



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

August 12, 2022

Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal #32

This transmittal contains annual updates to elements used to determine eligibility and benefit amounts for the Supplemental Nutrition Assistance Program (SNAP). The purpose of SNAP E&T was updated as well as the list of participating SNAP E&T agencies.

The provisions of this transmittal are effective October 1, 2022 for all SNAP applications filed or actions taken on cases on or after October 1, 2022.

The certification manual and this transmittal are available at <https://www.dss.virginia.gov/benefit/snap/manual.cgi>

Changes are noted for the following sections:

Chapter	Significant Changes
Abbreviations/ Acronyms	SNAP Employment and Training (SNAP E&T) and Broad Based Categorical Eligibility (BBCE) was added to the list of Abbreviations/Acronyms.
Definitions	The resource limit was updated to reflect \$4,250 for disabled individuals.
Part II Table of Contents	The Table of Contents was updated to include Appendix III for the Elderly Simplified Application Project (ESAP).
Pages 15-16	The receipt of lottery and gambling winnings was updated to reflect \$4,250.
Pages 19-20	The minimum allotment was updated to reflect \$23.

Chapter	Significant Changes
Part II Appendix II	The VaCAP benefit amounts changed. The low benefit increased from \$76 to \$87 and the high benefit increased from \$151 to \$157
Part VI Pages 3-6	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.
Part VII Appendix I Pages 1-2	The Social Security credit figures were added for year of 2022.
Part VIII Pages 1-4	The number of SNAP E&T agencies was updated from 22 to 39. The “SNAPET” acronym was updated to SNAP E&T.
Part IX Pages 1-2	The resource limit for households with at least one elderly (age 60 or older) or disabled member increased from \$3,750 to \$4,250. The resource limit for all other households increased from \$2,500 to \$2750. The requirement to report the receipt of lottery and gambling winnings for a single game also increased to \$4,250.
Part X Pages 1-9	The amounts for the standard deductions changed. The minimum standard deduction for household sizes 1 through 4 increased to \$193. The amounts for household sizes 5 and 6 also increased. The maximum shelter deduction was changed from \$597 to \$624. The utility standard amounts were increased. The amount for households with one to three members is \$374 and \$473 for households with four or more members. The previous amounts were \$322 and \$402, respectively. The telephone standard was decreased from \$61 to \$52. The homeless shelter allowance increased from \$159.73 to \$166.81. For allowable medical expenses, policy was clarified to state that emotional support animals are not an allowable expense.

Chapter	Significant Changes
Part XI Pages 1-2	The gross and net income limits were increased.
Part XII Pages 5-6	The allowable meal costs for daycare providers increased. The amounts are \$1.56 for breakfast, \$2.94 for lunch/supper, and \$.87 for snacks.
Part XIII Pages 9-10	Reference to the minimum allotment was updated to reflect \$23.
Part XIV Pages 1-2	The income and resource limits for reporting changes were revised.
Part XX Pages 1-2	The links to the Disaster SNAP (DSNAP) User Guide was updated.
Pages 17-18 Part XXIII Entire Chapter	The DSNAP income limits and allotments were updated. The allotment tables were revised.
Part XXIV Pages i-ii	The Table of Contents was revised.
Pages 54-56	The Change Report form was revised to reflect the increased income amounts.
Part XXV Entire Chapter	The entire chapter was updated with the exception of Appendix II to change the acronym from SNAPET to SNAP E&T. The requirement to mail a stamped envelope with the pre-assessment form was removed. The Worker's Compensation section was updated with a new provided determination process. The language pertaining to case narratives was updated to reflect documentation with the Virginia Case Management System (VaCMS).

Chapter	Significant Changes
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Part XXV Appendix I	The list of Virginia SNAP E&T agencies was updated.
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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

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
CSR	Customer Service Representative
DCSE	Division of Child Support Enforcement
DMV	Department of Motor Vehicles
DRS	Disqualified Recipient Subsystem
DSNAP	Disaster Supplemental Nutrition Assistance Program
EBT	Electronic Benefits Transfer
ESAP	Elderly Simplified Application Project
EW	Eligibility Worker
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
SNAPET	SNAP Employment and Training 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
USDA	United States Department of Agriculture

ABBREVIATIONS/ACRONYMS

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
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 whether or not the member committed an Intentional Program Violation (IPV).

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

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

- Determination of group home eligibility;
- Allowance of medical expenses;
- Allowance of unlimited shelter expenses
- Use of net-only income limits in determining income eligibility;
- Evaluation of conditionally-eligible immigrants;
- Allowance of the **\$4,250** 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;

PART II APPLICATION/PROCESSING

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

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

- 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 Definition 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 **\$4,250** 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 EW must verify that the household that is categorically eligible:

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

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

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

- b. Households in which all members receive TANF, SSI, or GR – Unattached Child income or at least one member receives a TANF-funded service will not be categorically eligible if:
1. Any member who would normally participate with the household has been disqualified for an intentional program violation;
 2. The head of household failed to comply with work registration or employment and training requirements;
 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

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. Any one- or two-person household is 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. Any household of four or more will receive benefits if its net income entitles it 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.

THE 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.

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

Normally, everyone who lives together and who purchases and prepares meals together must be a household for SNAP purposes. However, separate household status may be allowed for a person who is 60 years of age or older and who has a permanent disability, as recognized under the Social Security Act, or one who has a non-disease-related, severe, permanent disability. Separate household status will also be allowed for the spouse of an elderly, disabled individual and children under the age of 18 for whom parental control is exercised. The gross income of the remaining household members may not exceed 165% of the Federal Poverty Income Guidelines, as listed below:

<u>Household Size</u>	<u>165% Limit</u>	<u>Household Size</u>	<u>165% Limit</u>
1	\$1,869	6	\$5,114
2	2,518	7	5,763
3	3,167	8	6,412
4	3,816	each additional	
5	4,465	member	+\$649

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

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

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

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

5. Residing Together Determinations

In some situations, it may become difficult to determine separate household status for people who live together in the same house. Consider factors, such as, but not limited to the following, to determine separate household status:

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

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

Examples

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

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

6. Household Membership of Those Frequently Away From Home

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

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

Example

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

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

B. **BOARDERS (7 CFR 273.1(c))**

1. Those Eligible to Participate

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

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

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

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

2. Making Boarder Determinations

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

- a. The spouse of a member of the household.
- b. Children under 18 years of age under parental control of a member of the household.
- c. Children under 22 years of age living with their natural, step- or adoptive parents as long as parental rights have not been terminated or severed through divorce.
- d. Persons paying less than a reasonable monthly payment for meals.
 - 1) An individual furnished both meals and lodging but paying less compensation than a reasonable amount, will be considered a member of the household that provides the meals and lodging.

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

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

Number of boarders being considered as a separate household	Minimum monthly payment required This is two-thirds of the maximum benefit amount, rounded down to the nearest whole dollar amount, for each household size indicated.
1	\$187
2	344
3	493
4	626
5	744
6	892
7	986
8	1,127

- 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	\$ 281
2	516
3	740
4	939
5	1,116
6	1,339
7	1,480
8	1,691

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

Example

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

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

SSA Quarters of Coverage Verification Procedures for Legal Immigrants

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

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

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

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

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

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

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

Information received through SVES will not report earnings for the current year and possibly not the last year's earnings. The household must provide verification of earnings through pay stubs, W-2 forms, tax records, employer records, or other documents, if the quarters of this period are needed to qualify for assistance.

If the household believes the information from SSA is inaccurate or incomplete, beyond the current two-year lag period, advise the household to provide verification to the SSA to correct the inaccurate income records.

In evaluating the verification received directly from the household or through SVES, the EW must exclude any quarter, beginning January 1997 in which the person who earned the quarter received TANF, SSI, Medicaid or SNAP benefits. This evaluation also includes benefits from the Nutritional Assistance Program from Puerto Rico, the Northern Mariana Islands, or American Samoa.

Establishing Quarters

The term “quarter” means the 3-calendar-month period that ends with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called “quarters of coverage”) are earned by working at a job or as a self-employed individual. A maximum of 4 credits can be earned each year.

Credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	2000	\$780	\$3120
1979	\$260	\$1040	2001	\$830	\$3320
1980	\$290	\$1160	2002	\$870	\$3480
1981	\$310	\$1240	2003	\$890	\$3560
1982	\$340	\$1360	2004	\$900	\$3600
1983	\$370	\$1480	2005	\$920	\$3680
1984	\$390	\$1560	2006	\$970	\$3880
1985	\$410	\$1640	2007	\$1000	\$4000
1986	\$440	\$1760	2008	\$1050	\$4200
1987	\$460	\$1840	2009	\$1090	\$4360
1988	\$470	\$1880	2011	\$1120	\$4480
1989	\$500	\$2000	2012	\$1130	\$4520
1990	\$520	\$2080	2013	\$1160	\$4640
1991	\$540	\$2160	2014	\$1200	\$4800
1992	\$570	\$2280	2015	\$1220	\$4880
1993	\$590	\$2360	2016	\$1260	\$5040
1994	\$620	\$2480	2017	\$1300	\$5200
1995	\$630	\$2520	2018	\$1320	\$5280
1996	\$640	\$2560	2019	\$1360	\$5440
1997	\$670	\$2680	2020	\$1410	\$5640
1998	\$700	\$2800	2021	\$1470	\$5880
1999	\$740	\$2960	2022	\$1510	\$6040

If a quarter for the current year is included in the computation, use the current year amount as the divisor to determine the number of quarters available.

For quarters earned before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual’s net earnings from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

A. WORK REGISTRATION AND SNAP EMPLOYMENT AND TRAINING

The EW must evaluate and record each household member's work registration status based on the exemption criteria in Part VIII.A.1. The information must be reviewed and updated as needed at recertification.

The EW must explain to the applicant the work registration requirements and the consequences of a mandatory registrant voluntarily quitting a job or reducing work hours without good cause. The EW should encourage participation in SNAP Employment and Training (SNAP E&T), if applicable.

Work registration status information in VaCMS is used to register participants for the SNAP E&T component. SNAP E&T is operated through **39** local social services departments. Participation in SNAP E&T is voluntary.

1. Exemption from Work Registration

The following persons are exempt from the work registration requirement:

- a. Any household member who is younger than 16 years of age or who is 60 years of age or older.
- b. Any household member 16 or 17 years of age who is not the head of the household as defined in Part VI.D.
- c. Employment services program participants. This exemption applies to TANF recipients who participate in the Virginia Initiative for Employment not Welfare (VIEW) or refugee services programs.
- d. A parent/caretaker of a child under 6. Accept the client's statement unless the information given is questionable. The registration requirement must be fulfilled at the next scheduled recertification following the child's 6th birthday, unless otherwise exempt.

In two-parent situations, only one parent may receive the exemption for the children. If more than one family unit exists in the SNAP household, only one adult per family unit may receive the exemption.

When persons who are not siblings are present in the SNAP household, the EW must determine, through client statement, which adults in the home exert parental control over which children for purposes of determining the exemption.

Examples

- 1) A household consists of a married couple and their 4-year old son. Mr. X is disabled and receiving SSI. He is exempt based on his disability. Mrs. X is exempt on the basis of the child under 6.
- 2) A household consists of a married couple and two children, ages 2 and 4. Either parent is exempt on the basis of the children under 6. The other parent must be registered for work if no other exemption exists.
- 3) A household consists of two adult sisters, each of whom has a child under 6. Each sister is exempt

- e. An attendant for an incapacitated person. The incapacitated person is not required to be a SNAP household member. Accept the client's statement unless the information given is questionable.
- f. Applicants for and recipients of unemployment benefits in Virginia. Since persons who apply for unemployment benefits in Virginia (for Virginia benefits) are automatically registered for work for SNAP purposes, no additional registration is necessary except for persons who are on strike. Persons on strike who have applied for, but are not receiving unemployment benefits, are not registered for work by the Virginia Employment Commission (VEC) and, therefore, do not meet this exemption.

If the exemption claimed is questionable, the EW must verify the information with the appropriate VEC Office. Persons who have applied for unemployment benefits in another state and are not yet receiving the benefit however, are not automatically exempt from work registration. The EW must contact the other state to determine if registration for work occurred when the application for unemployment benefits was filed. Persons who have filed an interstate claim in Virginia against the state they have recently left are exempt.

- g. Participants in a drug or alcoholic treatment and rehabilitation program. Accept the client's statement unless the information given is questionable.
- h. Persons employed for cash wages, in any amount, or self-employed and working a minimum of 30 hours per week. This includes migrant and seasonal farm workers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days. In determining whether an applicant is working a minimum of 30 hours per week, fluctuating work hours may be averaged. Since this exemption is tied to a weekly figure, the period for averaging should also be tied to a weekly figure. The number of weeks to be averaged cannot exceed either the length of the certification period or the twelve-month work registration period. The average may be based on any number of weeks less than either of these two periods which will allow a reasonable approximation of the number of hours worked per week. Accept the client's statement unless the information given is questionable.
- i. Persons working less than 30 hours per week, but earning at least the equivalent of the federal minimum wage multiplied by 30 hours.
- j. Persons who are obviously physically or mentally incapacitated 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. 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 or claiming to be unfit for employment must substantiate such disability by a medical statement from a licensed medical

provider or licensed or certified psychologist or social worker or by approval for or receipt of benefits upon verification of same, such as an insurance company.

- k. A student, enrolled at least half-time in an institution of higher education, who meets the special eligibility criteria of Part VII.E.
- l. Other persons enrolled, at least half-time in any recognized school or training program, including summer school.

NOTE: Placement in a school or training program by the SNAP E&T will not exempt a person from work registration.

2. Frequency of Registration for Work

The EW must register all household members who are not exempted from the work registration requirements at the time of application or reapplication, and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification.

If a household member who is subject to the time-limited benefits of Part XV loses the exemption status within the certification period because of a change in the number of work hours, the EW must register that household member when the change is reported. The EW must explore with the household whether an exemption to the work registration requirements exists.

Household members who lose their exemptions due to a change in circumstances that is not subject to the reporting requirements of Part XIV.A must register for work at the household's next recertification.

3. Method of Registration for Work

Work registration must be identified at:

- a. Initial Application and Reapplication. Registration information will be forwarded to the SNAP E&T worker.
- b. Every twelve months thereafter -
- c. Changes in Work Registration Information - The EW must record changes to the work registration status within 10 days from the date the change becomes known to the EW. Changes include noting that an individual is no longer required to be registered.

The EW must notify the SNAP E&T Worker, through the ESP Communication Form, when there are changes in household or individual circumstances that affect registration or compliance with SNAP E&T requests, such as conversion of the SNAP case to transitional benefits.

- d. Recertification - At each recertification, the EW must evaluate each household member to determine the work registration status of each member.

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

Individuals who quit a job of 30 hours or more per week or who reduce the work effort so that less than 30 hours per week remain after the reduction are not eligible for SNAP benefits unless the person is exempted from work registration requirements, as outlined in Part VIII.A.1 or unless good cause exists for the quit or reduction. If the person is the head of the household, as defined in Part VI.D, the entire household is ineligible for SNAP benefits. The length of time the individual or household is ineligible will be determined by the number of previous violations for this Part that have been incurred by the individual. The disqualification periods are listed in Part VIII.C.

At application, the local agency must explain the consequences of a household member quitting a job or reducing the number of hours worked without good cause and the consequences of a person joining the household as its head if that individual has voluntarily quit a job or reduced the hours worked. The agency must assess whether voluntary quit or work reduction applies at application. While households are not required to report job losses or reduction of work hours during the certification period, as per Part XIV.A, the agency must evaluate voluntary quit or work reduction when it is discovered. If good cause does not exist, the household or individual is disqualified from receiving future benefits, as allowed in this chapter.

The *SNAP Sanction Notice for Noncompliance with a Work Requirement* must be sent to provide information when a case is negatively affected when one voluntarily quits a job or reduced the hours worked without good cause.

1. Exemptions from Voluntary Quit and Work Reduction Provisions

Most persons who are exempt from the work registration provisions in Part VIII.A.1 at the time of the quit or work reduction will be exempt from the voluntary quit and work reduction provisions. Voluntary quit and work reduction provisions will apply to TANF recipients **and refugees** who are exempted from the work registration provisions because of their employment services registration and persons who are exempted because of employment (Part VIII.A.1.(c and h)),.

For applicants, if the quit or work reduction occurred before the date of application, evaluate work registration on the date of application to determine whether the household is exempt from voluntary quit or work reduction provisions. If the quit or work reduction occurred after the date of application, but before the case was processed, evaluate work registration status on the day of the quit or work reduction to determine whether the household is exempt from voluntary quit or work reduction provisions.

For participating households, evaluate the household member's work registration status on the day of the quit or work reduction to determine whether the household is exempt from voluntary quit or work reduction provisions.

10/22

VOLUME V, PART IX, PAGE 1

A. RESOURCES (7 CFR 273.8)

Only liquid assets will count in determining the eligibility of households except for determining the net worth of incorporated businesses. Households must report all countable resources held by its members at the time of application and any the members expect to receive during the certification period. The eligibility worker must document the assets in sufficient detail. The household's available resources at the time of the interview will determine whether or not the assets are below the maximum allowable resource limit.

B. RESOURCE LIMITS

The household's total nonexempt resources may not exceed:

- **\$4,250** if the household has at least one member who is 60 years of age or older or a member who is disabled, as defined in Definitions.
- **\$2,750** 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 **\$4,250** 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 they intended a different ownership arrangement, that ownership arrangement prevails over the above presumption.

Example

A household member's name is listed on her elderly mother's savings account. Both the household member and her mother sign statements that the daughter has not contributed any money to the account. The account is not a resource to the client.

If parties married to each other are divorced by final decree, ownership of a joint account is proportional to their net contributions unless the divorce decree specifies otherwise.

- 2. That portion of the liquid resources of an alien's sponsor and the sponsor's spouse (if living with the sponsor) deemed to be those of the alien according to procedures established in Part XII.C.2.
- 3. Business resources of self-employment arrangements. The 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.

A. INCOME DEDUCTIONS (7 CFR 273.9(d))

Financial eligibility of a household is based on gross or net income, as described in Part XI.A. Benefit level is based on net income, which is defined as the total of all countable income, both earned and unearned, after appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Low-Income Home Energy Assistance Program (LIHEAP) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. LIHEAP participants (Virginia Energy Assistance Program) may have actual utility expenses considered or may have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but, utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income. The worker must assess each potential deduction and use the allowable standard amounts unless the household elects to use actual amounts or is not entitled to use the standard. The worker must also assess who has responsibility to pay expenses and whose income is used to pay in order to determine if the full expense or a prorated amount is used. If an eligible household member is responsible for an expense or pays an expense, the household is entitled to the full expense. If a disqualified household member is responsible for an expense or pays an expense, the expense may be subject to proration as allowed by Part 12.E.

1. Standard Deduction (7 CFR 273.9(d)(1))

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-3 members	\$193
4 members	\$193
5 members	\$225
6 or more members	\$258

2. Earned Income Deduction (7 CFR 273.9(d)(2))

Each household with countable earned income may have an earned income deduction. Twenty (20) percent of the countable gross earnings will be deducted.

The earned income deduction is not allowed when determining the amount over issued if the basis for the claim is because the household failed to report earned income timely.

3. Dependent Care Expense (7 CFR 273.9(d)(4))

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

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

See Part III.A for verification requirements of dependent care expenses. Verification is needed only if the household's declaration is questionable. Acceptable forms of verification include a signed statement from the provider, receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter is allowable after all other deductions have been determined. The worker must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction, up to **\$624** 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 **\$624** except for households that contain a member who is 60 years of age or older or who is disabled, as defined in Definitions. Households with an elderly or disabled member may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the adjusted net income.

In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments are made on a household's behalf, except as noted in item e. See Parts XI.F.3 and XIII.B for a discussion of vendor payments. Note the special provisions in section 7 for assessing shelter costs for homeless households.

- a. Rent, mortgage, loan payments, or other continuing charges that lead to ownership of a home, mobile home, or other type of shelter, are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.

- d. Repair costs that result from a fire or flood or a similar disaster are allowable, provided the household will not receive reimbursement or assistance from some other source such as insurance or private or public relief agencies. The disaster does not have to be a presidential declaration but can be a personal disaster, such as a fire damaging only one home.
- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if LIHEAP covers the costs by a vendor payment.

In some situations, the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives LIHEAP benefits at the current residence.

Number of Persons	Utility Standard
1 - 3	\$374
4 or more	\$473

Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, regardless of whether each unit is applying for or receiving SNAP benefits. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to receive SNAP benefits.

Example

A three-person SNAP unit lives in a house with another person. The SNAP unit and the other person each pay half of the heating costs. The SNAP unit's standard utility allowance is \$236.50, i.e. \$473 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 \$236.50 as its utility costs, or may use its actual utility expenses.

Only those households that receive LIHEAP payments for its current residence or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The SNAP household pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The SNAP household is not entitled to the utility standard since there is no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A SNAP household cuts its own wood. This wood is free, but the household incurs expenses for gas and oil for the chain saw. The household may not use the utility standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.

If a household incurs a utility expense, such as electricity or gas, that includes heating or cooling along with other uses, e.g., cooking or lights, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives LIHEAP payments. Actual costs of utilities incurred by households that are not entitled to the utility standard are allowable expenses.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge, may not claim the utility standard unless they receive LIHEAP payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a LIHEAP payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

Examples

- 1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.
- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

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 until recertification once the verification is provided.

- f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for 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 agency must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

Example

Two SNAP units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

- g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.
- h. One-time deposits for utilities, telephones, housing, etc., will not count as shelter costs.
- i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home 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 as long as 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 actually begins paying the expense as verified through SOLQ-I or SVES.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal. **This excludes costs for emotional support animals.**
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aide, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the expense may be allowed as a medical expense or a dependent care expense, but not both.
- 11) Telephone fees for amplifiers and warning signals for disabled persons and costs of typewriter equipment for the hearing impaired. (These costs may not be entered as shelter costs.)

The expenses listed above are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

b. Disallowed Expenses:

Only those costs listed above will be considered as a medical expense. Any portion of the cost that is reimbursable by insurance policies or covered by Medicaid will not be given as a deduction until the household verifies the portion of the cost that is its responsibility.

Example

A household consists of one member who is 64 years old. An allowable medical expense of \$200 is incurred monthly. Insurance policies reimburse the household \$100 a month for the expense. Disallowing the first \$35 a month, the monthly medical deduction for this expense is \$65 if the household elects to use actual amounts instead of the medical standard deduction.

6. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is **\$166.81** 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 be eligible for the shelter allowance.

Accept the household's declaration of expenses unless the declaration is questionable. If the EW determines that verification is needed but the household has difficulty in obtaining traditional types of verification of shelter costs, the EW must use prudent judgement in determining if verification is adequate.

Example

A homeless individual claims to have incurred shelter costs for several nights at a hotel. The costs reported are reasonable. The EW may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction (Part X.A.4) in which case, the household may or may not receive an actual deduction.

B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the local department of social services must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the unverified expenses being claimed. If the expense cannot be verified within 30 days of the date of application, the local department must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification of its questionable shelter expenses by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty-day processing standard because the local department failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, on the 30th day from the date that the initial application or reapplication was filed, the worker must send the household the Notice of Action to extend the pending status of the case. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See Part II.G.2.). If the lack of verification is the fault of the 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.

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	\$2,265	\$1,473	\$1,133
2	\$3,052	\$1,984	\$1,526
3	\$3,839	\$2,495	\$1,920
4	\$4,625	\$3,007	\$2,313
5	\$5,412	\$3,518	\$2,706
6	\$6,199	\$4,029	\$3,100
7	\$6,985	\$4,541	\$3,493
8	\$7,772	\$5,052	\$3,886
Each additional member	+\$787	+\$512	+\$394

Net income determines the amount of SNAP benefits all eligible households will receive. While categorically eligible households, excluding broad-based categorical eligibility, as defined in Part II.G.3, do not have to meet either the gross or net income eligibility standards, the net income limit will determine entitlement to an allotment even for these households.

B. COUNTABLE INCOME

Countable income is all household income, earned and unearned, from whatever source, excluding only that income specified in Part XI.F.

Income received by one person for another person or for multiple beneficiaries is considered the income of the person receiving it, unless the provisions of Part XI.G (earned income of several members combined into one payment) apply. Evaluate any income exclusions, such as third party fund exclusion, according to Part XI.F.

When verification of income is required, the local department of social services must verify gross amounts and the rate and frequency (i.e., weekly, semi-monthly, etc.) of the income received. For income received more often than monthly, verify the payment cycle, i.e., the day the income is received.

07/21

VOLUME V, PART XI, PAGE 2

C. EARNED INCOME (7 CFR 273.9(b)(1))

Earned income includes:

1. Wages and Salaries

All wages and salaries for services performed as an employee. This includes wages held by an employer at the employee's request and advances on wages, as discussed in Part XII.G. Gross wages are considered regardless of the amount and nature of deductions, unless any portion of the gross pay is excludable under Part XI.F or, if the gross amount reflects credit for employee benefits. In situations where benefits are reflected as credits and where the employee cannot elect to receive a cash payment, the amounts shown on the pay stub will not count as income. If an employee elects to have money withheld from the earnings to pay for employee benefits, that money must be counted as income.

Consider vacation pay as earned income if the employer still considers an individual as an employee. Consider sick pay as earned income if the payment to the employee is made directly from the employer or through the employer from insurance obtained by the employer. Consider sick pay as unearned income if the payment is made directly from an insurance company to the employee.

If an individual has terminated employment, consider severance pay and accumulated vacation and sick pay as earned income if the individual receives more than one installment. Severance and accumulated pay will be a lump sum resource if the individual receives only one payment. Laid-off employees are terminated employees for the purposes of this policy. If a laid-off employee opts not to withdraw vacation and/or sick pay, the value of such funds counts an available resource.

Consider bonus pay as earned income.

2. Self-Employment Income

The gross income from a self-employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business. (See Part XII.A.) For self-employed households, the eligibility worker must exclude the cost of doing business to determine the countable income.

Ownership of rental property is a self-employment enterprise; however, income derived from the rental property counts as earned income only if a household member actively manages the property for a minimum of 20 hours a week.

Payments from roomers and boarders count as earned self-employment income.

3. Training Allowances

Training allowances from vocational and rehabilitative programs recognized by federal, state or local governments when they do not constitute a reimbursement. (See Part XI.F.) These include, but are not limited to, vocational rehabilitation incentive payments.

- 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 - **\$1.56** per meal; Lunch or Supper - **\$2.94** per meal;
Snacks - **\$.87** per meal.

Money paid to day care providers under Section 12 of the School Lunch Act to serve meals to children, other than their own, is countable. Allowable business costs, as described above, are given.

8. Net Loss from Farm or Fishing Operations (7 CFR 273.11(a)(2)(iii))

Self-employed farmers, as defined in Part XII.A.1.b, and self-employed fishermen may have a net loss once allowable costs of doing business are deducted from gross farm income. If the farmer or fisherman receives annual gross proceeds of \$1,000 or more from the farming or fishing enterprise, any net loss amount must be prorated over the year in the same manner used to prorate the farm or fishing income. Losses from farm or fishing self-

employment enterprises are offset in two phases. The first phase is offsetting against non-farm or fishing self-employment income. The second phase is offsetting against the total of earned and unearned income. The gross income eligibility standard is applied after offsetting. The earned income deduction is based on wages and salaries, and any income from self-employment remaining after the first phase of offsetting.

9. Depreciation

Depreciation is not allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise.

B. BOARDERS (7 CFR 273.11(b))

The income of households owning and operating a commercial boarding house is handled as self-employment income under Part XII.A.2 and 3. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. In localities without licensing requirements, a boarding house is a commercial establishment that offers meals and lodging for compensation with the intent of making a profit. The number of boarders residing in a boarding house is not used to determine if a boarding house is a commercial enterprise.

For all other households containing boarders, the income from the boarders must be calculated following the procedures in this chapter. See Part VI.B. to determine boarder status.

1. Income from the Boarder

The income from boarders must include all direct payments to the household for room and meals, including payments to the household for part of the shelter expenses. Shelter expenses paid by boarders directly to someone outside the household (such as a landlord or utility company) are not counted as income to the household.

2. Cost of Doing Business

To determine the net amount of countable income from a boarder the EW must deduct the cost of doing business from the gross monthly income figure.

The cost of doing business is equal to one of the following:

- a. The maximum SNAP benefit amount for the number of boarders If the boarders are provided more than two meals per day; or,
- b. Two-thirds of the maximum SNAP benefit amount for the number of boarders If the boarders are provided two meals or less per day; or,
- c. The actual documented costs for providing room and meals, if they are higher than the appropriate SNAP benefit amount.

must pass gross income eligibility limits listed in Part XI.A. For elderly, disabled and categorically eligible households and for all other households that pass gross income prescreening, continue the calculation in order to apply appropriate deductions to the case.

- Step 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 worker must round the product down if it ends in \$.01 through \$.99. If this computation results in a benefit amount of less than \$10, then no issuance will be made for the initial month however, this month will count as the first month of the certification period. This policy applies to all eligible households, including one- and two-person households who otherwise would be entitled to a minimum allotment of **\$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 takes action needed to process the application.

Example

A household applies on July 15. The household fails to submit verifications or to take actions until August 20, 36 days after the application date. The household caused the processing delay so benefits must be prorated from August 20.

- d. The first month in which a household files an application for benefits following the end of the last certification period.

A. CHANGES DURING THE CERTIFICATION PERIOD

When changes occur within the certification period that affect the household's eligibility or the amount of the benefit allotment, the agency must act to adjust the household's benefit level. The responsibility for changes lies with both the recipient household and the local department of social services. The household must report certain changes in income and household status; the local department of social services must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Households certified for seven months or longer must file an Interim Report about their circumstances during the certification period except households certified through the VaCAP or ESAP component.

1. Changes that Must Be Reported

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

a. Certification periods - one to four months

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

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

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

b. Certification periods – five months or longer

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

- Receipt of lottery or gambling winnings of **\$4,250** or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week; and
- The total income exceeds the gross income limit based on household size as established as of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

Household Size	Income Limits			
	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-monthly Amount
1	\$ 2,265	\$ 526.74	\$1,053.48	\$ 1,132.50
2	3,052	709.76	1,419.53	1,526.00
3	3,839	892.79	1,785.58	1,919.50
4	4,625	1,075.58	2,151.16	2,312.50
5	5,412	1,258.60	2,517.20	2,706.00
6	6,199	1,441.62	2,883.25	3,099.50
7	6,985	1,624.41	3,248.83	3,492.50
8	7,772	1,807.44	3,614.88	3,886.00
Additional members	+787	+183.02	+366.04	+393.50

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

2. Time Required and Methods for Reporting Changes

Households must report required changes listed above within 10 calendar days from the date the change occurs or, at the latest, 10 days into the next month after the month the change occurs.

Households may report changes using the Change Report form, by telephone, by personal contact, by mail, or electronically. The household may also report a change of its circumstances with the filing of the Interim Report. A household member, an authorized representative, or any person having knowledge of the household's circumstances may report the change to any staff member of the local department of social services. When the household reports the change by mail, the report will be timely as long as the postmark of the letter is within the required 10-day period regardless of when the local department of social services receives the information.

During the interview, the worker must advise applicants:

- the responsibility to report changes;
- when changes needed to be reported;
- how to report changes;
- the changes that need to be reported; and
- the telephone number of the local office and, if necessary, a toll-free number or a number for accepting collect calls from households outside the local calling area.

The local department of social services must provide the Change Report form to each household at initial application, reapplication, and when the household size changes. Additionally, the local department of social services must provide the form at recertification, if the household needs another form, whenever the household returns a form, or reports a change in the number of household members.

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 a large number of localities are affected by the disaster, VDSS will hold a conference call with the Local Contacts to review the criteria for operating the D-SNAP. If one or more LDSS opts to submit an application, VDSS will convene regional, face-to-face, or teleconference meetings to discuss aligning program days/hours of operation and program options within the region. If appropriate, all localities must operate the D-SNAP during the same days and use the same program options.

Each locality offers different resources and may face different challenges in terms of staffing of the local social services department, physical space and community demand. If a disaster occurs, the need for assistance can vary greatly from one area to another.

Each LDSS must develop a local disaster plan that addresses issues and prepares the community to meet the needs of the citizens. The local plan must identify and include appropriate community partners.

The plan should also include other city/county government agencies that will share responsibilities during the disaster. The LDSS, with the help of its partners, will carry out those plans in the event of a disaster that warrants implementation of the D-SNAP.

C. PRE-CONDITIONS FOR AUTHORIZATION OF THE DISASTER PROGRAM

1. The following pre-conditions must be met before the D-SNAP can be authorized:
 - a. The President must proclaim a disaster 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:

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

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

- d. For eligible households, the worker must complete the Internal Action Form for Disaster Benefits to authorize the issuance of the EBT card. See Appendix I for a copy of the form.

M. DISASTER PROGRAM BENEFIT PERIOD

1. The benefit period for the D-SNAP is not based on a calendar month as it is for the regular program. The benefit period is determined by the disaster benefit period authorized by FNS. The period will be either a half-month (15 days) or a full month (30 days).
2. The full amount of accessible liquid resources must be counted regardless whether the length of the disaster benefit period is a half month or a full month.
3. If the disaster benefit period is a half-month, income over the 15 day period must be counted. If the disaster benefit period is a full month, then income during the 30-day period must be counted. The maximum income limit for the appropriate household size must not exceed the disaster income eligibility limit as shown in the table in Chapter L.

N. VAULT CARD ISSUANCE PROCEDURES

For the D-SNAP, eligible households must receive a new EBT card and EBT account. There must be a new card and account even if households are already known to the EBT system. Procedures for setting up EBT accounts are in Appendix IV of this chapter.

To issue EBT cards in the D-SNAP, the local agency must issue vault cards in the same manner they are issued for regular program operations. The eligibility worker must authorize issuance of a vault card in the stand alone D-SNAP system and prepare the Internal Action Form. Refer to the EBT Policy and Procedures Guide.

The agency must provide an overview of the issuance process and use of benefits to the applicant. The overview must also advise the applicant of the approximate time when the EBT card will be available for use and when to select the Personal Identification Number (PIN). Households must select or change the PIN to access benefits through the Automated Response Unit.

O. FAIR HEARING

Households denied Disaster Program benefits may request a fair hearing in accordance with Part XIX. If the household decides to withdraw its request for a fair hearing, the request must be in writing.

P. TRANSITION TO THE REGULAR PROGRAM

Households that are issued D-SNAP benefits may follow up and file applications for the regular program. In such situations, benefits for the regular program must be prorated from the day following the end of the disaster benefit period, or the day of application for the regular program, whichever is later.

Example

The D-SNAP benefit period is August 18 through September 17. The household filed for and got disaster benefits on September 1. The household files an application for the regular program on September 15. If eligible, benefits are prorated from September 18, the day following the end of the disaster benefit period.

Q. DISASTER REPORTS

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

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

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

Appendix VII contains guidance for the completion of these reports.

PART XXIII

BENEFIT ALLOTMENTS

CHAPTER

SUBJECT

PAGES

A. CALCULATING BENEFIT ALLOTMENTS

1

B. BENEFIT ALLOTMENT TABLES

1-65

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 5-person household, the maximum net income is **\$2,706**. The allotment offered at that level of income is **\$304**. The rest of the allotment table, from the net income of **\$2,707** through **\$3,716**, 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 **\$211** to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$394** to the monthly maximum net income. **NOTE:** Maximum monthly net income limits do not apply to categorically eligible households.

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

*Net Income Limit Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
0 - 0	281	516	740	939	1116	1339	1480	1691	1902	2113
1 - 3	280	515	739	938	1115	1338	1479	1690	1901	2112
4 - 6	279	514	738	937	1114	1337	1478	1689	1900	2111
7 - 10	278	513	737	936	1113	1336	1477	1688	1899	2110
11 - 13	277	512	736	935	1112	1335	1476	1687	1898	2109
14 - 16	276	511	735	934	1111	1334	1475	1686	1897	2108
17 - 20	275	510	734	933	1110	1333	1474	1685	1896	2107
21 - 23	274	509	733	932	1109	1332	1473	1684	1895	2106
24 - 26	273	508	732	931	1108	1331	1472	1683	1894	2105
27 - 30	272	507	731	930	1107	1330	1471	1682	1893	2104
31 - 33	271	506	730	929	1106	1329	1470	1681	1892	2103
34 - 36	270	505	729	928	1105	1328	1469	1680	1891	2102
37 - 40	269	504	728	927	1104	1327	1468	1679	1890	2101
41 - 43	268	503	727	926	1103	1326	1467	1678	1889	2100
44 - 46	267	502	726	925	1102	1325	1466	1677	1888	2099
47 - 50	266	501	725	924	1101	1324	1465	1676	1887	2098
51 - 53	265	500	724	923	1100	1323	1464	1675	1886	2097
54 - 56	264	499	723	922	1099	1322	1463	1674	1885	2096
57 - 60	263	498	722	921	1098	1321	1462	1673	1884	2095
61 - 63	262	497	721	920	1097	1320	1461	1672	1883	2094
64 - 66	261	496	720	919	1096	1319	1460	1671	1882	2093
67 - 70	260	495	719	918	1095	1318	1459	1670	1881	2092
71 - 73	259	494	718	917	1094	1317	1458	1669	1880	2091
74 - 76	258	493	717	916	1093	1316	1457	1668	1879	2090
77 - 80	257	492	716	915	1092	1315	1456	1667	1878	2089
81 - 83	256	491	715	914	1091	1314	1455	1666	1877	2088
84 - 86	255	490	714	913	1090	1313	1454	1665	1876	2087
87 - 90	254	489	713	912	1089	1312	1453	1664	1875	2086
91 - 93	253	488	712	911	1088	1311	1452	1663	1874	2085
94 - 96	252	487	711	910	1087	1310	1451	1662	1873	2084
97 - 100	251	486	710	909	1086	1309	1450	1661	1872	2083
101 - 103	250	485	709	908	1085	1308	1449	1660	1871	2082

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
104 - 106	249	484	708	907	1084	1307	1448	1659	1870	2081
107 - 110	248	483	707	906	1083	1306	1447	1658	1869	2080
111 - 113	247	482	706	905	1082	1305	1446	1657	1868	2079
114 - 116	246	481	705	904	1081	1304	1445	1656	1867	2078
117 - 120	245	480	704	903	1080	1303	1444	1655	1866	2077
121 - 123	244	479	703	902	1079	1302	1443	1654	1865	2076
124 - 126	243	478	702	901	1078	1301	1442	1653	1864	2075
127 - 130	242	477	701	900	1077	1300	1441	1652	1863	2074
131 - 133	241	476	700	899	1076	1299	1440	1651	1862	2073
134 - 136	240	475	699	898	1075	1298	1439	1650	1861	2072
137 - 140	239	474	698	897	1074	1297	1438	1649	1860	2071
141 - 143	238	473	697	896	1073	1296	1437	1648	1859	2070
144 - 146	237	472	696	895	1072	1295	1436	1647	1858	2069
147 - 150	236	471	695	894	1071	1294	1435	1646	1857	2068
151 - 153	235	470	694	893	1070	1293	1434	1645	1856	2067
154 - 156	234	469	693	892	1069	1292	1433	1644	1855	2066
157 - 160	233	468	692	891	1068	1291	1432	1643	1854	2065
161 - 163	232	467	691	890	1067	1290	1431	1642	1853	2064
164 - 166	231	466	690	889	1066	1289	1430	1641	1852	2063
167 - 170	230	465	689	888	1065	1288	1429	1640	1851	2062
171 - 173	229	464	688	887	1064	1287	1428	1639	1850	2061
174 - 176	228	463	687	886	1063	1286	1427	1638	1849	2060
177 - 180	227	462	686	885	1062	1285	1426	1637	1848	2059
181 - 183	226	461	685	884	1061	1284	1425	1636	1847	2058
184 - 186	225	460	684	883	1060	1283	1424	1635	1846	2057
187 - 190	224	459	683	882	1059	1282	1423	1634	1845	2056
191 - 193	223	458	682	881	1058	1281	1422	1633	1844	2055
194 - 196	222	457	681	880	1057	1280	1421	1632	1843	2054
197 - 200	221	456	680	879	1056	1279	1420	1631	1842	2053
201 - 203	220	455	679	878	1055	1278	1419	1630	1841	2052
204 - 206	219	454	678	877	1054	1277	1418	1629	1840	2051
207 - 210	218	453	677	876	1053	1276	1417	1628	1839	2050

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
211 - 213	217	452	676	875	1052	1275	1416	1627	1838	2049
214 - 216	216	451	675	874	1051	1274	1415	1626	1837	2048
217 - 220	215	450	674	873	1050	1273	1414	1625	1836	2047
221 - 223	214	449	673	872	1049	1272	1413	1624	1835	2046
224 - 226	213	448	672	871	1048	1271	1412	1623	1834	2045
227 - 230	212	447	671	870	1047	1270	1411	1622	1833	2044
231 - 233	211	446	670	869	1046	1269	1410	1621	1832	2043
234 - 236	210	445	669	868	1045	1268	1409	1620	1831	2042
237 - 240	209	444	668	867	1044	1267	1408	1619	1830	2041
241 - 243	208	443	667	866	1043	1266	1407	1618	1829	2040
244 - 246	207	442	666	865	1042	1265	1406	1617	1828	2039
247 - 250	206	441	665	864	1041	1264	1405	1616	1827	2038
251 - 253	205	440	664	863	1040	1263	1404	1615	1826	2037
254 - 256	204	439	663	862	1039	1262	1403	1614	1825	2036
257 - 260	203	438	662	861	1038	1261	1402	1613	1824	2035
261 - 263	202	437	661	860	1037	1260	1401	1612	1823	2034
264 - 266	201	436	660	859	1036	1259	1400	1611	1822	2033
267 - 270	200	435	659	858	1035	1258	1399	1610	1821	2032
271 - 273	199	434	658	857	1034	1257	1398	1609	1820	2031
274 - 276	198	433	657	856	1033	1256	1397	1608	1819	2030
277 - 280	197	432	656	855	1032	1255	1396	1607	1818	2029
281 - 283	196	431	655	854	1031	1254	1395	1606	1817	2028
284 - 286	195	430	654	853	1030	1253	1394	1605	1816	2027
287 - 290	194	429	653	852	1029	1252	1393	1604	1815	2026
291 - 293	193	428	652	851	1028	1251	1392	1603	1814	2025
294 - 296	192	427	651	850	1027	1250	1391	1602	1813	2024
297 - 300	191	426	650	849	1026	1249	1390	1601	1812	2023
301 - 303	190	425	649	848	1025	1248	1389	1600	1811	2022
304 - 306	189	424	648	847	1024	1247	1388	1599	1810	2021
307 - 310	188	423	647	846	1023	1246	1387	1598	1809	2020
311 - 313	187	422	646	845	1022	1245	1386	1597	1808	2019
314 - 316	186	421	645	844	1021	1244	1385	1596	1807	2018
317 - 320	185	420	644	843	1020	1243	1384	1595	1806	2017

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
321 - 323	184	419	643	842	1019	1242	1383	1594	1805	2016
324 - 326	183	418	642	841	1018	1241	1382	1593	1804	2015
327 - 330	182	417	641	840	1017	1240	1381	1592	1803	2014
331 - 333	181	416	640	839	1016	1239	1380	1591	1802	2013
334 - 336	180	415	639	838	1015	1238	1379	1590	1801	2012
337 - 340	179	414	638	837	1014	1237	1378	1589	1800	2011
341 - 343	178	413	637	836	1013	1236	1377	1588	1799	2010
344 - 346	177	412	636	835	1012	1235	1376	1587	1798	2009
347 - 350	176	411	635	834	1011	1234	1375	1586	1797	2008
351 - 353	175	410	634	833	1010	1233	1374	1585	1796	2007
354 - 356	174	409	633	832	1009	1232	1373	1584	1795	2006
357 - 360	173	408	632	831	1008	1231	1372	1583	1794	2005
361 - 363	172	407	631	830	1007	1230	1371	1582	1793	2004
364 - 366	171	406	630	829	1006	1229	1370	1581	1792	2003
367 - 370	170	405	629	828	1005	1228	1369	1580	1791	2002
371 - 373	169	404	628	827	1004	1227	1368	1579	1790	2001
374 - 376	168	403	627	826	1003	1226	1367	1578	1789	2000
377 - 380	167	402	626	825	1002	1225	1366	1577	1788	1999
381 - 383	166	401	625	824	1001	1224	1365	1576	1787	1998
384 - 386	165	400	624	823	1000	1223	1364	1575	1786	1997
387 - 390	164	399	623	822	999	1222	1363	1574	1785	1996
391 - 393	163	398	622	821	998	1221	1362	1573	1784	1995
394 - 396	162	397	621	820	997	1220	1361	1572	1783	1994
397 - 400	161	396	620	819	996	1219	1360	1571	1782	1993
401 - 403	160	395	619	818	995	1218	1359	1570	1781	1992
404 - 406	159	394	618	817	994	1217	1358	1569	1780	1991
407 - 410	158	393	617	816	993	1216	1357	1568	1779	1990
411 - 413	157	392	616	815	992	1215	1356	1567	1778	1989
414 - 416	156	391	615	814	991	1214	1355	1566	1777	1988
417 - 420	155	390	614	813	990	1213	1354	1565	1776	1987
421 - 423	154	389	613	812	989	1212	1353	1564	1775	1986
424 - 426	153	388	612	811	988	1211	1352	1563	1774	1985
427 - 430	152	387	611	810	987	1210	1351	1562	1773	1984

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
431 - 433	151	386	610	809	986	1209	1350	1561	1772	1983
434 - 436	150	385	609	808	985	1208	1349	1560	1771	1982
437 - 440	149	384	608	807	984	1207	1348	1559	1770	1981
441 - 443	148	383	607	806	983	1206	1347	1558	1769	1980
444 - 446	147	382	606	805	982	1205	1346	1557	1768	1979
447 - 450	146	381	605	804	981	1204	1345	1556	1767	1978
451 - 453	145	380	604	803	980	1203	1344	1555	1766	1977
454 - 456	144	379	603	802	979	1202	1343	1554	1765	1976
457 - 460	143	378	602	801	978	1201	1342	1553	1764	1975
461 - 463	142	377	601	800	977	1200	1341	1552	1763	1974
464 - 466	141	376	600	799	976	1199	1340	1551	1762	1973
467 - 470	140	375	599	798	975	1198	1339	1550	1761	1972
471 - 473	139	374	598	797	974	1197	1338	1549	1760	1971
474 - 476	138	373	597	796	973	1196	1337	1548	1759	1970
477 - 480	137	372	596	795	972	1195	1336	1547	1758	1969
481 - 483	136	371	595	794	971	1194	1335	1546	1757	1968
484 - 486	135	370	594	793	970	1193	1334	1545	1756	1967
487 - 490	134	369	593	792	969	1192	1333	1544	1755	1966
491 - 493	133	368	592	791	968	1191	1332	1543	1754	1965
494 - 496	132	367	591	790	967	1190	1331	1542	1753	1964
497 - 500	131	366	590	789	966	1189	1330	1541	1752	1963
501 - 503	130	365	589	788	965	1188	1329	1540	1751	1962
504 - 506	129	364	588	787	964	1187	1328	1539	1750	1961
507 - 510	128	363	587	786	963	1186	1327	1538	1749	1960
511 - 513	127	362	586	785	962	1185	1326	1537	1748	1959
514 - 516	126	361	585	784	961	1184	1325	1536	1747	1958
517 - 520	125	360	584	783	960	1183	1324	1535	1746	1957
521 - 523	124	359	583	782	959	1182	1323	1534	1745	1956
524 - 526	123	358	582	781	958	1181	1322	1533	1744	1955
527 - 530	122	357	581	780	957	1180	1321	1532	1743	1954
531 - 533	121	356	580	779	956	1179	1320	1531	1742	1953
534 - 536	120	355	579	778	955	1178	1319	1530	1741	1952

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
537 - 540	119	354	578	777	954	1177	1318	1529	1740	1951
541 - 543	118	353	577	776	953	1176	1317	1528	1739	1950
544 - 546	117	352	576	775	952	1175	1316	1527	1738	1949
547 - 550	116	351	575	774	951	1174	1315	1526	1737	1948
551 - 553	115	350	574	773	950	1173	1314	1525	1736	1947
554 - 556	114	349	573	772	949	1172	1313	1524	1735	1946
557 - 560	113	348	572	771	948	1171	1312	1523	1734	1945
561 - 563	112	347	571	770	947	1170	1311	1522	1733	1944
564 - 566	111	346	570	769	946	1169	1310	1521	1732	1943
567 - 570	110	345	569	768	945	1168	1309	1520	1731	1942
571 - 573	109	344	568	767	944	1167	1308	1519	1730	1941
574 - 576	108	343	567	766	943	1166	1307	1518	1729	1940
577 - 580	107	342	566	765	942	1165	1306	1517	1728	1939
581 - 583	106	341	565	764	941	1164	1305	1516	1727	1938
584 - 586	105	340	564	763	940	1163	1304	1515	1726	1937
587 - 590	104	339	563	762	939	1162	1303	1514	1725	1936
591 - 593	103	338	562	761	938	1161	1302	1513	1724	1935
594 - 596	102	337	561	760	937	1160	1301	1512	1723	1934
597 - 600	101	336	560	759	936	1159	1300	1511	1722	1933
601 - 603	100	335	559	758	935	1158	1299	1510	1721	1932
604 - 606	99	334	558	757	934	1157	1298	1509	1720	1931
607 - 610	98	333	557	756	933	1156	1297	1508	1719	1930
611 - 613	97	332	556	755	932	1155	1296	1507	1718	1929
614 - 616	96	331	555	754	931	1154	1295	1506	1717	1928
617 - 620	95	330	554	753	930	1153	1294	1505	1716	1927
621 - 623	94	329	553	752	929	1152	1293	1504	1715	1926
624 - 626	93	328	552	751	928	1151	1292	1503	1714	1925
627 - 630	92	327	551	750	927	1150	1291	1502	1713	1924
631 - 633	91	326	550	749	926	1149	1290	1501	1712	1923
634 - 636	90	325	549	748	925	1148	1289	1500	1711	1922
637 - 640	89	324	548	747	924	1147	1288	1499	1710	1921
641 - 643	88	323	547	746	923	1146	1287	1498	1709	1920
644 - 646	87	322	546	745	922	1145	1286	1497	1708	1919

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
647 - 650	86	321	545	744	921	1144	1285	1496	1707	1918
651 - 653	85	320	544	743	920	1143	1284	1495	1706	1917
654 - 656	84	319	543	742	919	1142	1283	1494	1705	1916
657 - 660	83	318	542	741	918	1141	1282	1493	1704	1915
661 - 663	82	317	541	740	917	1140	1281	1492	1703	1914
664 - 666	81	316	540	739	916	1139	1280	1491	1702	1913
667 - 670	80	315	539	738	915	1138	1279	1490	1701	1912
671 - 673	79	314	538	737	914	1137	1278	1489	1700	1911
674 - 676	78	313	537	736	913	1136	1277	1488	1699	1910
677 - 680	77	312	536	735	912	1135	1276	1487	1698	1909
681 - 683	76	311	535	734	911	1134	1275	1486	1697	1908
684 - 686	75	310	534	733	910	1133	1274	1485	1696	1907
687 - 690	74	309	533	732	909	1132	1273	1484	1695	1906
691 - 693	73	308	532	731	908	1131	1272	1483	1694	1905
694 - 696	72	307	531	730	907	1130	1271	1482	1693	1904
697 - 700	71	306	530	729	906	1129	1270	1481	1692	1903
701 - 703	70	305	529	728	905	1128	1269	1480	1691	1902
704 - 706	69	304	528	727	904	1127	1268	1479	1690	1901
707 - 710	68	303	527	726	903	1126	1267	1478	1689	1900
711 - 713	67	302	526	725	902	1125	1266	1477	1688	1899
714 - 716	66	301	525	724	901	1124	1265	1476	1687	1898
717 - 720	65	300	524	723	900	1123	1264	1475	1686	1897
721 - 723	64	299	523	722	899	1122	1263	1474	1685	1896
724 - 726	63	298	522	721	898	1121	1262	1473	1684	1895
727 - 730	62	297	521	720	897	1120	1261	1472	1683	1894
731 - 733	61	296	520	719	896	1119	1260	1471	1682	1893
734 - 736	60	295	519	718	895	1118	1259	1470	1681	1892
737 - 740	59	294	518	717	894	1117	1258	1469	1680	1891
741 - 743	58	293	517	716	893	1116	1257	1468	1679	1890
744 - 746	57	292	516	715	892	1115	1256	1467	1678	1889
747 - 750	56	291	515	714	891	1114	1255	1466	1677	1888
751 - 753	55	290	514	713	890	1113	1254	1465	1676	1887

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
754 - 756	54	289	513	712	889	1112	1253	1464	1675	1886
757 - 760	53	288	512	711	888	1111	1252	1463	1674	1885
761 - 763	52	287	511	710	887	1110	1251	1462	1673	1884
764 - 766	51	286	510	709	886	1109	1250	1461	1672	1883
767 - 770	50	285	509	708	885	1108	1249	1460	1671	1882
771 - 773	49	284	508	707	884	1107	1248	1459	1670	1881
774 - 776	48	283	507	706	883	1106	1247	1458	1669	1880
777 - 780	47	282	506	705	882	1105	1246	1457	1668	1879
781 - 783	46	281	505	704	881	1104	1245	1456	1667	1878
784 - 786	45	280	504	703	880	1103	1244	1455	1666	1877
787 - 790	44	279	503	702	879	1102	1243	1454	1665	1876
791 - 793	43	278	502	701	878	1101	1242	1453	1664	1875
794 - 796	42	277	501	700	877	1100	1241	1452	1663	1874
797 - 800	41	276	500	699	876	1099	1240	1451	1662	1873
801 - 803	40	275	499	698	875	1098	1239	1450	1661	1872
804 - 806	39	274	498	697	874	1097	1238	1449	1660	1871
807 - 810	38	273	497	696	873	1096	1237	1448	1659	1870
811 - 813	37	272	496	695	872	1095	1236	1447	1658	1869
814 - 816	36	271	495	694	871	1094	1235	1446	1657	1868
817 - 820	35	270	494	693	870	1093	1234	1445	1656	1867
821 - 823	34	269	493	692	869	1092	1233	1444	1655	1866
824 - 826	33	268	492	691	868	1091	1232	1443	1654	1865
827 - 830	32	267	491	690	867	1090	1231	1442	1653	1864
831 - 833	31	266	490	689	866	1089	1230	1441	1652	1863
834 - 836	30	265	489	688	865	1088	1229	1440	1651	1862
837 - 840	29	264	488	687	864	1087	1228	1439	1650	1861
841 - 843	28	263	487	686	863	1086	1227	1438	1649	1860
844 - 846	27	262	486	685	862	1085	1226	1437	1648	1859
847 - 850	26	261	485	684	861	1084	1225	1436	1647	1858
851 - 853	25	260	484	683	860	1083	1224	1435	1646	1857
854 - 856	24	259	483	682	859	1082	1223	1434	1645	1856
857 - 860	23	258	482	681	858	1081	1222	1433	1644	1855
861 - 863	23	257	481	680	857	1080	1221	1432	1643	1854

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
864 - 866	23	256	480	679	856	1079	1220	1431	1642	1853
867 - 870	23	255	479	678	855	1078	1219	1430	1641	1852
871 - 873	23	254	478	677	854	1077	1218	1429	1640	1851
874 - 876	23	253	477	676	853	1076	1217	1428	1639	1850
877 - 880	23	252	476	675	852	1075	1216	1427	1638	1849
881 - 883	23	251	475	674	851	1074	1215	1426	1637	1848
884 - 886	23	250	474	673	850	1073	1214	1425	1636	1847
887 - 890	23	249	473	672	849	1072	1213	1424	1635	1846
891 - 893	23	248	472	671	848	1071	1212	1423	1634	1845
894 - 896	23	247	471	670	847	1070	1211	1422	1633	1844
897 - 900	23	246	470	669	846	1069	1210	1421	1632	1843
901 - 903	23	245	469	668	845	1068	1209	1420	1631	1842
904 - 906	23	244	468	667	844	1067	1208	1419	1630	1841
907 - 910	23	243	467	666	843	1066	1207	1418	1629	1840
911 - 913	23	242	466	665	842	1065	1206	1417	1628	1839
914 - 916	23	241	465	664	841	1064	1205	1416	1627	1838
917 - 920	23	240	464	663	840	1063	1204	1415	1626	1837
921 - 923	23	239	463	662	839	1062	1203	1414	1625	1836
924 - 926	23	238	462	661	838	1061	1202	1413	1624	1835
927 - 930	23	237	461	660	837	1060	1201	1412	1623	1834
931 - 933	23	236	460	659	836	1059	1200	1411	1622	1833
934 - 936	23	235	459	658	835	1058	1199	1410	1621	1832
937 - 940	23	234	458	657	834	1057	1198	1409	1620	1831
941 - 943	23	233	457	656	833	1056	1197	1408	1619	1830
944 - 946	23	232	456	655	832	1055	1196	1407	1618	1829
947 - 950	23	231	455	654	831	1054	1195	1406	1617	1828
951 - 953	23	230	454	653	830	1053	1194	1405	1616	1827
954 - 956	23	229	453	652	829	1052	1193	1404	1615	1826
957 - 960	23	228	452	651	828	1051	1192	1403	1614	1825
961 - 963	23	227	451	650	827	1050	1191	1402	1613	1824
964 - 966	23	226	450	649	826	1049	1190	1401	1612	1823
967 - 970	23	225	449	648	825	1048	1189	1400	1611	1822

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
971 - 973	23	224	448	647	824	1047	1188	1399	1610	1821
974 - 976	23	223	447	646	823	1046	1187	1398	1609	1820
977 - 980	23	222	446	645	822	1045	1186	1397	1608	1819
981 - 983	23	221	445	644	821	1044	1185	1396	1607	1818
984 - 986	23	220	444	643	820	1043	1184	1395	1606	1817
987 - 990	23	219	443	642	819	1042	1183	1394	1605	1816
991 - 993	23	218	442	641	818	1041	1182	1393	1604	1815
994 - 996	23	217	441	640	817	1040	1181	1392	1603	1814
997 - 1000	23	216	440	639	816	1039	1180	1391	1602	1813
1001 - 1003	23	215	439	638	815	1038	1179	1390	1601	1812
1004 - 1006	23	214	438	637	814	1037	1178	1389	1600	1811
1007 - 1010	23	213	437	636	813	1036	1177	1388	1599	1810
1011 - 1013	23	212	436	635	812	1035	1176	1387	1598	1809
1014 - 1016	23	211	435	634	811	1034	1175	1386	1597	1808
1017 - 1020	23	210	434	633	810	1033	1174	1385	1596	1807
1021 - 1023	23	209	433	632	809	1032	1173	1384	1595	1806
1024 - 1026	23	208	432	631	808	1031	1172	1383	1594	1805
1027 - 1030	23	207	431	630	807	1030	1171	1382	1593	1804
1031 - 1033	23	206	430	629	806	1029	1170	1381	1592	1803
1034 - 1036	23	205	429	628	805	1028	1169	1380	1591	1802
1037 - 1040	23	204	428	627	804	1027	1168	1379	1590	1801
1041 - 1043	23	203	427	626	803	1026	1167	1378	1589	1800
1044 - 1046	23	202	426	625	802	1025	1166	1377	1588	1799
1047 - 1050	23	201	425	624	801	1024	1165	1376	1587	1798
1051 - 1053	23	200	424	623	800	1023	1164	1375	1586	1797
1054 - 1056	23	199	423	622	799	1022	1163	1374	1585	1796
1057 - 1060	23	198	422	621	798	1021	1162	1373	1584	1795
1061 - 1063	23	197	421	620	797	1020	1161	1372	1583	1794
1064 - 1066	23	196	420	619	796	1019	1160	1371	1582	1793
1067 - 1070	23	195	419	618	795	1018	1159	1370	1581	1792
1071 - 1073	23	194	418	617	794	1017	1158	1369	1580	1791
1074 - 1076	23	193	417	616	793	1016	1157	1368	1579	1790
1077 - 1080	23	192	416	615	792	1015	1156	1367	1578	1789

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1081 - 1083	23	191	415	614	791	1014	1155	1366	1577	1788
1084 - 1086	23	190	414	613	790	1013	1154	1365	1576	1787
1087 - 1090	23	189	413	612	789	1012	1153	1364	1575	1786
1091 - 1093	23	188	412	611	788	1011	1152	1363	1574	1785
1094 - 1096	23	187	411	610	787	1010	1151	1362	1573	1784
1097 - 1100	23	186	410	609	786	1009	1150	1361	1572	1783
1101 - 1103	23	185	409	608	785	1008	1149	1360	1571	1782
1104 - 1106	23	184	408	607	784	1007	1148	1359	1570	1781
1107 - 1110	23	183	407	606	783	1006	1147	1358	1569	1780
1111 - 1113	23	182	406	605	782	1005	1146	1357	1568	1779
1114 - 1116	23	181	405	604	781	1004	1145	1356	1567	1778
1117 - 1120	23	180	404	603	780	1003	1144	1355	1566	1777
1121 - 1123	23	179	403	602	779	1002	1143	1354	1565	1776
1124 - 1126	23	178	402	601	778	1001	1142	1353	1564	1775
1127 - 1130	23	177	401	600	777	1000	1141	1352	1563	1774
1131 - 1133*	23*	176	400	599	776	999	1140	1351	1562	1773
1134 - 1136	23	175	399	598	775	998	1139	1350	1561	1772
1137 - 1140	23	174	398	597	774	997	1138	1349	1560	1771
1141 - 1143	23	173	397	596	773	996	1137	1348	1559	1770
1144 - 1146	23	172	396	595	772	995	1136	1347	1558	1769
1147 - 1150	23	171	395	594	771	994	1135	1346	1557	1768
1151 - 1153	23	170	394	593	770	993	1134	1345	1556	1767
1154 - 1156	23	169	393	592	769	992	1133	1344	1555	1766
1157 - 1160	23	168	392	591	768	991	1132	1343	1554	1765
1161 - 1163	23	167	391	590	767	990	1131	1342	1553	1764
1164 - 1166	23	166	390	589	766	989	1130	1341	1552	1763
1167 - 1170	23	165	389	588	765	988	1129	1340	1551	1762
1171 - 1173	23	164	388	587	764	987	1128	1339	1550	1761
1174 - 1176	23	163	387	586	763	986	1127	1338	1549	1760
1177 - 1180	23	162	386	585	762	985	1126	1337	1548	1759
1181 - 1183	23	161	385	584	761	984	1125	1336	1547	1758
1184 - 1186	23	160	384	583	760	983	1124	1335	1546	1757
1187 - 1190	23	159	383	582	759	982	1123	1334	1545	1756

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1191 - 1193	23	158	382	581	758	981	1122	1333	1544	1755
1194 - 1196	23	157	381	580	757	980	1121	1332	1543	1754
1197 - 1200	23	156	380	579	756	979	1120	1331	1542	1753
1201 - 1203	23	155	379	578	755	978	1119	1330	1541	1752
1204 - 1206	23	154	378	577	754	977	1118	1329	1540	1751
1207 - 1210	23	153	377	576	753	976	1117	1328	1539	1750
1211 - 1213	23	152	376	575	752	975	1116	1327	1538	1749
1214 - 1216	23	151	375	574	751	974	1115	1326	1537	1748
1217 - 1220	23	150	374	573	750	973	1114	1325	1536	1747
1221 - 1223	23	149	373	572	749	972	1113	1324	1535	1746
1224 - 1226	23	148	372	571	748	971	1112	1323	1534	1745
1227 - 1230	23	147	371	570	747	970	1111	1322	1533	1744
1231 - 1233	23	146	370	569	746	969	1110	1321	1532	1743
1234 - 1236	23	145	369	568	745	968	1109	1320	1531	1742
1237 - 1240	23	144	368	567	744	967	1108	1319	1530	1741
1241 - 1243	23	143	367	566	743	966	1107	1318	1529	1740
1244 - 1246	23	142	366	565	742	965	1106	1317	1528	1739
1247 - 1250	23	141	365	564	741	964	1105	1316	1527	1738
1251 - 1253	23	140	364	563	740	963	1104	1315	1526	1737
1254 - 1256	23	139	363	562	739	962	1103	1314	1525	1736
1257 - 1260	23	138	362	561	738	961	1102	1313	1524	1735
1261 - 1263	23	137	361	560	737	960	1101	1312	1523	1734
1264 - 1266	23	136	360	559	736	959	1100	1311	1522	1733
1267 - 1270	23	135	359	558	735	958	1099	1310	1521	1732
1271 - 1273	23	134	358	557	734	957	1098	1309	1520	1731
1274 - 1276	23	133	357	556	733	956	1097	1308	1519	1730
1277 - 1280	23	132	356	555	732	955	1096	1307	1518	1729
1281 - 1283	23	131	355	554	731	954	1095	1306	1517	1728
1284 - 1286	23	130	354	553	730	953	1094	1305	1516	1727
1287 - 1290	23	129	353	552	729	952	1093	1304	1515	1726
1291 - 1293	23	128	352	551	728	951	1092	1303	1514	1725
1294 - 1296	23	127	351	550	727	950	1091	1302	1513	1724

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1297 - 1300	23	126	350	549	726	949	1090	1301	1512	1723
1301 - 1303	23	125	349	548	725	948	1089	1300	1511	1722
1304 - 1306	23	124	348	547	724	947	1088	1299	1510	1721
1307 - 1310	23	123	347	546	723	946	1087	1298	1509	1720
1311 - 1313	23	122	346	545	722	945	1086	1297	1508	1719
1314 - 1316	23	121	345	544	721	944	1085	1296	1507	1718
1317 - 1320	23	120	344	543	720	943	1084	1295	1506	1717
1321 - 1323	23	119	343	542	719	942	1083	1294	1505	1716
1324 - 1326	23	118	342	541	718	941	1082	1293	1504	1715
1327 - 1330	23	117	341	540	717	940	1081	1292	1503	1714
1331 - 1333	23	116	340	539	716	939	1080	1291	1502	1713
1334 - 1336	23	115	339	538	715	938	1079	1290	1501	1712
1337 - 1340	23	114	338	537	714	937	1078	1289	1500	1711
1341 - 1343	23	113	337	536	713	936	1077	1288	1499	1710
1344 - 1346	23	112	336	535	712	935	1076	1287	1498	1709
1347 - 1350	23	111	335	534	711	934	1075	1286	1497	1708
1351 - 1353	23	110	334	533	710	933	1074	1285	1496	1707
1354 - 1356	23	109	333	532	709	932	1073	1284	1495	1706
1357 - 1360	23	108	332	531	708	931	1072	1283	1494	1705
1361 - 1363	23	107	331	530	707	930	1071	1282	1493	1704
1364 - 1366	23	106	330	529	706	929	1070	1281	1492	1703
1367 - 1370	23	105	329	528	705	928	1069	1280	1491	1702
1371 - 1373	23	104	328	527	704	927	1068	1279	1490	1701
1374 - 1376	23	103	327	526	703	926	1067	1278	1489	1700
1377 - 1380	23	102	326	525	702	925	1066	1277	1488	1699
1381 - 1383	23	101	325	524	701	924	1065	1276	1487	1698
1384 - 1386	23	100	324	523	700	923	1064	1275	1486	1697
1387 - 1390	23	99	323	522	699	922	1063	1274	1485	1696
1391 - 1393	23	98	322	521	698	921	1062	1273	1484	1695
1394 - 1396	23	97	321	520	697	920	1061	1272	1483	1694
1397 - 1400	23	96	320	519	696	919	1060	1271	1482	1693
1401 - 1403	23	95	319	518	695	918	1059	1270	1481	1692
1404 - 1406	23	94	318	517	694	917	1058	1269	1480	1691

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1407 - 1410	23	93	317	516	693	916	1057	1268	1479	1690
1411 - 1413	23	92	316	515	692	915	1056	1267	1478	1689
1414 - 1416	23	91	315	514	691	914	1055	1266	1477	1688
1417 - 1420	23	90	314	513	690	913	1054	1265	1476	1687
1421 - 1423	23	89	313	512	689	912	1053	1264	1475	1686
1424 - 1426	23	88	312	511	688	911	1052	1263	1474	1685
1427 - 1430	23	87	311	510	687	910	1051	1262	1473	1684
1431 - 1433	23	86	310	509	686	909	1050	1261	1472	1683
1434 - 1436	23	85	309	508	685	908	1049	1260	1471	1682
1437 - 1440	23	84	308	507	684	907	1048	1259	1470	1681
1441 - 1443	23	83	307	506	683	906	1047	1258	1469	1680
1444 - 1446	23	82	306	505	682	905	1046	1257	1468	1679
1447 - 1450	23	81	305	504	681	904	1045	1256	1467	1678
1451 - 1453	23	80	304	503	680	903	1044	1255	1466	1677
1454 - 1456	23	79	303	502	679	902	1043	1254	1465	1676
1457 - 1460	23	78	302	501	678	901	1042	1253	1464	1675
1461 - 1463	23	77	301	500	677	900	1041	1252	1463	1674
1464 - 1466	23	76	300	499	676	899	1040	1251	1462	1673
1467 - 1470	23	75	299	498	675	898	1039	1250	1461	1672
1471 - 1473	23	74	298	497	674	897	1038	1249	1460	1671
1474 - 1476	23	73	297	496	673	896	1037	1248	1459	1670
1477 - 1480	23	72	296	495	672	895	1036	1247	1458	1669
1481 - 1483	23	71	295	494	671	894	1035	1246	1457	1668
1484 - 1486	23	70	294	493	670	893	1034	1245	1456	1667
1487 - 1490	23	69	293	492	669	892	1033	1244	1455	1666
1491 - 1493	23	68	292	491	668	891	1032	1243	1454	1665
1494 - 1496	23	67	291	490	667	890	1031	1242	1453	1664
1497 - 1500	23	66	290	489	666	889	1030	1241	1452	1663
1501 - 1503	23	65	289	488	665	888	1029	1240	1451	1662
1504 - 1506	23	64	288	487	664	887	1028	1239	1450	1661
1507 - 1510	23	63	287	486	663	886	1027	1238	1449	1660
1511 - 1513	23	62	286	485	662	885	1026	1237	1448	1659

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1514 - 1516	23	61	285	484	661	884	1025	1236	1447	1658
1517 - 1520	23	60	284	483	660	883	1024	1235	1446	1657
1521 - 1523	23	59	283	482	659	882	1023	1234	1445	1656
1524 - 1526*	23	58*	282	481	658	881	1022	1233	1444	1655
1527 - 1530	23	57	281	480	657	880	1021	1232	1443	1654
1531 - 1533	23	56	280	479	656	879	1020	1231	1442	1653
1534 - 1536	23	55	279	478	655	878	1019	1230	1441	1652
1537 - 1540	23	54	278	477	654	877	1018	1229	1440	1651
1541 - 1543	23	53	277	476	653	876	1017	1228	1439	1650
1544 - 1546	23	52	276	475	652	875	1016	1227	1438	1649
1547 - 1550	23	51	275	474	651	874	1015	1226	1437	1648
1551 - 1553	23	50	274	473	650	873	1014	1225	1436	1647
1554 - 1556	23	49	273	472	649	872	1013	1224	1435	1646
1557 - 1560	23	48	272	471	648	871	1012	1223	1434	1645
1561 - 1563	23	47	271	470	647	870	1011	1222	1433	1644
1564 - 1566	23	46	270	469	646	869	1010	1221	1432	1643
1567 - 1570	23	45	269	468	645	868	1009	1220	1431	1642
1571 - 1573	23	44	268	467	644	867	1008	1219	1430	1641
1574 - 1576	23	43	267	466	643	866	1007	1218	1429	1640
1577 - 1580	23	42	266	465	642	865	1006	1217	1428	1639
1581 - 1583	23	41	265	464	641	864	1005	1216	1427	1638
1584 - 1586	23	40	264	463	640	863	1004	1215	1426	1637
1587 - 1590	23	39	263	462	639	862	1003	1214	1425	1636
1591 - 1593	23	38	262	461	638	861	1002	1213	1424	1635
1594 - 1596	23	37	261	460	637	860	1001	1212	1423	1634
1597 - 1600	23	36	260	459	636	859	1000	1211	1422	1633
1601 - 1603	23	35	259	458	635	858	999	1210	1421	1632
1604 - 1606	23	34	258	457	634	857	998	1209	1420	1631
1607 - 1610	23	33	257	456	633	856	997	1208	1419	1630
1611 - 1613	23	32	256	455	632	855	996	1207	1418	1629
1614 - 1616	23	31	255	454	631	854	995	1206	1417	1628
1617 - 1620	23	30	254	453	630	853	994	1205	1416	1627
1621 - 1623	23	29	253	452	629	852	993	1204	1415	1626

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1624 - 1626	23	28	252	451	628	851	992	1203	1414	1625
1627 - 1630	23	27	251	450	627	850	991	1202	1413	1624
1631 - 1633	23	26	250	449	626	849	990	1201	1412	1623
1634 - 1636	23	25	249	448	625	848	989	1200	1411	1622
1637 - 1640	23	24	248	447	624	847	988	1199	1410	1621
1641 - 1643	23	23	247	446	623	846	987	1198	1409	1620
1644 - 1646	23	23	246	445	622	845	986	1197	1408	1619
1647 - 1650	23	23	245	444	621	844	985	1196	1407	1618
1651 - 1653	23	23	244	443	620	843	984	1195	1406	1617
1654 - 1656	23	23	243	442	619	842	983	1194	1405	1616
1657 - 1660	23	23	242	441	618	841	982	1193	1404	1615
1661 - 1663	23	23	241	440	617	840	981	1192	1403	1614
1664 - 1666	23	23	240	439	616	839	980	1191	1402	1613
1667 - 1670	23	23	239	438	615	838	979	1190	1401	1612
1671 - 1673	23	23	238	437	614	837	978	1189	1400	1611
1674 - 1676	23	23	237	436	613	836	977	1188	1399	1610
1677 - 1680	23	23	236	435	612	835	976	1187	1398	1609
1681 - 1683	23	23	235	434	611	834	975	1186	1397	1608
1684 - 1686	23	23	234	433	610	833	974	1185	1396	1607
1687 - 1690	23	23	233	432	609	832	973	1184	1395	1606
1691 - 1693	23	23	232	431	608	831	972	1183	1394	1605
1694 - 1696	23	23	231	430	607	830	971	1182	1393	1604
1697 - 1700	23	23	230	429	606	829	970	1181	1392	1603
1701 - 1703	23	23	229	428	605	828	969	1180	1391	1602
1704 - 1706	23	23	228	427	604	827	968	1179	1390	1601
1707 - 1710	23	23	227	426	603	826	967	1178	1389	1600
1711 - 1713	23	23	226	425	602	825	966	1177	1388	1599
1714 - 1716	23	23	225	424	601	824	965	1176	1387	1598
1717 - 1720	23	23	224	423	600	823	964	1175	1386	1597
1721 - 1723	23	23	223	422	599	822	963	1174	1385	1596
1724 - 1726	23	23	222	421	598	821	962	1173	1384	1595
1727 - 1730	23	23	221	420	597	820	961	1172	1383	1594

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1731 - 1733	23	23	220	419	596	819	960	1171	1382	1593
1734 - 1736	23	23	219	418	595	818	959	1170	1381	1592
1737 - 1740	23	23	218	417	594	817	958	1169	1380	1591
1741 - 1743	23	23	217	416	593	816	957	1168	1379	1590
1744 - 1746	23	23	216	415	592	815	956	1167	1378	1589
1747 - 1750	23	23	215	414	591	814	955	1166	1377	1588
1751 - 1753	23	23	214	413	590	813	954	1165	1376	1587
1754 - 1756	23	23	213	412	589	812	953	1164	1375	1586
1757 - 1760	23	23	212	411	588	811	952	1163	1374	1585
1761 - 1763	23	23	211	410	587	810	951	1162	1373	1584
1764 - 1766	23	23	210	409	586	809	950	1161	1372	1583
1767 - 1770	23	23	209	408	585	808	949	1160	1371	1582
1771 - 1773	23	23	208	407	584	807	948	1159	1370	1581
1774 - 1776	23	23	207	406	583	806	947	1158	1369	1580
1777 - 1780	23	23	206	405	582	805	946	1157	1368	1579
1781 - 1783	23	23	205	404	581	804	945	1156	1367	1578
1784 - 1786	23	23	204	403	580	803	944	1155	1366	1577
1787 - 1790	23	23	203	402	579	802	943	1154	1365	1576
1791 - 1793	23	23	202	401	578	801	942	1153	1364	1575
1794 - 1796	23	23	201	400	577	800	941	1152	1363	1574
1797 - 1800	23	23	200	399	576	799	940	1151	1362	1573
1801 - 1803	23	23	199	398	575	798	939	1150	1361	1572
1804 - 1806	23	23	198	397	574	797	938	1149	1360	1571
1807 - 1810	23	23	197	396	573	796	937	1148	1359	1570
1811 - 1813	23	23	196	395	572	795	936	1147	1358	1569
1814 - 1816	23	23	195	394	571	794	935	1146	1357	1568
1817 - 1820	23	23	194	393	570	793	934	1145	1356	1567
1821 - 1823	23	23	193	392	569	792	933	1144	1355	1566
1824 - 1826	23	23	192	391	568	791	932	1143	1354	1565
1827 - 1830	23	23	191	390	567	790	931	1142	1353	1564
1831 - 1833	23	23	190	389	566	789	930	1141	1352	1563
1834 - 1836	23	23	189	388	565	788	929	1140	1351	1562
1837 - 1840	23	23	188	387	564	787	928	1139	1350	1561

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1841 - 1843	23	23	187	386	563	786	927	1138	1349	1560
1844 - 1846	23	23	186	385	562	785	926	1137	1348	1559
1847 - 1850	23	23	185	384	561	784	925	1136	1347	1558
1851 - 1853	23	23	184	383	560	783	924	1135	1346	1557
1854 - 1856	23	23	183	382	559	782	923	1134	1345	1556
1857 - 1860	23	23	182	381	558	781	922	1133	1344	1555
1861 - 1863	23	23	181	380	557	780	921	1132	1343	1554
1864 - 1866	23	23	180	379	556	779	920	1131	1342	1553
1867 - 1870	23	23	179	378	555	778	919	1130	1341	1552
1871 - 1873		23	178	377	554	777	918	1129	1340	1551
1874 - 1876		23	177	376	553	776	917	1128	1339	1550
1877 - 1880		23	176	375	552	775	916	1127	1338	1549
1881 - 1883		23	175	374	551	774	915	1126	1337	1548
1884 - 1886		23	174	373	550	773	914	1125	1336	1547
1887 - 1890		23	173	372	549	772	913	1124	1335	1546
1891 - 1893		23	172	371	548	771	912	1123	1334	1545
1894 - 1896		23	171	370	547	770	911	1122	1333	1544
1897 - 1900		23	170	369	546	769	910	1121	1332	1543
1901 - 1903		23	169	368	545	768	909	1120	1331	1542
1904 - 1906		23	168	367	544	767	908	1119	1330	1541
1907 - 1910		23	167	366	543	766	907	1118	1329	1540
1911 - 1913		23	166	365	542	765	906	1117	1328	1539
1914 - 1916		23	165	364	541	764	905	1116	1327	1538
1917 - 1920*		23	164*	363	540	763	904	1115	1326	1537
1921 - 1923		23	163	362	539	762	903	1114	1325	1536
1924 - 1926		23	162	361	538	761	902	1113	1324	1535
1927 - 1930		23	161	360	537	760	901	1112	1323	1534
1931 - 1933		23	160	359	536	759	900	1111	1322	1533
1934 - 1936		23	159	358	535	758	899	1110	1321	1532
1937 - 1940		23	158	357	534	757	898	1109	1320	1531
1941 - 1943		23	157	356	533	756	897	1108	1319	1530
1944 - 1946		23	156	355	532	755	896	1107	1318	1529
1947 - 1950		23	155	354	531	754	895	1106	1317	1528

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1951 - 1953		23	154	353	530	753	894	1105	1316	1527
1954 - 1956		23	153	352	529	752	893	1104	1315	1526
1957 - 1960		23	152	351	528	751	892	1103	1314	1525
1961 - 1963		23	151	350	527	750	891	1102	1313	1524
1964 - 1966		23	150	349	526	749	890	1101	1312	1523
1967 - 1970		23	149	348	525	748	889	1100	1311	1522
1971 - 1973		23	148	347	524	747	888	1099	1310	1521
1974 - 1976		23	147	346	523	746	887	1098	1309	1520
1977 - 1980		23	146	345	522	745	886	1097	1308	1519
1981 - 1983		23	145	344	521	744	885	1096	1307	1518
1984 - 1986		23	144	343	520	743	884	1095	1306	1517
1987 - 1990		23	143	342	519	742	883	1094	1305	1516
1991 - 1993		23	142	341	518	741	882	1093	1304	1515
1994 - 1996		23	141	340	517	740	881	1092	1303	1514
1997 - 2000		23	140	339	516	739	880	1091	1302	1513
2001 - 2003		23	139	338	515	738	879	1090	1301	1512
2004 - 2006		23	138	337	514	737	878	1089	1300	1511
2007 - 2010		23	137	336	513	736	877	1088	1299	1510
2011 - 2013		23	136	335	512	735	876	1087	1298	1509
2014 - 2016		23	135	334	511	734	875	1086	1297	1508
2017 - 2020		23	134	333	510	733	874	1085	1296	1507
2021 - 2023		23	133	332	509	732	873	1084	1295	1506
2024 - 2026		23	132	331	508	731	872	1083	1294	1505
2027 - 2030		23	131	330	507	730	871	1082	1293	1504
2031 - 2033		23	130	329	506	729	870	1081	1292	1503
2034 - 2036		23	129	328	505	728	869	1080	1291	1502
2037 - 2040		23	128	327	504	727	868	1079	1290	1501
2041 - 2043		23	127	326	503	726	867	1078	1289	1500
2044 - 2046		23	126	325	502	725	866	1077	1288	1499
2047 - 2050		23	125	324	501	724	865	1076	1287	1498
2051 - 2053		23	124	323	500	723	864	1075	1286	1497
2054 - 2056		23	123	322	499	722	863	1074	1285	1496

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2057 - 2060		23	122	321	498	721	862	1073	1284	1495
2061 - 2063		23	121	320	497	720	861	1072	1283	1494
2064 - 2066		23	120	319	496	719	860	1071	1282	1493
2067 - 2070		23	119	318	495	718	859	1070	1281	1492
2071 - 2073		23	118	317	494	717	858	1069	1280	1491
2074 - 2076		23	117	316	493	716	857	1068	1279	1490
2077 - 2080		23	116	315	492	715	856	1067	1278	1489
2081 - 2083		23	115	314	491	714	855	1066	1277	1488
2084 - 2086		23	114	313	490	713	854	1065	1276	1487
2087 - 2090		23	113	312	489	712	853	1064	1275	1486
2091 - 2093		23	112	311	488	711	852	1063	1274	1485
2094 - 2096		23	111	310	487	710	851	1062	1273	1484
2097 - 2100		23	110	309	486	709	850	1061	1272	1483
2101 - 2103		23	109	308	485	708	849	1060	1271	1482
2104 - 2106		23	108	307	484	707	848	1059	1270	1481
2107 - 2110		23	107	306	483	706	847	1058	1269	1480
2111 - 2113		23	106	305	482	705	846	1057	1268	1479
2114 - 2116		23	105	304	481	704	845	1056	1267	1478
2117 - 2120		23	104	303	480	703	844	1055	1266	1477
2121 - 2123		23	103	302	479	702	843	1054	1265	1476
2124 - 2126		23	102	301	478	701	842	1053	1264	1475
2127 - 2130		23	101	300	477	700	841	1052	1263	1474
2131 - 2133		23	100	299	476	699	840	1051	1262	1473
2134 - 2136		23	99	298	475	698	839	1050	1261	1472
2137 - 2140		23	98	297	474	697	838	1049	1260	1471
2141 - 2143		23	97	296	473	696	837	1048	1259	1470
2144 - 2146		23	96	295	472	695	836	1047	1258	1469
2147 - 2150		23	95	294	471	694	835	1046	1257	1468
2151 - 2153		23	94	293	470	693	834	1045	1256	1467
2154 - 2156		23	93	292	469	692	833	1044	1255	1466
2157 - 2160		23	92	291	468	691	832	1043	1254	1465
2161 - 2163		23	91	290	467	690	831	1042	1253	1464
2164 - 2166		23	90	289	466	689	830	1041	1252	1463

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2167 - 2170		23	89	288	465	688	829	1040	1251	1462
2171 - 2173		23	88	287	464	687	828	1039	1250	1461
2174 - 2176		23	87	286	463	686	827	1038	1249	1460
2177 - 2180		23	86	285	462	685	826	1037	1248	1459
2181 - 2183		23	85	284	461	684	825	1036	1247	1458
2184 - 2186		23	84	283	460	683	824	1035	1246	1457
2187 - 2190		23	83	282	459	682	823	1034	1245	1456
2191 - 2193		23	82	281	458	681	822	1033	1244	1455
2194 - 2196		23	81	280	457	680	821	1032	1243	1454
2197 - 2200		23	80	279	456	679	820	1031	1242	1453
2201 - 2203		23	79	278	455	678	819	1030	1241	1452
2204 - 2206		23	78	277	454	677	818	1029	1240	1451
2207 - 2210		23	77	276	453	676	817	1028	1239	1450
2211 - 2213		23	76	275	452	675	816	1027	1238	1449
2214 - 2216		23	75	274	451	674	815	1026	1237	1448
2217 - 2220		23	74	273	450	673	814	1025	1236	1447
2221 - 2223		23	73	272	449	672	813	1024	1235	1446
2224 - 2226		23	72	271	448	671	812	1023	1234	1445
2227 - 2230		23	71	270	447	670	811	1022	1233	1444
2231 - 2233		23	70	269	446	669	810	1021	1232	1443
2234 - 2236		23	69	268	445	668	809	1020	1231	1442
2237 - 2240		23	68	267	444	667	808	1019	1230	1441
2241 - 2243		23	67	266	443	666	807	1018	1229	1440
2244 - 2246		23	66	265	442	665	806	1017	1228	1439
2247 - 2250		23	65	264	441	664	805	1016	1227	1438
2251 - 2253		23	64	263	440	663	804	1015	1226	1437
2254 - 2256		23	63	262	439	662	803	1014	1225	1436
2257 - 2260		23	62	261	438	661	802	1013	1224	1435
2261 - 2263		23	61	260	437	660	801	1012	1223	1434
2264 - 2266		23	60	259	436	659	800	1011	1222	1433
2267 - 2270		23	59	258	435	658	799	1010	1221	1432
2271 - 2273		23	58	257	434	657	798	1009	1220	1431

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2274 - 2276		23	57	256	433	656	797	1008	1219	1430
2277 - 2280		23	56	255	432	655	796	1007	1218	1429
2281 - 2283		23	55	254	431	654	795	1006	1217	1428
2284 - 2286		23	54	253	430	653	794	1005	1216	1427
2287 - 2290		23	53	252	429	652	793	1004	1215	1426
2291 - 2293		23	52	251	428	651	792	1003	1214	1425
2294 - 2296		23	51	250	427	650	791	1002	1213	1424
2297 - 2300		23	50	249	426	649	790	1001	1212	1423
2301 - 2303		23	49	248	425	648	789	1000	1211	1422
2304 - 2306		23	48	247	424	647	788	999	1210	1421
2307 - 2310		23	47	246	423	646	787	998	1209	1420
2311 - 2313*		23	46	245*	422	645	786	997	1208	1419
2314 - 2316		23	45	244	421	644	785	996	1207	1418
2317 - 2320		23	44	243	420	643	784	995	1206	1417
2321 - 2323		23	43	242	419	642	783	994	1205	1416
2324 - 2326		23	42	241	418	641	782	993	1204	1415
2327 - 2330		23	41	240	417	640	781	992	1203	1414
2331 - 2333		23	40	239	416	639	780	991	1202	1413
2334 - 2336		23	39	238	415	638	779	990	1201	1412
2337 - 2340		23	38	237	414	637	778	989	1200	1411
2341 - 2343		23	37	236	413	636	777	988	1199	1410
2344 - 2346		23	36	235	412	635	776	987	1198	1409
2347 - 2350		23	35	234	411	634	775	986	1197	1408
2351 - 2353		23	34	233	410	633	774	985	1196	1407
2354 - 2356		23	33	232	409	632	773	984	1195	1406
2357 - 2360		23	32	231	408	631	772	983	1194	1405
2361 - 2363		23	31	230	407	630	771	982	1193	1404
2364 - 2366		23	30	229	406	629	770	981	1192	1403
2367 - 2370		23	29	228	405	628	769	980	1191	1402
2371 - 2373		23	28	227	404	627	768	979	1190	1401
2374 - 2376		23	27	226	403	626	767	978	1189	1400
2377 - 2380		23	26	225	402	625	766	977	1188	1399
2381 - 2383		23	25	224	401	624	765	976	1187	1398

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2384 - 2386		23	24	223	400	623	764	975	1186	1397
2387 - 2390		23	23	222	399	622	763	974	1185	1396
2391 - 2393		23	22	221	398	621	762	973	1184	1395
2394 - 2396		23	21	220	397	620	761	972	1183	1394
2397 - 2400		23	20	219	396	619	760	971	1182	1393
2401 - 2403		23	19	218	395	618	759	970	1181	1392
2404 - 2406		23	18	217	394	617	758	969	1180	1391
2407 - 2410		23	17	216	393	616	757	968	1179	1390
2411 - 2413		23	16	215	392	615	756	967	1178	1389
2414 - 2416		23	15	214	391	614	755	966	1177	1388
2417 - 2420		23	14	213	390	613	754	965	1176	1387
2421 - 2423		23	13	212	389	612	753	964	1175	1386
2424 - 2426		23	12	211	388	611	752	963	1174	1385
2427 - 2430		23	11	210	387	610	751	962	1173	1384
2431 - 2433		23	10	209	386	609	750	961	1172	1383
2434 - 2436		23	9	208	385	608	749	960	1171	1382
2437 - 2440		23	8	207	384	607	748	959	1170	1381
2441 - 2443		23	7	206	383	606	747	958	1169	1380
2444 - 2446		23	6	205	382	605	746	957	1168	1379
2447 - 2450		23	5	204	381	604	745	956	1167	1378
2451 - 2453		23	4	203	380	603	744	955	1166	1377
2454 - 2456		23	3	202	379	602	743	954	1165	1376
2457 - 2460		23	2	201	378	601	742	953	1164	1375
2461 - 2463		23	1	200	377	600	741	952	1163	1374
2464 - 2466		23		199	376	599	740	951	1162	1373
2467 - 2470		23		198	375	598	739	950	1161	1372
2471 - 2473		23		197	374	597	738	949	1160	1371
2474 - 2476		23		196	373	596	737	948	1159	1370
2477 - 2480		23		195	372	595	736	947	1158	1369
2481 - 2483		23		194	371	594	735	946	1157	1368
2484 - 2486		23		193	370	593	734	945	1156	1367
2487 - 2490		23		192	369	592	733	944	1155	1366

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2491 - 2493		23		191	368	591	732	943	1154	1365
2494 - 2496		23		190	367	590	731	942	1153	1364
2497 - 2500		23		189	366	589	730	941	1152	1363
2501 - 2503		23		188	365	588	729	940	1151	1362
2504 - 2506		23		187	364	587	728	939	1150	1361
2507 - 2510		23		186	363	586	727	938	1149	1360
2511 - 2513		23		185	362	585	726	937	1148	1359
2514 - 2516		23		184	361	584	725	936	1147	1358
2517 - 2520		23		183	360	583	724	935	1146	1357
2521 - 2523				182	359	582	723	934	1145	1356
2524 - 2526				181	358	581	722	933	1144	1355
2527 - 2530				180	357	580	721	932	1143	1354
2531 - 2533				179	356	579	720	931	1142	1353
2534 - 2536				178	355	578	719	930	1141	1352
2537 - 2540				177	354	577	718	929	1140	1351
2541 - 2543				176	353	576	717	928	1139	1350
2544 - 2546				175	352	575	716	927	1138	1349
2547 - 2550				174	351	574	715	926	1137	1348
2551 - 2553				173	350	573	714	925	1136	1347
2554 - 2556				172	349	572	713	924	1135	1346
2557 - 2560				171	348	571	712	923	1134	1345
2561 - 2563				170	347	570	711	922	1133	1344
2564 - 2566				169	346	569	710	921	1132	1343
2567 - 2570				168	345	568	709	920	1131	1342
2571 - 2573				167	344	567	708	919	1130	1341
2574 - 2576				166	343	566	707	918	1129	1340
2577 - 2580				165	342	565	706	917	1128	1339
2581 - 2583				164	341	564	705	916	1127	1338
2584 - 2586				163	340	563	704	915	1126	1337
2587 - 2590				162	339	562	703	914	1125	1336
2591 - 2593				161	338	561	702	913	1124	1335
2594 - 2596				160	337	560	701	912	1123	1334
2597 - 2600				159	336	559	700	911	1122	1333

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2601 - 2603				158	335	558	699	910	1121	1332
2604 - 2606				157	334	557	698	909	1120	1331
2607 - 2610				156	333	556	697	908	1119	1330
2611 - 2613				155	332	555	696	907	1118	1329
2614 - 2616				154	331	554	695	906	1117	1328
2617 - 2620				153	330	553	694	905	1116	1327
2621 - 2623				152	329	552	693	904	1115	1326
2624 - 2626				151	328	551	692	903	1114	1325
2627 - 2630				150	327	550	691	902	1113	1324
2631 - 2633				149	326	549	690	901	1112	1323
2634 - 2636				148	325	548	689	900	1111	1322
2637 - 2640				147	324	547	688	899	1110	1321
2641 - 2643				146	323	546	687	898	1109	1320
2644 - 2646				145	322	545	686	897	1108	1319
2647 - 2650				144	321	544	685	896	1107	1318
2651 - 2653				143	320	543	684	895	1106	1317
2654 - 2656				142	319	542	683	894	1105	1316
2657 - 2660				141	318	541	682	893	1104	1315
2661 - 2663				140	317	540	681	892	1103	1314
2664 - 2666				139	316	539	680	891	1102	1313
2667 - 2670				138	315	538	679	890	1101	1312
2671 - 2673				137	314	537	678	889	1100	1311
2674 - 2676				136	313	536	677	888	1099	1310
2677 - 2680				135	312	535	676	887	1098	1309
2681 - 2683				134	311	534	675	886	1097	1308
2684 - 2686				133	310	533	674	885	1096	1307
2687 - 2690				132	309	532	673	884	1095	1306
2691 - 2693				131	308	531	672	883	1094	1305
2694 - 2696				130	307	530	671	882	1093	1304
2697 - 2700				129	306	529	670	881	1092	1303
2701 - 2703				128	305	528	669	880	1091	1302
2704 - 2706*				127	304*	527	668	879	1090	1301
2707 - 2710				126	303	526	667	878	1089	1300

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2711 - 2713				125	302	525	666	877	1088	1299
2714 - 2716				124	301	524	665	876	1087	1298
2717 - 2720				123	300	523	664	875	1086	1297
2721 - 2723				122	299	522	663	874	1085	1296
2724 - 2726				121	298	521	662	873	1084	1295
2727 - 2730				120	297	520	661	872	1083	1294
2731 - 2733				119	296	519	660	871	1082	1293
2734 - 2736				118	295	518	659	870	1081	1292
2737 - 2740				117	294	517	658	869	1080	1291
2741 - 2743				116	293	516	657	868	1079	1290
2744 - 2746				115	292	515	656	867	1078	1289
2747 - 2750				114	291	514	655	866	1077	1288
2751 - 2753				113	290	513	654	865	1076	1287
2754 - 2756				112	289	512	653	864	1075	1286
2757 - 2760				111	288	511	652	863	1074	1285
2761 - 2763				110	287	510	651	862	1073	1284
2764 - 2766				109	286	509	650	861	1072	1283
2767 - 2770				108	285	508	649	860	1071	1282
2771 - 2773				107	284	507	648	859	1070	1281
2774 - 2776				106	283	506	647	858	1069	1280
2777 - 2780				105	282	505	646	857	1068	1279
2781 - 2783				104	281	504	645	856	1067	1278
2784 - 2786				103	280	503	644	855	1066	1277
2787 - 2790				102	279	502	643	854	1065	1276
2791 - 2793				101	278	501	642	853	1064	1275
2794 - 2796				100	277	500	641	852	1063	1274
2797 - 2800				99	276	499	640	851	1062	1273
2801 - 2803				98	275	498	639	850	1061	1272
2804 - 2806				97	274	497	638	849	1060	1271
2807 - 2810				96	273	496	637	848	1059	1270
2811 - 2813				95	272	495	636	847	1058	1269
2814 - 2816				94	271	494	635	846	1057	1268

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2817 - 2820				93	270	493	634	845	1056	1267
2821 - 2823				92	269	492	633	844	1055	1266
2824 - 2826				91	268	491	632	843	1054	1265
2827 - 2830				90	267	490	631	842	1053	1264
2831 - 2833				89	266	489	630	841	1052	1263
2834 - 2836				88	265	488	629	840	1051	1262
2837 - 2840				87	264	487	628	839	1050	1261
2841 - 2843				86	263	486	627	838	1049	1260
2844 - 2846				85	262	485	626	837	1048	1259
2847 - 2850				84	261	484	625	836	1047	1258
2851 - 2853				83	260	483	624	835	1046	1257
2854 - 2856				82	259	482	623	834	1045	1256
2857 - 2860				81	258	481	622	833	1044	1255
2861 - 2863				80	257	480	621	832	1043	1254
2864 - 2866				79	256	479	620	831	1042	1253
2867 - 2870				78	255	478	619	830	1041	1252
2871 - 2873				77	254	477	618	829	1040	1251
2874 - 2876				76	253	476	617	828	1039	1250
2877 - 2880				75	252	475	616	827	1038	1249
2881 - 2883				74	251	474	615	826	1037	1248
2884 - 2886				73	250	473	614	825	1036	1247
2887 - 2890				72	249	472	613	824	1035	1246
2891 - 2893				71	248	471	612	823	1034	1245
2894 - 2896				70	247	470	611	822	1033	1244
2897 - 2900				69	246	469	610	821	1032	1243
2901 - 2903				68	245	468	609	820	1031	1242
2904 - 2906				67	244	467	608	819	1030	1241
2907 - 2910				66	243	466	607	818	1029	1240
2911 - 2913				65	242	465	606	817	1028	1239
2914 - 2916				64	241	464	605	816	1027	1238
2917 - 2920				63	240	463	604	815	1026	1237
2921 - 2923				62	239	462	603	814	1025	1236
2924 - 2926				61	238	461	602	813	1024	1235

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
2927 - 2930				60	237	460	601	812	1023	1234
2931 - 2933				59	236	459	600	811	1022	1233
2934 - 2936				58	235	458	599	810	1021	1232
2937 - 2940				57	234	457	598	809	1020	1231
2941 - 2943				56	233	456	597	808	1019	1230
2944 - 2946				55	232	455	596	807	1018	1229
2947 - 2950				54	231	454	595	806	1017	1228
2951 - 2953				53	230	453	594	805	1016	1227
2954 - 2956				52	229	452	593	804	1015	1226
2957 - 2960				51	228	451	592	803	1014	1225
2961 - 2963				50	227	450	591	802	1013	1224
2964 - 2966				49	226	449	590	801	1012	1223
2967 - 2970				48	225	448	589	800	1011	1222
2971 - 2973				47	224	447	588	799	1010	1221
2974 - 2976				46	223	446	587	798	1009	1220
2977 - 2980				45	222	445	586	797	1008	1219
2981 - 2983				44	221	444	585	796	1007	1218
2984 - 2986				43	220	443	584	795	1006	1217
2987 - 2990				42	219	442	583	794	1005	1216
2991 - 2993				41	218	441	582	793	1004	1215
2994 - 2996				40	217	440	581	792	1003	1214
2997 - 3000				39	216	439	580	791	1002	1213
3001 - 3003				38	215	438	579	790	1001	1212
3004 - 3006				37	214	437	578	789	1000	1211
3007 - 3010				36	213	436	577	788	999	1210
3011 - 3013				35	212	435	576	787	998	1209
3014 - 3016				34	211	434	575	786	997	1208
3017 - 3020				33	210	433	574	785	996	1207
3021 - 3023				32	209	432	573	784	995	1206
3024 - 3026				31	208	431	572	783	994	1205
3027 - 3030				30	207	430	571	782	993	1204
3031 - 3033				29	206	429	570	781	992	1203

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3034 - 3036				28	205	428	569	780	991	1202
3037 - 3040				27	204	427	568	779	990	1201
3041 - 3043				26	203	426	567	778	989	1200
3044 - 3046				25	202	425	566	777	988	1199
3047 - 3050				24	201	424	565	776	987	1198
3051 - 3053				23	200	423	564	775	986	1197
3054 - 3056				22	199	422	563	774	985	1196
3057 - 3060				21	198	421	562	773	984	1195
3061 - 3063				20	197	420	561	772	983	1194
3064 - 3066				19	196	419	560	771	982	1193
3067 - 3070				18	195	418	559	770	981	1192
3071 - 3073				17	194	417	558	769	980	1191
3074 - 3076				16	193	416	557	768	979	1190
3077 - 3080				15	192	415	556	767	978	1189
3081 - 3083				14	191	414	555	766	977	1188
3084 - 3086				13	190	413	554	765	976	1187
3087 - 3090				12	189	412	553	764	975	1186
3091 - 3093				11	188	411	552	763	974	1185
3094 - 3096				10	187	410	551	762	973	1184
3097 - 3100*				9	186	409*	550	761	972	1183
3101 - 3103				8	185	408	549	760	971	1182
3104 - 3106				7	184	407	548	759	970	1181
3107 - 3110				6	183	406	547	758	969	1180
3111 - 3113				5	182	405	546	757	968	1179
3114 - 3116				4	181	404	545	756	967	1178
3117 - 3120				3	180	403	544	755	966	1177
3121 - 3123				2	179	402	543	754	965	1176
3124 - 3126				1	178	401	542	753	964	1175
3127 - 3130					177	400	541	752	963	1174
3131 - 3133					176	399	540	751	962	1173
3134 - 3136					175	398	539	750	961	1172
3137 - 3140					174	397	538	749	960	1171
3141 - 3143					173	396	537	748	959	1170

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3144 - 3146					172	395	536	747	958	1169
3147 - 3150					171	394	535	746	957	1168
3151 - 3153					170	393	534	745	956	1167
3154 - 3156					169	392	533	744	955	1166
3157 - 3160					168	391	532	743	954	1165
3161 - 3163					167	390	531	742	953	1164
3164 - 3166					166	389	530	741	952	1163
3167 - 3170					165	388	529	740	951	1162
3171 - 3173					164	387	528	739	950	1161
3174 - 3176					163	386	527	738	949	1160
3177 - 3180					162	385	526	737	948	1159
3181 - 3183					161	384	525	736	947	1158
3184 - 3186					160	383	524	735	946	1157
3187 - 3190					159	382	523	734	945	1156
3191 - 3193					158	381	522	733	944	1155
3194 - 3196					157	380	521	732	943	1154
3197 - 3200					156	379	520	731	942	1153
3201 - 3203					155	378	519	730	941	1152
3204 - 3206					154	377	518	729	940	1151
3207 - 3210					153	376	517	728	939	1150
3211 - 3213					152	375	516	727	938	1149
3214 - 3216					151	374	515	726	937	1148
3217 - 3220					150	373	514	725	936	1147
3221 - 3223					149	372	513	724	935	1146
3224 - 3226					148	371	512	723	934	1145
3227 - 3230					147	370	511	722	933	1144
3231 - 3233					146	369	510	721	932	1143
3234 - 3236					145	368	509	720	931	1142
3237 - 3240					144	367	508	719	930	1141
3241 - 3243					143	366	507	718	929	1140
3244 - 3246					142	365	506	717	928	1139
3247 - 3250					141	364	505	716	927	1138

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3251 - 3253					140	363	504	715	926	1137
3254 - 3256					139	362	503	714	925	1136
3257 - 3260					138	361	502	713	924	1135
3261 - 3263					137	360	501	712	923	1134
3264 - 3266					136	359	500	711	922	1133
3267 - 3270					135	358	499	710	921	1132
3271 - 3273					134	357	498	709	920	1131
3274 - 3276					133	356	497	708	919	1130
3277 - 3280					132	355	496	707	918	1129
3281 - 3283					131	354	495	706	917	1128
3284 - 3286					130	353	494	705	916	1127
3287 - 3290					129	352	493	704	915	1126
3291 - 3293					128	351	492	703	914	1125
3294 - 3296					127	350	491	702	913	1124
3297 - 3300					126	349	490	701	912	1123
3301 - 3303					125	348	489	700	911	1122
3304 - 3306					124	347	488	699	910	1121
3307 - 3310					123	346	487	698	909	1120
3311 - 3313					122	345	486	697	908	1119
3314 - 3316					121	344	485	696	907	1118
3317 - 3320					120	343	484	695	906	1117
3321 - 3323					119	342	483	694	905	1116
3324 - 3326					118	341	482	693	904	1115
3327 - 3330					117	340	481	692	903	1114
3331 - 3333					116	339	480	691	902	1113
3334 - 3336					115	338	479	690	901	1112
3337 - 3340					114	337	478	689	900	1111
3341 - 3343					113	336	477	688	899	1110
3344 - 3346					112	335	476	687	898	1109
3347 - 3350					111	334	475	686	897	1108
3351 - 3353					110	333	474	685	896	1107
3354 - 3356					109	332	473	684	895	1106
3357 - 3360					108	331	472	683	894	1105

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3361 - 3363					107	330	471	682	893	1104
3364 - 3366					106	329	470	681	892	1103
3367 - 3370					105	328	469	680	891	1102
3371 - 3373					104	327	468	679	890	1101
3374 - 3376					103	326	467	678	889	1100
3377 - 3380					102	325	466	677	888	1099
3381 - 3383					101	324	465	676	887	1098
3384 - 3386					100	323	464	675	886	1097
3387 - 3390					99	322	463	674	885	1096
3391 - 3393					98	321	462	673	884	1095
3394 - 3396					97	320	461	672	883	1094
3397 - 3400					96	319	460	671	882	1093
3401 - 3403					95	318	459	670	881	1092
3404 - 3406					94	317	458	669	880	1091
3407 - 3410					93	316	457	668	879	1090
3411 - 3413					92	315	456	667	878	1089
3414 - 3416					91	314	455	666	877	1088
3417 - 3420					90	313	454	665	876	1087
3421 - 3423					89	312	453	664	875	1086
3424 - 3426					88	311	452	663	874	1085
3427 - 3430					87	310	451	662	873	1084
3431 - 3433					86	309	450	661	872	1083
3434 - 3436					85	308	449	660	871	1082
3437 - 3440					84	307	448	659	870	1081
3441 - 3443					83	306	447	658	869	1080
3444 - 3446					82	305	446	657	868	1079
3447 - 3450					81	304	445	656	867	1078
3451 - 3453					80	303	444	655	866	1077
3454 - 3456					79	302	443	654	865	1076
3457 - 3460					78	301	442	653	864	1075
3461 - 3463					77	300	441	652	863	1074
3464 - 3466					76	299	440	651	862	1073
3467 - 3470					75	298	439	650	861	1072

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3471 - 3473					74	297	438	649	860	1071
3474 - 3476					73	296	437	648	859	1070
3477 - 3480					72	295	436	647	858	1069
3481 - 3483					71	294	435	646	857	1068
3484 - 3486					70	293	434	645	856	1067
3487 - 3490					69	292	433	644	855	1066
3491 - 3493*					68	291	432*	643	854	1065
3494 - 3496					67	290	431	642	853	1064
3497 - 3500					66	289	430	641	852	1063
3501 - 3503					65	288	429	640	851	1062
3504 - 3506					64	287	428	639	850	1061
3507 - 3510					63	286	427	638	849	1060
3511 - 3513					62	285	426	637	848	1059
3514 - 3516					61	284	425	636	847	1058
3517 - 3520					60	283	424	635	846	1057
3521 - 3523					59	282	423	634	845	1056
3524 - 3526					58	281	422	633	844	1055
3527 - 3530					57	280	421	632	843	1054
3531 - 3533					56	279	420	631	842	1053
3534 - 3536					55	278	419	630	841	1052
3537 - 3540					54	277	418	629	840	1051
3541 - 3543					53	276	417	628	839	1050
3544 - 3546					52	275	416	627	838	1049
3547 - 3550					51	274	415	626	837	1048
3551 - 3553					50	273	414	625	836	1047
3554 - 3556					49	272	413	624	835	1046
3557 - 3560					48	271	412	623	834	1045
3561 - 3563					47	270	411	622	833	1044
3564 - 3566					46	269	410	621	832	1043
3567 - 3570					45	268	409	620	831	1042
3571 - 3573					44	267	408	619	830	1041
3574 - 3576					43	266	407	618	829	1040

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3577 - 3580					42	265	406	617	828	1039
3581 - 3583					41	264	405	616	827	1038
3584 - 3586					40	263	404	615	826	1037
3587 - 3590					39	262	403	614	825	1036
3591 - 3593					38	261	402	613	824	1035
3594 - 3596					37	260	401	612	823	1034
3597 - 3600					36	259	400	611	822	1033
3601 - 3603					35	258	399	610	821	1032
3604 - 3606					34	257	398	609	820	1031
3607 - 3610					33	256	397	608	819	1030
3611 - 3613					32	255	396	607	818	1029
3614 - 3616					31	254	395	606	817	1028
3617 - 3620					30	253	394	605	816	1027
3621 - 3623					29	252	393	604	815	1026
3624 - 3626					28	251	392	603	814	1025
3627 - 3630					27	250	391	602	813	1024
3631 - 3633					26	249	390	601	812	1023
3634 - 3636					25	248	389	600	811	1022
3637 - 3640					24	247	388	599	810	1021
3641 - 3643					23	246	387	598	809	1020
3644 - 3646					22	245	386	597	808	1019
3647 - 3650					21	244	385	596	807	1018
3651 - 3653					20	243	384	595	806	1017
3654 - 3656					19	242	383	594	805	1016
3657 - 3660					18	241	382	593	804	1015
3661 - 3663					17	240	381	592	803	1014
3664 - 3666					16	239	380	591	802	1013
3667 - 3670					15	238	379	590	801	1012
3671 - 3673					14	237	378	589	800	1011
3674 - 3676					13	236	377	588	799	1010
3677 - 3680					12	235	376	587	798	1009
3681 - 3683					11	234	375	586	797	1008
3684 - 3686					10	233	374	585	796	1007

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3687 - 3690					9	232	373	584	795	1006
3691 - 3693					8	231	372	583	794	1005
3694 - 3696					7	230	371	582	793	1004
3697 - 3700					6	229	370	581	792	1003
3701 - 3703					5	228	369	580	791	1002
3704 - 3706					4	227	368	579	790	1001
3707 - 3710					3	226	367	578	789	1000
3711 - 3713					2	225	366	577	788	999
3714 - 3716					1	224	365	576	787	998
3717 - 3720						223	364	575	786	997
3721 - 3723						222	363	574	785	996
3724 - 3726						221	362	573	784	995
3727 - 3730						220	361	572	783	994
3731 - 3733						219	360	571	782	993
3734 - 3736						218	359	570	781	992
3737 - 3740						217	358	569	780	991
3741 - 3743						216	357	568	779	990
3744 - 3746						215	356	567	778	989
3747 - 3750						214	355	566	777	988
3751 - 3753						213	354	565	776	987
3754 - 3756						212	353	564	775	986
3757 - 3760						211	352	563	774	985
3761 - 3763						210	351	562	773	984
3764 - 3766						209	350	561	772	983
3767 - 3770						208	349	560	771	982
3771 - 3773						207	348	559	770	981
3774 - 3776						206	347	558	769	980
3777 - 3780						205	346	557	768	979
3781 - 3783						204	345	556	767	978
3784 - 3786						203	344	555	766	977
3787 - 3790						202	343	554	765	976
3791 - 3793						201	342	553	764	975

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3794 - 3796						200	341	552	763	974
3797 - 3800						199	340	551	762	973
3801 - 3803						198	339	550	761	972
3804 - 3806						197	338	549	760	971
3807 - 3810						196	337	548	759	970
3811 - 3813						195	336	547	758	969
3814 - 3816						194	335	546	757	968
3817 - 3820						193	334	545	756	967
3821 - 3823						192	333	544	755	966
3824 - 3826						191	332	543	754	965
3827 - 3830						190	331	542	753	964
3831 - 3833						189	330	541	752	963
3834 - 3836						188	329	540	751	962
3837 - 3840						187	328	539	750	961
3841 - 3843						186	327	538	749	960
3844 - 3846						185	326	537	748	959
3847 - 3850						184	325	536	747	958
3851 - 3853						183	324	535	746	957
3854 - 3856						182	323	534	745	956
3857 - 3860						181	322	533	744	955
3861 - 3863						180	321	532	743	954
3864 - 3866						179	320	531	742	953
3867 - 3870						178	319	530	741	952
3871 - 3873						177	318	529	740	951
3874 - 3876						176	317	528	739	950
3877 - 3880						175	316	527	738	949
3881 - 3883						174	315	526	737	948
3884 - 3886*						173	314	525*	736	947
3887 - 3890						172	313	524	735	946
3891 - 3893						171	312	523	734	945
3894 - 3896						170	311	522	733	944
3897 - 3900						169	310	521	732	943
3901 - 3903						168	309	520	731	942

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
3904 - 3906						167	308	519	730	941
3907 - 3910						166	307	518	729	940
3911 - 3913						165	306	517	728	939
3914 - 3916						164	305	516	727	938
3917 - 3920						163	304	515	726	937
3921 - 3923						162	303	514	725	936
3924 - 3926						161	302	513	724	935
3927 - 3930						160	301	512	723	934
3931 - 3933						159	300	511	722	933
3934 - 3936						158	299	510	721	932
3937 - 3940						157	298	509	720	931
3941 - 3943						156	297	508	719	930
3944 - 3946						155	296	507	718	929
3947 - 3950						154	295	506	717	928
3951 - 3953						153	294	505	716	927
3954 - 3956						152	293	504	715	926
3957 - 3960						151	292	503	714	925
3961 - 3963						150	291	502	713	924
3964 - 3966						149	290	501	712	923
3967 - 3970						148	289	500	711	922
3971 - 3973						147	288	499	710	921
3974 - 3976						146	287	498	709	920
3977 - 3980						145	286	497	708	919
3981 - 3983						144	285	496	707	918
3984 - 3986						143	284	495	706	917
3987 - 3990						142	283	494	705	916
3991 - 3993						141	282	493	704	915
3994 - 3996						140	281	492	703	914
3997 - 4000						139	280	491	702	913
4001 - 4003						138	279	490	701	912
4004 - 4006						137	278	489	700	911
4007 - 4010						136	277	488	699	910

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4011 - 4013						135	276	487	698	909
4014 - 4016						134	275	486	697	908
4017 - 4020						133	274	485	696	907
4021 - 4023						132	273	484	695	906
4024 - 4026						131	272	483	694	905
4027 - 4030						130	271	482	693	904
4031 - 4033						129	270	481	692	903
4034 - 4036						128	269	480	691	902
4037 - 4040						127	268	479	690	901
4041 - 4043						126	267	478	689	900
4044 - 4046						125	266	477	688	899
4047 - 4050						124	265	476	687	898
4051 - 4053						123	264	475	686	897
4054 - 4056						122	263	474	685	896
4057 - 4060						121	262	473	684	895
4061 - 4063						120	261	472	683	894
4064 - 4066						119	260	471	682	893
4067 - 4070						118	259	470	681	892
4071 - 4073						117	258	469	680	891
4074 - 4076						116	257	468	679	890
4077 - 4080						115	256	467	678	889
4081 - 4083						114	255	466	677	888
4084 - 4086						113	254	465	676	887
4087 - 4090						112	253	464	675	886
4091 - 4093						111	252	463	674	885
4094 - 4096						110	251	462	673	884
4097 - 4100						109	250	461	672	883
4101 - 4103						108	249	460	671	882
4104 - 4106						107	248	459	670	881
4107 - 4110						106	247	458	669	880
4111 - 4113						105	246	457	668	879
4114 - 4116						104	245	456	667	878
4117 - 4120						103	244	455	666	877

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4121 - 4123						102	243	454	665	876
4124 - 4126						101	242	453	664	875
4127 - 4130						100	241	452	663	874
4131 - 4133						99	240	451	662	873
4134 - 4136						98	239	450	661	872
4137 - 4140						97	238	449	660	871
4141 - 4143						96	237	448	659	870
4144 - 4146						95	236	447	658	869
4147 - 4150						94	235	446	657	868
4151 - 4153						93	234	445	656	867
4154 - 4156						92	233	444	655	866
4157 - 4160						91	232	443	654	865
4161 - 4163						90	231	442	653	864
4164 - 4166						89	230	441	652	863
4167 - 4170						88	229	440	651	862
4171 - 4173						87	228	439	650	861
4174 - 4176						86	227	438	649	860
4177 - 4180						85	226	437	648	859
4181 - 4183						84	225	436	647	858
4184 - 4186						83	224	435	646	857
4187 - 4190						82	223	434	645	856
4191 - 4193						81	222	433	644	855
4194 - 4196						80	221	432	643	854
4197 - 4200						79	220	431	642	853
4201 - 4203						78	219	430	641	852
4204 - 4206						77	218	429	640	851
4207 - 4210						76	217	428	639	850
4211 - 4213						75	216	427	638	849
4214 - 4216						74	215	426	637	848
4217 - 4220						73	214	425	636	847
4221 - 4223						72	213	424	635	846
4224 - 4226						71	212	423	634	845
4227 - 4230						70	211	422	633	844

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4231 - 4233						69	210	421	632	843
4234 - 4236						68	209	420	631	842
4237 - 4240						67	208	419	630	841
4241 - 4243						66	207	418	629	840
4244 - 4246						65	206	417	628	839
4247 - 4250						64	205	416	627	838
4251 - 4253						63	204	415	626	837
4254 - 4256						62	203	414	625	836
4257 - 4260						61	202	413	624	835
4261 - 4263						60	201	412	623	834
4264 - 4266						59	200	411	622	833
4267 - 4270						58	199	410	621	832
4271 - 4273						57	198	409	620	831
4274 - 4276						56	197	408	619	830
4277 - 4280*						55	196	407	618*	829
4281 - 4283						54	195	406	617	828
4284 - 4286						53	194	405	616	827
4287 - 4290						52	193	404	615	826
4291 - 4293						51	192	403	614	825
4294 - 4296						50	191	402	613	824
4297 - 4300						49	190	401	612	823
4301 - 4303						48	189	400	611	822
4304 - 4306						47	188	399	610	821
4307 - 4310						46	187	398	609	820
4311 - 4313						45	186	397	608	819
4314 - 4316						44	185	396	607	818
4317 - 4320						43	184	395	606	817
4321 - 4323						42	183	394	605	816
4324 - 4326						41	182	393	604	815
4327 - 4330						40	181	392	603	814
4331 - 4333						39	180	391	602	813
4334 - 4336						38	179	390	601	812

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4337 - 4340						37	178	389	600	811
4341 - 4343						36	177	388	599	810
4344 - 4346						35	176	387	598	809
4347 - 4350						34	175	386	597	808
4351 - 4353						33	174	385	596	807
4354 - 4356						32	173	384	595	806
4357 - 4360						31	172	383	594	805
4361 - 4363						30	171	382	593	804
4364 - 4366						29	170	381	592	803
4367 - 4370						28	169	380	591	802
4371 - 4373						27	168	379	590	801
4374 - 4376						26	167	378	589	800
4377 - 4380						25	166	377	588	799
4381 - 4383						24	165	376	587	798
4384 - 4386						23	164	375	586	797
4387 - 4390						22	163	374	585	796
4391 - 4393						21	162	373	584	795
4394 - 4396						20	161	372	583	794
4397 - 4400						19	160	371	582	793
4401 - 4403						18	159	370	581	792
4404 - 4406						17	158	369	580	791
4407 - 4410						16	157	368	579	790
4411 - 4413						15	156	367	578	789
4414 - 4416						14	155	366	577	788
4417 - 4420						13	154	365	576	787
4421 - 4423						12	153	364	575	786
4424 - 4426						11	152	363	574	785
4427 - 4430						10	151	362	573	784
4431 - 4433						9	150	361	572	783
4434 - 4436						8	149	360	571	782
4437 - 4440						7	148	359	570	781
4441 - 4443						6	147	358	569	780
4444 - 4446						5	146	357	568	779

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4447 - 4450						4	145	356	567	778
4451 - 4453						3	144	355	566	777
4454 - 4456						2	143	354	565	776
4457 - 4460						1	142	353	564	775
4461 - 4463							141	352	563	774
4464 - 4466							140	351	562	773
4467 - 4470							139	350	561	772
4471 - 4473							138	349	560	771
4474 - 4476							137	348	559	770
4477 - 4480							136	347	558	769
4481 - 4483							135	346	557	768
4484 - 4486							134	345	556	767
4487 - 4490							133	344	555	766
4491 - 4493							132	343	554	765
4494 - 4496							131	342	553	764
4497 - 4500							130	341	552	763
4501 - 4503							129	340	551	762
4504 - 4506							128	339	550	761
4507 - 4510							127	338	549	760
4511 - 4513							126	337	548	759
4514 - 4516							125	336	547	758
4517 - 4520							124	335	546	757
4521 - 4523							123	334	545	756
4524 - 4526							122	333	544	755
4527 - 4530							121	332	543	754
4531 - 4533							120	331	542	753
4534 - 4536							119	330	541	752
4537 - 4540							118	329	540	751
4541 - 4543							117	328	539	750
4544 - 4546							116	327	538	749
4547 - 4550							115	326	537	748
4551 - 4553							114	325	536	747

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4554 - 4556							113	324	535	746
4557 - 4560							112	323	534	745
4561 - 4563							111	322	533	744
4564 - 4566							110	321	532	743
4567 - 4570							109	320	531	742
4571 - 4573							108	319	530	741
4574 - 4576							107	318	529	740
4577 - 4580							106	317	528	739
4581 - 4583							105	316	527	738
4584 - 4586							104	315	526	737
4587 - 4590							103	314	525	736
4591 - 4593							102	313	524	735
4594 - 4596							101	312	523	734
4597 - 4600							100	311	522	733
4601 - 4603							99	310	521	732
4604 - 4606							98	309	520	731
4607 - 4610							97	308	519	730
4611 - 4613							96	307	518	729
4614 - 4616							95	306	517	728
4617 - 4620							94	305	516	727
4621 - 4623							93	304	515	726
4624 - 4626							92	303	514	725
4627 - 4630							91	302	513	724
4631 - 4633							90	301	512	723
4634 - 4636							89	300	511	722
4637 - 4640							88	299	510	721
4641 - 4643							87	298	509	720
4644 - 4646							86	297	508	719
4647 - 4650							85	296	507	718
4651 - 4653							84	295	506	717
4654 - 4656							83	294	505	716
4657 - 4660							82	293	504	715
4661 - 4663							81	292	503	714

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4664 - 4666							80	291	502	713
4667 - 4670							79	290	501	712
4671 - 4673							78	289	500	711
4674* - 4676							77	288	499	710*
4677 - 4680							76	287	498	709
4681 - 4683							75	286	497	708
4684 - 4686							74	285	496	707
4687 - 4690							73	284	495	706
4691 - 4693							72	283	494	705
4694 - 4696							71	282	493	704
4697 - 4700							70	281	492	703
4701 - 4703							69	280	491	702
4704 - 4706							68	279	490	701
4707 - 4710							67	278	489	700
4711 - 4713							66	277	488	699
4714 - 4716							65	276	487	698
4717 - 4720							64	275	486	697
4721 - 4723							63	274	485	696
4724 - 4726							62	273	484	695
4727 - 4730							61	272	483	694
4731 - 4733							60	271	482	693
4734 - 4736							59	270	481	692
4737 - 4740							58	269	480	691
4741 - 4743							57	268	479	690
4744 - 4746							56	267	478	689
4747 - 4750							55	266	477	688
4751 - 4753							54	265	476	687
4754 - 4756							53	264	475	686
4757 - 4760							52	263	474	685
4761 - 4763							51	262	473	684
4764 - 4766							50	261	472	683
4767 - 4770							49	260	471	682

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4771 - 4773							48	259	470	681
4774 - 4776							47	258	469	680
4777 - 4780							46	257	468	679
4781 - 4783							45	256	467	678
4784 - 4786							44	255	466	677
4787 - 4790							43	254	465	676
4791 - 4793							42	253	464	675
4794 - 4796							41	252	463	674
4797 - 4800							40	251	462	673
4801 - 4803							39	250	461	672
4804 - 4806							38	249	460	671
4807 - 4810							37	248	459	670
4811 - 4813							36	247	458	669
4814 - 4816							35	246	457	668
4817 - 4820							34	245	456	667
4821 - 4823							33	244	455	666
4824 - 4826							32	243	454	665
4827 - 4830							31	242	453	664
4831 - 4833							30	241	452	663
4834 - 4836							29	240	451	662
4837 - 4840							28	239	450	661
4841 - 4843							27	238	449	660
4844 - 4846							26	237	448	659
4847 - 4850							25	236	447	658
4851 - 4853							24	235	446	657
4854 - 4856							23	234	445	656
4857 - 4860							22	233	444	655
4861 - 4863							21	232	443	654
4864 - 4866							20	231	442	653
4867 - 4870							19	230	441	652
4871 - 4873							18	229	440	651
4874 - 4876							17	228	439	650
4877 - 4880							16	227	438	649

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4881 - 4883							15	226	437	648
4884 - 4886							14	225	436	647
4887 - 4890							13	224	435	646
4891 - 4893							12	223	434	645
4894 - 4896							11	222	433	644
4897 - 4900							10	221	432	643
4901 - 4903							9	220	431	642
4904 - 4906							8	219	430	641
4907 - 4910							7	218	429	640
4911 - 4913							6	217	428	639
4914 - 4916							5	216	427	638
4917 - 4920							4	215	426	637
4921 - 4923							3	214	425	636
4924 - 4926							2	213	424	635
4927 - 4930							1	212	423	634
4931 - 4933								211	422	633
4934 - 4936								210	421	632
4937 - 4940								209	420	631
4941 - 4943								208	419	630
4944 - 4946								207	418	629
4947 - 4950								206	417	628
4951 - 4953								205	416	627
4954 - 4956								204	415	626
4957 - 4960								203	414	625
4961 - 4963								202	413	624
4964 - 4966								201	412	623
4967 - 4970								200	411	622
4971 - 4973								199	410	621
4974 - 4976								198	409	620
4977 - 4980								197	408	619
4981 - 4983								196	407	618
4984 - 4986								195	406	617
4987 - 4990								194	405	616

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
4991 - 4993								193	404	615
4994 - 4996								192	403	614
4997 - 5000								191	402	613
5001 - 5003								190	401	612
5004 - 5006								189	400	611
5007 - 5010								188	399	610
5011 - 5013								187	398	609
5014 - 5016								186	397	608
5017 - 5020								185	396	607
5021 - 5023								184	395	606
5024 - 5026								183	394	605
5027 - 5030								182	393	604
5031 - 5033								181	392	603
5034 - 5036								180	391	602
5037 - 5040								179	390	601
5041 - 5043								178	389	600
5044 - 5046								177	388	599
5047 - 5050								176	387	598
5051 - 5053								175	386	597
5054 - 5056								174	385	596
5057 - 5060								173	384	595
5061 - 5063								172	383	594
5064 - 5066								171	382	593
5067 - 5070								170	381	592
5071 - 5073								169	380	591
5074 - 5076								168	379	590
5077 - 5080								167	378	589
5081 - 5083								166	377	588
5084 - 5086								165	376	587
5087 - 5090								164	375	586
5091 - 5093								163	374	585
5094 - 5096								162	373	584
5097 - 5100								161	372	583

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5101 - 5103								160	371	582
5104 - 5106								159	370	581
5107 - 5110								158	369	580
5111 - 5113								157	368	579
5114 - 5116								156	367	578
5117 - 5120								155	366	577
5121 - 5123								154	365	576
5124 - 5126								153	364	575
5127 - 5130								152	363	574
5131 - 5133								151	362	573
5134 - 5136								150	361	572
5137 - 5140								149	360	571
5141 - 5143								148	359	570
5144 - 5146								147	358	569
5147 - 5150								146	357	568
5151 - 5153								145	356	567
5154 - 5156								144	355	566
5157 - 5160								143	354	565
5161 - 5163								142	353	564
5164 - 5166								141	352	563
5167 - 5170								140	351	562
5171 - 5173								139	350	561
5174 - 5176								138	349	560
5177 - 5180								137	348	559
5181 - 5183								136	347	558
5184 - 5186								135	346	557
5187 - 5190								134	345	556
5191 - 5193								133	344	555
5194 - 5196								132	343	554
5197 - 5200								131	342	553
5201 - 5203								130	341	552
5204 - 5206								129	340	551
5207 - 5210								128	339	550

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5211 - 5213								127	338	549
5214 - 5216								126	337	548
5217 - 5220								125	336	547
5221 - 5223								124	335	546
5224 - 5226								123	334	545
5227 - 5230								122	333	544
5231 - 5233								121	332	543
5234 - 5236								120	331	542
5237 - 5240								119	330	541
5241 - 5243								118	329	540
5244 - 5246								117	328	539
5247 - 5250								116	327	538
5251 - 5253								115	326	537
5254 - 5256								114	325	536
5257 - 5260								113	324	535
5261 - 5263								112	323	534
5264 - 5266								111	322	533
5267 - 5270								110	321	532
5271 - 5273								109	320	531
5274 - 5276								108	319	530
5277 - 5280								107	318	529
5281 - 5283								106	317	528
5284 - 5286								105	316	527
5287 - 5290								104	315	526
5291 - 5293								103	314	525
5294 - 5296								102	313	524
5297 - 5300								101	312	523
5301 - 5303								100	311	522
5304 - 5306								99	310	521
5307 - 5310								98	309	520
5311 - 5313								97	308	519
5314 - 5316								96	307	518

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5317 - 5320								95	306	517
5321 - 5323								94	305	516
5324 - 5326								93	304	515
5327 - 5330								92	303	514
5331 - 5333								91	302	513
5334 - 5336								90	301	512
5337 - 5340								89	300	511
5341 - 5343								88	299	510
5344 - 5346								87	298	509
5347 - 5350								86	297	508
5351 - 5353								85	296	507
5354 - 5356								84	295	506
5357 - 5360								83	294	505
5361 - 5363								82	293	504
5364 - 5366								81	292	503
5367 - 5370								80	291	502
5371 - 5373								79	290	501
5374 - 5376								78	289	500
5377 - 5380								77	288	499
5381 - 5383								76	287	498
5384 - 5386								75	286	497
5387 - 5390								74	285	496
5391 - 5393								73	284	495
5394 - 5396								72	283	494
5397 - 5400								71	282	493
5401 - 5403								70	281	492
5404 - 5406								69	280	491
5407 - 5410								68	279	490
5411 - 5413								67	278	489
5414 - 5416								66	277	488
5417 - 5420								65	276	487
5421 - 5423								64	275	486
5424 - 5426								63	274	485

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5427 - 5430								62	273	484
5431 - 5433								61	272	483
5434 - 5436								60	271	482
5437 - 5440								59	270	481
5441 - 5443								58	269	480
5444 - 5446								57	268	479
5447 - 5450								56	267	478
5451 - 5453								55	266	477
5454 - 5456								54	265	476
5457 - 5460								53	264	475
5461 - 5463								52	263	474
5464 - 5466								51	262	473
5467 - 5470								50	261	472
5471 - 5473								49	260	471
5474 - 5476								48	259	470
5477 - 5480								47	258	469
5481 - 5483								46	257	468
5484 - 5486								45	256	467
5487 - 5490								44	255	466
5491 - 5493								43	254	465
5494 - 5496								42	253	464
5497 - 5500								41	252	463
5501 - 5503								40	251	462
5504 - 5506								39	250	461
5507 - 5510								38	249	460
5511 - 5513								37	248	459
5514 - 5516								36	247	458
5517 - 5520								35	246	457
5521 - 5523								34	245	456
5524 - 5526								33	244	455
5527 - 5530								32	243	454
5531 - 5533								31	242	453

BASIS OF BENEFIT ISSUANCE
October 2022

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
5644 - 5646									208	419
5647 - 5650									207	418
5651 - 5653									206	417
5654 - 5656									205	416
5657 - 5660									204	415
5661 - 5663									203	414
5664 - 5666									202	413
5667 - 5670									201	412
5671 - 5673									200	411
5674 - 5676									199	410
5677 - 5680									198	409
5681 - 5683									197	408
5684 - 5686									196	407
5687 - 5690									195	406
5691 - 5693									194	405
5694 - 5696									193	404
5697 - 5700									192	403
5701 - 5703									191	402
5704 - 5706									190	401
5707 - 5710									189	400
5711 - 5713									188	399
5714 - 5716									187	398
5717 - 5720									186	397
5721 - 5723									185	396
5724 - 5726									184	395
5727 - 5730									183	394
5731 - 5733									182	393
5734 - 5736									181	392
5737 - 5740									180	391
5741 - 5743									179	390
5744 - 5746									178	389
5747 - 5750									177	388

PART XXIV		FORMS	
<u>FORM NUMBER</u>	<u>NAME</u>		<u>PAGES</u>
032-03-0824-37-eng	APPLICATION FOR BENEFITS		1-16
032-03-729A-19-eng	RENEWAL APPLICATION FOR AG, SNAP, AND TANF		17-26
032-03-0823-11-eng	EVALUATION OF ELIGIBILITY		27-31
032-03-823B-03-eng	PARTIAL REVIEWS AND CHANGES		32-34
032-03-0819-13-eng	SNAP - HOTLINE INFORMATION		35-37
032-03-0821-07-eng	KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP BENEFITS		38-39
032-03-0718-08-eng	EXPEDITED SERVICE CHECKLIST		40-41
032-03-0814-10-eng	CHECKLIST OF NEEDED VERIFICATIONS		42-43
032-03-0117-19-eng	NOTICE OF ACTION		44-47
032-03-0018-33-eng	ADVANCE NOTICE OF PROPOSED ACTION		48-51
032-12-0157-20-eng	NOTICE OF EXPIRATION		52-53a
032-03-0051-40-eng	CHANGE REPORT		54-56
032-03-0153-14-eng	ENTITLEMENT TO RESTORATION OF LOST BENEFITS		57-59
032-03-0148-02-eng	REQUEST FOR CONTACT		60-61
032-03-0649-11-eng	INTERIM REPORT FORM – REQUEST FOR ACTION		67-69
032-03-823A-04-eng	PERMANENT VERIFICATION LOG		70-72
032-03-0388-05-eng	FOOD REPLACEMENT REQUEST		73-74
032-03-0387-06-eng	INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION		75-77
032-02-0072-12-eng	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM		78-80

PART XXIV

FORMS (continued)

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-03-0174-08-eng	SNAP SANCTION NOTICE FOR NON-COMPLIANCE WITH A WORK REQUIREMENT	81-83
032-03-0721-11-eng	NOTICE OF INTENTIONAL PROGRAM VIOLATION	84-86
032-03-0722-06-eng	WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING	87-89
032-03-0725-05-eng	REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING	90-91
032-03-0724-08-eng	ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING	92-94
032-03-0723-10-eng	ADMINISTRATIVE DISQUALIFICATION HEARING DECISION	95-96
032-03-0052-13-eng	NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION	97-98
032-03-0419-03-eng	MISSED INTERVIEW NOTICE	99-100
032-03-0460-04-eng	NOTICE OF ACTION AND EXPIRATION	101-103
032-03-0658-02-eng	NOTICE OF TRANSFER	111-113
032-03-0227-10-eng	CASE RECORD TRANSFER FORM	114-115
032-03-0440-00-eng	RIGHTS AND RESPONSIBILITIES	116-117
032-03-0572-00-eng	COMPROMISING CLAIMS WORKSHEET	118-119
032-03-729B-16-eng	TANF APPLICATION TO ADD NEW ASSISTANCE MEMBERS	120-122
032-03-824A-00-eng	APPLICATION FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)	123-128
032-03-729D-00-eng	RENEWAL APPLICATION FOR ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)	129-132

GENERAL INFORMATION

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

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

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

COMPLETING THE APPLICATION

If you need help completing this application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If there are more than 6 people living in your home and you need more space to list everyone, tell the agency you need extra pages. If you have a disability or have difficulty with English, you may receive extra help to make sure you get the assistance or services you are eligible to receive.

COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you do not give needed information, we may not be able to determine your eligibility for assistance. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud.

FILING THE APPLICATION

You may turn in a partially completed application which contains at least your name, address, and signature (or the signature of your authorized representative), **but you must complete the rest of this application before your eligibility can be determined.** For some programs, you must also be interviewed, but you may turn in your application before your interview. You may turn in your application any time during office hours the same day as you contact your local agency. You have the right to turn in your application even if it looks like you may not be eligible for benefits.

VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Motor Vehicles (DMV)
- US Citizenship and Immigration Services (USCIS)
- Income and Eligibility Verification System (IEVS)

Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. Information may be used to:

- determine the correctness, accuracy, and truthfulness of the application;
- verify your identity and citizenship; verify wages and salary, unemployment benefits, and unearned income, such as Social Security and Supplemental Security Income (SSI) benefits; verify quarters of coverage under Social Security for an alien, or to verify the status of aliens;
- prevent receipt of benefits from more than one social service agency at the same time;
- make required program changes;
- allow disclosure for official examination and to law enforcement officials to assist in apprehending persons fleeing to avoid the law; or
- assist in SNAP claims collection actions.

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

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

SPECIAL INFORMATION FOR SNAP APPLICANTS

You may apply for SNAP benefits by leaving a completed Application for Benefits at the agency or by leaving a partially completed application with at least your name, address, and signature, or by tearing off and leaving the half-sheet on the next page with your name, address, and signature. **You must complete the rest of this Application before your eligibility can be determined.**

You must also be interviewed in the office or by telephone. You may turn in your application before you are interviewed. This is important because if you are eligible for the month in which you apply, your SNAP amount will be based on the date you actually turn in your application.

NONDISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and, in some cases, religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (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: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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
8. Complete **SECTION I** for all programs if you want to have an Authorized Representative act on your behalf.
9. Read **CHANGE REPORTING AND PENALTIES** on pages 9-10.
10. Read and complete the last page of this application. Be sure to sign and date the application.

EXPEDITED SERVICE FOR SNAP BENEFITS

Your household may qualify for Expedited Service and receive SNAP benefits within 7 days if you are eligible. To qualify for Expedited Service: 1) your gross monthly income must be less than \$150 and liquid resources \$100 or less; 2) your monthly shelter bills must be higher than your household's gross monthly income plus your liquid resources; or 3) someone in your household must be a migrant or seasonal farm worker with little or no income and resources. **GIVE THE INFORMATION BELOW SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

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)	
<input type="checkbox"/> Heat <input type="checkbox"/> Lights <input type="checkbox"/> Telephone <input type="checkbox"/> Electricity for Air Conditioning	
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> Other	
Is anyone in your household a migrant or seasonal farm worker?	<input type="checkbox"/> YES <input type="checkbox"/> 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.

_____	_____	_____
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:

AGENCY USE ONLY

CASE NAME

CASE NUMBER

LOCALITY

SCREENER

DATE

EXPEDITED SERVICE DETERMINATION

Income < \$150 + resources ≤ \$100 YES NO

Income + resources < shelter bills YES NO

For migrant or seasonal farm workers:

Resources ≤ \$100 and ≤ \$25 is expected in next 10 days from new income; YES NO

OR

Resources ≤ \$100 and \$0 income is expected from a terminated source for the rest of this month or next month. YES NO

EXPEDITE IF YES TO ANY OF THE ABOVE.

Commonwealth of Virginia
Department of Social Services
APPLICATION FOR BENEFITS

Return your completed application to:
_____ County/City DSS

A. APPLICANT INFORMATION

Your Contact Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number)

City, State, ZIP

Your Mailing Address (if different from your street address)

City, State, ZIP

In what city or county do you live?

Email Address

Primary Telephone Number

Alternate Telephone Number

What is the primary language spoken in your household?

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

Primary Method of Correspondence

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

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

- YES NO 1. Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving any benefits from a social services agency, including SNAP (Food Stamps), TANF, Medicaid, General Relief, Auxiliary Grant, Foster Care, Adoption Assistance, or Refugee Cash Assistance? If **YES**, enter the information below.
Name: _____ Type of Benefit Received: _____
When: _____ From What County, City, or State: _____
- YES NO 2. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive TANF, SNAP, or Medicaid in two or more states at the same time? If **YES**, give date and place of conviction. _____
- YES NO 3. Have you or anyone for whom you are applying ever been disqualified from participating in TANF, SNAP, or Medicaid? If **YES**, give date and place of all disqualifications. _____
- YES NO 4. Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If **YES**, explain _____
- YES NO 5. Have you or anyone for whom you are applying ever been convicted of a felony as an adult on or after February 8, 2014 for the following:
a. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? YES NO
b. Murder under Title 18 USC, Section 1111 or a similar state offense? YES NO
c. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? YES NO
d. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ? YES NO
If **YES** to any of the above, who? _____
If **YES** to any of the above, are you in compliance with the terms of the sentence? YES NO

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

1

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Are you a veteran or dependent? Yes No :

Program(s) Requested:

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

Self

Relationship to You _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Are you a U.S. citizen? Yes No

If No, immigration status: _____

US Residency Date: __/__/__

Alien Registration Number: _____

Are you disabled or pregnant? Yes No

Are you temporarily living away from home? Yes No

Date Left __/__/__ Expected Return Date __/__/__

Reason for being away: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

2

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

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

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

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

If No, immigration status: _____

US Residency Date: __/__/__

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

Date Left __/__/__ Expected Return Date __/__/__

Reason for being away: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

3

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

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

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

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

If No, immigration status: _____

US Residency Date: __/__/__

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

Date Left __/__/__ Expected Return Date __/__/__

Reason for being away: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

HOUSEHOLD COMPOSITION (continued)

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

4**Name** (last, first, middle initial) _____**Social Security Number:** _____**Gender:** Male Female**Marital Status:** Married Never Married Separated Divorced Widowed**Highest Grade Completed:** _____**School Name if a Student:** _____**Is this person a veteran or dependent?** Yes No :**Program(s) Requested:** None AG GR RCA SNAP
 TANF TANF DA or EA TANF--No SNAP**Relationship to Applicant** _____**Birth Date** (mm-dd-yyyy) _____**City, State, Country of Birth:** _____**Is this person a U.S. citizen?** Yes No

If No, immigration status: _____

US Residency Date: __/__/__**Alien Registration Number:** _____**Is this person disabled or pregnant?** Yes No**Is this person temporarily away from home?** Yes No**Date Left** __/__/__ **Expected Return Date** __/__/__**Reason for being away:** _____**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.****Ethnicity:** Hispanic/Latino Not Hispanic/Latino**Racial Heritage:** White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown**5****Name** (last, first, middle initial) _____**Social Security Number:** _____**Gender:** Male Female**Marital Status:** Married Never Married Separated Divorced Widowed**Highest Grade Completed:** _____**School Name if a Student:** _____**Is this person a veteran or dependent?** Yes No :**Program(s) Requested:** None AG GR RCA SNAP
 TANF TANF DA or EA TANF--No SNAP**Relationship to Applicant** _____**Birth Date** (mm-dd-yyyy) _____**City, State, Country of Birth:** _____**Is this person a U.S. citizen?** Yes No

If No, immigration status: _____

US Residency Date: __/__/__**Alien Registration Number:** _____**Is this person disabled or pregnant?** Yes No**Is this person temporarily away from home?** Yes No**Date Left** __/__/__ **Expected Return Date** __/__/__**Reason for being away:** _____**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.****Ethnicity:** Hispanic/Latino Not Hispanic/Latino**Racial Heritage:** White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown**6****Name** (last, first, middle initial) _____**Social Security Number:** _____**Gender:** Male Female**Marital Status:** Married Never Married Separated Divorced Widowed**Highest Grade Completed:** _____**School Name if a Student:** _____**Is this person a veteran or dependent?** Yes No :**Program(s) Requested:** None AG GR RCA SNAP
 TANF TANF DA or EA TANF--No SNAP**Relationship to Applicant** _____**Birth Date** (mm-dd-yyyy) _____**City, State, Country of Birth:** _____**Is this person a U.S. citizen?** Yes No

If No, immigration status: _____

US Residency Date: __/__/__**Alien Registration Number:** _____**Is this person disabled or pregnant?** Yes No**Is this person temporarily away from home?** Yes No**Date Left** __/__/__ **Expected Return Date** __/__/__**Reason for being away:** _____**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.****Ethnicity:** Hispanic/Latino Not Hispanic/Latino**Racial Heritage:** White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

C. INCOME

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

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

a.

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

b.

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

YES NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked in the last 60 days? If **YES**, give name and explain: _____

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

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

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

YES NO 4. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: _____

YES NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If **YES**, give name, amount and explain: _____

YES NO 6. Does anyone pay legally obligated child support to someone who is not in the household? If **YES**, give name of person paying, person supported, and amount: _____

D. RESOURCES

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

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

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

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

a.

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

b.

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

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

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

1. CHILD/PARENT INFORMATION	2. IMMUNIZATION
List each child for whom you are applying. Then, list the names of both parents. You must identify both parents in order to receive TANF. If you intentionally misidentify a parent, you shall be prosecuted	(Answer only if applying for TANF.) Has the child received ALL of the immunizations required according to the child's age? Check (√) Yes Or No Or Unknown
Child's Name	Yes () No () Unknown ()
Mother	
Father	
Child's Name	Yes () No () Unknown ()
Mother	
Father	
Child's Name	Yes () No () Unknown ()
Mother	
Father	
Child's Name	Yes () No () Unknown ()
Mother	
Father	

F. TANF DIVERSIONARY ASSISTANCE/EMERGENCY ASSISTANCE

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

Date, description, and cause of emergency:

G. SNAP BENEFITS

- 1. List the name of the person who is the head of your household: _____.
- YES NO 2. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) YES NO
- YES NO 3. Is anyone living in your home renting a room from you (a roomer) or being provided a room and food (a boarder)? If **YES**, list names: _____
- YES NO 4. Is anyone age 60 or older **or** approved to receive Medicaid because of a disability **or** receiving any type of disability payment? If **YES**, list all current medical expenses for these people.

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

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

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

- 6a How do you heat your home? _____
- YES NO 6b Do you have air conditioning in your home?
- YES NO 6c Did you receive energy/fuel assistance during this past year while living in your current home?
- YES NO 6d Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If **YES**, how much does it cost to stay there during the month?

If you are staying temporarily in someone else's home, when did you move there? _____

H. AUXILIARY GRANTS (AG)

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

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

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

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

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

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

Description of Bills	Dates of Bills	Dates Bills Paid

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

Description and Value of Items

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

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

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

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

YES NO 10. Does anyone own any real property, including life estates, inherited property, land, buildings, or mobile homes?
 If **YES**, do you live there? Check (✓): YES NO

Owner(s)	Type	YES () NO () Currently rented? YES () NO () Income-producing? YES () NO () Currently for sale?	Value \$	Amount Owed \$	Date Acquired

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

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

H. AUXILIARY GRANTS (AG) (continued)

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

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

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

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

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

YES NO 14. Does anyone have Medicare?

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

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

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

I. Authorized Representative

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

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

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

REPORTING CHANGES

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

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

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

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

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

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

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

PENALTIES FOR TANF AND REFUGEE CASH ASSISTANCE (RCA) VIOLATIONS

You must not knowingly give false information, hide information, or fail to report changes on time in order to receive TANF or RCA, or to receive supportive or transitional services such as child care or assistance with transportation.

If you are found guilty of intentionally breaking these rules, you will be ineligible to receive TANF or RCA for yourself for 6 months (1st violation), 12 months (2nd violation), or permanently (3rd violation). In addition, you may be prosecuted under Federal or State law.

Anyone convicted of misrepresenting his or her residence to get TANF, Medicaid, SNAP benefits or SSI in two or more states is ineligible for TANF for 10 years.

DOMESTIC VIOLENCE INFORMATION

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

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

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

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

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

INTERIM REPORT FILING

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

REPORTING REQUIREMENTS – SIMPLIFIED REPORTING HOUSEHOLDS

Certified five months or longer, households must report:

- The number of work hours goes under 20 per week for anyone between the ages of 18-49 if there are no children in your SNAP household;
- You have lottery or gambling winnings of \$3,500 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 \$2,250 or \$3,500 or more;
- You have lottery or gambling winnings of \$3,500 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 \$100 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job; or
 - Your job switches from full-time to part-time or part-time to full-time.

SNAP RESPONSIBILITIES AND PENALTIES FOR VIOLATIONS

You must not:

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

If you intentionally break any of these rules, you could be barred from getting SNAP benefits for 12 months (1st violation), 24 months (2nd violation), or permanently (3rd violation); fined up to \$250,000, imprisoned up to 20 years, or both; and suspended for an additional 18 months and further prosecuted under other Federal and State laws.

If you intentionally give false information or hide information about identity or residence to get SNAP benefits in more than one locality at the same time, you could be barred for 10 years.

If you are convicted in court of trading or selling SNAP benefits of \$500.00 or more, you could be barred permanently.

If you are convicted in court of trading SNAP benefits for a controlled substance, you could be barred for 24 months for the 1st violation, permanently for the 2nd violation.

If you are convicted in court of trading SNAP benefits for firearms, ammunition, or explosives, you could be barred permanently for the first violation.

BY MY SIGNATURE BELOW, I DECLARE:

- I read the information at the beginning of this application and the Change Reporting and Penalties section of this application.
- I understand that if I refuse to cooperate with any review of my eligibility, including a review by Quality Assurance, my benefits may be denied until I cooperate.
- I understand that if my application is for SNAP benefits, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for these expenses.
- I have given true and correct information on this application to the best of my knowledge and belief. I understand that if I give false information, withhold information, or fail to report a change promptly or on purpose, I may be breaking the law and could be prosecuted for perjury, larceny, and/or welfare fraud. I understand that if I help someone complete this form in order to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.
- As a condition of receiving TANF, I agree to assign all of my rights to financial support paid to me and to anyone for whom I am receive TANF. After my application for TANF is approved, I agree to give any support payments I receive to the Division of Child Support Enforcement.
- I authorize the Department of Social Services and refugee service contractors to obtain any verification necessary to both determine and review financial assistance eligibility. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply as long as my medical assistance case is open or to investigations regarding possible fraud.
- As an applicant for Auxiliary Grants, I understand that my application will be evaluated for Medicaid. I agree to assign my rights to medical support and other third-party payments to the Department of Medical Assistance Services (DMAS). I also agree to assign the rights of anyone for whom I am applying for Auxiliary Grants to medical support and other third-party payments to DMAS. If I do not agree to assign these rights, I will be ineligible for Medicaid.
- I understand that, to the extent allowed by federal law, information about this application may be shared with agencies under the Secretary of Health and Human Resources for Virginia. Information about applicants for and recipients of services may be shared to: 1) streamline administrative processes and reduce administrative burdens on the agencies; 2) reduce paperwork and administrative burdens on applicants and recipients; and 3) improve access to and the quality of services provided by the agencies.
- I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits.
 I allow I do not allow the Department of Social Services to disclose certain information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Health, and the Department for Aging and Rehabilitative Services. I can withdraw this authorization at any time by notifying my eligibility worker.

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

Applicant's Signature or Mark

Date

Witness To Mark or Interpreter

Date

Signature of the Spouse or Authorized Representative

Date

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

Name of Person Completing Application

Date

Address

Primary Telephone

Alternate Telephone

Relationship to Applicant

AGENCY USE ONLY

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

CHANGE REPORT

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

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

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

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

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

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

Chart A (Gross Income Limit 130%)*					Chart B (Gross Income Limit 200%)*				
HH Size	Monthly	Weekly	Every 2 Weeks	Twice a Month	HH Size	Monthly	Weekly	Every 2 Weeks	Twice a Month
1	\$ 1,473	\$ 342.55	\$ 685.11	\$736.50	1	\$ 2,265	\$ 526.74	\$1,053.48	\$ 1,132.50
2	1,984	461.39	922.79	992.00	2	3,052	709.76	1,419.53	1,526.00
3	2,495	580.23	1,160.46	1,247.50	3	3,839	892.79	1,785.58	1,919.50
4	3,007	699.30	1,398.60	1,503.50	4	4,625	1,075.58	2,151.16	2,312.50
5	3,518	818.13	1,636.27	1,759.00	5	5,412	1,258.60	2,517.20	2,706.00
6	4,029	936.97	1,873.95	2,014.50	6	6,199	1,441.62	2,883.25	3,099.50
7	4,541	1,056.04	2,112.09	2,270.50	7	6,985	1,624.41	3,248.83	3,492.50
8	5,052	1,174.88	2,349.76	2,526.00	8	7,772	1,807.44	3,614.88	3,886.00
Additional members	+512	+119.06	+238.13	+256	Additional members	+787	+183.02	+366.04	+393.50

*Amounts are valid through 9/30/2023.

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

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

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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 \$ _____ per	Property Taxes \$ _____ per	Homeowner's Insurance \$ _____ per	Electricity \$ _____ per
Gas \$ _____ per	Oil \$ _____ per	Kerosene, Coal, wood, etc. List and give amount	
Water/Sewer \$ _____ per	Garbage \$ _____ per	Telephone (Basic Service Only) \$ _____ per	Installation Fees \$ _____ per

CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

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

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

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

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

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

Name	Gross Amount Received	When Received
	Where Received	

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

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

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

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

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

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

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

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

OTHER CHANGES

--

Person completing this form

Date

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

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
A.	SNAP E&T PURPOSE	1
B.	REFERRAL TO SNAP E&T	
	1. Eligibility Process	1
	2. Participant Categories	1
	3. SNAP E&T Categories	1-2
C.	ASSESSMENT	2
	1. Pre-Assessment	2-4
	2. Initial Assessment	3-4
	3. Procedures	4-5
	4. Plan of Participation	5-6
	5. Reassessment	6
D.	PROGRAM COMPONENTS	6
	1. Case Management	7
	2. Supervised Job Search	7-9
	3. Job Search Training	9
	4. Work Experience	10-12
	5. Education	13
	6. Training	14
	7. Employment and Training for Ex-Offenders	14
	8. Employment and Training for Refugees	14-15
	9. Job Retention	15
E.	SOCIAL/SUPPORTIVE SERVICE	15
	1. SNAP E&T Worker Responsibilities	15
	2. Social/Supportive Services for Participants	16-17
	3. Duration of SNAP E&T Services	17
F.	VOLUNTEERS	17-18
G.	CHANGES/TRANSFERS	18
H.	SNAP RECIPIENT & HIGH SCHOOL ATTENDANCE	19
I.	PROVIDER DETERMINATIONS	20
J.	WORKFORCE PARTNERSHIPS	20
K.	CONTRACTS	20-23

PART XXV SNAP EMPLOYMENT & TRAINING (continued)

<u>CHAPTER</u>	<u>SUBJECT</u>	<u>PAGES</u>
L.	TERMINATION OF SNAP E&T ENROLLMENT	23
	1. Good Cause for Failure to Participate	23-24
	2. Reasons for Terminating SNAP E&T	24
	3. Required Documentation	24-25
	4. SNAP E&T Notice of Case Closure	25
M.	APPEALS/HEARINGS	25
N.	STATISTICS AND REPORTING	25
O.	LOCAL SNAP EMPLOYMENT & TRAINING PLAN	26-28
APPENDIX I	Virginia SNAP E&T Agencies	1
APPENDIX II	Forms	1-40

A. SNAP EMPLOYMENT AND TRAINING PURPOSE

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

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

B. REFERRAL TO SNAP E&T

1. Eligibility Process

The Eligibility Worker (EW) must determine the work registration status for each household member. The EW must record any member as registered if the member does not meet a registration exemption or if the member wants to volunteer to participate in SNAP E&T. Mandatory registrants and those who want to volunteer are referred to SNAP E&T through VaCMS at application or reapplication and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification. See Part VIII.A for a discussion on the registration exemptions.

2. Participant Categories

- a. New – participant who has not been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).
- b. Re-registrant – participant who has been included in the on-board count for the current Federal Fiscal Year (10/01-9/30).

3. SNAP E&T Categories

- a. Active - a category in which participants with no barriers to employment are placed.
- b. Pending - a category in which participants are placed when they cannot move immediately into an activity or when they have short-term barriers to employment (less than 60 days).
- c. Inactive - a category in which participants with long-term (60 or more days) or substantial barriers to employment are placed.

Barriers may include, but, are not limited to:

1. unavailability of dependent care;
2. unavailability of transportation;

3. second and third trimester pregnancies;
4. medical problems that would make participation impractical;
5. significant family issues;
6. homeless, as defined in Definitions; or
7. status as a migrant or seasonal farm worker away from the home base following the work stream.

C. ASSESSMENT

An assessment will identify participants' job readiness and, if appropriate, to develop a plan that outlines participants' future course of action in the program, ultimately leading to self-sufficiency.

Some SNAP E&T participants may have disabilities, including temporary medical conditions, or are caring for household members with disabilities, that may affect program participation. Disabilities may be identified during the application process or later at a SNAP E&T assessment. When the SNAP E&T worker has documentation of a verified disability and the effect of the disability on program participation, accommodations must be put in place so that the participant is not denied the opportunities available through SNAP E&T.

Accommodations may include, but are not limited to:

- part-time or flexible hours for work activities;
- providing the individual with work activities in a specific work environment that enables the individual to participate in work activities;
- providing particular types of jobs or work activities that are consistent with the person's limitations;
- activities that are scheduled so they do not conflict with ongoing medical or mental health treatment or care-taking responsibilities;
- additional notices of program appointments;
- additional explanations of program rules;
- job coaches;
- additional time to complete program requirements; and
- additional intervention before an individual's SNAP E&T case is closed because of non-compliance with SNAP E&T requirements.

See the Job Accommodation Network site for an extensive list of accommodations by disability <http://www.jan.wvu.edu/media/atoz.htm>.

There are three types of assessments: pre-assessments, initial assessments and reassessments. Assessments may be conducted either individually or in a group.

1. Pre-Assessment

A pre-assessment may be conducted for any participant due for an initial assessment.

- a. If the SNAP E&T worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant's status and inform the SNAP E&T worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See Appendix II or Part XXIV for the Communication Form.
 - b. The pre-assessment may be conducted face-to-face, by mail or by phone.
 - c. **If conducted by mail, the participant must complete and return the pre-assessment form to the agency within 14 calendar days. The SNAP E&T worker must send the registrant a letter that advises:**
 1. The purpose of the SNAP E&T component;
 2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency;
 3. That failure to complete and return the form by the required date may affect the registrant's or household's eligibility for SNAP E&T; and
 4. How to contact the SNAP E&T worker if the participant is unable to complete and return the form by the required date.
 - d. Based on the information provided by the participant on the pre-assessment form, the worker must decide if the participant will be scheduled for an initial assessment (with the intent of placing the participant in an active component) or if the participant will be placed in a pending or inactive category. If the decision is to schedule the participant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.
 - e. **Participants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The VaCMS must be documented to include the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.**
2. Initial Assessment
- a. The SNAP E&T worker must assess each participant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the participant was placed in a pending or inactive category.
 - b. The assessment may be a face-to-face interview (individual or group) between the participant and the SNAP E&T worker or by a telephone interview.
 - c. The SNAP E&T worker must send the participant a letter that provides:

- The date of the assessment interview;
- An explanation that appearance for the interview is a condition of continued eligibility for SNAP E&T benefits and that the consequence of not attending the interview may be the inability to enroll in SNAP E&T;
- Instructions for contacting the SNAP E&T worker; and
- Instructions for contacting the SNAP E&T worker if the participant is unable to attend the interview or needs to reschedule the appointment.

To the extent possible, employed registrants must have their initial assessment interviews scheduled at a time that does not interfere with their normal work hours.

3. Procedures

- a. The SNAP E&T Assessment Form or an assessment tool that has been pre-approved by the SNAP E&T Manager must be completed on each participant. See Appendix II for the Assessment form.
- b. The assessment must include the following:
 1. An identification and evaluation of the participant's recent work history, occupational skills, education and training and a determination of the individuals' ability to read and write English.
 2. An identification of the participant's employment goal(s).
 3. A detailed evaluation of supportive service needs.
- c. The SNAP E&T worker must inform the participant of the following information:
 1. program goals;
 2. program requirements, including an explanation of responsibilities and expectations for participants;
 3. that failure to comply, without good cause, with program requirements will result in closure of the SNAP E&T case and termination of supportive services;
 4. what constitutes good cause for not complying with program requirements;
 5. name and phone number of the SNAP E&T worker or other persons who might need to be contacted; and
 6. requirement to respond to all agency correspondence.
 7. During the initial assessment, the SNAP &ET worker must offer an opportunity for the SNAP E&T participant to register through the Virginia Career Works Portal. The SNAP E&T worker must also document VaCMS and the referral portal regarding the registration offer and instances when the client declines the registration offer.

- d. After the assessment, the SNAP E&T worker must determine the participant's ability to participate in the program.
 1. A participant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of SNAP E&T.
 2. A participant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.
 3. A participant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.
 - e. **If the SNAP E&T worker has sufficient reason to believe that a participant's mandatory status needs to be reevaluated following the assessment, this determination will be communicated to the BPS through an internal communication form along with copies of all documentation at the time the reevaluation is requested.**
4. Plan of Participation
- a. For initial assessments and reassessments, the SNAP E&T worker must develop a written Plan of Participation with the participant, recording the outcome of the assessment.
 1. For participants placed in an active status, the Plan must:
 - a. state the component to which the participant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the SNAP E&T worker and report changes which impact employment and/or participation;
 - b. identify the component begin and end dates;
 - c. describe the supportive services needed by the participant to carry out the assignment;
 - d. describe a plan for monitoring the participant's progress while he/she is participating in a component.
 2. For participants placed in a pending or inactive status, the Plan must document:
 - a. that active participation will not be required at this time;
 - b. the time frame of the placement;
 - c. the reason a participant's ability to participate is restricted.

3. A new Plan must be completed whenever the participant is assigned to a different component. If the participant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be provided to the participant.
 4. Both the SNAP E&T worker and the participant must sign the Plan if the Assessment is conducted face-to-face.
5. Reassessment
- a. A reassessment must be conducted whenever a participant completes the requirement of a component or when a re-evaluation of an individual's placement in a pending or inactive category is required.
 1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.
 2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
 - a. participants placed in a pending category must be reassessed at least every 2 months;
 - b. participants in education, training and work experience components must be reassessed at the end of the scheduled component's completion;
 - c. participants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

Procedures for the reassessment will be the same as the initial assessment procedures that are outlined in Section D.3.

Note: A participant may be reassigned to the same component.

D. PROGRAM COMPONENTS

Individuals participating in any program component other than Supervised Job Search must be monitored monthly for attendance of scheduled hours. In addition, individuals participating in an education, training and/or work experience component must be monitored for satisfactory progress at periodic intervals.

Note that completion of a SNAP E&T component assignment does not mean the SNAP E&T case must close. The SNAP E&T case must close however if the EW closes the SNAP case.

1. Case Management

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

2. Supervised Job Search

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

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

b. Supervised Job Search may be performed individually or in a group setting.

1. Individual

A participant makes a predetermined number of job contacts on his/her own.

2. Group

A group of participants access telephones, computers, fax machines, newspapers, photocopiers and any other equipment to aid in a job search.

c. The participant must schedule up to 48 job interviews or submit up to 48 applications/resumes to prospective employers per 8-week session. The SNAP E&T worker must provide support and direction to the registrant throughout the supervised job search assignment.

1. The participant must be registered with the nearest Virginia Employment Commission Office. Registration with the Virginia Employment Commission will be considered as one employer contact.
2. The participant must report employer contacts in writing to the SNAP E&T worker by completing the SNAP E&T Supervised Job Search Form.
3. To qualify as an employer contact, four conditions must be met:
 - a. The participant must present himself/herself to an employer as being available for work;
 - b. The employer must ordinarily employ persons in areas of work for which the participant is reasonably qualified in terms of experience, training or ability;
 - c. The participant cannot count the same employer more than once during a given supervised job search period unless different positions were sought; and
 - d. Contacts with employers may only be in the form of face-to-face interviews or by submission of applications or resumes to businesses that are hiring.
4. The SNAP E&T worker may contact any employer listed on the SNAP E&T Supervised Job Search Form to verify the contact.
- d. The specific requirements of Supervised Job Search will be determined by the local agency and described in each agency's Local Employment & Training Plan.
- e. Participants who obtain full-time employment while participating in the Supervised Job Search component will have fulfilled all program requirements for that assignment.
- f. Participants who obtain full-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their supervised job search. For example, if a registrant assigned to Supervised Job Search was required to have 24 job contacts but had completed only 17 at the time of employment, the registrant must make 7 more contacts.
- g. Participants who obtain part-time employment during Supervised Job Search and remain employed for 30 calendar days or more will have fulfilled all program requirements for that assignment.
- h. Participants who obtain part-time employment during Supervised Job Search, but lose that employment during the first 30 calendar days, are required to complete their job search requirement.

- i. If, at the end of the supervised job search assignment, the participant is unemployed or employed part-time and remains registered, they must be re-assessed and assigned to an appropriate component within 30 days.
- j. Participants who are employed part-time will continue active participation in SNAP E&T with their activities scheduled around their work hours.
- k. The Supervised Job Search component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals subject to the work requirement.

For purposes of the SNAP E&T evaluation, full-time employment is defined as employment of at least 30 hours per week and part-time employment is defined as less than 30 hours per week.

3. Job Search Training

This component strives to enhance the job readiness of participants by providing job seeking techniques and methods to increase motivation and self-confidence.

- a. Job Search Training includes activities that may consist of employability skill assessments, employability training, job placement services, or other direct training or support activities, including educational programs to expand the job search abilities or employability of the registrant. The Employment and Training Annual Plan must describe whether the local department will utilize Job Search Training component. If utilized, the process must be described. Examples of some acceptable programs are as follows:
 - 1. Group or Individually coordinated job search training activities may consist of employability assessments, occupational exploration, training and counseling in personal preparation for employability, and training and counseling in techniques for identifying and pursuing employment opportunities (including information on local emerging and demand occupations and job placement services).
 - 2. Nutrition Class
 - a. Classroom instruction on how to pack a nutritious lunch.
 - b. Classroom instruction on how to provide nutritious meals for a household and still be employed.
- b. The Job Search Training component does not qualify as a stand-alone work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

4. Work Experience

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

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

a. Work Activity

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

b. Work Based Learning

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

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

The primary focus of work experience is the development of good work habits, additional job skills, positive work attitudes, an understanding of the employee-employer relationship, and to obtain a recent job reference.

The Work Experience component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

c. Time Frames

1. The number of weeks a registrant may participate depends on the job site.
2. The amount of time used in traveling to and from the job site is not included when determining the number of hours the participant can work.
3. The participant cannot be required to be on a work site more than 120 hours per calendar month.
4. The total amount of time spent each month by a mandatory or voluntary participant in an SNAP E&T work program, combined with work for compensation, is unlimited. However, the State must provide Worker's Compensation coverage for a maximum of 120 hours a month.

d. Assignment Criteria

Each assignment must take the prior training, experience, skills and employment goal(s) of the participant into consideration in order to determine whether:

- The individual is in need of additional job skills or
- Work experience will yield a job reference or the development of good work habits or job skills.

e. Limitations

The use of the Work Experience component is limited by the following:

1. Participants must not be required to use their personal resources to pay participation costs.
2. Participants in the Work Experience component must not displace persons currently employed or be placed in established, unfilled positions.

Participants must not perform tasks that would have been undertaken by current employees or which would have the effect of reducing the work hours of paid employees. Work Experience participants cannot be placed in the position of workers who are on sick leave, annual leave, leave without pay, or any other granted leave with or without pay, as that would be an act of displacement.

3. Participants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the participant's home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

f. Worker's Compensation

For Worker's Compensation purposes only, the Virginia Department of Social Services is considered the individual's employer. The Virginia Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer's First Report of Accident form (WVC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with *0765-000e, SNAP WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part. The Employer's First Report of Accident form is in Appendix II.
2. **The Local Agency Supervisor must develop a Panel of Physicians (with no less than three physicians) to offer to the injured employee. The Panel of Physicians form is available at <http://www.covwc.com/physicianform.php> . Providers should be in close proximity if possible and have skills related to employee's needs. A provider list is available at <http://www.covwc.com/pponetwork.php>. If you need help navigating the search tool or assistance with locating a provider, please contact our network partner, CareWorks at client.services@careworks.com or by calling (800) 734-4460.**
3. **The work site must submit all correspondence (forms, bills, etc.) regarding injury and accidents to Managed Care Innovations (MCI) in one of four ways:**

**Upload the documents with the Claim Reporting Portal by visiting frois.sedgwick.com
Email to covimaging@yorkrsq.com
Fax to 804-371-2556
Mail to P.O. Box 1140, Richmond, VA 23218-1140**
4. The work site must send a copy of the accident report to the SNAP E&T Worker at the local agency.
5. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the MCI. All invoices must show the participant's/employee's social security number.

5. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability or job retention of participants. Education services are allowed for up to 90 days after employment. The Education component qualifies as a work program for the purpose of maintaining SNAP eligibility for individuals who are subject to the work requirement.

- a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.
- b. Educational programs to which participants may be assigned include, but are not limited to:
 1. Adult Basic Education;
 2. GED;
 3. Vocational Education;
 4. Community College Programs;
 5. Post-Secondary Education;
 6. Employment Training and Education Programs.

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

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

- c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.
- d. During an individual's participation in an education program, progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution's quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant's grade(s). Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of an education assignment may be followed by two weeks of job search.

6. Training

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment or to retain employment. Training services are allowed for up to 90 days after employment.

- a. Training placements must be based on an assessment that indicates training is necessary to improve the registrant's employability or job retention.
- b. Training programs to which registrants may be referred include, but are not limited to:
 1. Computer classes,
 2. Vocational Rehabilitation,
 3. Employment Training and Education Programs.
- c. Participation in training programs is limited to the amount of time generally allowed for the completion of the program.
- d. During an individual's participation in a training program, progress must be monitored to ensure that satisfactory progress, as defined by the training facility, is being made. However, at a minimum, an evaluation may consist of documentation from the training facility that shows the registrant's progress. Participants who are not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of a training assignment may be followed by two weeks of job search.

7. Employment and Training for Ex-Offenders

Employment and training services for ex-offenders are offered in partnership with the Virginia Department of Criminal Justice. This component includes job skills assessments, occupational exploration, training and counseling in personal preparation for employability, employment opportunities, including information on local emerging and demand occupations and job placement services. This component will share costs for education and vocational training and supportive services. A referral form will be used. See Appendix II for the referral form.

8. Employment and Training for Refugees

Employment and training services for refugees are offered in a partnership with the Office of Newcomer Services through local Refugee Resettlement Agencies. Employment and training participants under the Refugee Social Services Program or Match Grant Program meet participation requirements for SNAP E&T by way of their enrollment in the Refugee Program(s). Participants enrolled in both the Refugee Resettlement Program and SNAP E&T must meet the following procedures:

- a. The refugee resettlement staff will accompany the participant to the initial SNAP E&T assessment to help with language barriers, if any, and to talk about the Comprehensive Resettlement Plan (CRP) that will substitute for a SNAP E&T Plan of Participation.
- b. SNAP E&T agencies must stay in contact with the resettlement agency but, the resettlement agency is not required to send a break-down of component activities and hours to the SNAP E&T agency.
- c. SNAP E&T will be notified if a refugee refuses to comply with refugee resettlement requirements to determine whether the SNAP E&T case should be closed; when someone leaves the program; and when there is a job placement.

9. Job Retention

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

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in SNAP E&T, including volunteers, for expenses that are reasonably necessary and directly related to participation in SNAP E&T. Agencies are encouraged to explore alternatives to removing barriers if supportive service funds are limited.

If supportive services are essential for participation in a component and neither the registrant nor the agency can provide them, and no alternatives are available, place the participant in either the pending or inactive status.

The need for any supportive services must be linked to needs identified on the Participant's Plan of Participation. Supportive services related to starting or retaining employment are allowed for a period not to exceed 90 days.

Participants who fail to comply with SNAP E&T requirements are not entitled to supportive services.

1. SNAP E&T Worker Responsibilities

- a. The SNAP E&T worker is a case manager. The worker must assist the participant in meeting the service needs. This may be done directly by the SNAP E&T worker or through a referral to a service/social worker or an outside service provider.

- b. When providing social services to recipients, the Plan of Participation may replace the Service Application regardless of the funding source for the service.

2. Social/Supportive Services for Participants

There are three categories of social/supportive services available to SNAP E&T participants. These SNAP E&T social/supportive services may be provided directly or may be purchased.

a. Child Care

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

1. Arrangement for and/or payment of child care as a supportive service must be provided when the participant needs this service to participate in component activities.
2. Participants who are parents of school age children are expected to search for a job during the hours that the children are in school. However, if a job interview must take place outside of school hours, child care may be authorized.
3. Participants who need child care and who cannot arrange their own may be provided assistance. Payment will be made within the guidelines of child care policy. Payment may also include child care related transportation costs.

b. Transportation

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

1. The participant is primarily responsible for arranging transportation to participate in an SNAP E&T component. Transportation will be provided only when the registrant is unable to make arrangements.
2. Transportation may be provided by any of the following means:
 - a. Agency or public transportation;
 - b. Individuals other than public transportation. In this circumstance, payment is made to the individual provider. Such payment must be pre-authorized and reimbursement cannot exceed the current mileage reimbursement rate. A reimbursement type purchase order may serve as a pre-authorization; or
 - c. Commercial establishments. For example, a client who needs gas for his/her car could receive a voucher that a gas station would honor. Through the purchase order/invoice system, the station would receive payment.

c. Other allowable expenses include:

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

3. Duration of SNAP E&T Services

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

F. VOLUNTEERS

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

1. Agencies may, at their option, permit volunteers to participate in a SNAP E&T component.
2. The same assessment procedures that apply to mandatory participants will apply to volunteers.

3. Social Services reimbursements/payments for transportation and daycare may only be made for expenses that are reasonably necessary and directly related to participation in the SNAP E&T program.

Example

A volunteer works part-time and has been assigned to the training component for 5 hours a week. Child day care services may only be provided for the 5 hours that the individual participates in the Training activity.

G. CHANGES/TRANSFERS

1. The SNAP E&T worker must notify the Eligibility Worker of any changes in the participant's situation that may affect the SNAP benefits or the individual's exemption status. This notification must be in writing and must occur within five working days of the change. The Communication Form must be used for this purpose.
2. SNAP cases may be transferred from one Virginia locality to another. SNAP E&T case transfer procedures follow.
 - When a SNAP E&T case transfers from one SNAP E&T locality to another SNAP E&T locality, daily alerts are generated to the SNAP E&T worker in the sending locality and to the transfer in caseload in the receiving locality
 - The sending SNAP E&T locality will need to close all open SNAP E&T enrollments for the SNAP case with the SNAP E&T Closure Status value = "05" for Transferred.
 - In the SNAP E&T database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
 - The SNAP E&T worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAP E&T worker has closed the enrollment record.
 - When the receiving SNAP E&T locality opens a SNAP E&T Enrollment for the transferred in SNAP E&T client, the rule for the SNAP E&T Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAP E&T enrollment closed for transfer(closure status = 05)
 - The Date Entered Employment may equal the Date Entered Employment on the Enrollment in the Transfer Out locality. However, any "MMYYYY of Change" entered in the new FIPS can only start with the month after the last "MMYYYY of Change" in the Transfer Out locality.
 - If a SNAP case transfers from a SNAP E& T to a non-SNAP E&T agency, the enrollment is closed in the sending agency. No action is taken in the receiving agency.
 - If a SNAP case transfers from a non-SNAP E&T to a SNAP E&T agency, a referral is made to the SNAP E&T queue if the SNAP participant volunteers during the certification period.
 - No action must be taken if a SNAP case transfers from a non-SNAP E&T to a non-SNAP E&T agency.

H. SNAP RECIPIENTS & HIGH SCHOOL ATTENDANCE

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

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

I. PROVIDER DETERMINATIONS

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

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

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

J. WORKFORCE PARTNERSHIPS

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

K. CONTRACTS

Agencies may enter into financial agreements with individuals or organizations to operate all or portions of their SNAP E&T program. Agencies are bound by State statutes set forth in the Virginia Public Procurement Act and by any local procedures that may supersede the Act. Contracts with other state entities, including community colleges and WIA Service Delivery Area (SDA) are not subject to the requirements of the Virginia Public Procurement Act, but may be subject to local procurement procedures.

1. A copy of the contract must be submitted to the Division of Benefit Programs in order to maintain a central library of SNAP E&T contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.

2. Consideration in Contracting

Numerous individuals and agencies, both public and private, in almost every area of the State are capable of delivering services under an agency's Local Employment and Training Plan. Prior to contracting, the agency should ensure that the contractor can provide services of an equal or higher quality and/or at a lower cost than the agency itself. Care should be taken to insure that the contract represents an extension of services, rather than compensation for services previously provided at no cost. The contract must contain a certification from the provider that the services being contracted for are not otherwise available from the provider at no cost.

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

When selecting service providers, the local agency must take into account such things as the past performance of the contractor in providing similar services, the contractor's demonstrated effectiveness, fiscal accountability, cost efficiency and other factors which the local agency determines are appropriate. A process must exist that documents these factors were considered.

5. Expected Services

The deliverable services of the contract should be written in such a way as to identify the performance and outcomes acceptable through the contract. These performance measures and outcomes will assist in determining the success of the contract. The definition of effectiveness and progress measures for the contract should be agreed upon prior to the start of the contract. Success should be defined incrementally and in terms of completion.

6. Payment and Reimbursement

Payment for a contract should always be linked to contract performance. Payments are typically prorated according to quantifiable rates of progress and/or performance. Most of the time, expenses are submitted for reimbursement. Under specific but rare circumstances, advances are allowed. A detailed budget should be attached to the contract.

7. Contract Duration

Contracts can be negotiated for any period of time agreeable to both the agency and the contractor so long as they terminate by the end of the fiscal year. To allow local agencies maximum flexibility in operating SNAP E&T, contracts may be negotiated for a period of six months (or less) rather than for a year. Agencies that choose to contract for 12 months and who later become dissatisfied with the contractor's performance may terminate the contract by providing notice as stated in the contract.

8. Contract Requirements

a. Format

The agency must use the revised contract format approved by the Office of the Attorney General. Other formats may be used in addition if required by the local government. A completed version of the state-approved format must be signed and sent to the Division of Benefit Programs along with a description of the services to be provided. The contract must show the total cost for all contracted services between the agency and the contractor. If more than one service will be provided, a separate cost for each service should be included in the description of the services.

b. Description of Services

Each service to be provided by the contractor must be described in full. Agencies contracting out more than one service will need to develop a description of each service.

The description must contain:

1. A summary of activities included in the service;
2. An explanation of roles of the contractor and agency in providing the service;
3. An explanation of the contractor's responsibility regarding required reporting;
4. A description of the numbers and kinds of clients who will receive the service (age, volunteers, and high school graduates, etc.);
5. A statement of the time frame for the service, including beginning and ending dates; and
6. A description of the specific anticipated outcomes

c. Contract Monitoring

1. It is the responsibility of the local agency to monitor each contract on a frequent basis to ensure both that the terms of the contract are being met and that progress is being made toward achievement of the outcome goals.

Monitoring may be carried out through review of reports made by the contractor and contract site visits. At a minimum, the agency must require the contractor to submit monthly client specific progress reports as well as quarterly reports. The quarterly report should include information on overall contract progress, identified problems and client outcomes. The final annual report should provide an objective review of summarizing the overall program operations for the contract period as well as client specific outcomes/progress.

2. It is the responsibility of the local agency, based on information from its monitoring of the contract, to determine the appropriateness of future contracts with the same contractor.

L. TERMINATION OF SNAP E&T ENROLLMENT

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

1. Good Cause for Failure to Participate

- a. Prior to termination, the SNAP E&T worker must determine if a good cause reason for the noncompliance existed at the time of the noncompliance. Documentation must be requested from the participant as part of the evaluation.
- b. A participant who has good cause for noncompliance will not be terminated. Good cause exists if:
 1. The participant's inability to fulfill program requirements is due to circumstances outside his/her control or is the result of a change in circumstances over which the participant had no control;
 2. Childcare is necessary for an individual to accept employment or enter or continue in the program, and childcare cannot be arranged by the recipient nor provided by the agency.
 3. Transportation is necessary for an individual to accept employment or enter or continue in the program, and transportation can not be arranged by the recipient nor provided by the agency.
- c. The good cause investigation will consist of an evaluation of information in the case record. When there has been no recent contact with the participant, efforts must be made to determine if the participant has contacted the SNAP E&T worker to discuss the problem, giving a reason for not attending an interview, or for not completing an assignment, or having not kept any program related appointment.
- d. A reasonable effort must be made to contact participants. The worker must document that an attempt by telephone or a personal contact has been made prior to terminating the case.

The purpose of this contact is to ensure the participant understands the program and has an opportunity to explain the reason for noncompliance.

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

2. Reasons for Terminating SNAP E&T

Failure to:

- a. complete and return the pre-assessment form or other requested information by the required date;
- b. report for scheduled appointments and/or interviews;
- c. actively engage in Supervised Job Search or to complete requirements designated in the annual local Employment and Training Plan and state policy;
- d. report to or complete a Work Experience assignment, including job search;
- e. report to or complete assigned education and training activities, including job search;
- f. report to or complete other assigned SNAP E&T activities as stated on the Plan of Participation;
- g. accept available supportive services, thereby preventing participation in any mandatory program activity;
- h. accept a bona fide offer of suitable employment. A bona fide job offer is an actual job offer given in good faith without dishonesty, fraud or deceit. The job offer must:
 - 1. not be beyond the physical or intellectual capabilities of the registrant; and
 - 2. provide reasonable compensation (either the federal minimum wage or the prevailing wage in the community for that type of job).
- i. report to an employer to whom the participant was referred by the SNAP E&T worker.

3. Required Documentation

- a. A copy of all correspondences with the participant must be in the case record.
- b. The Plan of Participation (unless the participant fails to appear for assessment, or appears but refuses to participate in the assessment) stating the SNAP E&T activity to which the participant was assigned and any actions required by the participant.
- c. Contact Sheet documenting all contacts with the participant.
- d. SNAP E&T Notice of Case Closure.

- e. Any referrals to an education, training or work experience provider.
 - f. Any records of the participant's performance or progress in an activity.
 - g. Any records of the participant's attendance, i.e. The Weekly Time and Attendance Record or the Work Experience Attendance and Performance Record.
4. SNAP E&T Notice of Case Closure
- a. The SNAP E&T worker must send the Notice within three working days of the date he/she becomes aware of the act of noncompliance.
 - b. The Notice must inform the participant of the specific requirement that was not met and advise the participant to contact the SNAP E&T worker within five working days from the date the Notice of Sanction was mailed to establish good cause.
 - 1. If the participant does not respond to the Notice by the date given, he/she is subject to termination from the program.
 - 2. If the participant responds to the Notice, the information becomes part of the documentation needed to determine if the SNAP E&T case will close. If the registrant does not present good cause, the SNAP E&T case must close. If good cause is determined to exist, the SNAP E&T case will not be affected.

M. APPEALS/HEARINGS

1. Right of Appeal

All participants have the right to appeal an agency decision that results in adverse action being taken against them, including the closure of the SNAP E&T case and the termination of supportive services. See Part XIX for the appeals process.

The SNAP E&T case must remain open until a decision is rendered.

- 1. If the agency action is reversed, the participant must be reassessed to determine the appropriate component assignment.
- 2. If the agency action is sustained, the SNAP E&T case must be closed.

N. STATISTICS AND REPORTING

The SNAP E&T Local Monthly Report is produced using the Data Warehouse. The local agency should maintain a copy of the report.

O. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each local department of social services must submit a Local Employment and Training Plan to the Virginia Department of Social Services by July 1st of each year or as directed. The plan must describe the locality's SNAP E&T component and must follow the following format:

1. Intent of the SNAP E&T in the locality.
2. A numerical description of the SNAP E&T population.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with SNAP E&T duties.
6. The locality's budget for the SNAP E&T program. This is the total SNAP E&T allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency's Standard Operating Procedures that address these elements:
 - a. Referral and Case Opening Procedures
 1. The procedure by which a potential participant is referred.
 2. The steps for opening a case once it has been referred and the time frame by which this must be done.
 - b. Assessment Procedures
 1. Describe what will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
 2. Describe procedures for conducting educational tests and assessments. Include the following in the description of the procedures:
 - Assessment tools that will be used
 - Types of tests to be used
 - Criteria for determining who should be tested

- Incorporation of test results into case records
 - Staff responsible for conducting assessment
 - Referral procedures if test and assessments are conducted outside of the agency
3. Describe how assessment information of other agencies will be integrated with the SNAP E&T assessment. Other agencies include DRS, VEC, and Mental Health.
- c. Component Assignment
- 1. Describe how program components are assigned.
 - 2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
 - 3. Describe how the agency monitors component activities and evaluates them for effectiveness.
- d. Social and Supportive Services
- 1. Develop a list of the specific services available to SNAP E&T registrants in the locality.
 - 2. Describe how and why spending limits are set and describe what steps will be taken to assure equity for each registrant.
- e. Monitoring Worker Performance
- 1. Explain how caseloads will be monitored.
 - 2. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.
- f. Monitoring Participation and Progress
- 1. Delineate the optimal time frames the agency has set for completion of each component activity when applicable. Describe the methods and means by which the agency monitors registrant progress in each of the components.
 - 2. Describe how the agency tracks and documents the registrant's advancement in and completion of components.
 - 3. Describe how the agency documents participation hours and how the documentation is maintained.

g. Contracts

1. Describe the process by which decisions are made to contract for SNAP E&T services, the factors involved in making these decisions, and the level of responsibility for the decisions. Consideration should be given to the following issues:
 - Local procurement process
 - Development of the contract, including clear outcome measures and quantifiable agency and contractor expectations
 - Contract monitoring
 - Contract termination for non-performance
2. Describe the procedures and timeframes the agency will follow in providing the Division of Benefit Programs with copies of the proposed contract.

VIRGINIA SNAP E&T AGENCIES

AGENCY	FIPS	AGENCY	FIPS
Albemarle	003	Norfolk	710
Alexandria	510	Norton	720
Arlington	013	Petersburg	730
Bedford	019	Pittsylvania	143
Botetourt	023	Portsmouth	740
Bristol	520	Prince George	147
Brunswick	025	Prince William	153
Charlottesville	540	Richmond City	760
Chesapeake	550	Roanoke City	770
Chesterfield/Colonial Heights	041/570	Roanoke County	161
Danville	590	Rockbridge/Lexington/Buena Vista	163/530/678
Fairfax	059	Shenandoah Valley	015/560/580
Frederick	069	Smyth	173
Grayson	077	Stafford	179
Hampton	650	Surry	181
Henry/Martinsville	089/690	Tazewell	185
King & Queen	097	Virginia Beach	810
Manassas City	683	Winchester	840
Montgomery	121	Wise	195
Newport News	700		