

RIGHTS AND RESPONSIBILITIES OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS

YOUR RIGHTS

- You have the right to file an application during working hours on the same day you contact the office. You may file your application as long as it contains your name, address and the signature of a responsible adult household member or authorized representative.
- You have the right to a telephone interview if you are unable to come to the office for the interview with your caseworker due to age, transportation difficulties, illness, or other hardship as determined by the agency.
- You have the right to request a conference and/or fair hearing, orally or in writing, when you disagree with any decision on your application or case. You have the right to confer with legal counsel about any decision on your application or case.
- You have the right to receive written notice about any decision on your application or case, and back benefits when an agency benefit error occurs on your case.
- You have the right to request free language assistance for persons with Limited English Proficiency and/or auxiliary aids/services or other reasonable modifications for persons with disabilities.

YOUR RESPONSIBILITIES

- You have the responsibility to provide accurate and complete information on your application and to your worker.
- You have the responsibility to cooperate fully with State and Federal personnel in a Quality Control review of your case.
- You have the responsibility not to sell, trade or give away your SNAP Electronic Benefit Transfer (EBT) card, and not to use your benefits to pay credit accounts or private debts or bills.
- You have the responsibility to comply with any work requirements as explained by your worker.
- You have the responsibility to provide Social Security numbers (SSN) for each person for whom assistance is requested.
- You have the responsibility to report and verify allowable household expenses (shelter, utilities, child care, child support payments, medical, if applicable) in order to receive a deduction for the corresponding expense.
- Reporting changes: You must report the following changes within 10 days of the date you become aware of the change: changes of more than \$125 in the amount of gross earned or unearned income; a change in the source of income; changes in household composition; a change in residence and any resulting shelter

cost changes; changes in the legal obligation to pay child support; a change in liquid resources, such as cash, stocks, bonds, and bank accounts. ABAWD household members must report when their work hours fall below 20 hours per week or an average of 80 hours monthly.

Note: If a household member receives lottery or gambling winnings equal or greater than \$4,500, the household is ineligible to receive SNAP. Ineligibility continues as long as the household's resources exceed the resource limit.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ITEMS TO BRING IN FOR YOUR INTERVIEW

To determine your eligibility for SNAP benefits, the application form must be completed and signed, your household or your authorized representative must be interviewed and certain information on the application must be verified. It is our responsibility to help you in obtaining the required verification as long as you cooperate with us in this process. The agency will waive the face-to-face interview in favor of a telephone interview on a case-to-case basis due to household hardship.

When you come for your application interview, please try to bring with you the items below which apply to your situation and may be necessary for your application:

1. SOCIAL SECURITY NUMBERS

Social Security numbers for household members who are included in the application or proof of application for a number.

2. INCOME VERIFICATION

- a. Pay stubs, pay envelopes or earnings statement for the last 30 days from the employer of each household member with earnings.
- b. If you are self-employed, most recent Federal income tax returns, bookkeeping records or sales and expenditure records.
- c. Award letters for Social Security, SSI, Worker's or Unemployment Compensation, Retirement, Veteran or Disability benefit or Pension, etc.
- d. Proof of support and/or alimony payments (unless this is received through the agency).
- e. Proof of income from rental property.
- f. Proof of payment from government sponsored programs and any other income.

3. RESOURCE VERIFICATION

Verification may include most recent bank statements or account books to verify checking/savings account balance, proof of certificate of deposit, stocks, bonds, etc., deed and tax receipt(s) of property. Resources belonging to persons receiving TANF or SSI are not counted.

4. EXPENSE VERIFICATION

- a. Statement from your child care provider or baby-sitter with their home address, phone number and the amount and how often you pay for child care.
- b. Proof of medical expenses (for household members who are disabled or age 60 or older) billed after Medicaid, Medicare or insurance has paid. This includes drug, doctor, or hospital bills, insurance payments, etc.

- c. Proof of rent or mortgage, house insurance, taxes, and utility expenses, including heating, cooling, and telephone.

5. **OTHER INFORMATION**

- a. Proof of residency (rent or mortgage receipt, utility bill, etc.).
- b. Proof of identity (driver's license, birth certificate, work or school I.D., etc.).
- c. U.S. Citizenship and Immigration Service (USCIS) card or document, if you are not a U.S. citizen and are included in this application.
- d. Notice from out-of-state agency if you have previously received assistance in another state.

SNAP Household size and 130% poverty level income:

1	2	3	4	5	6	7	8	9	10
\$1696	\$2292	\$2888	\$3483	\$4079	\$4675	\$5271	\$5867	\$6463	\$7059

Note: If there are more than ten (10) household members, add \$596 for each one. **Gross Income** is the amount before taxes and deductions are taken out. Remember to add all income - wages, child support, social security, SSI, unemployment, etc. to compare to the amount on the chart above.

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 (833) 620-1071, 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.