	465

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5771 - 5773								24	244	464
5774 - 5776								23	243	463
5777 - 5780								22	242	462
5781 - 5783								21	241	461
5784 - 5786								20	240	460
5787 - 5790								19	239	459
5791 - 5793								18	238	458
5794 - 5796								17	237	457
5797 - 5800								16	236	456
5801 - 5803								15	235	455
5804 - 5806								14	234	454
5807 - 5810								13	233	453
5811 - 5813								12	232	452
5814 - 5816								11	231	451
5817 - 5820								10	230	450
5821 - 5823								9	229	449
5824 - 5826								8	228	448
5827 - 5830								7	227	447
5831 - 5833								6	226	446
5834 - 5836								5	225	445
5837 - 5840								4	224	444
5841 - 5843								3	223	443
5844 - 5846								2	222	442
5847 - 5850								1	221	441
5851 - 5853									220	440
5854 - 5856									219	439
5857 - 5860									218	438
5861 - 5863									217	437
5864 - 5866									216	436
5867 - 5870									215	435
5871 - 5873									214	434
5874 - 5876									213	433
5877 - 5880									212	432
5881 - 5883									211	431
5884 - 5886									210	430
5887 - 5890									209	429
5891 - 5893									208	428

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5894 - 5896									207	427
5897 - 5900									206	426
5901 - 5903									205	425
5904 - 5906									204	424
5907 - 5910									203	423
5911 - 5913									202	422
5914 - 5916									201	421
5917 - 5920									200	420
5921 - 5923									199	419
5924 - 5926									198	418
5927 - 5930									197	417
5931 - 5933									196	416
5934 - 5936									195	415
5937 - 5940									194	414
5941 - 5943									193	413
5944 - 5946									192	412
5947 - 5950									191	411
5951 - 5953									190	410
5954 - 5956									189	409
5957 - 5960									188	408
5961 - 5963									187	407
5964 - 5966									186	406
5967 - 5970									185	405
5971 - 5973									184	404
5974 - 5976									183	403
5977 - 5980									182	402
5981 - 5983									181	401
5984 - 5986									180	400
5987 - 5990									179	399
5991 - 5993									178	398
5994 - 5996									177	397
5997 - 6000									176	396
6001 - 6003									175	395
6004 - 6006									174	394
6007 - 6010									173	393
6011 - 6013									172	392
6014 - 6016									171	391

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6017 - 6020									170	390
6021 - 6023									169	389
6024 - 6026									168	388
6027 - 6030									167	387
6031 - 6033									166	386
6034 - 6036									165	385
6037 - 6040									164	384
6041 - 6043									163	383
6044 - 6046									162	382
6047 - 6050									161	381
6051 - 6053									160	380
6054 - 6056									159	379
6057 - 6060									158	378
6061 - 6063									157	377
6064 - 6066									156	376
6067 - 6070									155	375
6071 - 6073									154	374
6074 - 6076									153	373
6077 - 6080									152	372
6081 - 6083									151	371
6084 - 6086									150	370
6087 - 6090									149	369
6091 - 6093									148	368
6094 - 6096									147	367
6097 - 6100									146	366
6101 - 6103									145	365
6104 - 6106									144	364
6107 - 6110									143	363
6111 - 6113									142	362
6114 - 6116									141	361
6117 - 6120									140	360
6121 - 6123									139	359
6124 - 6126									138	358
6127 - 6130									137	357
6131 - 6133									136	356
6134 - 6136									135	355
6137 - 6140									134	354

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6141 - 6143									133	353
6144 - 6146									132	352
6147 - 6150									131	351
6151 - 6153									130	350
6154 - 6156									129	349
6157 - 6160									128	348
6161 - 6163									127	347
6164 - 6166									126	346
6167 - 6170									125	345
6171 - 6173									124	344
6174 - 6176									123	343
6177 - 6180									122	342
6181 - 6183									121	341
6184 - 6186									120	340
6187 - 6190									119	339
6191 - 6193									118	338
6194 - 6196									117	337
6197 - 6200									116	336
6201 - 6203									115	335
6204 - 6206									114	334
6207 - 6210									113	333
6211 - 6213									112	332
6214 - 6216									111	331
6217 - 6220									110	330
6221 - 6223									109	329
6224 - 6226									108	328
6227 - 6230									107	327
6231 - 6233									106	326
6234 - 6236									105	325
6237 - 6240									104	324
6241 - 6243									103	323
6244 - 6246									102	322
6247 - 6250									101	321
6251 - 6253									100	320
6254 - 6256									99	319
6257 - 6260									98	318
6261 - 6263									97	317

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6264 - 6266									96	316
6267 - 6270									95	315
6271 - 6273									94	314
6274 - 6276									93	313
6277 - 6280									92	312
6281 - 6283									91	311
6284 - 6286									90	310
6287 - 6290									89	309
6291 - 6293									88	308
6294 - 6296									87	307
6297 - 6300									86	306
6301 - 6303									85	305
6304 - 6306									84	304
6307 - 6310									83	303
6311 - 6313									82	302
6314 - 6316									81	301
6317 - 6320									80	300
6321 - 6323									79	299
6324 - 6326									78	298
6327 - 6330									77	297
6331 - 6333									76	296
6334 - 6336									75	295
6337 - 6340									74	294
6341 - 6343									73	293
6344 - 6346									72	292
6347 - 6350									71	291
6351 - 6353									70	290
6354 - 6356									69	289
6357 - 6360									68	288
6361 - 6363									67	287
6364 - 6366									66	286
6367 - 6370									65	285
6371 - 6373									64	284
6374 - 6376									63	283
6377 - 6380									62	282
6381 - 6383									61	281
6384 - 6386									60	280

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6387 - 6390									59	279
6391 - 6393									58	278
6394 - 6396									57	277
6397 - 6400									56	276
6401 - 6403									55	275
6404 - 6406									54	274
6407 - 6410									53	273
6411 - 6413									52	272
6414 - 6416									51	271
6417 - 6420									50	270
6421 - 6423									49	269
6424 - 6426									48	268
6427 - 6430									47	267
6431 - 6433									46	266
6434 - 6436									45	265
6437 - 6440									44	264
6441 - 6443									43	263
6444 - 6446									42	262
6447 - 6450									41	261
6451 - 6453									40	260
6454 - 6456									39	259
6457 - 6460									38	258
6461 - 6463									37	257
6464 - 6466									36	256
6467 - 6470									35	255
6471 - 6473									34	254
6474 - 6476									33	253
6477 - 6480									32	252
6481 - 6483									31	251
6484 - 6486									30	250
6487 - 6490									29	249
6491 - 6493									28	248
6494 - 6496									27	247
6497 - 6500									26	246
6501 - 6503									25	245
6504 - 6506									24	244
6507 - 6510									23	243

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6511 - 6513									22	242
6514 - 6516									21	241
6517 - 6520									20	240
6521 - 6523									19	239
6524 - 6526									18	238
6527 - 6530									17	237
6531 - 6533									16	236
6534 - 6536									15	235
6537 - 6540									14	234
6541 - 6543									13	233
6544 - 6546									12	232
6547 - 6550									11	231
6551 - 6553									10	230
6554 - 6556									9	229
6557 - 6560									8	228
6561 - 6563									7	227
6564 - 6566									6	226
6567 - 6570									5	225
6571 - 6573									4	224
6574 - 6576									3	223
6577 - 6580									2	222
6581 - 6583									1	221
6584 - 6586										220
6587 - 6590										219
6591 - 6593										218
6594 - 6596										217
6597 - 6600										216
6601 - 6603										215
6604 - 6606										214
6607 - 6610										213
6611 - 6613										212
6614 - 6616										211
6617 - 6620										210
6621 - 6623										209
6624 - 6626										208
6627 - 6630										207

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6631 - 6633										206
6634 - 6636										205
6637 - 6640										204
6641 - 6643										203
6644 - 6646										202
6647 - 6650										201
6651 - 6653										200
6654 - 6656										199
6657 - 6660										198
6661 - 6663										197
6664 - 6666										196
6667 - 6670										195
6671 - 6673										194
6674 - 6676										193
6677 - 6680										192
6681 - 6683										191
6684 - 6686										190
6687 - 6690										189
6691 - 6693										188
6694 - 6696										187
6697 - 6700										186
6701 - 6703										185
6704 - 6706										184
6707 - 6710										183
6711 - 6713										182
6714 - 6716										181
6717 - 6720										180
6721 - 6723										179
6724 - 6726										178
6727 - 6730										177
6731 - 6733										176
6734 - 6736										175
6737 - 6740										174
6741 - 6743										173
6744 - 6746										172
6747 - 6750										171
6751 - 6753										170

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6754 - 6756										169
6757 - 6760										168
6761 - 6763										167
6764 - 6766										166
6767 - 6770										165
6771 - 6773										164
6774 - 6776										163
6777 - 6780										162
6781 - 6783										161
6784 - 6786										160
6787 - 6790										159
6791 - 6793										158
6794 - 6796										157
6797 - 6800										156
6801 - 6803										155
6804 - 6806										154
6807 - 6810										153
6811 - 6813										152
6814 - 6816										151
6817 - 6820										150
6821 - 6823										149
6824 - 6826										148
6827 - 6830										147
6831 - 6833										146
6834 - 6836										145
6837 - 6840										144
6841 - 6843										143
6844 - 6846										142
6847 - 6850										141
6851 - 6853										140
6854 - 6856										139
6857 - 6860										138
6861 - 6863										137
6864 - 6866										136
6867 - 6870										135
6871 - 6873										134
6874 - 6876										133

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
6877 - 6880										132
6881 - 6883										131
6884 - 6886										130
6887 - 6890										129
6891 - 6893										128
6894 - 6896										127
6897 - 6900										126
6901 - 6903										125
6904 - 6906										124
6907 - 6910										123
6911 - 6913										122
6914 - 6916										121
6917 - 6920										120
6921 - 6923										119
6924 - 6926										118
6927 - 6930										117
6931 - 6933										116
6934 - 6936										115
6937 - 6940										114
6941 - 6943										113
6944 - 6946										112
6947 - 6950										111
6951 - 6953										110
6954 - 6956										109
6957 - 6960										108
6961 - 6963										107
6964 - 6966										106
6967 - 6970										105
6971 - 6973										104
6974 - 6976										103
6977 - 6980										102
6981 - 6983										101
6984 - 6986										100
6987 - 6990										99
6991 - 6993										98
6994 - 6996										97
6997 - 7000										96

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
7001 - 7003										95
7004 - 7006										94
7007 - 7010										93
7011 - 7013										92
7014 - 7016										91
7017 - 7020										90
7021 - 7023										89
7024 - 7026										88
7027 - 7030										87
7031 - 7033										86
7034 - 7036										85
7037 - 7040										84
7041 - 7043										83
7044 - 7046										82
7047 - 7050										81
7051 - 7053										80
7054 - 7056										79
7057 - 7060										78
7061 - 7063										77
7064 - 7066										76
7067 - 7070										75
7071 - 7073										74
7074 - 7076										73
7077 - 7080										72
7081 - 7083										71
7084 - 7086										70
7087 - 7090										69
7091 - 7093										68
7094 - 7096										67
7097 - 7100										66
7101 - 7103										65
7104 - 7106										64
7107 - 7110										63
7111 - 7113										62
7114 - 7116										61
7117 - 7120										60
7121 - 7123										59

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
7124 - 7126										58
7127 - 7130										57
7131 - 7133										56
7134 - 7136										55
7137 - 7140										54
7141 - 7143										53
7144 - 7146										52
7147 - 7150										51
7151 - 7153										50
7154 - 7156										49
7157 - 7160										48
7161 - 7163										47
7164 - 7166										46
7167 - 7170										45
7171 - 7173										44
7174 - 7176										43
7177 - 7180										42
7181 - 7183										41
7184 - 7186										40
7187 - 7190										39
7191 - 7193										38
7194 - 7196										37
7197 - 7200										36
7201 - 7203										35
7204 - 7206										34
7207 - 7210										33
7211 - 7213										32
7214 - 7216										31
7217 - 7220										30
7221 - 7223										29
7224 - 7226										28
7227 - 7230										27
7231 - 7233										26
7234 - 7236										25
7237 - 7240										24
7241 - 7243										23
7244 - 7246										22

Benefit Issuance by Household Size
2024

Monthly Net Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
7247 - 7250										21
7251 - 7253										20
7254 - 7256										19
7257 - 7260										18
7261 - 7263										17
7264 - 7266										16
7267 - 7270										15
7271 - 7273										14
7274 - 7276										13
7277 - 7280										12
7281 - 7283										11
7284 - 7286										10
7287 - 7290										9
7291 - 7293										8
7294 - 7296										7
7297 - 7300										6
7301 - 7303										5
7304 - 7306										4
7307 - 7310										3
7311 - 7313										2
7314 - 7316										1

PART XXIV FORMS

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Commonwealth of Virginia
Department of Social Services

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)
- Refugee Cash Assistance (RCA)
- Temporary Assistance for Needy Families (TANF)
- General Relief – Unattached Child (GR)
- Supplemental Nutrition Assistance Program (SNAP)
- 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. **Make sure you sign this application on Page 11.**

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 to help someone else receive benefits, you could be arrested and prosecuted for fraud.

FILING THE APPLICATION

You may apply for benefits by leaving a completed application at the agency or by leaving a partially completed application with at least your name, address, and signature, or, for SNAP only, by tearing off and leaving the half-sheet on Page iii with your name, address, and signature. You must complete the rest of this application before your eligibility can be determined. For some programs, including SNAP, 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. This is important because, if you are eligible for the month in which you apply, your benefit amount will be based on the date you turn in your application.

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**: FNSCIVILRIGHTSCOMPLAINTS@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

1. **mail**: 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; or
2. **fax**: (202) 619-3818; or
3. **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 on Page 11.

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.**

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

_____ Telephone Number: _____

_____ _____

Signature: Date

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**

COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)

- ❑ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ❑ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- ❑ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, Telephone (804) 864-8901.

_____ _____ _____

Voter Registration Applicant Name **Signature for Voter Registration** **Date**

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?

❑ English	❑ Vietnamese	❑ Laotian	❑ Somali	❑ French	❑ Other (specify):
❑ Spanish	❑ Farsi	❑ Chinese	❑ Kurdish	❑ German	_____
❑ Cambodian	❑ Haitian-Creole	❑ Korean	❑ Arabic	❑ 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 **Self**

Name (last, first, middle initial) **Relationship to You** **Birth Date** (mm-dd-yyyy)

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: ❑ Male ❑ Female **Are you a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed: ____ **Alien Registration Number:** _____

School Name if a Student: _____ **Are you disabled or pregnant?** ❑ Yes ❑ No

Are you a veteran or dependent? ❑ Yes ❑ No: **Are you temporarily living away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ GR ❑ RCA ❑ SNAP **Reason for being away:**

❑ TANF ❑ TANF DA or EA ❑ TANF--No SNAP

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) **Relationship to Applicant** **Birth Date** (mm-dd-yyyy)

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed: ____ **Alien Registration Number:** _____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ GR ❑ RCA ❑ SNAP **Reason for being away:**

❑ TANF ❑ TANF DA or EA ❑ TANF--No SNAP

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) **Relationship to Applicant** **Birth Date** (mm-dd-yyyy)

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed: ____ **Alien Registration Number:** _____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ GR ❑ RCA ❑ SNAP **Reason for being away:**

❑ TANF ❑ TANF DA or EA ❑ TANF--No SNAP

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) _____ **Relationship to Applicant** _____ **Birth Date** (mm-dd-yyyy) _____

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed: ____ **Alien Registration Number:** _____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ GR ❑ RCA ❑ SNAP **Reason for being away:**

❑ TANF ❑ TANF DA or EA ❑ TANF--No SNAP

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) _____ **Relationship to Applicant** _____ **Birth Date** (mm-dd-yyyy) _____

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed: ____ **Alien Registration Number:** _____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ GR ❑ RCA ❑ SNAP **Reason for being away:**

❑ TANF ❑ TANF DA or EA ❑ TANF--No SNAP

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) _____ **Relationship to Applicant** _____ **Birth Date** (mm-dd-yyyy) _____

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed: ____ **Alien Registration Number:** _____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ GR ❑ RCA ❑ SNAP **Reason for being away:**

❑ TANF ❑ TANF DA or EA ❑ TANF--No SNAP

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	
❑	❑	Wages/Salary	❑	❑	Earned Sick Pay	❑	❑	Domestic Work
❑	❑	Contract Income	❑	❑	Babysitting/Child or Adult Care	❑	❑	Self-employment
❑	❑	Vacation Pay	❑	❑	Farming/Fishing	❑	❑	Any other money from working
❑	❑	Commissions, Bonuses, Tips	❑	❑	Odd jobs			

a.

Name (last, first, middle initial) | **Employer Name, Address and Telephone Number**

Number of Hours Per Week | **Rate of Pay** | **Pay Schedule** ❑ Weekly ❑ Monthly ❑ Biweekly ❑ Twice a Month ❑ Other

Date Job Started | **Next Pay Date** (mm-dd-yyyy)

b.

Name (last, first, middle initial) | **Employer Name, Address and Telephone Number**

Number of Hours Per Week | **Rate of Pay** | **Pay Schedule** ❑ Weekly ❑ Monthly ❑ Biweekly ❑ Twice a Month ❑ Other

Date Job Started | **Next Pay Date** (mm-dd-yyyy)

❑ 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	
❑	❑	Social Security	❑	❑	Cash gifts or contributions	❑	❑	Strike benefits
❑	❑	SSI	❑	❑	Unemployment benefits	❑	❑	Prize winnings
❑	❑	VA benefits	❑	❑	Room/board income	❑	❑	All food, clothing, utilities, or rent
❑	❑	Child support, alimony	❑	❑	Black Lung benefits	❑	❑	Other retirement
❑	❑	Public Assistance (TANF, GR, etc.)	❑	❑	Worker compensation	❑	❑	Interest, dividends
❑	❑	Military Allotment	❑	❑	Rental Income	❑	❑	Insurance settlement
❑	❑	Training allowances (WIA, etc.)	❑	❑	Inheritance	❑	❑	Refugee Matching Grant
❑	❑	Loans	❑	❑	Railroad retirement	❑	❑	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 <u>besides the people on your case</u> pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? <u>OR</u> 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	
❑	❑	Cash $_____	❑	❑	Checking, Savings	❑	❑	Credit Union
❑	❑	401K, 403B, etc	❑	❑	Promissory notes	❑	❑	Money Market Funds
❑	❑	Individual Retirement Account (IRA)	❑	❑	Christmas Club	❑	❑	Deeds of Trust
❑	❑	Deferred Compensation Plan	❑	❑	Uniform Gift to Minor Account	❑	❑	Retirement accounts
❑	❑	Keogh Plan	❑	❑	Certificate of Deposit (CD)	❑	❑	Trust funds
❑	❑	Stocks or bonds	❑	❑	Pension plans	❑	❑	ABLE Account
❑	❑	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 $4,250 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 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**	**2. IMMUNIZATION** (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 an involuntary 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 that 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? _____

❑ YES ❑ NO 7a Is any member of your household between the ages of 18 and 24? If **YES**, who? _____

_____

❑ YES ❑ NO 7b For any household member between the ages of 18 and 24, were they in foster care on their 18th birthday ?

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 Type of Arrangement:	Where	Value $ Amount Owed $	Date Acquired
Qwner(s)	Burial contract/agreement type: ❑ Irrevocable ❑ 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?	Vehicle ID# License #	Value Amount Owed	How Used	Date Acquired
		❑ YES ❑ NO	# #	$ $		

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 ❑ Whole Life ❑ Term	Face Value $	Cash Value $
Company Name	Policy Number			
Owner	Person Insured	Type of Insurance ❑ Whole Life ❑ Term	Face Value $	Cash Value $
Company Name	Policy Number			
Owner	Person Insured	Type of Insurance ❑ Whole Life ❑ 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 eligibilty 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
		❑ Part A ❑ Part B
		❑ Part A ❑ 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
	❑ Apply for benefits ❑ Receive correspondence ❑ Access or use SNAP benefits
	❑ Apply for benefits ❑ Receive correspondence ❑ 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 Control, 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 appllicants 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 **only** 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:	❑ In office ❑ 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 must be filed in the eligibility case record. The application must be retained for a minimum of three years.

The application may be used to apply for benefits of other programs if assistance is requested within three months of the original filing date. The date of the application in this instance is the date of the secondary request.

INSTRUCTIONS FOR PREPARATION OF FORM - General instructions appear of the form for completion.

If changes need to be made after the application is completed, the applicant should write the revised information near the original entry. The applicant must initial and date the changes. Except for agency-use sections, eligibility workers may not add to or write on a completed application.

COMMONWEALTH OF VIRGINIA

Case Number _____

Date Received _____

RENEWAL APPLICATION FOR AUXILIARY GRANT (AG), SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

This is an application to renew your eligibility for benefits. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office. You may also apply online for renewal for SNAP or TANF at https://commonhelp.virginia.gov/access/.

A. HOUSEHOLD INFORMATION

1. 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? | **E-mail Address**

Primary Telephone Number | **Alternate Telephone Number**

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** _____

2. **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.

1 | **Self** | _____

Name (last, first, middle initial) | **Relationship to You** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Are you a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed:____ **Alien Registration Number:**_____

School Name if a Student: _____ **Are you disabled or pregnant?** ❑ Yes ❑ No

Are you a veteran or dependent? ❑ Yes ❑ No **:** **Are you temporarily living away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ SNAP ❑ TANF **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.

2

Name (last, first, middle initial) | **Relationship to Applicant** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed:____ **Alien Registration Number:**_____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No : **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ SNAP ❑ TANF **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) | **Relationship to Applicant** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed:____ **Alien Registration Number:**_____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No : **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ SNAP ❑ TANF **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

4

Name (last, first, middle initial) | **Relationship to Applicant** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed:____ **Alien Registration Number:**_____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No : **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ SNAP ❑ TANF **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)

5

Name (last, first, middle initial) | **Relationship to Applicant** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed:____ **Alien Registration Number:**_____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No : **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ SNAP ❑ TANF **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) | **Relationship to Applicant** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Marital Status: ❑ Married ❑ Never Married If No, immigration status: _____

❑ Separated ❑ Divorced ❑ Widowed **US Residency Date:** __/____/____

Highest Grade Completed:____ **Alien Registration Number:**_____

School Name if a Student: _____ **Is this person disabled or pregnant?** ❑ Yes ❑ No

Is this person a veteran or dependent? ❑ Yes ❑ No : **Is this person temporarily away from home?** ❑ Yes ❑ No

Program(s) Requested: **Date Left**___/___/_____ **Expected Return Date**___/____/____

❑ None ❑ AG ❑ SNAP ❑ TANF **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

❑ YES ❑ NO 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain: _____

❑ YES ❑ NO 2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain: _____

❑ YES ❑ NO 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain: _____

❑ YES ❑ NO 4. 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:

e. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? ❑ YES ❑ NO
f. Murder under Title 18 USC, Section 1111 or a similar state offense? ❑ YES ❑ NO
g. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? ❑ YES ❑ NO
h. 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. RESOURCES

You do not have to complete this section if you are only renewing 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	
❑	❑	Cash $_____	❑	❑	Checking, Savings	❑	❑	Credit Union
❑	❑	401K, 403B, etc.	❑	❑	Promissory notes	❑	❑	Money Market Funds
❑	❑	Individual Retirement Account (IRA)	❑	❑	Christmas Club	❑	❑	Deeds of Trust
❑	❑	Deferred Compensation Plan	❑	❑	Uniform Gift to Minor Account	❑	❑	Retirement accounts
❑	❑	Keogh Plan	❑	❑	Certificate of Deposit (CD)	❑	❑	Trust funds
❑	❑	Stocks or bonds	❑	❑	Pension plans	❑	❑	ABLE Account
❑	❑	Other _____						

— If you have **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 $4,500 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), in the last 3 years (for Auxiliary Grants)? If YES, explain: _____

Note: Additional Resource information may be needed section if you are applying for the Auxiliary Grant program.

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	
❑	❑	Wages/Salary	❑	❑	Earned Sick Pay	❑	❑	Self-employment
❑	❑	Contract Income	❑	❑	Babysitting/Adult or childcare	❑	❑	Any other money from working
❑	❑	Vacation Pay	❑	❑	Farming/Fishing			
❑	❑	Commissions, Bonuses, Tips	❑	❑	Odd jobs			

Name (last, first, middle initial) | **Employer Name, Address and Telephone Number**

Number of Hours Per Week | **Rate of Pay** | **Pay Schedule**: ❑ Weekly ❑ Monthly ❑ Biweekly ❑ Twice a Month ❑ Other

Date Job Started | **Next Pay Date** (mm/dd/yyyy)

Name (last, first, middle initial) | **Employer Name, Address and Telephone Number**

Number of Hours Per Week | **Rate of Pay** | **Pay Schedule**: ❑ Weekly ❑ Monthly ❑ Biweekly ❑ Twice a Month ❑ Other

Date Job Started | **Next Pay Date** (mm/dd/yyyy)

INCOME (continued)

❑ YES ❑ NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If **YES**, give name and explain: _____

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	
❑	❑	Social Security	❑	❑	VA benefits	❑	❑	Strike benefits
❑	❑	Child support, alimony	❑	❑	Unemployment benefits	❑	❑	Prize winnings
❑	❑	Cash gifts or contributions	❑	❑	Room/board income	❑	❑	All food, clothing, utilities, or rent
❑	❑	Loans	❑	❑	Black Lung benefits	❑	❑	Other retirement
❑	❑	SSI	❑	❑	Worker compensation	❑	❑	Interest, dividends
❑	❑	Military Allotment	❑	❑	Rental Income	❑	❑	Insurance settlement
❑	❑	Public Assistance (TANF, GR etc)	❑	❑	Inheritance	❑	❑	Any other type of money
❑	❑	Training allowances (WIA, etc.)	❑	❑	Railroad retirement			

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 <u>besides the people on your case</u> pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? <u>OR</u> 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 not in the household? If **YES**, give name of person paying, person supported, and amount: _____

_____

D. FINANCIAL ASSISTANCE FOR CHILDREN

❑ YES ❑ NO 1. Has the absent parent(s) begun supporting the children or changed the amount of support?

If **YES**, explain: _____

❑ YES ❑ NO 2. Has the legal parent(s) become disabled such that he or she is unable to work? If **YES**, explain:

_____

❑ YES ❑ NO 3. Do you have any new information that would help us locate the absent parent(s)? If **YES**, explain;

_____

E. SNAP BENEFITS

1. List the name of the person who is the head of your household: _____

2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. 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.

Name, Address and Telephone Number of the Authorized Representative	Check (✓) each duty authorized for that person
	❑ Apply for SNAP benefits ❑ Receive correspondence ❑ Receive or use SNAP benefits

❑ YES ❑ NO 3. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) ❑ YES ❑ NO

❑ YES ❑ NO 4. Is anyone living in your home a roomer or boarder? If **YES**, list names: _____

_____

❑ YES ❑ NO 5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability 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 6. 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? _____

USDA 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:

5. **mail**: Food and Nutrition Service, USDA,1320 Braddock Place, Room 334, Alexandria, VA 22314; or
6. **fax**: (833) 256-1665 or (202) 690-7442; or
7. **phone**: (833) 620-1071; or
8. **email**: FNSCIVILRIGHTSCOMPLAINTS@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

4. **mail**: 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; or
5. **fax**: (202) 619-3818; or
6. **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.

Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)

- ❑ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ❑ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- ❑ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, telephone (804) 864-8901.

Applicant Name	Signature	Date

---

for agency use only

Voter Registration form completed: ❑ Yes ❑ No

Voter Registration form given to applicant for later mailing (at applicant's request) ❑

Agency Staff Signature	Date

VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)
- Income and Eligibility Verification System IEVS)

SNAP CHANGE REPORTING

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 need to be reported during the certification period for SNAP 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.

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.

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

BY MY SIGNATURE BELOW, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I understand:

- All of my responsibilities, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If my application is for SNAP, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: ❑ Yes ❑ No If NO, it was read back to me when complete: ❑ Yes ❑ No

_____ _____

Your Signature or Authorized Representative's Signature or Mark Date

_____ _____

Witness to Mark or Interpreter Date

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

_____ _____ _____

Name of person completing application Date Relationship to applicant

Primary Telephone Number _____ Alternate Telephone Number _____

RENEWAL APPLICATION FOR AG, SNAP AND TANF

FORM NUMBER - 032-03-729A

PURPOSE OF FORM - To record a household's situation in order to renew or recertify eligibility.

USE OF FORM – This application is limited to renewal or recertification. This application may not be used in lieu of an application to apply for initial benefits, to reapply for benefits after a lapse in certification, or to protect the date of application. For AG, this application must be accompanied by Auxiliary Grant Supplemental Renewal Application (032-03-729C) to be a valid application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – This application must be completed at the time of the eligibility review. The completed application must be filed in the eligibility case record.

INSTRUCTIONS FOR PREPARATION OF FORM – The renewal application must be completed in its entirety, depending on the program requested. For example, the Resources section is needed for AG and SNAP, but this section may be omitted for TANF renewals. For an application for AG only, the TANF and SNAP sections may be omitted.

Commonwealth of Virginia
Department of Social Services

EVALUATION OF ELIGIBILITY

1. GENERAL INFORMATION

		PROGRAM	APPLICATION DATE	INTERVIEW DATE
CASE NAME	CASE NUMBER			
SECONDARY CASE NAME	SECONDARY CASE NUMBER			
IDENTITY (NAME)	VERIFICATION			

HEAD OF HOUSEHOLD ADULT PARENT/PARENTAL CONTROL? ☐ Y ☐ N DESIGNATED BY HH ☐ AGENCY	FACE-TO-FACE INTERVIEW ☐ Y ☐ N IF NO, REASON: Telephone Interview? ☐ Y ☐ N

ADDRESS	SECONDARY ADDRESS TYPE	INSTITUTIONAL STATUS Date NF ☐ CBC ☐ ACR ☐	
VERIFICATION/REMARKS	VIRGINIA RESIDENT? ☐ Y ☐ N	ACR/AFC RATE:	DMAS-96 ☐ Y ☐ N SAR ☐ Y ☐ N

2. MEMBER INFORMATION

	HH/UNIT MEMBERSHIP CHECK (✓) IF INCLUDED						PERMANENT VERIFICATIONS CHECK (✓) IF REQ. MET				SNAPET/ESP/VIEW REGISTRATION OR REFERRAL	ATENDING SCHOOL?	DEPRIVATION (MED – ONLY EFF 7/1/99)	IMMUNIZATION REQUIREMENT MET?
NAME OR MBR#	SNAP	TANF	MED	AG	MEDICAID/AG CATEGORY	OTHR (LIST)	SSN	DOB	CIT	REL	IF YES, DATE IF NO, REASON	DOCUMENT TRUANCY	GIVE REASON	GIVE VERIFICATION
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

NAME	PROGRAM	REASON FOR EXCLUSION, DISQUALIFICATION OR INELIGIBILITY	TIME PERIOD

ASSIGNMENT OF RIGHTS ☐ Y ☐ N	NOTICE OF COOPERATION AND GOOD CAUSE SIGNED? ☐ Y ☐ N GOOD CAUSE CLAIMED? ☐ Y ☐ N IDENTITY EXCEPTION CLAIMED: ☐ Y ☐ N	LIVING WITH SPECIFIED RELATIVE/GUARDIAN ☐ Y ☐ N
DEPRIVATION, TRUANCY, PREGNANCY, CONCEPTION/DELIVERY DATE, FOSTER CARE/ADOPTION STATUS, DISABILITY/BLINDNESS OR OTHER DOCUMENTATION		

3. MEDICAID

RETROACTIVE DETERMINATION NECESSARY? ☐ Y ☐ N RETROACTIVE PERIOD	POTENTIALLY PROTECTED MEMBERS PROTECTED MEMBERS (INCLUDED STATUS)	COMMUNITY SPOUSE? ☐ Y ☐ N

4. DOCUMENTATION OF UNIT OR HH MEMBERSHIP, MEDICAID PROTECTED STATUS, VOLUNTARY QUIT, WORK REDUCTION, WORK REQUIREMENT.

5. RESOURCES (EVALUATE SAVINGS OR INVESTMENT ACCOUNT FOR ANY PURPOSE LEADING TO SELF-SUFFICIENCY)

CASH ☐ Y ☐ N ACCOUNTS ☐ Y ☐ N STOCKS/BONDS TRUST FUNDS ☐ Y ☐ N PENSION PLANS RETIREMENT ☐ Y ☐ N PROGRAM(S)

MBR	TYPE	AMOUNT	INSTITUTION, ACCT NAME, ACCT#	VERIFICATION CALCULATIONS, WITHDRAWLS			
				COUNTABLE			

PROMISSORY NOTES/DEEDS OF TRUST ☐ Y ☐ N BURIAL ☐ Y ☐ N PERSONAL PROPERTY ☐ Y ☐ N REAL PROPERTY ☐ Y ☐ N

PROGRAM(S)

MBR	TYPE	AMOUNT	ADDITIONAL EXPLANATION, VERIFICATION, CALCULATIONS			
			COUNTABLE			

VEHICLES ☐ Y ☐ N DMV ☐ MATCH ☐ NO MATCH DATE PROGRAM(S)

MBR	YEAR, MAKE, MODEL	USE	FMV	FS LIMIT	EXCESS	LIEN	EQUITY	VERIFICATION, CALCULATIONS			
								COUNTABLE			

HEALTH INSURANCE ☐ Y ☐ N MEDICAID: HIPP APPLICATION, MEDICAL QUESTIONNAIRE COMPLETED ☐ Y ☐ N

MBR	TYPE	COMPANY	POLICY ID#	VERIFICATION	PREMIUM

LIFE INSURANCE ☐ Y ☐ N (NOT APPLICABLE FOR SNAP) PROGRAM(S)

MBR	OWNER	TYPE	FACE $	CASH $	COMPANY ACCT#	VERIFICATION			
01									
						COUNTABLE			

6. TRANSFER OF RESOURCES ☐ Y ☐ N (MEDICAID: ALSO EVALUATE TRANSFER OF INCOME)

MBR	TYPE, DATE	VALUE	AMOUNT $	VERIFICATION, CALCULATION OF PERIOD OF INELIGIBILITY	
					SNAP TANF MED _____

7. EARNED INCOME ☐ Y ☐ N PROGRAM(S)

MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	HRS/WK	VERIFICATION			
						COUNTABLE			

8. UNEARNED INCOME ☐ Y ☐ N PROGRAM(S)

MBR	INCOME SOURCE	DATE REC'D	AMOUNT	FREQUENCY	VERIFICATION			
					COUNTABLE			

VEC ☐ Match ☐ No Match Date SOLQ-I ☐ SVES ☐ Match ☐ No Match Date APECS ☐ Match ☐ No Match Date

CALCULATIONS (DOCUMENT DISREGARDS, INCOME SCREENINGS, SELF EMPLOYMENT EXPENSES, SCHOOL EXPENSES, CHILD SUPPORT)

APPLICATION FOR OTHER BENEFITS: (☐) SSA (☐) SSI (☐) UCB (☐) VA (☐) OTHER

TOTAL COUNTABLE RESOURCES			
SNAP	TANF	MEDICAID	
$	$	$	$

TOTAL COUNTABLE INCOME			
SNAP	TANF	MEDICAID	
$	$	$	$

9. EXPENSES

SHELTER EXPENSES ☐ Y ☐ N

TYPE OF EXPENSE	MO. AMT.	VERIFCIATION
RENT/MORTGAGE		
ELECTRICITY		
GAS/KEROSENE/COAL OIL/WOOD		
WATER/SEWER		
GARBAGE		
INSTALLATION		
TAX/INSURANCE		

DAY CARE EXPENSES ☐ Y ☐ N CHILD SUPPORT DEDCUTION ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION VERIFICATION

MEDICAL EXPENSES ☐ Y ☐ N

MBR	MO. AMT.	DESCRIPTION, VERIFICATION, METHOD OF DEDUCTION

UTILITY STANDARD ☐ Y ☐ N ☐ 1-3 ☐ 4+ PHONE STANDARD ☐ Y ☐ N HOMELESS STANDARD ☐ Y ☐ N

REASON FOR ENTITLEMENT TO STANDARD:

10. GENERAL RELIEF (MAINTENANCE)

Period of Unemployment

Applied for SSI ☐ Decision appealed ☐

Release of SSI check signed

Modified Standard ☐ Full Standard ☐

Reason for Standard

11. EMERGENCY ASSISTANCE (☐) GR (☐) TANF-EA

Date and Reason for Emergency:

Assistance Previously Received ☐ Y ☐ N

Date and Amount Received:

12. STATE AND LOCAL HOSPITALIZATION

MBR	Services Dates	Provider Name	Applied within 30 days? ☐ Y ☐ N

13. DIVERSIONARY ASSISTANCE PROGRAM

Loss/Delay of Income ☐ Y ☐ N TANF Requirement Met? ☐ Y ☐ N

Emergency Need $ Type

TANF $ Payment $ Date Issued
(Max 4 months)

Vendor Payment Issued to:

TANF Period of Ineligibility:

Diversionary Assistance Ineligibility (60 mos.) Ends:

Acceptance Signed: ☐ Y ☐ N Date:

EVALUATION:

14. SPEND-DOWN CALCULATION

COUNTABLE INCOME $ $ $ SPEND-DOWN PERIOD:
FROM TO

MINUS INCOME LEVEL Person(s) on Spend-down:

EXCESS INCOME Person(s) on Spend-down:

15. DISPOSITION BENEFIT PROGRAMS DATE GIVEN: BOOKLET SNAP HOTLINE MEDICAID HANDBOOK

PROGRAM	DISPOSITION (Denial Resources)	EFFECTIVE DATE/ CERT/COVERED PERIOD	HH/AU SIZE	MONTHLY BENEFITS	PRORATED BENEFITS	SIGNATURE AND DATE (WORKER/SUPERVISOR)

EVALUATION OF ELIGIBILITY

FORM NUMBER - 032-03-0823

PURPOSE OF FORM - To document verification of elements used to determine eligibility and to document eligibility decisions.

USE OF FORM – May be completed by the BPS at application and review.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the elements required for the program. If an element section is not appropriate for the program, mark Not Applicable (NA). If an entire section does not apply, leave the section blank.

Complete the disposition section to summarize the eligibility decision. The form must be signed by the BPS and should be signed by the supervisor, if a review of the action is completed.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

PARTIAL REVIEWS AND CHANGES

CASE NAME	CASE NUMBER	FIPS

PROGRAM	ACTION DATE	EFFECTIVE DATE	REASON FOR REVIEW, METHODS AND DATES OF VERIFICATION	SIGNATURE AND DATE (Worker/Supervisor)

PROGRAM	ACTION DATE	EFFECTIVE DATE	REASON FOR REVIEW, METHODS AND DATES OF VERIFICATION	SIGNATURE AND DATE (Worker/Supervisor)

PARTIAL REVIEWS AND CHANGES

FORM NUMBER - 032-03-823B

PURPOSE AND USE OF FORM – May be completed by the eligibility worker to document changed information and partial eligibility evaluations.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form is to be kept in the eligibility case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information for the case at the top of the form.

The BPS may complete the form to record changed elements and to document the impact of the change(s) on the household's eligibility.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

SNAP – HOTLINE INFORMATION

NAME OF APPLICANT: _____

YOUR DATE OF APPLICATION: _____

THE DATE THE AGENCY MUST GIVE YOU YOUR SNAP BENEFITS OR A DECISION: _____

☐ IF THIS BOX IS CHECKED, YOUR APPLICATION IS ENTITLED TO EXPEDITED SERVICE (7-DAY SERVICE)

If you don't get your SNAP benefits or a decision by this date, you should call the Client Services Hotline for immediate help. The Hotline is open Monday through Friday, except holidays, from 8:15 a.m. to 5:00 p.m. The numbers are:

For the Richmond Calling Area: **804-692-2198**

For the Rest of Virginia: **1-800-552-3431**

Once you have called this number, you must be told by the next business day that you are either eligible or ineligible. If you are told that you are eligible, SNAP benefits will be provided the next business day. However, if you call before 3:00 p.m. on Thursday or Friday and are eligible, SNAP benefits will be provided on the next business day.

If you are not satisfied with the action the local agency took on your application, or if there are other problems with your SNAP case, you may contact the local legal aid office in your area. Names and addresses of legal aid offices are on the back of this flyer.

In order to determine if you are eligible for SNAP benefits, the agency may ask you to verify certain information. If you have provided the required verifications, you should either have your SNAP benefits or receive a denial notice within 30 days from the day you filed your application.

If you are in an emergency situation, you should have your SNAP benefits within 7 days. This is called "expedited service." Your application will be given expedited service if:

- Your household's monthly income is less than $150, and resources are $100 or less; or
- Your total income and resources are less than your shelter bills; or
- A migrant or seasonal farm worker lives in your household, and you have little or no income or resources.

_____	_____	_____
Name of Worker Completing This Form	Date	Worker's Telephone

The Virginia Department of Social Services is an Equal Opportunity Provider

Call 1-866-LEGLAID (1-866-534-5243) Legal Aid Hotline or visit www.valegalaid.org

Blue Ridge Legal Services, Inc.
204 N. High Street
Harrisonburg VA 22803
540- 433-1830
www.brls.org

Blue Ridge Legal Services, Inc.
303 S. Loudoun Street, Suite D
Winchester VA 22604
540-662-5021
www.brls.org

Blue Ridge Legal Services, Inc.
215 S. Main Street
Lexington VA 24450
540-463-7334
www.brls.org

Blue Ridge Legal Services, Inc.
132 Campbell Ave., SW, Suite 300
Roanoke VA 24011
540-344-2080
www.brls.org

Central VA Legal Aid Society
101 West Broad Street, Suite 101
Richmond VA 23220
804-648-1012, 800-868-1012
www.cvlas.org

Central VA Legal Aid Society
103 E. Water Street, Suites 201-202
Charlottesville VA 22901
434-296-8851, 800-390-9983
www.cvlas.org

Central VA Legal Aid Society
229 N. Sycamore Street, Suite A
Petersburg VA 23803
804-862-1100, 800-868-1012
www.cvlas.org

Legal Aid Justice Center
626 E. Broad Street, Suite 200
Richmond, VA 23219
804-643-1086
www.justice4all.org

Legal Aid Justice Center
6402 Arlington Blvd., Suite 1130
Falls Church, VA 22042
703-778-3450
www.justice4all.org

Legal Aid Justice Center
1000 Preston Avenue, Suite A
Charlottesville, VA 22903
434-977-0553
www.justice4all.org

Legal Aid Society of Roanoke Valley
132 Campbell Avenue SW, Suite 200
Roanoke VA 24011
540-344-2088
www.lasrv.org

Legal Aid Society of Eastern VA
125 St. Paul's Boulevard, Suite 400
Norfolk VA 23510
757-627-5423
www.laseva.org

Legal Services of Northern VA
10700 Page Avenue, Suite 100
Fairfax VA 22030
703-778-6800, 866-534-5243
www.lsnv.org

Legal Services of Northern VA
100 N. Pitt Street, Suite 307
Alexandria VA 22314
703-778-6800, 866-534-5243
www.lsnv.org

Legal Services of Northern VA
3401 Columbia Pike, Suite 301
Arlington VA 22204
703-778-6800, 866-534-5243
www.lsnv.org

Legal Services of Northern VA
8A South Street, SW
Leesburg VA 20175
703-778-6800, 866-534-5243
www.lsnv.org

Legal Services of Northern VA
500 Lafayette Boulevard, Suite 140
Fredericksburg VA 22401
703-778-6800, 866-534-5243
www.lsnv.org

Legal Services of Northern VA
9240 Center Street
Manassas VA 20110
703-778-6800 866-534-5243
www.lsnv.org

Legal Services of Northern VA
8350 Richmond Highway, Suite 309
Alexandria, VA 22309
703-778-6800, 866-534-5243
www.lsnv.org

Legal Aid Works
500 Lafayette Boulevard, Suite 100
Fredericksburg VA 22401
540-371-1105
LAWfred@LegalAidWorks.org

Rappahannock Legal Services, Inc.
1200 Sunset Lane, Suite 2122
Culpeper VA 22701
540-825-3131
LAWculp@LegalAidWorks.org

Legal Aid Works
311 Virginia Street
Tappahannock VA 22560
804-443-9394
LAWtapp@LegalAidWorks.org

Southwest VA Legal Aid Society, Inc.
227 West Cherry Street
Marion VA 24354
276-783-8300
svlas.org

Southwest VA Legal Aid Society, Inc.
155 Arrowhead Trail
Christiansburg VA 24073
540-382-6157
svlas.org

Southwest VA Legal Aid Society, Inc.
16932 West Hills Drive
Castlewood VA 24224
276-762-9354
svlas.org

Virginia Legal Aid Society
513 Church Street
Lynchburg VA 24504
434- 846-1326
vlas.org

Virginia Legal Aid Society
519 Main Street
Danville VA 24541
434-799-3550
vlas.org

Virginia Legal Aid Society, Inc.
217 E. Third Street
Farmville VA 23901
434-392-8108
vlas.org

Virginia Legal Aid Society, Inc.
16 Liberty Street Extension
Martinsville VA 24112
434-799-3550
vlas.org

Virginia Legal Aid Society, Inc.
2480 Pruden Blvd.
Suffolk VA 23434
757-539-3441
vlas.org

SNAP - HOTLINE INFORMATION

FORM NUMBER - 032-03-0819

PURPOSE AND USE OF FORM - To inform each new or reapplying household of the time frame the agency must process its application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must complete the form and give it to the household on the day of application for benefits for any period for which the household has not already received benefits, i.e., new application, reapplication, or late recertification. The agency must mail the form if the application is file by mail or online.

INSTRUCTIONS FOR PREPARATION OF FORM -

The local agency must complete all blanks on the form.

Enter the name of the person filing the application at "Name of Applicant."

Enter the date the household filed the application at "Your Date of Application."

At "The Date the Agency Must Give You Your SNAP Benefits or Decision," enter the date that is 30 days from the date of application, unless the applicant is entitled to expedited service. If expedited service is appropriate, enter 7 days from the application date.

If the application is expedited, check the block indicating that entitlement.

Enter the information requested at "Name of Worker Completing This Form."

The worker must circle the name and number of the legal aid office serving the locality on the back of the flyer.

DEPARTMENT OF SOCIAL SERVICES
Supplemental Nutrition Assistance Program (SNAP)

KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP Benefits

If you are interested in applying for SNAP benefits, here is information you need to know:

Persons applying for SNAP benefits must file an application by submitting the application form to the Department of Social Services in the county or city where they live. Submit the application either in person, through an authorized representative, online at https://commonhelp.virginia.gov/access/, by fax, by mail, or by telephone at 855.635.4370.

You have the right to file an application on the same day you contact the Department of Social Services in your locality. The address and hours of the office are shown at the bottom of this notice. Your application may be submitted any time during office hours.

You may come to the office to pick up an application any time during office hours, or the agency can mail you an application on the same day you request it.

If your resources and income are very low ($100 in resources and $150 in income), or you are a migrant or seasonal farm worker, or your combined gross monthly income and resources are less than your family's shelter expenses, you may be eligible for expedited service. This means that if you are eligible, you are entitled to receive benefits within 7 days following the date your application is filed at the local social services department.

Your application will be reviewed on the day it is received for possible eligibility for expedited service.

You have the right to file an application even if you appear to be ineligible for the program.

You or a designated authorized representative may file an incomplete application as long as it contains a name, address, and signature of a responsible household member or properly designated authorized representative. The agency has 30 days to process your application (7days, if expedited). The 30-day (or 7-day, if expedited) processing time begins the day after the application is received at the office. Additionally, your SNAP benefits for the month of application will be prorated from the date of application if you are found eligible.

If your case is approved, you must receive your benefits within 30 days following the date of application (or 7 days, if expedited)

As part of the SNAP application process, you must have an interview before you are certified. The interview is not necessary before you file the application. The interview may be held in the office or by telephone.

SNAP has separate rules and processes from other programs. You should apply for SNAP benefits even if there are limitations on receiving benefits for other programs.

You are encouraged to apply for SNAP benefits the same day you contact the agency for assistance.

AGENCY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

OFFICE HOURS: _____

SNAP is administered without regard to 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.

This institution is an equal opportunity provider.

KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP BENEFITS

FORM NUMBER - 032-03-0821

PURPOSE OF FORM - To consolidate information the local agency must share with an applicant for SNAP benefits. The form is optional.

USE OF FORM - May be given to applicants requesting SNAP information instead of a verbal explanation of applicants' rights. The agency must advise applicants that the form is a listing of program rights. The agency must also ensure that the applicant is able to read the form and comprehend it.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The flyer may be given to applicants inquiring about SNAP benefits.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the bottom of the form, supplying the local agency's name, address, telephone number, and office hours.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

EXPEDITED SERVICE CHECKLIST

NAME: _____

DATE: _____

I. ( ) YES ( ) NO Has anyone for whom you are applying received SNAP benefits this month?

If YES, who: _____

where: _____

II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

_____ $_____

_____ $_____

III. RESOURCES for everyone in your household:

Cash on Hand $_____
Checking Accounts $_____
Savings Accounts $_____

IV. SHELTER EXPENSES this month.

Rent/Mortgage $_____

Utility expenses this month $_____
Which utilities do you pay? (check all that apply)

❑ Heat ❑ Lights ❑ Telephone
❑ Water ❑ Electricity for Air Conditioning
❑ Garbage ❑ Sewer ❑Other

V. ( ) YES ( ) NO Is anyone in your household a Migrant or a Seasonal Farm worker?

AGENCY USE ONLY

1. ( ) YES ( ) NO Is income less than $150 AND resources $100 or less?

IF YES, EXPEDITE

2. ( ) YES ( ) NO Is income plus resources less than shelter?

Countable Income $_____
Countable Resources $_____
Total $_____

Shelter $_____

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, apply the Standard to determine Shelter, unless the household chooses to use actual shelter costs.

FOR MIRGRANT & SEASONAL FARMWORKERS

3A. ( ) YES ( ) NO Are resources $100 or less AND, in the next 10 days, $25 or less is expected from new income source?

IF YES, EXPEDITE

3B. ( ) YES ( ) NO Are resources $100 or less AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

DETERMINATION

( ) EXPEDITED ( ) NOT EXPEDITED

Screened by:

EXPEDITED SERVICE CHECKLIST

FORM NUMBER - 032-03-0718

PURPOSE OF FORM - To assist in screening households for entitlement to expedited services.

USE OF FORM - May be used for a new application, reapplication or a late recertification to identify households eligible for expedited service processing.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - File in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Obtain information on the left side of the form from the applicant or application. The applicant, BPS, screener, volunteer, or anyone else designated by the local department of social services, may complete the left side of form.

Local department of social services personnel must complete the "Agency Use Section." The form identifies each of the ways a household could be eligible for expedited service. If a household is entitled to expedited service, the BPS must conduct an interview, determine eligibility, and authorize benefits, if eligible, within the expedited service processing period.

NOTE: This form will assist in screening households for expedited services. Local departments that use appointment systems for interviews must screen all applicants to ensure that those entitled to expedited service receive appointments and delivered benefits within expedited period. Agencies that interview clients on a walk-in, daily basis may not necessarily need to use this checklist since determination for expedited service can occur during the interview.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

CHECKLIST OF NEEDED VERIFICATIONS

Name Address

Case Number	
Program(s)	Date
Worker	Telephone FAX

In order for us to see if you are eligible for assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. If you do not provide this information or contact the agency by the following dates, your application may be denied. TANF: SNAP:

MEDICAID: OTHER:

1. INCOME (Earned and Unearned) for _____
(☐) Pay stubs
(☐) Statement from employer
(☐) Self-employment records
(☐) Social Security/SSI benefits
(☐) VA benefits
(☐) Retirement income
(☐) Child support, alimony payments
(☐) Unemployment benefits
(☐) Worker's Compensation benefits
(☐) Loans (personal or education)
(fl) Scholarships, (BEOG, PELL SEOG, CSAP, or other)
(☐) Work-study pay stubs
(☐) Other _____

2. WORK OR SCHOOL EXPENSES
(☐) Day care expenses for child or adult
(☐) School expenses (tuition, fees, books supplies, transportation, or other)
(☐) Other _____

3. RESOURCES
(☐) Checking, savings, credit union, Christmas Club account statements
(☐) Stocks, bonds or CDs
(☐) Pension plans, retirement accounts, IRAs
(☐) Burial plots, funds, contracts
(☐) Real estate property
(☐) Title, registration, or personal property tax receipt for motor vehicles, motor boats, motor homes
(☐) Life insurance policies
(☐) Other _____

4. SHELTER EXPENSES
(☐) Rent or mortgage receipt
(☐) Real estate taxes
(☐) Homeowner's insurance
(☐) Electric bill
(☐) Gas/Kerosene/oil/wood bill
(☐) Water/sewage bill
(☐) Garbage bill
(☐) Phone bill
(☐) Initial installation charge
(☐) Other_____

5. LEGALLY RESPONSIBLE RELATIVE
(☐) Income verification
(☐) Statement of contribution
(☐) Child support or alimony
(☐) Extraordinary expenses
(☐) Proof of continued absence
(☐) Copy of support order
(☐) Other _____

6. WORK REGISTRATION
(☐) Registration information

7. IDENTITY
(☐) Driver's license
(☐) Voter registration card
(☐) Clinic, medical card
(☐) Work ID, school ID, library card
(☐) Other _____

8. RESIDENCY, LIVING ARRANGEMENTS, SCHOOL ENROLLMENT
(☐)) Verification of residence
(☐) Verification of child(ren) living in the home
(☐) School enrollment
(☐) Separate arrangements to buy and prepare food
(☐) Other _____

9. DOCUMENTS
(☐) SSN Cards/numbers
(☐) Application for SSN card
(☐) Declaration of citizenship
(☐) Immigrant/Alien documentation
(☐) Birth verification
(☐) Verification of paternity
(☐) Marriage certificate
(☐) Divorce decree
(☐) Death certificate
(☐) Deprivation statement
(☐) Other _____

10. MEDICAL INFORMATION
(☐) Assignment of Rights form
(☐) Medical form, statements
(☐) Pregnancy statement
(☐) Health insurance policies, cards
(☐) Medicare card
(☐) Health insurance premiums
(☐) Medical bills for

(☐) Prescription drug bills
(☐) HIPP forms
(☐)) Immunization records
(☐) Other _____

Other information or verification needed:_____

_____

_____

CHECKLIST OF NEEDED VERIFICATIONS

FORM NUMBER - 032-03-0814

PURPOSE OF FORM - To advise households of verifications needed to process their applications.

USE OF FORM - To be completed by the BPS and provided to the applicant to meet the requirement that households receive written notice of verification requirements. A written checklist is required for SNAP. It may be used to inform applicants of verifications needed for other programs.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original is given to the household. The agency retains a copy with the SNAP application and a copy may be filed with applications for other benefits.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the sentence "Please provide information by: _____" with the date by which verification is needed. This date would be 10 days from the interview date or other date when the household was told what was needed. No action may be taken to deny the SNAP application, before the 30th day after the request date, if verification is not provided by the 10th day.

In the body of the form, check the items requiring verification.

Use the blank lines at the bottom of the form for additional information or instructions. For example, for expedited applications, information not available during the interview can be noted with instructions to submit the information within seven days following the application date. The form must still indicate the verifications needed for normal processing however.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

NOTICE OF ACTION

CASE NUMBER
DATE
COUNTY/CITY

This is to inform you of action taken on your snap application/case.

SECTION 1. ACTION ON APPLICATION DATED

☐ Approved for following months
Amount first month $__ Month covered ___ Amount for following months $___
You selected __ as Head of Household. If all adult members do not agree, contact your worker in 10 days.
NOTE: If you applied for both SNAP and TANF or GR-Unattached Child benefits at the same time, and then are approved for TANF or GR-Unattached Child benefits, your SNAP amount may be reduced without advance notice.

☐ If this box is checked, your application was approved even though some verification was postponed. We need the following information or verification from you: _____

_____
If we do not receive these by _____ your case will be closed effective _____
If this verification results in changes in your household's eligibility or benefit amount, we will make the changes without another notice.

☐ Denied. If your application was denied because of your failure to provide proof/information, we will reopen your application if you provide the information by . See Section 3

☐ Continue to hold application pending. The cause for delay is:

☐ Agency delay. Your application will be processed as soon as possible.

☐ Client delay.

☐ We are waiting for the following information from you:_____
We must have this information by _____ or your application will be denied.

SECTION 2. ACTION ON SNAP CASE

☐ Changed from $ to $ effective

☐ If this box is checked, we must receive the following verification from you:

We must receive this verification by . If your benefit amount was increased but we do not receive this verification, your benefits will go back to the amount $ effective without advance notice.

☐ Reinstated - - Amount $ effective

☐ Supplemented - Amount $ for the month of .

☐ Suspended for the month of .

☐ Terminated effective .

SECTION 3. ACTION ON SNAP CASE

Manual Reference:

YOU MUST REPORT IF YOUR HOUSEHOLD'S INCOME GOES OVER THE LIMIT OF $

If necessary, you may call collect.

Children approved for SNAP benefits and attending public school may be eligible for free meals. Call your school for more information.

If you do not agree with the action we have taken or the amount of SNAP benefits you are receiving, you may have a fair hearing on your case. You must request your fair hearing within the next 90 days. If you appeal the action on your case before assistance may continue. However, if assistance is continued, you may have to repay SNAP benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

Benefit Program Specialist	**Telephone Number**	**For Free Legal Advice Call** **1-866-534-5243**

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060
- Call me at the number listed on the front
- Call 1-800-552-3431

When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.*

* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

NOTICE OF ACTION

FORM NUMBER - 032-03-0117

PURPOSE OF FORM - To notify an applicant/recipient of an eligibility action taken on an application or an ongoing SNAP case.

USE OF FORM - To be prepared and sent immediately or within the appropriate time standard following action on an application or a SNAP case unless automated notices are used.

The Notice of Action may be used in place of the Advance Notice of Proposed Action for SNAP only cases. It may be used in all instances where policy requires the use of an "adequate notice" for SNAP actions.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original must be sent to the head of the household. One (1) copy must be retained in the case file.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form.

SECTION 1
Use this section to inform the household of the disposition of an application, reapplication or recertification.

Enter the date of the application.

Check the appropriate box to show the disposition of the application.

For approvals, indicate the months of certification, the amount of benefits and months covered by the first issuance, and the amount for following months.

For application denials, note the deadline for submitting verification/information if the application is denied before the end of processing period.

If the application was expedited and verification was postponed, check the box which says "If this box is checked...." List the postponed verification, the date by which the verification is needed, and the effective date of closure if the verification is not received. The deadline date for submitting the verifications will be the 30th day after the application filing date and the closure date will be the last day of the month of application for applications filed before the 15th day of the month. For applications filed on or after the 16th day of the month, the verification deadline and closure date will be the last day of the month after the month of application.

For applications which must be held pending an additional 30 days, check whether the delay was caused by the agency or household. If information is still needed, indicate the missing information and date by which information is needed to prevent denial.

SECTION 2
Use this section to inform the household of action taken on an ongoing SNAP case.

Check the appropriate box to show a change in an allotment, a reinstatement, a supplement, a termination or a suspension. An "other" block is also provided for situations that may not be covered by the choices listed.

Enter the effective date of the proposed action. For actions that require advance notice, enter either the last day of the month or the first day of the next month, provided that day is at least 10 days from the date the notice is given or mailed.

If verification is needed of a change, check the indented block which explains that verification must be received or the allotment will revert to the previous amount. Complete blanks as needed for the specific situation.

SECTION 3
Use this section to explain the reason for the action taken or to give a further explanation of any of the items checked in Sections 1 or 2.

Complete the information at the bottom of the form. A date must be entered in the space provided in the appeal information section whenever the form is sent for negative actions to reduce, terminate, or to suspend benefits. A date must not be entered when the form is sent for approvals or denials of applications.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

ADVANCE NOTICE OF PROPOSED ACTION

Case number	Program

Date of Mailing:

Call **1-866-534-5243**, Legal Aid Hotline, for free legal assistance.

ACTION TO BE TAKEN ON YOUR CASE IS EXPLAINED BELOW.

☐ SNAP Benefits

Your SNAP allotment will be: ☐ Reduced ☐ Suspended ☐ Terminated

Effective Date:	Amount of reduction: From: To:	Eligibility Worker:	Telephone:

Reason for Proposed Action:
Manual Reference

☐ FINANCIAL ASSISTANCE

Your assistance check will be : ☐ Reduced ☐ Suspended ☐ Terminated

Effective Date:	Amount of Reduction: From: To:	Eligibility Worker:	Telephone:

Manual Reference: Reason for proposed action:

☐ VIEW Termination – The TANF case is closed until you reapply and are found eligible for TANF/TANF-UP
☐ VIEW Sanction - your household's entire TANF or TANF-UP benefits will be suspended for the above reason.
☐ 1ST Sanction - 1 month and compliance ☐ 2ND Sanction - 3 months and compliance ☐ 3RD Sanction - 6 months and compliance
YOU HAVE 10 DAYS AFTER THE DATE OF THIS NOTICE TO CONTACT YOUR VIEW WORKER TO SHOW DOCUMENTED GOOD CAUSE.

VIEW worker's name Telephone:

☐ While your TANF payment is suspended, any support paid to the Division of Child Support Enforcement (DCSE) in the month of suspension for you or your dependents will be mailed to you. If your case is reinstated, any support paid to the DCSE for you or your dependents will be kept by the state to repay TANF assistance received by your family.

☐ If there is someone who is supposed to pay support for you or your dependents, you will continue to receive support enforcement services unless you send written notice that you do not want this service to the Division of Child Support Enforcement. You can obtain their address and telephone number from your local social services agency.

☐ MEDICAID OR FAMIS PLUS

☐ No longer eligible for full Medicaid. Approved for limited Medicaid coverage:
Qualified Medicare Beneficiary (QMB) Special Low-Income Medicare Beneficiary (SLMB) Qualified Individual (QI)
☐ No longer eligible for Medicaid. ☐ No longer eligible for FAMIS PLUS.
☐ No longer eligible for payment of long-term care because of transfer of assets.

_____ Effective Date	_____ Manual Reference:	_____ Benefit Program Specialist:	_____ Telephone:

Ineligible family members:

Reason for proposed action:
☐ Income exceeds the full Medicaid limit. If medical or dental expenses of $ _____ are incurred between _____ and _____ or medical or dental expenses of $ _____ are incurred between _____ and_____, bring your bills to this agency and your eligibility will be reviewed.
☐ Other: _____

If you disagree with the action we have proposed, you may appeal the decision. If you appeal this action before _____, the change will not go into effect and your benefits for SNAP, General Relief-Unattached Child, or Auxiliary Grant Program may continue until a hearing officer makes a decision. If you appeal before _____ for actions for the TANF, Refugee Assistance, Medicaid, or FAMIS PLUS Program, the assistance may continue. You may have to repay any assistance you get during the appeal process if the hearing decision supports the action we propose. You may appeal the decision proposed in this notice up to 30 days of this notice or by the effective date for Refugee Assistance, Medicaid, or FAMIS PLUS actions. You may appeal TANF, General Relief-Unattached Child, or Auxiliary Grants Program actions within 30 days of this notice. You may appeal SNAP actions within 90 days of this notice. See the back of this notice for additional information about appeals and fair hearings.

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services or the Department of Medical Assistance Services (DMAS).

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request for Medicaid or FAMIS PLUS appeals to Client Appeal Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia 23219.

- Send a written request for financial assistance and SNAP benefits appeals to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, Virginia 23060 or call me at the number listed on the front or call 1-800-552-3431.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request. You will get the hearings officer's decision within 90 days of the date the Department of Medical Assistance Services receives your appeal request for Medicaid, FAMIS PLUS, or SLH appeals.

HIPAA PORTABILITY RIGHTS

Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems. You may request a "Certificate of Creditable Coverage" for your coverage by visiting the DMAS website at www.dmas.virginia.gov or contacting the Helpline at 804-786-6145.

ADVANCE NOTICE OF PROPOSED ACTION

FORM NUMBER - 032-03-0018

PURPOSE OF FORM - (1) To notify a household of a reduction, termination or suspension of benefits which occurs within the certification period; and, (2) to advise the household of its right to a local agency conference and its right of appeal to the State agency.

USE OF FORM - (1) To be prepared immediately following the decision of the local agency that the above action is indicated; and (2) to be mailed to the recipient immediately or as soon as possible after such decision, if an automated version is not used.

This form may be used to advise recipients of simultaneous decreases or terminations in more than one program. Mandates for joint use in Public Assistance and SNAP are contained in Part XIV.A.3. of this manual and in Section 401.4 of the TANF Manual.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The original must be issued to the head of the household. One (1) copy is to be retained in the SNAP case file and one (1) copy is to be placed in another program file, if appropriate.

INSTRUCTIONS FOR PREPARATION OF FORM - Enter the appropriate identifying information at the top of the form. Enter the case numbers and categories related to the proposed action.

For each program section, enter, as appropriate:

a. Action Type
b. Reason for Proposed Action
c. Manual Reference
d. Worker's Name and Telephone Number
e. Amount of Reduction - Enter the former and new assistance or allotment amounts.
f. Effective Date - Enter the date of the proposed action. For SNAP, this date must be at least 10 days from the date the form is mailed or given. For reduced or suspended benefits, the effective date will be the first day of the next month. When benefits are terminated, the effective date will be the last day of the month.

Examples

(1) An Advance Notice of Proposed Action is mailed on October 15; the effective date of the proposed action would be November 1 if benefits are being reduced or suspended. The effective date of the proposed action would be October 31 if benefits are terminated.

(2) An Advance Notice of Proposed Action is mailed on October 25; the effective date would be December 1 for a reduction or suspension of benefits or November 30 for a termination of benefits.

APPEALS -

a. For SNAP and Financial Services actions, enter the date that is 10 days from the date of mailing to indicate the date before which a timely appeal can be filed.

   For Medicaid actions, enter the effective date of the proposed action to indicate the date before which a timely appeal can be filed.

b. Enter the effective date of the proposed action.

Commonwealth of Virginia
Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)

Notice of Expiration

SNAP Case Number
County/City
Department of Social Services
Address
City, State, Zip
Telephone Number

To:

Your SNAP eligibility will end on:

Your eligibility for SNAP benefits is expiring. For uninterrupted benefits, you must file a new application by _____, have an interview, and be found eligible based on the information you give. If you do not file an application by this date, there may be an interruption in your benefits.

We can only start the renewal process once you file an application. You or your authorized representative may file an application that has at least your name, address, and your signature:

- in person at the address shown above or below;
- by mail, fax, by e-mail; or
- online at https://commonhelp.virginia.gov/access/.

☜ **Please use only one method to renew.**

☐ in the office
☐ by telephone

You must have an interview. We have scheduled an appointment for an interview on _____ at _____ a.m./p.m. If this interview appointment is not convenient, please let us know immediately. If you miss this interview appointment, it will be your responsibility to reschedule it.

In addition to the application and interview, you must give us proof of your income, expenses, or other information to help us make a decision on your application. Please have your information available when you file the application or have your interview.

If a telephone interview is scheduled, you must:

- complete the enclosed application form;
- return the completed application by _____ to the address above or below;
- provide a telephone number where you can be reached during the scheduled time.

If you do not agree with the action taken on your application, you may appeal the action. You must file your appeal within ninety days of the agency's notice to you. You may get an appeal form from this department or from the Virginia Department of Social Services, 5600 Cox Road, Glen Allen, VA 23060, or you may call 1-800-552-3431.

If everyone in your house receives Supplemental Security Income (SSI) or plan to apply for SSI, you may renew your eligibility for SNAP benefits at the Social Security (SSA) office instead of filing your application at the local social services department. The Social Security office must also receive your application by the date indicated above.

Alternate Agency Address:

Benefit Program Specialist	Date	❑ Mailed ❑ Given

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), religious creed, disability, age, political beliefs, 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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:

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. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

NOTICE OF EXPIRATION

FORM NUMBER - 032-12-0157 (The version presented here may not match the version prepared monthly through VaCMS with specific case information. This version may be used manually by the BPS.)

PURPOSE OF FORM - To advise the household (1) that its certification period is about to expire; and, (2) that a new application is necessary to establish further entitlement.

USE OF FORM - Households approved in the last month of their certification period, i.e., households certified retroactive to a previous month(s), must be provided the expiration notice at the time of certification. All other households must have the expiration notice no later than the last day of the next to the last month of the current certification period, but not earlier than the first day of the next to the last month of the current certification period. Allow two days for delivery in addition to the postmark date when the form is mailed.

NUMBER OF COPIES - Two

DISPOSITION OF FORM - The agency must give or mail the completed Notice of Expiration to the household and retain a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete all blanks.

Below the agency's address, enter the date the certification period will end, which is the last day of the last month of certification. Enter an alternate address for the agency at the bottom of the form, if appropriate.

Enter the date by which the household must file an application for recertification. For households approved in the last month of their certification period, this will be 15 calendar days from the date the notice will be received. (Allow two days for mailing in addition to the postmark date.) For all other households, this will be the 15th calendar day of the last month of certification.

Indicate whether the form was mailed or given to the recipient on the date indicated.

Enter information regarding an interview date and time.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

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 childcare; 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 $4,500* 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 18-54 if there are no children in the home.
  - You have lottery or gambling winnings of $4,500* 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 $3,000 or $4,500* or more;
  - You have lottery or gambling winnings of $4,500* or more;
  - The number of work hours goes under 20 per week for persons who are between the ages of 18-54 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	$1,632	$ 379.53	$ 759.06	$ 816.00	1	$2,510	$ 583.72	$1,167.44	$1,255.00
2	2,215	515.11	1,030.23	1,107.50	2	3,407	792.32	1,584.65	1,703.50
3	2,798	650.69	1,301.39	1,399.00	3	4,303	1,000.69	2,001.39	2,151.50
4	3.380	786.04	1,572.09	1,690.00	4	5,200	1,209.30	2,418.60	2,600.00
5	3,963	921.62	1,843.25	1,981.50	5	6,097	1,417.90	2,835.81	3,048.50
6	4,546	1,057.20	2,114.41	2,273.00	6	6,993	1,626.27	3,252.55	3,496.50
7	5,129	1,192.79	2,385.58	2,564.50	7	7,890	1,834.88	3,669.76	3,945.00
8	5,712	1,328.37	2.656.74	2,856.00	8	8,787	2,043.48	4,086.97	4393.50
Additional members	+$583.00	+$135.58	+$271.16	+$291.50	Additional members	+$897.00	+$208.60	+$417.20	+$448.50

*Amounts are valid through 9/30/2025.

Add together the gross income for all 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.

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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	Property Taxes	Homeowner's Insurance	Electricity
$ per	$ per	$ per	$ per
Gas	**Oil**	**Kerosene, Coal, wood, etc. List and give amount**	
$ per	$ per		
Water/Sewer	**Garbage**	**Telephone (Basic Service Only)**	**Installation Fees**
$ per	$ per	$ per	$ per

CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

-Person paying support	Person receiving support	Amount legally obligated	Amount paid
		$ per	$ per

CHANGE IN YOUR LIQUID RESOURCES SUCH AS CASH, BANK ACCOUNTS, BONDS, ETC. THAT REACH OR EXCEED $3,000 OR $4,500* (*$4,500 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 $4,500 OR MORE

Name	Gross Amount Received Where Received	When Received

CHANGE IN THE NUMBER OF WORK HOURS IN A WEEK GOES UNDER 20 FOR MEMBERS WHO ARE BETWEENTHE AGES OF 18-54 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 BPS must complete information at the top of the form before providing the form to the household. The BPS must also highlight the household size and income limit that applies to the household when the form is provided.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

ENTITLEMENT TO RESTORATION OF LOST BENEFITS

CASE NUMBER	
DATE	
LOCALITY	WORKER

☐ YOU ARE ENTITLED TO A RESTORATION OF BENEFITS BECAUSE YOUR PRIOR BENEFIT AMOUNT WAS INCORRECTLY CALCULATED OR YOU WERE DENIED IMPROPERLY.

TOTAL AMOUNT OWED $_____ MONTH(S) RESTORATION COVERS_____

REASON_____

_____

☐ IF THIS BLOCK IS CHECKED, YOU WERE OVERISSUED SNAP BENEFITS, YOUR RESTORATION WAS REDUCED BY THE AMOUNT YOU WERE OVERISSUED.

AMOUNT YOU WERE OVERISSUED $_____ AMOUNT YOU ARE ENTITLED TO RECEIVE $_____

☐ YOUR REQUEST FOR RESTORATION OF BENEFITS, DATED _____, WAS DENIED DUE TO

_____

_____

_____

IF YOU DO NOT AGREE WITH THIS DECISION, YOU MAY REQUEST A FAIR HEARING.

IF YOU WANT TO REQUEST A FAIR HEARING, YOU MUST DO SO WITHIN 90 DAYS FROM THE DATE OF THIS NOTICE.

FOR ADDITIONAL INFORMATION ABOUT APPEALS AND FAIR HEARINGS, PLEASE SEE THE BACK OF THIS NOTICE.

BENEFIT PROGRAM SPECIALIST	TELEPHONE NUMBER	FOR FREE LEGAL ADVICE CALL **1-866-534-5243**

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the Virginia Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, Virginia 23060.
- Call me at the number listed on the front.
- Call 1-800-552-3431

When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued*.

*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your Benefit Program Specialist immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance agreements; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

ENTITLEMENT TO RESTORATION OF LOST BENEFITS

FORM NUMBER - 032-03-0153

PURPOSE OF FORM - To notify a household of its entitlement to restoration of lost benefits.

USE OF FORM - To be completed at the time the local agency determines a household is entitled to restoration of lost benefits, or denies a request for restoration.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – Send a copy to the household and retain a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM

Complete the identifying information at the top.

Check the first box to inform a household that it is entitled to a restoration. Complete the information requested on the form. If the restoration was offset against an amount which was previously overissued, check the small block in the second paragraph and complete the information requested.

Check the second box if the request for restoration is denied and complete the information requested.

Complete the information at the bottom of the form.

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

REQUEST FOR CONTACT

TO: _____ _____

_____ _____

Case Name_____

Agency:_____

Case Number:_____

Date: _____

To determine your eligibility for SNAP benefits, you must provide the following information or take the following actions:

_____ Proof of your household's income
Verification Form Attached

_____ Other

Please take the requested action by _____ or we will close your SNAP case or deny your application.

_____ _____
Benefit Program Specialist Telephone number

Request for Contact

FORM NUMBER - 032-03-0148

PURPOSE OF FORM - To request a household provide clarification or verification of the household's circumstances.

USE OF FORM - The BPS must complete the form to request clarification, verification, or action taken by an applying or participating household. The household must take the requested action within ten days. The BPS must follow this form with an Advance Notice of Proposed Action or Notice of Action if the agency alters the household's eligibility or benefit level in response to the Request for Contact.

This form is not intended to amend the request for information or verification needed for an application. The BPS should send a revised Checklist of Needed Verifications in this instance. This form is also not intended to be sent to clarify circumstances the household is not required to report unless the partially reported change suggests the household is ineligible for SNAP benefits. See Part XIV.A.1.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The agency must mail the form to the household and retain a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM - The BPS must complete the general case information and note the specific request for which the household is responsible for completing. The BPS must also include the deadline for the submission of the information that is ten days after the mailing date.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

INTERIM REPORT FORM - REQUEST FOR ACTION

Case Name:_____

Case Number:_____

Agency:_____

Date:_____

You were required to send in a completed Interim Report to this agency by the fifth (5th) of the month for your SNAP case. Please note the information checked below.

( ) We have not received an Interim Report form from you. Complete the Interim Report form that was sent to you. When you send the Interim Report form in, please make sure you answer every question, give us all the information the report asks for, and sign and date the report.

( ) The Interim Report form you submitted was incomplete. The form you submitted is attached. This form is incomplete because:

1. ( ) You did not answer every question. Please answer the following questions:

_____

_____

2. ( ) You did not sign and/or date the report. Please sign and date the report.

( ) Proof of some of the statements made on your report was missing. Please send in the following:

_____

_____

_____

You must return a completed Interim Report and proof of any changes within ten (10) days. If you do not submit a completed report, your SNAP case will close. **You will not receive an additional notice** unless the information you submit changes your benefits.

If you are unable to complete the Interim Report or if you have any questions about how to complete it or what information you need to send in, please ask for help. For more information about the Interim Report process, see Part 14.C of the SNAP Manual.

If you have taken the actions listed above, please disregard this reminder.

Benefit Program Specialist	Telephone Number	For Free Legal Advice Call **1-866-534-5243**

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060.
- Call me at the number listed on the front.
- Call 1-800-552-3431.

When to Appeal

- Within the next 90 days for SNAP benefits or within 10 days of the date on this form to get the SNAP benefits continued.

*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your benefit program specialist immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

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), religious creed, disability, age, political beliefs, 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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:

4. **mail:** Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334
   Alexandria, VA 22314; or

5. **fax:** (833) 256-1665 or (202) 690-7442; or

6. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

INTERIM REPORT FORM – REQUEST FOR ACTION

FORM NUMBER – 032-03-0649

PURPOSE OF FORM – To notify a household of required actions it must take for completing the Interim Report or for providing required verification.

USE OF FORM – The BPS may use this form to tell households what action is needed to process the Interim Report to avoid closure of the case.

NUMBER OF COPIES – Two

DISPOSITION OF FORM – The BPS must notify households when they fail to complete the Interim Report form or fail to submit needed verification or information. If households file an incomplete form or fail to submit needed information, the BPS must return the original Interim Report to the household along with this action form. If households fail to file an Interim Report altogether, the BPS may send another copy of the report to the household along with the action form. Send the Interim Report Form-Request for Action by the 15th of the month the Interim Report was due if the household fails to return a completed Interim Report.

INSTRUCTIONS FOR PREPARATION OF FORM – Complete identifying case and agency information at the top of the form and the action required by the household. Sign and date the form.

Commonwealth of Virginia
Department of Social Services

PERMANENT VERIFICATION LOG

Case Name	Case Number	FIPS	BPS	Date
Secondary Case Name	Secondary Case Number			

DOCUMENT METHODS AND DATES OF VERIFICATION REQUIRED BY PROGRAM(S) BEING EVALUATED.
1. MEMBER INFORMATION

MBR #	NAME LAST FIRST MI	SOCIAL SECURITY NUMBER (# or APP mm/dd/yy)	DATE OF BIRTH	CITIZENSHIP/ ALIEN STATUS	IDENTITY	RELATIONSHIP
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:
		VFN:	VFN:	VFN:	VFN:	VFN:

INDICATE ANY CHANGES TO THE ABOVE INFORMATION AND DOCUMENT METHOD AND DATE OF VERIFICATION.

2. DOCUMENTS AND VERIFICATIONS (WHEN REQUIRED BY POLICY)

BIRTH RECORDS AND IMMUNIZATIONS

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name	BVS#/VFN		
Immunizations, Dates				

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name	BVS#/VFN		
Immunizations, Dates				

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name	BVS#/VFN		
Immunizations, Dates				

Name	Date of Birth	Place Of Birth	Sex	Race
Mother's Maiden Name	Father's Name	BVS#/VFN		
Immunizations, Dates				

MARRIAGE RECORDS

Wife's Maiden Name		Husband's Name
Date of Marriage	Place	VFN

DIVORCE RECORDS

Husband		Wife
Date of Divorce	Place	VFN

DEATH RECORDS

Name of Deceased		
Date of Death	Place	VFN

PERMANENT VERIFICATION LOG

FORM NUMBER - 032-03-823A

PURPOSE OF FORM – May be used to document verification of eligibility factors which are generally not subject to change. The form is optional.

USE OF FORM – May be completed at initial certification, recertification or during the certification period if a change is reported

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The form may be kept in the case record. If additional space is needed, use an additional form.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form.

Document the method and date of verification for required elements for SNAP purposes.

Document changes to previously verified information and document the method and date of verification of the change.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BENEFIT PROGRAMS

CASE NAME	LOCALITY
CASE NUMBER	DATE

FOOD REPLACEMENT REQUEST

In order for us to consider replacing the value of your destroyed food, you must complete and return this form. You must return the completed form within 10 days of the date the food was destroyed or within 10 days of the date above.

Case Name	Address
Value of the destroyed food	Was the destroyed food bought with SNAP benefits? _____Yes _____No

When was the food destroyed or damaged?

How was food destroyed or damaged?

If your food was destroyed or damaged by a loss of electrical power, please provide the following information:

Electric Power Company: _____

Account Name: _____

Account Number: _____

I certify that the household listed above experienced a destruction of food bought with SNAP benefits in the month of _____, 20_____.

Signature	Date

The Virginia Department of Social Services is an equal opportunity provider.

Food Replacement Request

FORM NUMBER - 032-03-0388

PURPOSE OF FORM - This form will allow the local agency determine the value of food destroyed so that the agency may provide additional SNAP benefits to cover the value of food destroyed.

USE OF FORM - The agency must provide the form to households that report a household disaster that resulted in the loss of food purchased with SNAP benefits.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency must provide a copy of the completed form to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Local agency staff should complete the identifying case information at the top of the form. A household member or an authorized representative must complete or provide information for the bottom section regarding the replacement of food destroyed. A household member must sign and date the form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF BENEFIT PROGRAMS

INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION

TO: ❑ Vault Card Issuance Unit ❑ EBT Administrative Terminal Personnel Date ___/___/___

FROM: Benefit Program Specialist/Supervisor: _____ Telephone: _____

RE: Case Name: _____ Case Number: _____

I. ❑ Authorization for a Vault EBT Card
Vault card reason: ❑ Timely processing ❑ Household emergency ❑ Agency determination

PCH Social Security Number _____ PCH Birth Date ___/___/___

❑ Issue a vault card to Authorized Representative _____

Address of vault card recipient: _____

II. ❑ Authorization for crediting the card replacement fee to the household's account

Reason: ❑ Household disaster: ❑ Lost in the mail ❑ Household Violence
❑ Improperly manufactured ❑ Reapplication, no card ❑ Cardholder name changed
❑ Other _____

III. ❑ Administrative error – Debit account for $_____

IV. ❑ Repay SNAP Claim of $_____ from EBT account

Issuance/Administrative Unit Use

I. EBT Vault Card Number: _____ Card destroyed on _____/_____/_____

Type of identification seen:
❑ Driver's License ❑ Rent/Utility Bill/Receipt ❑ School ID ❑ Work ID
❑ Library Card ❑ Social Security Card ❑ Other _____

I acknowledge that I received my EBT card or that I received the card on behalf of another household. I understand that I need to select a Personal Identification Number to use my benefits.

_____ _____
Cardholder's Signature Date

❑ Cardholder failed to pick up vault card ❑ Card destroyed ❑ Vault card not prepared

II Replacement fee credited on ____/_____/_____

III. EBT account debited for $_____ for an administrative error on _____/_____/_____

IV. Repaid $_____ to SNAP Claim on _____/_____/_____

Completed by _____ _____
Issuance/Administrative Worker Date

Internal Action and Vault EBT Card Authorization

FORM NUMBER - 032-03-0387

PURPOSE OF FORM - The Certification Unit will use this form to communicate with the Issuance or Administrative Unit in the local agency.

USE OF FORM - The BPS must complete the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to an eligible household or authorized representative. The Benefit Program Supervisor must complete the top portion of the form to authorize the Issuance or Administrative Supervisor, as designated by the agency, to credit the card replacement fee to a household's EBT account. The Issuance or Administrative Unit must complete the bottom portion of the form to document the action taken. The primary cardholder or authorized representative must also sign the form to acknowledge receipt of the vault card. The agency must use the internal action form to document repayment of a claim with funds in an EBT account or to debit an account for an administrative error.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The BPS or Supervisor must retain a copy of the form and forward the remaining copies to the Issuance or Administrative Unit for completion. The Issuance or Administrative Unit must retain a copy of the fully completed form and return the second copy to the Certification Unit. Upon receipt of the form, the BPS or Supervisor must file the copy in the case file. The initial copy completed only by the BPS may be discarded.

INSTRUCTIONS FOR PREPARATION OF FORM - The BPS or Supervisor must complete the identifying case and unit information. The BPS or Supervisor must complete the appropriate section of the top portion of the form to explain or authorize actions, including Section I to note why a vault card is necessary. The BPS must include the address of the person who will receive the vault card, either the primary cardholder or authorized representative, for entry in the EBT system. The BPS may attach a copy of the VaCMS inquiry to avoid transcription errors.

The Benefit Programs Supervisor must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. The Benefit Programs Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.

The Issuance Unit must promptly act to prepare a vault card for a household upon receipt of the form completed by the BPS or Supervisor. The Issuance Worker must obtain and record identity verification before releasing the vault card and secure the signature of the primary cardholder or authorized representative on the form.

The completed form must remain with a prepared vault card until the cardholder comes to the agency. The Issuance Unit must destroy the card after five business days if the cardholder does not receive it or make additional arrangements to receive the card. The Issuance Worker must note the date of the destruction of the card on the form. If the agency opts to wait until the

cardholder comes to pick up the vault card before preparing the card, the Issuance Unit must notify the BPS if the cardholder fails to obtain the card within five business days after the initial authorization by the certification unit.

The supervisor of the Issuance or Administrative Unit, as determined by the agency, must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS
COMMUNICATION FORM- From BPS to ESW

To_____, ESW
From_____, BPS
Date_____/_____/_____
Reply Needed By _____/_____/_____
❑ Copy Sent to Child Care Worker

==========

Name of Participant_____
Case Name _____
Case Number _____

Participant's Client ID # _____
❑ SNAPET ❑ TANF ❑ TANF-UP

==========

❑ Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on _____/_____/_____ (APR attached). Effective Date of TANF approval: _____/_____/_____.
❑ Result of reevaluation of non-exempt/mandatory status: _____
❑ Volunteer no longer wishes to participate.
❑ Non-exempt/mandatory individual now exempt. Reason: _____
❑ Individual may be unable to participate in ESP/SNAPET program because _____
_____
❑ Individual is not able to ❑ Read English ❑ Write English

==========

❑ Individual will enter/entered employment at _____on_____/_____/_____.
Scheduled # of Hours/week_____. Rate of pay $_____ per _____.
Frequency of pay: _____. Date of First Pay: _____/_____/_____.

==========

❑ Individual/household no longer eligible for SNAP. Case closed due to: (check one)
❑ Employment/benefit reduction/savings information provided below
❑ Other: _____.
Effective Date: _____/_____/_____.
❑ Individual removed from the SNAP household because _____
_____
Effective Date: _____/_____/_____.
❑ Effective with payment on _____/_____/_____, benefits will be reduced from $_____ to $_____.

==========

❑ Individual appealed TANF sanction. Case remains open until appeal resolved.
❑ TANF Sanction ended effective _____/_____/_____.
❑ TANF case reopened.

==========

❑ 24-Month Eligibility Termination date: _____/_____/_____.
❑ Appeal prior to 24-Month Closure or ❑ Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: _____/_____/_____. ❑ Client has requested that case remain open until appeal resolved.

==========

❑ VIEW Transitional Payment established effective _____/_____/_____.
❑ VIEW Transitional Payment ended effective _____/_____/_____.
Reason: _____.

==========

❑ Amount of SNAP allotment for the month of _____ was $_____.
❑ New certification period from _____/_____/_____to _____/_____/_____.

==========

❑ Individual is a refugee. Contact _____ (refugee resettlement agency) at _____ (telephone) before conducting VIEW/SNAP E&T initial assessment.

==========

❑ Other _____
_____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS
COMMUNICATION FORM- From ESW to BPS

To_____, BPS
From_____, ESW
Date_____/_____/_____
Reply Needed By _____/_____/_____
❑ Copy Sent to Child Care Worker

==========

Name of Participant_____
Case Name _____
Case Number _____

Participant's Client ID # _____
❑ SNAP E&T ❑ TANF ❑ TANF-UP

==========

❑ Volunteer signed APR on _____. Please update AEGNFS screen and run ED/BC.
❑ Reevaluation of non-exempt/mandatory status is requested. Reason: _____
_____.
❑ Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.

==========

❑ Individual will enter education or training activity on _____/_____/_____.
❑ Individual will be a participant in work experience. Please provide the SNAP amount for the month of _____.

==========

❑ Individual will enter/entered employment on_____/_____/_____.
Employer_____
Scheduled # of Hours/week: _____. Rate of pay: $_____ per _____.
Frequency of pay: _____. Date of First Pay: _____/_____/_____.
❑ Please send verification of employment.

==========

❑ Individual has failed to comply with program requirements of _____
_____. Good cause does not exist.
❑ Notify ESW if aware of good cause reason.
❑ Sanction TANF for (check appropriate answer)
❑ 1 month and compliance ❑ 3 months and compliance ❑ 6 months and compliance
❑ SNAP E&T case will close effective_____/_____/_____.
❑ Please provide the dollar amount of SNAP reduction due to employment or sanction.
❑ Please notify when suspended TANF case has been reinstated.

==========

❑ VIEW Transitional Payment enrollment opened effective_____/_____/_____.
❑ VIEW Transitional Payment enrollment closed effective _____/_____/_____.
Reason: _____.

==========

❑ Hardship denied on_____/_____/_____.
❑ Hardship granted from _____/_____/_____to_____/_____/_____.
❑ Hardship terminated on_____/_____/_____.

==========

❑ Other _____
_____
_____

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072

PURPOSE OF FORM - To exchange information about an employment services participant between the BPS and the employment services worker (ESW).

USE OF FORM - Either the BPS or the employment services may originate the form when circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The form consists of an BPS to ESW page and an ESW to BPS page. When the form is sent, both pages should be provided. A copy of the entire form should be retained in both the TANF/SNAP and VIEW/SNAP E&T files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the BPS and the ESW, the date the form is sent, and the date the reply is needed must be entered in the upper right-hand corner by the worker who originates the form.

Enter the identifying information for the case and participant.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or is applicable to the situation. If the worker needs to communicate information that is not listed on the form, check “Other” and enter the information.

Commonwealth Of Virginia
Department Of Social Services
Supplemental Nutrition Assistance Program (SNAP)

SNAP Sanction Notice for Non-Compliance with a Work Requirement

Case Number	
Locality	
BPS	Date

Name: _____

- ❑ Voluntarily quit a job without good cause.
- ❑ Voluntarily reduced work hours to less than 30 hours per week without good cause.

The following sanction will be applied in your SNAP case as a result of the action:

- ❑ The person named above is disqualified and will not be eligible to receive SNAP benefits for the months of _____.
- ❑ Your household's SNAP benefit of $_____ will be changed to $_____ effective_____.
- ❑ Your entire household will not be eligible to receive SNAP benefits for the months of _____.

The sanction indicated above may be lifted before the end of the sanction period if your household is otherwise eligible and the person named above leaves the household or becomes exempt from the requirement to register for work.

If you do not agree with the proposed action, you may write or call me at the address and phone number below and ask for a conference or, you may have a fair hearing on your case. At the hearing, you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. To request a fair hearing, call or write me, or write:

Virginia Department of Social Services
5600 Cox Road
Glen Allen, VA 23060
Attention: Hearing and Legal Services Manager

You may also request a fair hearing by calling toll free 1-800-552-3431. Please see the back of this form for additional information about the appeals process.

You must request your fair hearing within 90 days. If you appeal the action on your case before _____assistance may continue. However, if assistance is continued, you may have to repay benefits you receive during the appeal process if the hearing decision supports the agency action.

Benefit Program Specialist:	Agency Address	Agency Telephone
For free legal advice call: **1-866-534-5243**		

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for food stamps. The haring is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060.
- Call me at the number listed on the front.
- Call 1-800-552-3431.

When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.*

Note: You may have to repay benefits you receive during the appeal process if the hearing decision supports the agency action.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

SNAP SANCTION NOTICE FOR NONCOMPLIANCE WITH A WORK REQUIREMENT

FORM NUMBER - 032-03-0174

PURPOSE OF FORM - To notify households or individuals of the reduction or termination of their SNAP benefits because of the disqualification penalty caused by quitting a job or reducing work without good cause.

USE OF FORM - The BPS must complete this form if an individual voluntarily quit a job or reduced work hours without good cause.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The original must be sent to the household. The copy must be retained in the SNAP case record.

INSTRUCTIONS FOR PREPARATION OF THE FORM

The BPS must send this form for findings of voluntary quit or work reduction. The BPS must send the form even if the certification period is expiring or the household had previously been notified of adverse action for some other reason on another form.

Enter the appropriate identifying information at the top of the form.

Enter the name of the person who did not comply, and the requirement with which he/she did not comply.

Check the appropriate entry to indicate if the entire household or if only an individual is to be sanctioned. List the months of the sanction, the reduction in benefits and the effective date, as appropriate.

Enter the date by which an appeal may be requested in order to continue benefits at the original amount. Enter the day that is 11 days after the date of mailing.

Complete the information at the bottom of the form.

Commonwealth of Virginia
Department of Social Services

NOTICE OF INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name
	Case Number
	Locality Date

An investigation of your _____ Child Care Subsidy, your _____ Supplemental Nutrition Assistance Program (SNAP), or your _____ Temporary Assistance for Needy Families (TANF) case has recently been completed. We have reason to believe you intentionally violated a program rule because:

We have the following evidence to support our case against you:

We will request an Administrative Disqualification Hearing (ADH) to determine if you or another person in your household should be disqualified from Child Care Subsidy, SNAP, or TANF benefits. Please tell me if you have a disability or limited ability to speak and understand English or if you need special arrangements made so you can attend or present your case at the hearing.

You or your representative may look at the evidence we have. Please call the number below to arrange a convenient time to come to the local social services department to see the evidence.

You have the right to an ADH before we take any action to disqualify you from receiving benefits. However, if you wish, you may waive your right to this hearing. If you sign the attached waiver, you will be disqualified from receiving benefits for the period shown below even if you do not admit the facts as presented.

Child Care Subsidy

_____ 3 months, 1st violation _____ 12 months, 2nd violation _____ permanently, 3rd violation

SNAP

_____ months, 1st violation _____ months, 2nd violation _____ permanently, 3rd violation
_____ Other (Specify)

TANF

_____ 6 months, 1st violation _____ 12 months, 2nd violation _____ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period as shown above.

Please note that neither signing the attached waiver nor holding the hearing will prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment. You have the right to remain silent about the allegations as anything said or signed by you could be used against you in a court of law.

Benefit Program Specialist	Telephone	For Free Legal Advice Call **1-866-534-5243**

What is an Administrative Disqualification Hearing?

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Child Care Subsidy, Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) rules. This is called an "intentional program violation." The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

What is an Intentional Program Violation?

An "intentional program violation" is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get Child Care, SNAP, or TANF benefits to which you are not entitled. Even if your application is denied, you can be found guilty.
- Hiding information or not telling all the facts to get Child Care, SNAP, or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

Advance Notification of an Administrative Disqualification Hearing

The hearing officer will provide the date, time, and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed, however, for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

What Happens at the Administrative Disqualification Hearing?

The hearing officer will decide if you are guilty of an "intentional program violation." The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member's side of the case.
- Remain silent about the charges.

NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-0721

PURPOSE OF FORM - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

USE OF FORM – The BPS must complete this form to advise a household that an IPV is suspected. The BPS must send this form with the Waiver of Administrative Disqualification Hearing. The Administrative Disqualification Hearings pamphlet (b032-01-0961) may also be sent.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - Send the original to the individual suspected of committing an IPV and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the form with appropriate information to note the program involved, the actions allegedly committed, the supporting evidence, and the length of the disqualification period. Sign the form and complete the information at the bottom of the form.

Commonwealth of Virginia
Department of Social Services
WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

	Case Name	
	Case Number	
	Locality	Date

The Notice of Intentional Program Violation told you that we suspect you intentionally violated a program rule for ☐ Child Care, ☐ Supplemental Nutrition Assistance Program (SNAP), or ☐ Temporary Assistance for Needy Families (TANF). The Notice listed the evidence against you.

The amount of benefits overpaid: $_____ Child Care $_____ SNAP $_____ TANF

This form is a WAIVER of an Administrative Disqualification Hearing (ADH).

IF YOU CHOOSE TO SIGN THIS WAIVER, you may indicate whether or not you admit the facts as presented in the Notice of Intentional Program Violation. Please note: You do not have to admit to any of the allegations.

If you choose to sign this waiver, please return it by _____ to avoid scheduling a hearing. Please return the form to:

Agency Name and Address		
Worker	Telephone	For Free Legal Advice Call 1-866-534-5243

WAIVER

You may check one of the following statements:

☐ I admit to the facts as presented and understand that a disqualification penalty will be imposed and a reduction of benefits will occur if I sign this waiver.

☐ I do not admit that the facts presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty and reduction of benefits will result.

All members of your SNAP household are responsible for repaying the benefits overpaid.

Signature	Date
If you are not the case name, that person must also sign this waiver.	
Signature of Case Name if Other Than You	Date

What is an Administrative Disqualification Hearing?

An administrative disqualification hearing is a hearing held to decide if you or a member of your household intentionally violated Child Care, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) rules. This is called an "intentional program violation." The local department of social services will request that the state conduct a hearing when there is evidence that a violation occurred.

What is an Intentional Program Violation?

An "intentional program violation" is any of the following actions:

- Making a false or misleading statement to the local agency, either orally or in writing, to get Child Care, SNAP, or TANF benefits to which you are not entitled. Even if your Child Care, SNAP, or TANF application is denied, you can be found guilty.
- Hiding information or not telling all the facts in order to get Child Care, SNAP, or TANF benefits to which you are not entitled.
- Using SNAP benefits to buy non-food items such as alcohol, tobacco, or paper products.
- Using or having SNAP benefits you are not supposed to have.
- Trading or selling SNAP benefits or access devices.

What are the Penalties for an Intentional Program Violation?

If the hearing officer finds that you are guilty, you be disqualified from receiving Child Care, SNAP, or TANF benefits. The length of the disqualification for Child Care, 3 months for the first offense; 12 months for the second offense; and permanently for the third offense. For SNAP, the disqualification will be 12 months for the first offense; 24 months for the second offense; and permanently for the third offense. For TANF, the disqualification will be 6 months for the first offense; 12 months for the second offense; and permanently for the third offense.

In addition, if the hearing officer finds that you intentionally gave false information or hid information about identity or residence to get SNAP benefits in more than one locality at the same time, you will be disqualified for 10 years.

Advance Notification of an Administrative Disqualification Hearing

The hearing officer will provide the date, time, and place of the hearing. You will be told at least 30 days before the hearing date. If you ask the hearing officer at least 10 days before the hearing to delay the hearing, the hearing will be rescheduled. The hearing will not be delayed, however, for more than 30 days. You will be told in writing what the charges are against you. You will also receive a summary of the evidence against you. You will be told in writing how and where you can see the evidence.

What Happens at the Administrative Disqualification Hearing?

The hearing officer will decide if you are guilty of an "intentional program violation." The hearing officer will make the decision based upon the evidence presented at the hearing. At the hearing, you may:

- See all the documents and records being used at the hearing.
- Present the case or have a legal representative or someone else present the case.
- Bring witnesses.
- Question any testimony or evidence.
- Confront all witnesses and ask them questions.
- Present evidence to establish the household member's side of the case.
- Remain silent about the charges.

WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-0722

PURPOSE OF FORM - To advise a household member suspected of having committed an intentional program violation (IPV) that the right to a hearing may be waived but the disqualification penalty will be imposed if the waiver is signed.

USE OF FORM – The local agency must complete the form and send it to determine if a waiver to the administrative disqualification hearing can be obtained before referring the case to the Hearing Authority. This form must be sent with the Notice of Intentional Program Violation.

NUMBER OF COPIES – Two.

DISPOSITION OF FORM - The local agency must provide a copy of the completed waiver to the individual suspected of committing an IPV and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Enter the amount of the overpayment or overpayment for the program involved. Complete the form with the date by which the form must be returned if the waiver is to be activated. Enter a date that is 10 days after the mailing date.

If the individual waives the right to the hearing, the individual must complete the rest of the form and return it to the local agency.

Commonwealth of Virginia
Department of Social Services
REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

	Locality
	Case Number
	Case Number

☐ Child Care Violation 1 2 3	☐ SNAP Violation 1 2 3	☐ TANF Violation 1 2 3
IPV Period	IPV Period	IPV Period
Overpayment Amount $	Overpayment Amount $	Overpayment Amount $

_____is alleged to have committed the following act(s) of intentional program violation:

We have the following evidence to support our case:

Copies of evidence to be presented at the hearing to prove the allegation are attached, including: 1) Verification or documents to support the charge; 2) Any applications for Child Care Subsidy, Supplemental Nutrition Assistance Program benefits or Temporary Assistance for Needy Families benefits signed by the accused during the time in which the intentional program violation allegedly occurred.

Information in this referral is provided with the knowledge it will be used in reaching a decision on the allegations made in this referral, and will be made available to the accused individual or representative.

Submitted by	Title	Telephone	Date

REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-0725

PURPOSE OF FORM - To refer cases to the State Hearing Authority when an individual is suspected of having committed an intentional program violation (IPV).

USE OF FORM – The local department of social services worker must complete the form to provide information needed by the State Hearing Authority in order to initiate an administrative disqualification hearing. Mail the referral to:

Virginia Department of Social Services
Hearings and Legal Services Manager
5600 Cox Road
Glen Allen, VA 23060

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local department must send two copies to the Hearings Manager and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the information requested at the top of the form. The IPV Period is the span of time over which the IPV occurred. This will often coincide with the dates over which a claim was established.

The " Overpayment Amount" is the total amount of the claim that relates to the IPV. If the IPV was due to an act that did not result in an overpayment, indicate "0" overpayment in this block. This may include, for example, misrepresenting the household's income on an application that was subsequently denied.

Explain the intentional act alleged and the evidence the agency has to support its claim. Evidence listed here must be made available to the individual and will be presented at the hearing. Confidential or other information restricted from the household cannot be the basis of the evidence to support the accusation of an IPV.

The department director or designee must sign the form.

Commonwealth of Virginia
Department of Social Services
ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Name and Address	Case Name
	Case Number
	Locality

The local social service department has recently completed an investigation of your ☐ Child Care Subsidy case, ☐ Supplemental Nutrition Assistance Program (SNAP) case, or ☐Temporary Assistance to Needy Families (TANF) case.

The department believes you committed an intentional violation of a program rule because (continue on reverse, if necessary):

The department has the following evidence to support the case against you (continue on reverse, if necessary):

You or your representative may look at this evidence at the local social service department by calling your local worker to arrange a convenient time.

An Administrative Disqualification Hearing has been scheduled to examine the facts of your case. The hearing will be held at:

Time	Place
Date	

If the hearing officer finds you intentionally violated a program rule, you will be disqualified from receiving benefits for the period shown below (the items checked apply to you):

Child Care Subsidy

☐ 3 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

SNAP

_____ months, 1st violation _____ months, 2nd violation ☐ permanently, 3rd violation ☐ Other (Specify)

TANF

☐ 6 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

It is important that you or your representative be at the hearing. Otherwise a decision will be based solely on information provided by the local social service department. If you are unable to attend the scheduled hearing, you must contact the local social service department at least 10 days in advance of the hearing date. If you or your representative fails to appear at a scheduled hearing, you must contact the local social service department within 10 days after the date of the hearing and present good reason for your failure to appear in order to receive a new hearing. An explanation of the steps involved in a hearing is enclosed.

(continued on next page)

ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

Even though this hearing is scheduled, this does not prevent the State or Federal Government from prosecuting you for an intentional violation of a program rule in a court of law or from collecting the overpayment or overissuance. If you have any questions or need the name and phone number of someone who can give you free legal advice, call the local social services office at: .

Hearing Officer	Phone Number

(Continuation of explanations from page 1, if necessary)

YOU HAVE THE RIGHT TO:

* Look at the evidence that will be used at the hearing both before and during the hearing.
Please call the local social service department if you wish to look at the evidence before the hearing. The department will provide a free copy of the portions of your case file that relate to the hearing upon request.

* Present your own case or have someone present your case for you, such as a lawyer, friend, relative, or community worker.

* Bring your own witnesses.

* Argue your case freely.

* Question or deny any evidence or statements made against you.

* Bring any evidence you may have that would support your case.

* Remain silent concerning the charge(s) against you.

ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-724

PURPOSE OF FORM - To schedule an administrative disqualification hearing (ADH).

USE OF FORM – The hearing officer must complete the form to provide an individual with a notice in advance of an ADH. The form must be sent by first class mail or certified mail with return receipt requested, or may be provided by any other reliable method. The ADH pamphlet may be sent to the individual with the advance notice or provided on request.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send a copy to the individual alleged to have committed an IPV and to the local agency. The hearing officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Information provided on the referral for the ADH will be used as the basis for the hearing.

Complete the form with the date, time and location of the hearing. Note the disqualification period for the IPV. Include other information as needed to complete the form.

Commonwealth of Virginia
Department of Social Services
ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

Name and Address	Case Name
	Case Number
	Locality

Based on evidence presented at the Administrative Disqualification Hearing held on _____, it has been determined that you:

☐ DID NOT COMMIT an intentional violation of a Child Care Subsidy, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) rule.

☐ DID COMMIT an intentional violation of a Child Care Subsidy, SNAP, or TANF rule.

If you did commit an intentional program violation, the local department of social services will disqualify you from receiving benefits for the time shown below:

Child Care Subsidy
☐ 3 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

SNAP
____ months, 1st violation _____ months, 2nd violation _____ permanently, 3rd violation
____ Other (Specify)

TANF
☐ 6 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

If you are not receiving TANF benefits now, the disqualification period will be postponed until you apply for TANF benefits and are found eligible again.

The local department of social services is responsible for notifying you of the date the disqualification will take effect. Also, the local department of social services is responsible for notifying you of the effect the disqualification will have on the benefits to be received by any remaining household members.

This hearing decision does not prevent the local agency, State or Federal government from asking you to pay back the amount of any extra Child Care Subsidy, SNAP, or TANF benefits your household was not eligible to receive. The local department of social services is responsible for sending you a letter requesting repayment.

If you are not satisfied with the hearing decision, you can ask for a review of this decision by the Commissioner, Virginia Department of Social Services by sending a written request within 10 days of receipt of this notice to:

Virginia Department of Social Services
Hearings and Legal Services Manager
5600 Cox Road
Glen Allen, VA 23260

Hearing Officer	Date

ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

FORM NUMBER - 032-03-0723

PURPOSE OF FORM - To advise the household member suspected of an intentional program violation (IPV) of the outcome of the Administrative Disqualification Hearing (ADH).

USE OF FORM – The hearing officer must complete the form to include the decision rendered.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the household member and send a copy to the local department of social services. The hearing officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information requested at the top of the form. Complete the form showing the date of the hearing and note whether an IPV was committed. If an IPV was determined, note the disqualification period for the program involved. The hearing officer must provide the written decision within 90 days of the date of the hearing.

Commonwealth of Virginia
Department of Social Services
NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name	
	Case Number	
	Locality	Date

This notice is to inform you of the disqualification of a person from the _____ Child Care Subsidy, _____ Supplemental Nutrition Assistance Program (SNAP) or _____ Temporary Assistance for Needy Families (TANF) program.

_____ has been disqualified for the amount of time shown:

Child Care _____ 3 months _____ 12 months _____ Permanently

SNAP _____ months _____ Permanently _____Other (specify)_____

TANF _____ 6 months _____12 months _____ Permanently

The reason for the disqualification is shown below:

_____ Court of appropriate jurisdiction found the person guilty of committing an intentional program violation of _____ Child Care, _____ SNAP, or _____ TANF policy.

_____ An Administrative Disqualification Hearing found the person guilty of committing an intentional program violation of _____ Child Care, _____ SNAP, or _____ TANF policy.

_____ The person waived his or her right to an Administrative Disqualification Hearing. The person had been informed that the disqualification penalty would be imposed.

The disqualification period will begin:

_____For Child Care Subsidy program, effective _____.

_____For SNAP benefits, effective _____.

The SNAP allotment will change from $ _____ to $_____.

_____ From the TANF program, effective _____.

_____If this blank is checked, the disqualification will begin when the person next applies for and is found eligible for TANF.

The TANF payment will change from $ _____ to $_____.

Worker	Telephone	For Free Legal Advice Call 1-866-534-5243

NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-0052

PURPOSE OF FORM - To advise the household of a disqualification due to an intentional program violation.

USE OF FORM – The local department of social services must send this form to advise the household of the length, reason, effective date of a disqualification, and the benefit impact.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - Send the original to the household and keep a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the form with information appropriate for the case and for the program involved. Enter the name of the disqualified individual.

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

MISSED INTERVIEW NOTICE

TO: _____ _____

_____ _____

Case Name:

Agency:

Case Number:

Date:

You missed the interview to discuss your SNAP application on _____. You must reschedule the interview or we will deny your application if no interview takes place within 30 days of your application date. Your application for SNAP benefits was filed _____.

Please call _____to schedule the interview.

_____ _____

Benefit Program Specialist Telephone Number

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060
- Call me at the number listed on the front.
- Call 1-800-552-3431.

When to Appeal

- Within the next 90 days for SNAP benefits or within 10 days of the date on this form to get the SNAP benefits continued.

*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

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), religious creed, disability, age, political beliefs, 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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:

7. **mail:** Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334
   Alexandria, VA 22314; or

8. **fax:** (833) 256-1665 or (202) 690-7442; or

9. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider

Missed Interview Notice

FORM NUMBER - 032-03-0419

PURPOSE OF FORM - To notify an applying household about missing an interview and the need to reschedule the interview.

USE OF FORM - The BPS must complete the form after an applicant has missed a scheduled interview. The notice advises the applicant to reschedule the interview before the 30th day following the application filing date.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The BPS must provide the form to the household and retain a copy of the completed form or document the case to show that the form was sent.

INSTRUCTIONS FOR PREPARATION OF FORM - The BPS must complete the identifying case information and note the date of the missed interview and the deadline for rescheduling the interview. The deadline will be the 30th day after the application date or the last business day before the 30th day if the 30th day falls on a weekend or holiday.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

NOTICE OF ACTION AND EXPIRATION

This is to inform you of action taken on your SNAP application

⌜ ⌝

⌞ ⌟

CASE NUMBER
DATE
COUNTY/CITY

SECTION 1. ACTION ON APPLICATION DATED _____

Approved for following months _____

Amount first month $_____ Months covered_____ Amount for following months $_____

You selected _____as Head of Household. If all adult members do not agree, contact me within 10 days.

YOU MUST REPORT IF YOUR HOUSEHOLD'S INCOME GOES OVER THE LIMIT OF $_____.

If necessary, you may call collect.

If you do not agree with the action we have taken or the amount of SNAP benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer will decide if you are right. You may also request a fair hearing by calling toll free 1-800-552-3431. You must request your fair hearing within the next 90 days. If you appeal the action on your case before _____ assistance may continue. However, if assistance is continued, you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action. For additional information about appeals and fair hearings, please see the back of this notice.

SECTION 2. ACTION REQUIRED TO RECEIVE UNINTERUPTED BENEFITS

Your SNAP certification period will end on _____

Your eligibility for SNAP benefits is expiring. For uninterrupted benefits, you must file a new application by _____ have an interview, and be found eligible based on the information you give. If you do not file an application by this date, there may be an interruption in your benefits.

We can only start the renewal process once you file an application. You or your authorized representative may file an application that has at least your name, address, and your signature.

- In person at the address shown above or below;
- by mail, fax, by e-mail; or
- online at https://commonhelp.virginia.gov/access/.

☜ **Please use only one method to renew.**

You must have an interview. We have scheduled an appointment for an interview on _____ at _____ a.m./p.m. If this interview appointment is not convenient, please let us know immediately. If you miss this interview appointment, it will be your responsibility to reschedule it.

❑ in the office
❑ by telephone

In addition to the application and interview, you must give us proof of your income, expenses, or other information to help us make a decision on your application. Please have your information available when you file the application or have your interview.

If a telephone interview is scheduled, you must:

- complete the enclosed application form;
- return the completed application by _____ to the address above or below;
- provide a telephone number where you can be reached during the scheduled time.

If everyone in your house receives Supplemental Security Income (SSI) or plan to apply for SSI, you may renew your eligibility for SNAP benefits at the Social Security Administration (SSA) office instead of filing you application at the local social services department. The Social Security office must also receive your application by the date indicated above.

Benefit Program Specialist	Telephone Number	For Free Legal Advice Call
		1-866-534-5243

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The haring is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060
- Call me at the number listed on the front.
- Call 1-800-552-3431.

When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.*

* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

NOTICE OF ACTION AND EXPIRATION

FORM NUMBER - 032-03-0460

PURPOSE OF FORM - To notify applying households of the approval of the application and the end of the certification period so that households will have the opportunity to file a timely application for recertification.

USE OF FORM - To be sent by the BPS to advise the household of the approval of the application, the certification period, amount of benefits, and the date by which a recertification application must be filed.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – Mail or give a copy to the household. Retain a copy in the case record.

INSTRUCTIONS FOR PREPARATION - The form may be used in place of the Notice of Action and the Notice of Expiration. If used, the Notice of Action And Expiration must be completed by the BPS and provided to the applicant upon the approval of the application. This form is appropriate only for those households assigned a one-month certification period or those approved in the last month of eligibility.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

NOTICE OF TRANSFER

Case Name: _____

Case Number: _____

Agency: _____

Date: _____

Your Supplemental Nutrition Assistance Program (SNAP), Medicaid, or Temporary Assistance for Needy Families (TANF) case(s) was transferred to _____ because of your recent move to that city or county.

Your benefits for these programs will continue without interruption.

Your TANF grant will change from $ _____ to $ _____ because of your move to the new city/county.

_____ If the amount of your SNAP or TANF benefits went up because of a reported change in income, expenses, or the number of people in your household, you must show proof of the change. You will need to give this information to the new agency within 10 days or the amount of your SNAP or TANF benefits will go back to $ _____ without additional notice.

You must report changes or file applications with the new agency. The address and telephone number of the new agency is:

_____

_____

_____

_____

Telephone _____

_____ _____
Benefit Program Specialist Telephone Number

REMINDER: Please keep your Virginia EBT Card, if you receive SNAP benefits, your EPPICard, if you receive TANF benefits, and your Medicaid card, if you receive Medicaid. You do not need a new card just because of your move.

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services or the Department of Medical Assistance Services (DMAS).

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request for Medicaid, FAMIS PLUS, or SLH appeals to Client Appeal Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, Virginia 23219.

- Send a written request for financial assistance and SNAP benefits appeals to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060 or call me at the number listed on the front, or call 1-800-552-3431

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited SNAP benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request. You will get the hearings officer's decision within 90 days of the date the Department of Medical Assistance Services receives your appeal request for Medicaid, FAMIS PLUS, or SLH appeals.

HIPAA PORTABILITY RIGHTS

Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems. You may request a "Certificate of Creditable Coverage" for your coverage by visiting the DMAS website at www.dmas.virginia.gov or contacting the Helpline at 804-786-6145.

Notice of Transfer

FORM NUMBER - 032-03-0658

PURPOSE AND USE OF FORM - To advise a household that responsibility for a case has been transferred from one locality to another and to provide the contact information of the new agency.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The BPS must complete the form and mail it to the household when a case is transferred to another locality.

INSTRUCTIONS FOR PREPARATION OF FORM –

Complete the form with identifying information of the case and with the telephone number and address of the local social services agency to which the case has been transferred. Mark the section to note if the household is required to provide verifications that affect the benefit amount to the new agency. Identify the information needed from the household on the Notice of Action or checklist and on the Case Record Transfer Form.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

CASE RECORD TRANSFER FORM

TO: DEPARTMENT OF SOCIAL SERVICES

_____
COUNTY/CITY

_____
ADDRESS

FROM: DEPARTMENT OF SOCIAL SERVICES

_____
COUNTY/CITY

_____
ADDRESS

I. TRANSFERRING LOCALITY CASE INFORMATION

CASE NAME _____ CASE NUMBER _____

MOVED TO YOUR LOCALITY ON _____ AND IS RESIDING AT _____

_____

UNIT MEMBERS _____

TYPE OF ASSISTANCE:

☐ TANF VIEW CASE ☐ TANF NON-VIEW CASE ☐ REFUGEE CASH ASSISTANCE ☐ OTHER _____

AMOUNT OF PAYMENT _____ LAST PAYMENT MONTH _____

☐ VERIFICATION OF _____ NEEDED BEFORE ISSUANCE OF _____ BENEFITS

☐ SNAP Benefits CERTIFICATION PERIOD END DATE ____/____/____

☐ VERIFICATION OF _____ NEEDED BEFORE ISSUANCE OF _____ BENEFITS

☐ PENDING MEDICAID ☐ RECEIVING MEDICAID ☐ RECEIVING REFUGEE MEDICAL ASSISTANCE

☐ RECEIVING FAMIS (APPLICATION, EVALUATION, INCOME VERIFICATION, AND NOTICE OF ACTION ATTACHED)

ADDITIONAL REMARKS:

SIGNATURE (AGENCY REPRESENTATIVE) _____ DATE: _____

PRINTED NAME _____ TITLE: _____

II. CONFIRMATION OF RECEIPT & DISPOSITION

CASE RECORD WAS RECEIVED _____ DETERMINED: ☐ ELIGIBLE ☐ INELIGIBLE

EFFECTIVE ____/____/____ (DATE) FOR _____ (TYPES OF ASSISTANCE)

ADDITIONAL REMARKS

SIGNATURE (AGENCY REPRESENTATIVE) _____ DATE: _____

PRINTED NAME _____ TITLE: _____

Case Record Transfer Form

FORM NUMBER - 032-03-0227

PURPOSE AND USE OF FORM - To communicate between local departments of social services when transferring responsibility for a case for program benefits from one locality to another. The form also serves as confirmation to acknowledge receipt of the case record.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The BPS in the transferring agency must complete the names and addresses of the affected agencies and appropriate parts Section I of the form to address the types of assistance affected. The worker must prepare the case record for transfer to the new locality and send two copies of the form and case record to the receiving agency. The transferring agency must keep a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM –

Complete the form with identifying information of the case and with the names and addresses of the agency from which the case is being transferred and the agency to which the case is being transferred. Complete Section I to identify the types of assistance and benefit amounts for the household. Add additional comments as needed. A representative of the transferring agency must sign the form.

A representative of the receiving local agency must complete Section II of the form to acknowledge the receipt of the case record. The agency must send copy of the completed form to the agency from which the case was transferred and keep a copy of the form.

Case Name _____
Case Number _____

Rights and Responsibilities

❑ I declare that I reviewed a listing of my rights and responsibilities in writing about applying for or receiving public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits.

❑ I declare that a representative of the _____ agency discussed rights and responsibilities with me.

_____	_____	_____
Printed Name	Signature	Date

Agency Use

❑ I declare that I discussed applicant and recipient rights and responsibilities with _____ on _____ during a telephone interview or other contact.

_____	_____	_____
Printed Name	Signature	Date

Rights and Responsibilities

PURPOSE AND USE OF FORM – May be used to document that an applicant was provided written and verbal guidance on rights and responsibilities for applying and receiving public assistance benefits.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The case file must contain documentation that the local agency provided each applicant with information about the rights and responsibilities for applying and receiving public assistance benefits. The agency must present the information in writing and verbally. Written information is included as part of the benefit application forms. Applicants must acknowledge receipt of the rights and responsibilities information.

The local agency may use the Rights and Responsibilities form to have an applicant acknowledge receipt of rights and responsibilities information or to document that information was provided during a telephone interview or other contact with an applicant.

INSTRUCTIONS FOR PREPARATION OF FORM –

The applicant must complete the top portion of the form to acknowledge receipt of rights and responsibilities information in writing or verbally. The applicant must sign and date the form.

The local agency worker who provides the verbal presentation must complete the bottom portion of the form to acknowledge that rights and responsibilities information was presented. The worker must record the name of the applicant or other household member with whom a telephone interview was conducted and record the date the information was provided. The worker must sign and date the form.

COMPROMISING CLAIMS WORKSHEET

Name: _____ Claim Number: _____

Claim amount: _____ Claim Balance: _____

To ensure that we properly consider your financial circumstances, please provide documentation of your household's income and expenses. Please provide a copy of recent pay statement or other documentation

Monthly Amount of Income for All Household Members:

Earnings:	$_____	Social Security:	$_____
Alimony:	$_____	Child Support:	$_____
Other Income:	$_____	Pensions/retirement:	$_____

Resources:

Checking Account $_____

Savings: Account $_____

Market value of stocks, bonds, mutual funds and other investments: $_____

Monthly Expenses:

Rent/ Mortgage:	$_____	Electricity:	$_____
Gas:	$_____	Water/ Sewer:	$_____
Telephone:	$_____	Other Utilities:	$_____
Health Insurance:	$_____	Other Medical:	$_____
Alimony/Child support:	$_____		

_____ _____

Signature Date

Agency Use Only

Ability to Pay:

1. Total monthly income: $_____
2. 10 % of resources: + $_____
3. Combined income/resources: = $_____
4. Total expenses: - $_____
5. Available funds for payment $_____
6. 10% of available funds (line 5) $_____
7. X 3 years or 36 months $_____
8. Claims balance: $_____
9. Amount to be paid (line 7): - $_____
10. Amount to be compromised: $_____

Household size when claim established:

_____

200% Poverty Level for household

_____

Referred to TOP? Yes ❑ No ❑

❑ Compromise Approved ❑ Compromise Denied

Explanation: _____

_____ _____

Signature Date

Compromising Claims Worksheet

FORM NUMBER - 032-03-0572

PURPOSE AND USE OF FORM – May be used to document how all or a portion of a claim amount owed may be eliminated to allow a household to repay the debt within three years.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The worksheet or other documentation must be filed with the claim information to document why the claim amount owed was or was not reduced or eliminated through compromising.

INSTRUCTIONS FOR PREPARATION OF FORM – A local agency representative must complete the identifying case/claim information. The representative must provide the worksheet to the household to complete the information about household income, resources, and expenses. Calculate the entitlement for compromising the claim in the bottom section of the worksheet by using the information supplied by the household.

COMMONWEALTH OF VIRGINIA

Case Number _____

Date Received _____

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF) APPLICATION TO ADD NEW ASSISTANCE MEMBERS

This is an application to add new assistance unit members for the TANF Program. These new members joined the family unit since the last application was filed. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office.

A. 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? | **E-mail Address**

Primary Telephone Number | **Alternate Telephone Number**

B. New Household Member Information

Give the following information for any new household members you are reporting for the first time or for new members you verbally reported since your original application or most recent eligibility review.

1.

Name (last, first, middle initial) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number:_____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:**_____ (City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No — If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No If **yes**, name of school _____ **Alien Registration Number** _____

Highest Grade Completed _____ **Date started living in the U.S.** (mm-dd-yyyy) _____/____/_____

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) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number:_____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:**_____ (City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No — If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No If **yes**, name of school _____ **Alien Registration Number:**_____

Highest Grade Completed:_____ **Date started living in the U.S.** (mm-dd-yyyy) _____/____/_____

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) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number:_____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:**_____
(City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No
— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No **Alien Registration Number:**_____
If **yes**, name of school _____

Highest Grade Completed:_____ **Date started living in the U.S.** (mm-dd-yyyy) _____/____/_____

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

❑ YES ❑ NO 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain:
_____

❑ YES ❑ NO 2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain:
_____

❑ YES ❑ NO 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:
_____

❑ YES ❑ NO 4. 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

By my signature below, I declare that the household member(s) for whom I am requesting TANF or SNAP benefits, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF or SNAP claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

_____ _____
Your Signature or Authorized Representative's Signature or Mark Date

_____ _____
Witness to Mark or Interpreter Date

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF) APPLICATION TO ADD NEW ASSISTANCE MEMBERS

FORM NUMBER - 032-03-729B

PURPOSE OF FORM - To gather information about new household members for whom TANF assistance is requested.

USE OF FORM – This application is limited to requesting TANF assistance for new household members during the certification period. The application may also be used to apply for SNAP benefits for new members during the certification period although the request to add new household members is not required to be in writing **for SNAP**. This application may not be used in lieu of an application to apply for initial benefits, to reapply for benefits after a lapse in certification, or to protect the date of application.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – This application must be completed when new household members are added for TANF. The completed application must be filed in the eligibility case record. The application may be used to apply for SNAP benefits for new members

INSTRUCTIONS FOR PREPARATION OF FORM – The application must be completed in its entirety to request TANF assistance for new household members.

Commonwealth of Virginia
Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)
APPLICATION FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

Return your completed application to:
_____ County/City DSS
_____
_____

GENERAL INFORMATION

With this application, you may apply for food assistance if:

- Everyone in the household is 60 years of age or older; or
- All household members aged 60 or older purchase and prepare food separately from other household members; and
- No member receives earnings from work.

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 2 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.

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.** 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, 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)
- Virginia Lottery

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.

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.

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.

REPORTING REQUIREMENTS

You must report changes within 10 days, but no later than the 10th day of the month after the change occurs. Report these changes:

- If you have lottery or gambling winnings of $4,500 or more;
- If you have changes in the number of people in your household; or
- If you or a member of your household start to receive money from working.

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.

If you refuse to cooperate with any review of eligibility, including a review by Quality Assurance, your benefits may be denied until there is cooperation.

Failure to report or verify your expenses will be seen as a statement that you do not want to receive a deduction for these expenses.

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), religious creed, disability, age, political beliefs, 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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:

10. mail: Food and Nutrition Service, USDA
    1320 Braddock Place, Room 334
    Alexandria, VA 22314; or

11. fax: (833) 256-1665 or (202) 690-7442; or

12. email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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

COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)

- ❑ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ❑ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- ❑ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, Telephone (804) 864-8901.

Applicant Name	**Signature**	**Date**

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:

Commonwealth of Virginia
Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)

APPLICATION FOR THE ELDERLY

Return your completed application to:
_____ County/City DSS
_____
_____

A. APPLICANT INFORMATION. Enter 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**

Email Address | **Primary Telephone Number** | **Alternate Telephone Number**

What is the primary language spoken in your household?

Primary Method of Correspondence

You may receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov). List either a cell telephone number or an email address. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail.

❑ **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 SNAP benefits from a social services agency? If **YES,** enter the information below.
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 SNAP benefits 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 SNAP? 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 as an adult on or after February 8, 2014 for the following:

i. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? ❑ YES ❑ NO
j. Murder under Title 18 USC, Section 1111 or a similar state offense? ❑ YES ❑ NO
k. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? ❑ YES ❑ NO
l. 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, are you in compliance with the terms of the sentence? ❑ YES ❑ NO

6. You may appoint someone to apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name a representative, please give the information below

Name, Address and Telephone Number of the Authorized Representative	Check (✓) each duty authorized for that person
	❑ Apply for SNAP benefits ❑ Receive correspondence ❑ Access or use SNAP benefits

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

1 | **Self** |

Name (last, first, middle initial) | **Relationship to You** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Are you a U.S. citizen?** ❑ Yes ❑ No

Program Requested: If No, immigration status: _____

❑ None ❑ ESAP **US Residency Date:** __/____/____

Alien Registration Number:_____

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) | **Relationship to Applicant** | **Birth Date** (mm-dd-yyyy)

Social Security Number:_____ **City, State, Country of Birth:**_____

Gender: ❑ Male ❑ Female **Is this person a U.S. citizen?** ❑ Yes ❑ No

Program Requested: If No, immigration status: _____

❑ None ❑ ESAP **US Residency Date:** __/____/____

Alien Registration Number:_____

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

❑ YES ❑ NO Are there others who live in your home? If **YES**,

Name of Person	**Relationship**	**Does this person buy/eat food with you?**
		❑ Yes ❑ No
		❑ Yes ❑ No
		❑ Yes ❑ No

C. RESOURCES

1. Do you or anyone who lives with you have any of the following resources or assets? If **Yes,** please provide details below.

Yes	**No**		**Yes**	**No**		**Yes**	**No**	
❑	❑	Cash $_____	❑	❑	Checking/Savings Accounts	❑	❑	Stocks or bonds
❑	❑	401K, 403B, etc	❑	❑	Certificate of Deposit (CD)	❑	❑	Money Market Funds
❑	❑	Individual Retirement Account (IRA)	❑	❑	Christmas Club	❑	❑	Other

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 $4,500 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? If **YES**, explain:

_____

D. INCOME

❑ YES ❑ NO 1. Do you or anyone applying for ESAP with you receive or expect to receive money from working? If **YES**,

Name of Person	$ Amount/ How Often Received?	Employer

2. Do you or anyone applying for ESAP with you 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	
❑	❑	Social Security or SSI	❑	❑	Worker compensation	❑	❑	Room/board or Rental Income
❑	❑	VA benefits or Military Allotment	❑	❑	Unemployment benefits	❑	❑	Interest, dividends
❑	❑	Child support, alimony	❑	❑	Black Lung benefits	❑	❑	Public Assistance (TANF/GR)
❑	❑	Railroad or Other retirement	❑	❑	Insurance settlement	❑	❑	Any other type of money

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

E. EXPENSES

❑ YES ❑ NO 1. 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			
Other			

❑ YES ❑ NO 1a Do you have air conditioning in your home? How do you heat your home? _____

❑ YES ❑ NO 1b Did you receive energy/fuel assistance during this past year while living in your current home?

❑ YES ❑ NO 2. Do you or anyone in your household who is age 60 or older have any current medical expenses? If **YES**, list the expenses. This may include prescriptions, health insurance premiums, transportation, or doctor visit payments.

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

❑ YES ❑ NO 3. Does anyone <u>besides the people on your case</u> pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? <u>OR</u> does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: _____

_____

❑ YES ❑ NO 4. 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: _____

_____

BY MY SIGNATURE BELOW, I DECLARE: 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 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.

_____ _____

Signature of Applicant or Authorized Representative **Date**

AGENCY USE ONLY	
Case Name	Case Number
Locality	Date Received
Date of Interview:	❑ In office ❑ Telephone
Interviewer	Program (s)

APPLICATION FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

FORM NUMBER -

PURPOSE AND USE OF FORM – This application presents only the information needed to determine SNAP eligibility for households containing elderly members only. Applicants may use this application to apply for ESAP. Applicants are not limited to using the ESAP application. Applicants may use any acceptable Virginia SNAP application. The application must be retained for a minimum of three years.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The local department must evaluate information presented on the application to determine ESAP or SNAP eligibility.

INSTRUCTIONS FOR PREPARATION OF FORM – Applicants must complete the application fully.

Commonwealth of Virginia
Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)

Renewal Application for
Elderly Simplified Application Project (ESAP)

To:

ESAP/SNAP Case Number
County/City
Department of Social Services
Address
City, State, Zip
Telephone Number

Your ESAP eligibility will end on:

Your eligibility for ESAP benefits is expiring. You must file a new application by _____ for uninterrupted benefits, and be found eligible based on the information you give. If you do not file an application by this date, there may be an interruption in your benefits.

We can only start the renewal process once you file an application. You or your authorized representative may complete the application attached here. The application must have at least your name, address, and your signature. You may file the application:

- in person at the address shown above;
- by mail, fax, by e-mail; or ☜ **Please use only one method to renew.**
- apply online at https://commonhelp.virginia.gov/access/.

In most instances, we will not need an interview to process your renewal application. You may request to have an interview however. If we need an interview or if you request one, we will let you know when and how the interview will occur. We will also let you know if we need additional information.

If you do not agree with the action taken on your application, you may appeal the action. You must file your appeal within ninety days of the agency's notice to you. You may get an appeal form from this department or from the Virginia Department of Social Services, 5600 Cox Road, Glen Allen, VA 23060, or you may call 1-800-552-3431.

Benefit Program Specialist	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), religious creed, disability, age, political beliefs, 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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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:

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. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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

Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)

- ❑ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ❑ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- ❑ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, telephone (804) 864-8901.

Applicant Name	Signature	Date

---

for agency use only

Voter Registration form completed: ❑ Yes ❑ No

Voter Registration form given to applicant for later mailing (at applicant's request) ❑

Agency Staff Signature	Date

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

Case Number _____
Date Received _____

ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP) RECERTIFICATION APPLICATION

This is an application to renew your eligibility for benefits. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office. You may also apply online for renewal for SNAP at https://commonhelp.virginia.gov/access/.

A. HOUSEHOLD 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? | **E-mail Address**

Primary Telephone Number | **Alternate Telephone Number**

Primary Method of Correspondence

You may receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov). List either a cell telephone number or an email address. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail.

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

B. Household/Unit Members. List everyone who lives with you who.

Name	Date of Birth	Relationship to you

List information for any new people who moved into your home after you last applied for SNAP benefits.

Name:	Name:
Date of Birth: Sex:	Date of Birth: Sex:
Relationship:	Relationship:
*Social Security Number:	*Social Security Number:

*Social Security Numbers are used to check computer systems before new members may be added to the case:

C. Resources. List the balances of any bank accounts, cash, individual retirement accounts, 401K, 403B, money market funds, or similar accounts, etc.

What?	Where?	Amounts

D. Lottery/Gambling Winnings

Has anyone received or expect to receive winnings of $4,500 or more from lottery or gambling? ☐ Yes ☐ No
If YES, please explain and send proof.

E. Unearned Income. List any income received from Social Security, unemployment, pensions, disability, support or similar sources.

Source	Amount	Source	Amount

Is there a new source of income from Social Security, unemployment, pensions, disability, support or a similar source?
☐ Yes ☐ No If YES, please send proof. What is the new source and amount?

F. Earned Income

Has anyone started or stopped a job? ☐ Yes ☐ No If YES, please send proof.

If YES, name of the employer: _____ Amount earned? _____ How often paid? _____

Expenses

Child support: Is anyone required to pay child support? If YES, what is the amount paid or owed?

	Enter the monthly amount billed, owed, or paid
Medical (total amount)	
Prescriptions	
Insurance	
Doctor	
Other	
Child/adult Care	
Shelter	
Rent/mortgage	
Utilities	
Taxes/Insurance	
Other	

❑ YES ❑ NO 8. 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 9. Have you or anyone for whom you are applying ever been convicted as an adult on or after February 8, 2014 for the following:

m. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? ❑ YES ❑ NO

n. Murder under Title 18 USC, Section 1111 or a similar state offense? ❑ YES ❑ NO

o. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? ❑ YES ❑ NO

p. 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, are you in compliance with the terms of the sentence? ❑ YES ❑ NO

10. You may appoint someone to apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name a representative, please give the information below

Name, Address and Telephone Number of the Authorized Representative	Check (✓) each duty authorized for that person
	❑ Apply for SNAP benefits❑ Receive correspondence ❑ Access or use SNAP benefits

---

BY MY SIGNATURE BELOW, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I understand:

- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and may be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If I fail to report or verify my expenses, my household will not receive a deduction for the unreported or unverified expenses.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

_____ _____

Your Signature or Authorized Representative's Signature or Mark Date

_____ _____

Witness to Mark or Interpreter Date

ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP) RECERTIFICATION APPLICATION

FORM NUMBER – 032-03-729D

PURPOSE AND USE OF FORM – Use of this application is limited to recertification or renewal of ESAP cases. This application may not be used in lieu of an application to apply for initial benefits, or to reapply for benefits after a lapse in certification. Applicants are not limited to using the ESAP recertification application as applicants may use any acceptable Virginia SNAP application. The application must be retained for a minimum of three years.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The local department must evaluate information presented on the application to determine ESAP or SNAP continued eligibility for elderly households.

INSTRUCTIONS FOR PREPARATION OF FORM – Applicants must complete the application fully.

Virginia Department of Social Services
Division of Benefit Programs
SNAP EBT Replacement Request and Client Attestation

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 though 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*

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

FORM NUMBER	NAME	PAGES
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

Pocket Résumé

A pocket Résumé is a summary of your work and education history. When you apply for a job, employers will ask you to list this information on an application form or to discuss it with them during an interview. By filling in the Pocket Résumé, you will prepared to give an accurate and complete description of your qualifications – and thereby get one step ahead of other job seekers.

NAME _____ TELEPHONE NO._____

ADDRESS_____ CITY/STATE_____

BIRTHDATE_____ SOCIAL SECURITY NO._____

EDUCATION

NAME/ADDRESS OF SCHOOL	YEAR COMPLETED	COURSE/DEGREE
GRADE SCHOOL		
HIGH SCHOOL		
VOCATIONAL		
COLLEGE		
OTHER		

WORK EXPERIENCE (PAID OR VOLUNTEER)

EMPLOYER'S NAME & ADDRESS	SUPERVISOR	DUTIES	FROM	TO	WAGES/SALARY

REFERENCES

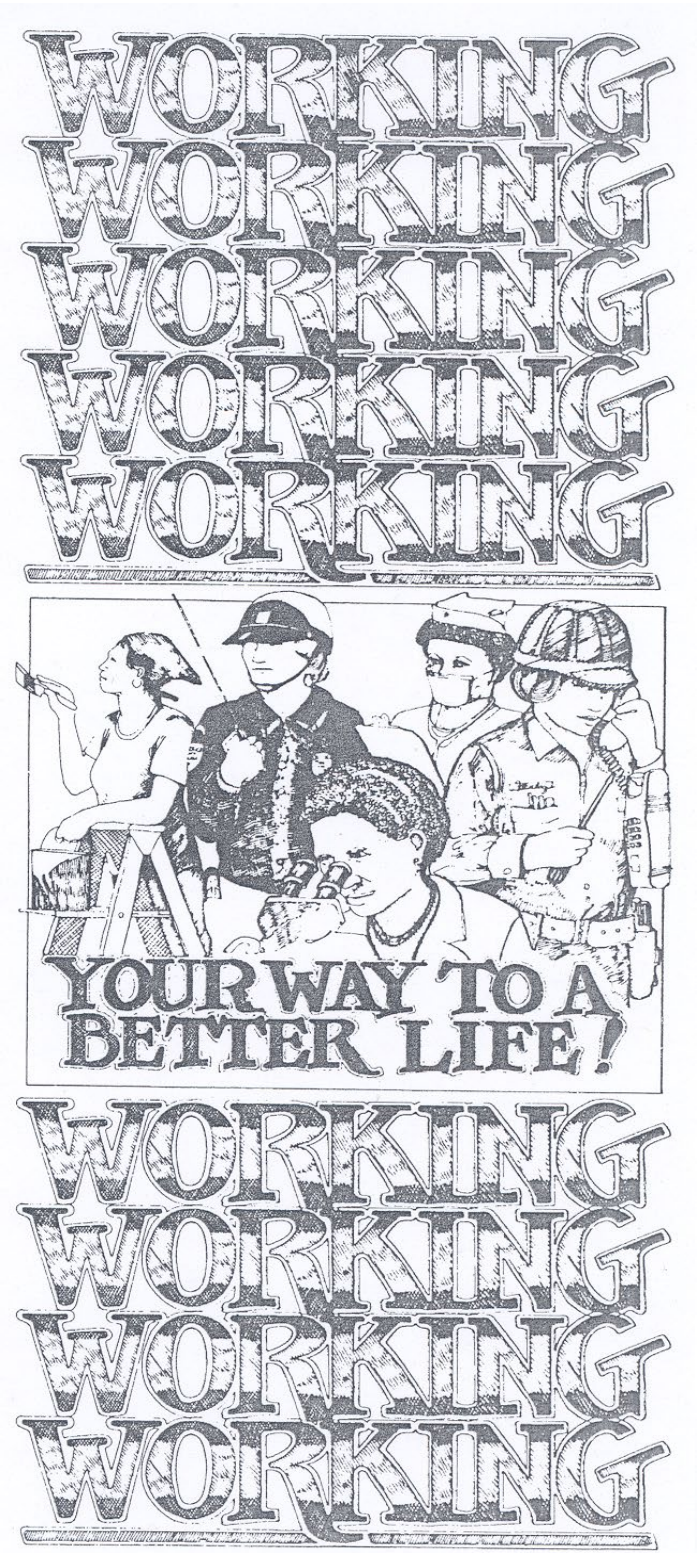
NAME	ADDRESS	POSITION	TELEPHONE NO.

OTHER INFORMATION

HOBBIES	INTERESTS	SPECIAL SKILLS

B032-01-0921-03-ENG (1/12)

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



Tips For Job-Seeking Success

BELIEVE IN YOURSELF
Remember, you have much to offer an employer.

THERE ARE MANY JOBS AVAILABLE
even when unemployment is high. Jobs open up all the time as people move, get transferred, stop work, or retire.

DON'T LIMIT YOURSELF TO ONE TYPE OF JOB.
Remember that you can do many things. If there are no jobs available in the kind of work that you have done before, don't be afraid to look for a job in a Different field.

GO AFTER THE "HIDDEN JOB MARKET"
by getting job leads from the yellow pages of the phone book, from your friends and relatives, and by going directly to places for employment. Study the want ads, too, but don't limit yourself to them since most job openings are never anticipated.

GET YOUR FAMILY TO HELP
so that your times is as free as possible to look for a job. Tell your friends and relatives you are looking for a job. Over half of all jobs are found due to the help of friends and relatives.

TREAT JOB-SEEKING AS A FULL TIME JOB.
About half of each day should be spent getting job leads and interviews. Plan to spend the rest of each day on actual interviews and in filling out job applications.

KEEP YOURSELF ORGANIZED.
Have a folder to keep your papers in. Keep records of where you've been and who you talked to.

FILL OUT THE POCKET RÉSUMÉ
on the back of this pamphlet and use it when you are asked to fill out a job application. If you need any help, see your Employment Services Worker.

GET LETTERS OF RECOMMENDATION
from former employers and friends who know you well. Have copies made so that you can leave them with interviewers and attach them to job applications.

ALWAYS GET THE NAME OF THE PERSON WHO CAN ACTUALLY HIRE YOU
and talk to that person. Usually someone's secretary or a personnel department employee cannot hire you. Phone or go in person to get face-to-face interview.

DRESS NEATLY.
First impressions do count!

LEAVE FAMILY AND FRIENDS AT HOME WHEN YOU GO FOR THE INTERVIEW.
The employer is looking for an independent, capable person. One way to show that you are that kind of person is to handle the interview by yourself.

DON'T FORGET TO MENTION THE PERSONAL QUALITIES
that will make you a good worker.
Some of these qualities might include getting along well with people, learning quickly, being reliable, etc.

KEEP TRYING!
Get in the habit of arranging a time to call back to check on the status of your application or to see if there are any new openings. By doing this, your changes of getting hired are greater.

DON'T GET DISCOURAGED!
Your chances of getting a job increase with each interview you have.

THERE IS NO REASON TO TELL AN EMPLOYER YOU ARE RECEIVING ASSISTANCE
unless you wish to do so.

YOUR EMPLOYMENT SERVICES WORKER
is available to offer any help you may need. Good luck

WORKING YOUR WAY TO A BETTER LIFE PAMPHLET

FORM NUMBER - b032-01-0921

PURPOSE OF FORM - This pamphlet provides SNAPET participants with "Tips for Job-Seeking Success."

USE OF FORM - SNAPET Workers/Case Managers may give this pamphlet to participants to provide helpful hints on how to seek employment successfully. The pamphlet also provides participants with a place to record basic educational and employment history.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original to participants

INSTRUCTIONS FOR USE OF PAMPHLET:

Distribute to participants as needed.

This pamphlet is designed for use in individual or group job search efforts.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SNAP EMPLOYMENT & TRAINING (SNAPET)

PRE-ASSESSMENT FORM

Please complete this form and mail it back to us in the enclosed envelope by _____.

A. General Information/Education

YOUR FULL NAME: _____

ADDRESS: _____

PHONE: _____ LAST GRADE COMPLETED___ ARE YOU ABLE TO READ ENGLISH? ☐ YES ☐ NO

LIST ANY TRAINING, SKILLS OR SPECIAL SCHOOLING YOU HAVE TAKEN:

DID YOU COMPLETE A COURSE?___ DID YOU RECEIVE A CERTIFICATE? ___ WHEN?_____

B. Employment

ARE YOU WORKING NOW? ☐ YES ☐ NO IF NO, DO YOU EXPECT TO BE WORKING SOON? ☐ YES ☐ NO

PLEASE TELL US ABOUT YOUR CURRENT JOB OR LAST JOB:

EMPLOYER'S NAME: _____

YOUR JOB TITLE: _____ DATE BEGAN: _____ DATE LEFT: _____

YOUR DUTIES: _____

PAY PER HOUR: _____ HOURS PER WEEK: _____

WHAT OTHER TYPES OF JOBS HAVE YOU HELD IN THE PAST?

WHAT TYPE OF EMPLOYMENT ARE YOU INTERESTED IN?

C. Employment/Training Needs:

IS THERE ANYTHING WE NEED TO KNOW IN HELPING YOU FIND EMPLOYMENT? (CHECK ALL THAT APPLY TO YOU)

☐ LACK OF SKILLS OR TRAINING ☐ LACK OF CHILD CARE ☐ NEED EYEGLASSES ☐ MEDICAL PROBLEMNS

☐ NO JOBS AVAILABLE ☐ LACK OF TRANSPORTATION ☐ CANNOT READ ☐ FAMILY PROBLEMS

☐ DID NOT FINISH HIGH SCHOOL ☐ LANGUAGE PROBLEMS ☐ OTHER _____

PLEASE GIVE DETAILS FOR ANY ITEMS YOU HAVE CHECKED:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOU OR YOUR SITUATION?

YOUR SIGNATURE: **DATE:**

**** PLEASE RETURN THIS FORM IN THE ENCLOSED STAMPED ENVELOPE TODAY ****

AGENCY USE ONLY

Assigned to _____ Pending ☐ Inactive ☐ Active (specify)_____

Reason: _____

Begin Date: _____ End Date:_____ Worker #: _____ Date: _____

SNAP E&T PRE-ASSESSMENT FORM

FORM NUMBER - 032-02-014

PURPOSE OF FORM - This form may be used prior to conducting an initial assessment to screen participants for SNAP E&T. The form records basic information concerning the participant's education level, skills and abilities, ability to read English, recent work experience, employment goal and barriers to employment.

USE OF FORM - The information on this form is used to assess the job readiness of the participant and serves as a screening tool to help the SNAP E&T Worker decide whether participation in the program is feasible.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original must be maintained in the participant’s case record.

INSTRUCTIONS FOR PREPARATION OF FORM: - This form may be mailed to the participant, completed by the participant, signed and returned to the agency in the envelope provided by the agency. The form may also be completed by the Eligibility Worker during the certification interview.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SNAP EMPLOYMENT AND TRAINING
(SNAP E&T)

☐ 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):

☐ Childcare	☐ Transportation	☐ Housing Situation	☐ Health
☐ Job Skills/Experience	☐ Education	☐ Family Situation	☐ Financial Situation
☐ Legal/Criminal Status	☐ Family Abuse*	☐ Substance Abuse	☐ Limited English
☐ 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:

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

SNAP E&T ASSESSMENT FORM

FORM NUMBER - 032-22-1090

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 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. CHILDCARE
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.

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	Planned Begin Date	Planned End Date	Planned Weekly Hrs/Pay & Location
Core Activities			
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 RESPONSIBLITIES 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

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)

PUROSE 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 to 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.

PARTICPANT 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.

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 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 Virginia Workforce Connection ☐ [Required] Register online at

Address https://www.vawc.virginia.gov

Type of job: Result of

Person Contacted: Contact:

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company ☐ Submitted a Resume/Application

Address ☐ Interview

Type of job: Result of

Person Contacted: Contact:

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company ☐ Submitted a Resume/Application

Address ☐ Interview

Type of job: Result of

Person Contacted: Contact:

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company ☐ Submitted a Resume/Application

Address ☐ Interview

Type of job: Result of

Person Contacted: Contact:

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company ☐ Submitted a Resume/Application

Address ☐ Interview

Type of job: Result of

Person Contacted: Contact:

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company _____ ☐ Submitted a Resume/Application

Address _____ ☐ Interview

_____

Type of job: _____ Result of _____

Person Contacted: _____ Contact: _____

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company _____ ☐ Submitted a Resume/Application

Address _____ ☐ Interview

_____

Type of job: _____ Result of _____

Person Contacted: _____ Contact: _____

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company _____ ☐ Submitted a Resume/Application

Address _____ ☐ Interview

_____

Type of job: _____ Result of _____

Person Contacted: _____ Contact: _____

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

Company _____ ☐ Submitted a Resume/Application

Address _____ ☐ Interview

_____

Type of job: _____ Result of _____

Person Contacted: _____ Contact: _____

Date of Contact: Contact Hours: 1☐ 2☐ 3☐ 4☐

SNAP E&T SUPERVISED JOB SEARCH FORM

FORM NUMBER - 032-02-1030

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.

OMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

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

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

032-02-1070-02-eng

EMPLOYMENT SERVICES PROGRAM WORK SITE AGREEMENT

FORM NUMBER - 032-02-1070

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

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:**
Total Actual Work Hours This Month		**Unexcused Absences**		

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

Knowledge of Assignment _____ Punc
Attitude _____
Cooperation _____
Works Well with Others _____

Safety Habits _____
Quality of Work _____
Initiative _____
Grooming _____
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: _____

032-02-1010-03-eng

ATTENDANCE & PERFORMANCE RATING SHEET

FORM NUMBER - 032-02-1010

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.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

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: ____

EMPLOYMENT SERVICES PROGRAM
EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET

FORM NUMBER - 032-03-1020

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.

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.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS
COMMUNICATION FORM- From BPS to ESW

To_____, ESW
From_____, BPS
Date_____/_____/_____
Reply Needed By _____/_____/_____
❑ Copy Sent to Child Care Worker

==========

Name of Participant_____
Case Name _____
Case Number _____

Participant's Client ID # _____
❑ SNAPET ❑ TANF ❑ TANF-UP

==========

❑ Reapplication for TANF - Previous Failure to Sign Agreement of Personal Responsibility. APR signed on _____/_____/_____ (APR attached). Effective Date of TANF approval: _____/_____/_____.
❑ Result of reevaluation of non-exempt/mandatory status: _____
❑ Volunteer no longer wishes to participate.
❑ Non-exempt/mandatory individual now exempt. Reason: _____
❑ Individual may be unable to participate in ESP/SNAPET program because _____
_____
❑ Individual is not able to ❑ Read English ❑ Write English

==========

❑ Individual will enter/entered employment at _____on_____/_____/_____.
Scheduled # of Hours/week_____. Rate of pay $_____ per _____.
Frequency of pay: _____. Date of First Pay: _____/_____/_____.

==========

❑ Individual/household no longer eligible for SNAP. Case closed due to: (check one)
❑ Employment/benefit reduction/savings information provided below
❑ Other: _____.
Effective Date: _____/_____/_____.
❑ Individual removed from the SNAP household because _____
_____
Effective Date: _____/_____/_____.
❑ Effective with payment on _____/_____/_____, benefits will be reduced from $_____ to $_____.

==========

❑ Individual appealed TANF sanction. Case remains open until appeal resolved.
❑ TANF Sanction ended effective _____/_____/_____.
❑ TANF case reopened.

==========

❑ 24-Month Eligibility Termination date: _____/_____/_____.
❑ Appeal prior to 24-Month Closure or ❑ Appeal of Hardship Denial prior to 24-Month Closure. Appeal scheduled for: _____/_____/_____. ❑ Client has requested that case remain open until appeal resolved.

==========

❑ VIEW Transitional Payment established effective _____/_____/_____.
❑ VIEW Transitional Payment ended effective _____/_____/_____.
Reason: _____.

==========

❑ Amount of SNAP allotment for the month of _____ was $_____.
❑ New certification period from _____/_____/_____to _____/_____/_____.

==========

❑ Individual is a refugee. Contact _____ (refugee resettlement agency) at _____ (telephone) before conducting VIEW/SNAP E&T initial assessment.

==========

❑ Other _____
_____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAMS
COMMUNICATION FORM- From ESW to BPS

To_____, BPS
From_____, ESW
Date_____/_____/_____
Reply Needed By _____/_____/_____
❑ Copy Sent to Child Care Worker

==========

Name of Participant_____
Case Name _____
Case Number _____

Participant's Client ID # _____
❑ SNAP E&T ❑ TANF ❑ TANF-UP

==========

❑ Volunteer signed APR on _____. Please update AEGNFS screen and run ED/BC.
❑ Reevaluation of non-exempt/mandatory status is requested. Reason: _____
_____.
❑ Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.

==========

❑ Individual will enter education or training activity on _____/_____/_____.
❑ Individual will be a participant in work experience. Please provide the SNAP amount for the month of _____.

==========

❑ Individual will enter/entered employment on_____/_____/_____.
Employer_____
Scheduled # of Hours/week: _____. Rate of pay: $_____ per _____.
Frequency of pay: _____. Date of First Pay: _____/_____/_____.
❑ Please send verification of employment.

==========

❑ Individual has failed to comply with program requirements of _____
_____. Good cause does not exist.
❑ Notify ESW if aware of good cause reason.
❑ Sanction TANF for (check appropriate answer)
❑ 1 month and compliance ❑ 3 months and compliance ❑ 6 months and compliance
❑ SNAP E&T case will close effective_____/_____/_____.
❑ Please provide the dollar amount of SNAP reduction due to employment or sanction.
❑ Please notify when suspended TANF case has been reinstated.

==========

❑ VIEW Transitional Payment enrollment opened effective_____/_____/_____.
❑ VIEW Transitional Payment enrollment closed effective _____/_____/_____.
Reason: _____.

==========

❑ Hardship denied on_____/_____/_____.
❑ Hardship granted from _____/_____/_____to_____/_____/_____.
❑ Hardship terminated on_____/_____/_____.

==========

❑ Other _____
_____
_____

EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM

FORM NUMBER - 032-02-0072

PURPOSE OF FORM - To exchange information about an employment services participant between the BPS and the employment services worker (ESW).

USE OF FORM - Either the BPS or the employment services may originate the form when circumstances change for the participant that require the exchange of information.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The form consists of an BPS to ESW page and an ESW to BPS page. When the form is sent, both pages should be provided. A copy of the entire form should be retained in both the TANF/SNAP and VIEW/SNAP E&T files.

INSTRUCTIONS FOR PREPARATION OF FORM

The name of the BPS and the ESW, the date the form is sent, and the date the reply is needed must be entered in the upper right hand corner by the worker who originates the form.

Enter the identifying information for the case and participant.

The remainder of the form is completed when messages must be communicated between the eligibility staff and the employment services staff. The worker will check whichever block communicates the desired information, requests the desired information, or is applicable to the situation. If the worker needs to communicate information that is not listed on the form, check “Other” and enter the information.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
SNAP EMPLOYMENT AND TRAINING (SNAP E&T)

TO: _____ Agency _____
(Name)

_____ Date _____
(Address)

_____ Case Number _____
(City State & ZIP)

SNAP E&T NOTICE OF CASE CLOSURE

You are out of compliance with rules for SNAP E&T participation.

You did not participate as required in SNAP E&T. Because of this, your SNAP E&T participation will be terminated.

SNAP E&T WILL END BECAUSE:

☐ You did not keep your scheduled appointment on _____.

☐ You did not complete your assignment to _____.

☐ Other _____.

In order to avoid having your case closed, you must contact me by _____ to give me a good reason why you did not complete the activity checked above.

If we do not hear from you on or before _____, your SNAP E&T case will close effective _____

SNAP E&T Worker/Case Manager:_____

Telephone Number:_____

APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060
- Call me at the number listed on the front
- Call 1-800-552-3431

When to Appeal

- Within the next 90 days.
- Within 10 days of the date on this form to get the SNAP benefits continued.*

* Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Questions or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

SNAP E&T NOTICE OF CASE CLOSURE

FORM NUMBER - 032-02-0089

PURPOSE OF FORM -

This form informs households of the closure of the SNAP E&T case due to the failure to comply with SNAP E&T requirements. The form also establishes the time frame of five working days to establish good cause and notes the reason for being out of compliance.

USE OF FORM - The form must be sent to each participant after the participant fails to comply with SNAP E&T requirements.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original is sent to the participant
Copy is maintained in participant's case record

INSTRUCTIONS FOR PREPARATION OF FORM:

1. Complete the identifying case information and the name and address of the person who did not comply with SNAP E&T requirements.

2. Check the appropriate block indicating what the participant failed to do.

3. Enter the last day of the 5-working-day good cause time period in the two remaining blanks.

Example

> The SNAP E&T Worker sent a SNAP E&T Notice of Case Closure to a participant who was out of compliance on Thursday, March 3rd. The date by which the participant must contact the worker no later than March 10th.

4. Include the SNAP E&T worker/case manager's name and phone number.

/

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
EMPLOYMENT SERVICES PROGRAM

VIEW ☐ SNAP E&T ☐
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: _____
Email:

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.**
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) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 How many total hours per week can the individual participate in employment and training activities? (check one) ☐ 20 ☐ 25 ☐ 30 ☐ 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) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 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

MEDICAL EVALUATION

FORM NUMBER – 032-03-1040

PURPOSE OF FORM – To provide medical information concerning the mental/physical condition of a Temporary Assistance for Needy Families (TANF) and/or SNAP Employment and Training (SNAP E&T) applicant/recipient or a Virginia Initiative for Education and Work (VIEW) participant.

USE OF FORM – To be used by the local social services agency in securing medical information when a written statement is necessary to determine ability to participate in employment and training activities.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – Submitted to the examining or treating medical professional and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM – The information at the top of the form is completed by the eligibility/VIEW/SNAP E&T worker prior to submittal of the form to the examining or treating medical professional. The information requested in Items 1 through 10 is entered by the examining or treating medical professional. The medical doctor, physician's assistant, or nurse practitioner is to sign the form and also complete the identifying information in the appropriate spaces.

In the case of a single parent household, if the medical professional completing the form indicates in Compliance, item 9, that the patient's condition hinders his/her ability to care for the children, contact the agency's childcare and/or child welfare staff to determine if services are needed

Local Department of Social Services Client Referral Sheet

Full Name of Client: _____

Address: _____

City/County _____Zip Code: _____

Client Case #: _____ Time-Limited: _____yes _____no

Referred To: _____
(Name of Re-entry Services Coalition Member)

Services requested: _____

_____

Local Social Services Agency: _____

Person Referring: _____

Signature of Person Referring: _____Date:_____

Phone Number: (_____) _____-_____ FAX: (_____) _____-_____

Email Address: _____

Authorization to release information:
Confidentiality: Any information obtained by the Re-entry Services Coalition concerning recipients of social services shall be treated as confidential in accordance with relevant provisions of State and federal law.

Client Signature: _____Date_____

***Person Receiving Client: _____**

Signature of Staff Receiving Client: _____Date:_____

***Client Referred to One-Stop: ____yes ____no Date: _____**

*Local department of social service worker making referral must be notified via e-mail.

Local Department of Social Services Re-Entry Client Referral Sheet

FORM NUMBER - 032-03-0412

PURPOSE OF FORM – This form provides Re-Entry Services Coalition Members with a written request from the local department of social services to provide services to a SNAP E&T participant who is also an ex-offender.

USE OF FORM – The SNAP E&T worker must prepare the form to refer SNAP E&T participants who are ex-offenders to a Re-entry Services Coalition Member for necessary services.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM – The original form must be sent to the Re-entry Coalition Member for inclusion in the case file maintained at that organization. A copy of the completed form must be maintained in the SNAP E&T file.

First Report of Injury

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond Virginia 23220
1-877-664-2566

SEE INSTRUCTIONS ON REVERSE SIDE

www.vwc.state.va.us

Reason for filing: _____
VWC Jurisdiction Claim #: (If assigned) _____
Claim Administrator File#: _____

Employer

Employer's Legal Name	Federal Employer Identification Number (FEIN)
Employer's Mailing Address	
Name/FEIN of Entity on Policy	Nature of Business
Name and Address of Insurer or Self-Insurer for this Claim	Policy Number

Time and Place of Accident

Location where accident occurred	Date of injury	Hour of injury ☐ a.m. ☐ p.m.
Date injury or illness reported	If fatal, give date of death If fatal, give number of dependent children	If fatal, give marital status ☐ Single ☐ Divorced ☐ Married ☐ Widowed

Injured Worker

Name of Injured Worker	Phone Number	Injured Worker ID Number
Injured Worker's mailing address		Type of ID ☐ Social Security No. ☐ Employment Visa ☐ Green Card ☐ Passport No. ☐ Unknown
Occupation at time of injury or illness	Date of birth	Sex ☐ Male ☐ Female

Nature and Cause of Accident

Machine, tool, or object causing injury or illness
Describe fully how injury or illness occurred
Describe nature of injury, occupational disease, or illness, including body parts affected

Signatures

Submitter (name, signature, title)	Date	Phone number
Submitter's Address		

First Report of Injury

Filing Instructions

The Virginia Workers' Compensation Act requires that **ALL** injuries occurring in the course of employment be reported to the Commission pursuant to Va. Code §65.2-900.

Employer

The employer is responsible for accurately completing all sections of this form when an employee is injured. It should be typed or legibly printed, signed, and dated by the preparer. Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence. The claim administrator will report this information to the Commission. Contact your workers' compensation insurance provider for additional information.

Claim Administrator

Claim administrators who are EDI enabled will use the information contained on the paper form and submit electronic data to the Commission.

Claim administrators who are NOT EDI enabled must immediately file the completed form with the Commission. Please note: EDI is mandatory no later than June 30, 2009, after which time paper reports will no longer be accepted. Until you are in EDI production, mail the completed form to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. At the top of the form, use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criterion.* If none of the criteria apply, you must still report the accident, but may use either Form 45A or this form to do so. (Leave "reason for filing" blank in such a case.)

For questions or assistance in completing the form, please contact the Commission toll-free at 877-664-2566.

*Criteria for filing are: (1) lost time exceeds seven days; (2) medical expenses exceed $1,000.00; (3) compensability is denied; (4) issues are disputed; (5) accident resulted in death; (6) permanent disability or disfigurement may be involved; and (7) a specific request is made by the Virginia Workers' Compensation Commission.

PART XXVI SNAP QUALITY CONTROL

CHAPTER	SUBJECT	PAGES
A.	Overview	1
B.	Review Findings	1
C.	Local Procedures upon Receipt of QC Findings	1
	Responding to a QC Error or Variance Findings Report	1-2
	Time Frame for Responding	2
	Resolution of Disagreement	2

SNAP Quality Control

A. Overview

The Quality Control (QC) Unit is responsible for the state's implementation of the SNAP Quality Control process as required by the U.S. Department of Agriculture (USDA). Each month, a random sample of households is selected for review from households that are receiving SNAP benefits (referred to as active or positive cases) and households for which participation was denied, suspended or terminated (referred to as closed or negative cases).

Reviews are conducted on active cases to determine if households are eligible and receiving the correct amount of SNAP benefits. The determination of whether the household received the correct benefit amount is made by comparing the eligibility data gathered during the review against the amount authorized on the master issuance file. Reviews of negative cases are conducted to determine whether the agency's decision to deny, suspend, or terminate the household was correct, as of the review date.

B. Review Findings

Regional QC staff forward findings for each case review to local departments of social services. QC staff forward error and variance findings to local departments via email and correct or incomplete findings via pouch. QC also forwards error and variance findings to the SNAP Unit via email. The email notification includes:

1) A cover letter summarizing the QC findings, also known as the Notification of QC Finding. Listed is the QC contact name and phone number, detailed non-concurrence action items and instructions, and other pertinent information.

2) The QC Findings Report identifying the error and the specific circumstances of the case including case record information, QC findings, and QC conclusion. Additional information contained therein is the case name and number, sample month, active or negative case findings, procedural problems, and noted attachments.

3) The SNAP Corrective Action Report (SCAR) for each error and variance case requires completion by the local department. The SCAR tracks BPS experience, action(s) taken for case resolution, proposed preventative measures, and request for action from the state in agency error reduction activities.

Sample forms are available at https://fusion.dss.virginia.gov/bp/BP-Home/Performance-Improvement.

C. Local Procedures upon Receipt of QC Findings

Listed below are the steps for a local agency to file a concurrence or non-concurrence to QC findings.

Responding to a QC Error or Variance Findings Report:

- The local department must respond, as appropriate, as instructed in the Notification of QC Error Finding letter. The local department may note its concurrence or disagreement with an error finding on the SCAR. The local department must forward the completed SCAR via email to the QC Regional Supervisor, SNAP Regional Practice Consultant, and the SNAP Corrective Action Coordinator. Errors cited by QC are attributed to the local department where the case was active during the sample month. Errors cited by QC are final and cannot be adjusted or changed.

- Local departments may disagree with QC error finding if they determine QC failed to follow SNAP policy applicable for the sample month reviewed. Local departments must document their disagreement on the SCAR. The completed SCAR must include documentation, written evidence or policy justification to support the disagreement with QC error findings.

Time Frame for Responding:

- The local department has ten (10) days from the email notification sent date to email the completed SCAR form disagreeing with the QC error finding. The local department must submit the SCAR to the QC Regional Supervisor, SNAP Regional Practice Consultant, and the SNAP Corrective Action Coordinator by the close of business on the tenth (10th) day.

- Failure to respond appropriately within the timeframe will default to concurrence with the error finding.

Resolution of a Disagreement:

The SNAP Error Committee will review the SCAR submitted by the local department along with any rebuttal evidence and supporting case documentation upon receipt. The SNAP Error Committee consists of the SNAP Corrective Action Coordinator, the QC Supervisor, Benefit Programs Training staff and other designated staff as needed. The SNAP Error Committee will provide a formal decision within 30 days.