



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

December 3, 2021

Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal #31

This transmittal contains the provisions for the Elderly Simplified Application Project (ESAP). ESAP is a component of the Supplemental Nutrition Assistance Program (SNAP). ESAP is a demonstration project that simplifies some of the processes for determining eligibility for SNAP households with elderly members that do not have any earned income. This transmittal also contains updated Virginia Combined Application Project (VaCAP) and Disaster Supplemental Nutrition Assistance Program (D-SNAP) benefits amounts.

The provisions of this transmittal are effective March 1, 2022 for SNAP applications filed on or after March 1, 2022 except as noted for VaCAP. Increased VaCAP amounts began January 1, 2022. These provisions are also effective for ongoing SNAP cases certified on or after September 1, 2021 and that meet the ESAP eligibility criteria. Local departments of social services will receive a listing of cases that may be converted to ESAP.

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
Table of Contents Entire Table	The Table of Contents for the manual was revised to include ESAP.
Abbreviations/Acronyms Pages i-ii	The list of abbreviations and acronyms used in the manual was revised to include ESAP.
Part II Appendix II Pages 1-2	The VaCAP benefit amounts increased. The low benefit increased from \$60 to \$76 and the high benefit increased from \$135 to \$151.

Chapter	Significant Changes
Part II Appendix III	A new appendix was added to include the requirements for ESAP.
Part IV Entire Chapter	The maximum certification period section was revised to add 36-month certification periods. 36-month certification periods apply to ESAP households.
Part XIV Pages 1-2	Change reporting requirements were revised to include ESAP.
Pages 13-14	Exemptions to the Interim Report process were expanded to include ESAP households.
Part XX Pages 17-18	The income limits and benefit amounts were updated for the Disaster Supplemental Nutrition Assistance Program (D-SNAP).
Part XXIV Pages i-ii	The Table of Contents was revised.
Pages 54-55	The Change Report was revised to reflect both the 130% and 200% income limits. The Change Report now includes reporting requirements for ESAP households.
Pages 123-129	The ESAP application was added. ESAP households may use any SNAP application however.
Pages 130-135	A combined expiration notice and recertification application form for ESAP were added.

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

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Commissioner

Attachment

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ABBREVIATIONS/ACRONYMS

ACP	Address Confidentiality Program
ADH	Administrative Disqualification Hearing
APECS	Automated Program to Enforce Child Support
ATP	Authorization to Participate
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
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
USCIS	United States Citizenship and Immigration Services

ABBREVIATIONS/ACRONYMS

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

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 - **\$151** - shelter expenses total \$500 or more
- Low benefit - **\$76** - 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.

Elderly Simplified Application Project

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

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

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

Eligible Households

ESAP applies to any household in which:

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

Application Procedures

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

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

Local departments must screen ESAP applications for expedited processing.

Verification Requirements

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

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

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

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

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

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

Local departments must use the following systems to verify information:

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

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

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

Interview Requirements

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

Certification Period

The certification period for ESAP cases will be 36 months.

Reporting Requirements

ESAP households must report the following changes during the certification period:

- Changes to household composition;
- If a household member receives earned income during the certification period; and
- Lottery and gambling winnings of \$3,750 or more.

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

applications are approved and when households report changes.

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

ESAP households are exempt from the interim report process.

Recertification/Renewal

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

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

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

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

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

Conversion from/to ESAP

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

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

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

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

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

Quality Control (QC) Reviews

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

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

PART IV CERTIFICATION PERIODS/RECERTIFICATION

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

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

1. Assigning A Certification Period

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

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

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

2. Maximum Certification Periods

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

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

Period

36 months

Household Characteristics

- **Households in which all members are participants in VaCAP or ESAP, as allowed in Appendix II or Appendix III of Part II. These households are not subject to the Interim Report process.**

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

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

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

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

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

2. find household ineligible and deny the application; or
3. be unable to determine the household's eligibility, within the required timeframe, and leave the application remains pending.

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

C. RECERTIFICATION

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

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

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

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

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

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

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

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

Except as noted below, households must receive the *Notice of Expiration* no later than the last day of the next to the last month of the current certification period, but no earlier

than the first day of the next to the last month of the current certification period. When the agency mails the *Notice of Expiration*, allow two days for delivery in addition to the postmark date. Regardless of when the agency assigns the interview date, the recertification application will be timely if the household files the application by the 15th calendar day of the last month of certification.

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

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

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

Timely applications for recertification are:

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

Example

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

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

Any household that does not file its application timely for recertification will lose its right to uninterrupted benefits. The agency must approve or deny the application by the 30th

day after the filing date as long as the household has at least 10 days to provide all needed verifications. If the 30th day falls during the weekend or on a holiday, the agency must take the action on the first business day after the 30th day.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The time standards for providing uninterrupted benefits are as follows:

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

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

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

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

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

a. Failure to File a Timely Application

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

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

b. Failure to Participate in an Interview

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

Example

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

c. Failure to Provide Verification

If a household submits a timely recertification application but submits required verifications untimely, the agency must provide an opportunity to participate by the 30th day after the application filing date. Untimely means that the household

did not provide the information within 10 days of the request date or by the last day of the certification period, whichever is later.

Example

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

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

7. Early Filing of Recertifications

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

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

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

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

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

D. CHANGING THE LENGTH OF THE CERTIFICATION PERIOD

1. Shortening Certification Periods

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

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

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

2. Lengthening Certification Periods

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

3. Adjusting Certification Periods for Transitional Benefits

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

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 \$3,750 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 \$3,750 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:

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 \$3,750 or more.**

<u>Household Size</u>		<u>Income Limits</u>		
Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-monthly Amount
1	\$ 2,147	\$ 499.30	\$ 998.60	\$ 1,073.50
2	2,904	675.34	1,350.69	1,452.00
3	3,660	851.16	1,702.32	1,830.00
4	4,417	1,027.20	2,054.41	2,208.50
5	5,174	1,203.25	2,406.51	2,587.00
6	5,930	1,379.06	2,758.13	2,965.00
7	6,687	1,555.11	3,110.23	3,343.50
8	7,444	1,731.16	3,462.32	3,722.00
Additional members	+757	+176.04	+352.09	+378.50

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.

d. Case Transfer Process for the Receiving Agency

Within five days of receiving a case file transferred from another Virginia locality, the receiving agency must review the case file and determine the continued eligibility and benefit level. The household is not required to report or verify any eligibility elements that may have changed as a result of the move beyond the mandatory reporting elements (i.e., income that exceeds the gross income level and number of work hours for persons whose benefits would be time-limited).

The receiving agency will be responsible for all future processes related to the transferred case, including such actions as but not limited to, sending the *Notice of Expiration* for the end of the certification period, receiving applications for continued benefits, establishing claims or providing restoration, or responding to quality assurance or hearing officer requests.

The receiving agency must not return a case transferred to it unless the case was sent to the incorrect locality. The receiving agency must not return a case even if the case was not eligible for transfer as noted in section b above.

B. CHANGES REPORTED BY AN APPLICANT HOUSEHOLD WHILE AN APPLICATION IS PENDING

Households must report required changes, as outlined in Part XIV.A.1, no later than 10 days after receiving the Notice of Action to approve the application. If households report any changes before the application is processed however, the EW must act on that information using the following steps.

1. Assess the information to determine applicability to the month of application or a subsequent period.
2. Determine if verification is needed. If verification of the element is needed, as per Part III.A and Part III.E, request the information from the household. Send a revised verification checklist, allowing the household 10 days to supply the verification.

If this 10-day period would cause the application to be held more than 30 days, extend the processing time, even if all other verification/information has already been provided. If the household provides the verification on or before the 10th day, the household would receive benefits for the month of application. (Code the delay in processing as Agency Delay so that the household may receive benefits for the month of application, provided the verification is provided by the 30th day or the 10th day noted above.)

3. If the change is reported after Day 30 so that the processing period has already been extended, the household would still get 10 days to provide the additional information. Benefits would be prorated back to the date of the request for the additional information if the verification is provided on or before the 10th day instead of prorating from the date when the final element was verified.

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4. Once the changed element has been verified, the new information must be factored in the benefit calculation for the month of application as well as any months that follow the application month. Eligibility and benefit level for the household must be based on the income and expenses already received/reported as well as elements that are anticipated with reasonable certainty to occur during the month.
5. There will be instances when the change will not affect the application month. Such an instance would be when there is a change in the household's composition. Part XIII.A.1 requires that household composition must be evaluated as of the application date so that any change to the household's membership would be reflected the month after the month of the change. This restriction would also include any associated changes such as calculating the income or personal deductions for a specific member.
6. The application must be denied if the household fails to verify the new elements or the items requested originally.

C. INTERIM REPORT FILING

All households must file an Interim Report by the sixth or twelfth month of the certification period unless they are exempt from filing as noted below. **In instances where households lose ESAP eligibility, the Interim Report may be due by month 24.** Household composition and financial circumstances at the time of application will be the basis of the SNAP benefit amount for the first half of the certification period unless the household reports a change during the certification period before the Interim Report period. Household composition and financial circumstances reported on the Interim Report will be the basis of the SNAP benefit amount for the remainder of the certification period unless the household reports additional changes after filing the Interim Report.

1. Exemption from Filing

The following households are exempt from filing Interim Reports:

- a. Households with certification periods of six months or less which may include:
 - 1) Households with unstable or changeable circumstances, such as homeless households and households with migrant or seasonal farm workers.
 - 2) Households that receive Transitional Benefits for former TANF recipients.
- b. Households with certification periods of 12 months or less if all household members are elderly or permanently disabled and there is no earned income.
- c. Households certified through VaCAP or **ESAP**.

2. Interim Reporting Filing

The Virginia Department of Social Services will generate and mail Interim Reports to certified households for which the sixth or twelfth month of the certification period is the following month. A list of cases sent the Interim Report each month and a copy of individual reports are available online.

HOUSEHOLD SIZE	INCOME LIMIT	BENEFIT AMOUNT FULL MONTH	BENEFIT AMOUNT HALF MONTH*
1	\$1,848	\$250	\$125
2	2,226	459	230
3	2,604	658	329
4	2,990	835	418
5	3,399	992	496
6	3,808	1,190	595
7	4,187	1,316	658
8	4,565	1,504	752
Each additional person	+\$379	+\$188	+\$94

* 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.

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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.
- **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 \$3,750* 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 \$2,500 or \$3,750* or more;
 - You have lottery or gambling winnings of \$3,750* 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.
- **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 \$3,750* or more; or
 - You or any member of your household starts getting income from working.

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	\$ 1,396	\$ 324.65	\$ 649.30	\$ 699.00	1	\$2,147	\$ 499.30	\$ 998.60	\$1,073.50
2	1,888	439.06	878.13	944.00	2	2,904	675.34	1,350.69	1,452.00
3	2,379	553.25	1,106.51	1,189.50	3	3,660	851.16	1,702.32	1,830.00
4	2,871	667.67	1,335.34	1,435.50	4	4,417	1,027.20	2,054.41	2,208.50
5	3,363	782.09	1,564.18	1,681.50	5	5,174	1,203.25	2,406.51	2,587.00
6	3,855	896.51	1,793.02	1,927.50	6	5,930	1,379.06	2,758.13	2,965.00
7	4,347	1,010.93	2,021.86	2,173.50	7	6,687	1,555.11	3,110.23	3,343.50
8	4,839	1,125.34	2,250.69	2,419.50	8	7,444	1,731.16	3,462.32	3,722.00
Additional members	+492	+114.41	+228.83	+246	Additional members	+757	+176.04	+352.09	+378.50

*Amounts are valid through 9/30/2022.

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

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

This institution is an equal opportunity provider

DETAILS ON CHANGES THAT HAVE OCCURRED

**CHANGE IN THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD
HAS ANYONE MOVED IN?**

Name		Date moved in	Relationship to you	Social Security Number
Date of Birth	Race (not required)		Sex	Marital Status
U.S. Citizen Yes () No ()	If Alien, give alien number, date of entry	Last school grade completed		Currently in School? Yes () No ()

HAS ANYONE MOVED OUT?

Name	Date moved out	Name	Date moved out
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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 \$2,500 OR \$3,750* (*\$3,750 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 \$3,750 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
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OTHER CHANGES

--

Person completing this form

Date

Commonwealth of Virginia
Department of Social Services
Supplemental Nutrition Assistance Program (SNAP)
APPLICATION FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

GENERAL INFORMATION

With this application, you may apply for food assistance if:

- Everyone in the household is 60 years of age or older; or
- All household members aged 60 or older purchase and prepare food separately from other household members; and
- No member receives earnings from work.

COMPLETING THE APPLICATION

If you need help completing this application, a friend or relative or your eligibility worker can help you. If you are completing this application for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If there are more than 2 people living in your home and you need more space to list everyone, tell the agency you need extra pages. If you have a disability or have difficulty with English, you may receive extra help to make sure you get the assistance or services you are eligible to receive.

FILING THE APPLICATION

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

VERIFICATION AND USE OF INFORMATION

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

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

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

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

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

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

EXPEDITED SERVICE FOR SNAP BENEFITS

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

REPORTING REQUIREMENTS

You must report changes within 10 days, but no later than the 10th day of the month after the change occurs. Report these changes:

- If you have lottery or gambling winnings of \$3,750 or more;
- If you have changes in the number of people in your household; or
- If you or a member of your household start to receive money from working.

SNAP RESPONSIBILITIES AND PENALTIES FOR VIOLATIONS

You must not:

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

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

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

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

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

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

If you refuse to cooperate with any review of eligibility, including a review by Quality Assurance, your benefits may be denied until there is cooperation.

Failure to report or verify your expenses will be seen as a statement that you do not want to receive a deduction for these expenses.

NONDISCRIMINATION STATEMENT

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).

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DOMESTIC VIOLENCE INFORMATION

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

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

COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)**

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, Telephone (804) 864-8901.

Applicant Name

Signature

Date

for agency use only

Voter Registration form completed: Yes No

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

Agency Staff Signature

Date:

Commonwealth of Virginia
 Department of Social Services
 Supplemental Nutrition Assistance Program (SNAP)

**APPLICATION FOR THE ELDERLY SIMPLIFIED
 APPLICATION PROJECT (ESAP)**

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)

A. APPLICANT INFORMATION. Enter your Contact Information.

Your Name (last, first, middle initial) _____

Your Street Address (include apartment number) _____ **City, State, ZIP** _____

Your Mailing Address (if different from your street address) _____ **City, State, ZIP** _____

Email Address _____ **Primary Telephone Number** _____ **Alternate Telephone Number** _____

What is the primary language spoken in your household? _____

Primary Method of Correspondence

You may receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov). List either a cell telephone number or an email address. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail.

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

- YES NO 1. Have you or anyone for whom you are applying ever applied for, or received, or are currently receiving SNAP benefits from a social services agency? If **YES**, enter the information below.
 When? _____ From What County, City, or State? _____
- YES NO 2. Have you or anyone for whom you are applying ever been convicted of making false or misleading statements about your identity or address to receive SNAP benefits in two or more states at the same time? If **YES**, give date and place of conviction. _____
- YES NO 3. Have you or anyone for whom you are applying ever been disqualified from participating in SNAP? If **YES**, give date and place of all disqualifications. _____
- YES NO 4. Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If **YES**, explain _____
- YES NO 5. Have you or anyone for whom you are applying ever been convicted as an adult on or after February 8, 2014 for the following:
 - 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, are you in compliance with the terms of the sentence? YES NO
- 6. You may appoint someone to apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name a representative, please give the information below

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

B. HOUSEHOLD COMPOSITION: This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person. List yourself first. If you need more space to list your household members, please ask for another form or write the information on a separate sheet.

1

Name (last, first, middle initial) _____ **Self**

Social Security Number: _____ **Relationship to You** _____ **Birth Date** (mm-dd-yyyy) _____

Gender: Male Female **City, State, Country of Birth:** _____

Program Requested: None ESAP **Are you a U.S. citizen?** Yes No

If No, immigration status: _____

US Residency Date: ___/___/___

Alien Registration Number: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

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

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

2

Name (last, first, middle initial) _____ **Relationship to Applicant** _____ **Birth Date** (mm-dd-yyyy) _____

Social Security Number: _____ **City, State, Country of Birth:** _____

Gender: Male Female **Is this person a U.S. citizen?** Yes No

Program Requested: None ESAP **If No, immigration status:** _____

US Residency Date: ___/___/___

Alien Registration Number: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

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

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

YES NO Are there others who live in your home? If **YES**,

Name of Person	Relationship	Does this person buy/eat food with you?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. RESOURCES

1. Do you or anyone who lives with you have any of the following resources or assets? If **Yes**, please provide details below.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash \$ _____		Checking/Savings Accounts		Stocks or bonds	
401K, 403B, etc		Certificate of Deposit (CD)		Money Market Funds	
Individual Retirement Account (IRA)		Christmas Club		Other	

a.

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

b.

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

YES NO 2. Has anyone received or expect to receive winnings of \$3,750 or more from lottery or gambling? If **YES**, explain: _____

YES NO 3. Has anyone sold, transferred or given away any resources in the last 3 months? If **YES**, explain: _____

D. INCOME

YES NO 1. Do you or anyone applying for ESAP with you receive or expect to receive money from working? If **YES**, \$ _____

Name of Person	Amount/ How Often Received?	Employer
----------------	-----------------------------	----------

2. Do you or anyone applying for ESAP with you receive or expect to receive any of the following? Answer yes or no below and provide the requested information.

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|-----------------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security or SSI | <input type="checkbox"/> | <input type="checkbox"/> | Worker compensation |
| <input type="checkbox"/> | <input type="checkbox"/> | VA benefits or Military Allotment | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Child support, alimony | <input type="checkbox"/> | <input type="checkbox"/> | Black Lung benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Railroad or Other retirement | <input type="checkbox"/> | <input type="checkbox"/> | Insurance settlement |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Room/board or Rental Income |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Interest, dividends |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Public Assistance (TANF/GR) |
| | | | <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?
----------------	--------	-----------------------	---------------------

E. EXPENSES

YES NO 1. Do you have any of the following shelter expenses? If **YES**, list your current expenses. Check (✓) here if these expenses are for a house you do not live in.

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

- YES NO 1a Do you have air conditioning in your home? How do you heat your home? _____
- YES NO 1b Did you receive energy/fuel assistance during this past year while living in your current home?
- YES NO 2. Do you or anyone in your household who is age 60 or older have any current medical expenses? If **YES**, list the expenses. This may include prescriptions, health insurance premiums, transportation, or doctor visit payments.

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

- YES NO 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If **YES**, give name, amount, and explain: _____
- _____
- YES NO 4. Does anyone pay legally obligated child support to someone who is not in the household? If **YES**, give name of person paying, person supported, and amount: _____
- _____

BY MY SIGNATURE BELOW, I DECLARE: I have given true and correct information on this application to the best of my knowledge and belief. I understand that if I give false information, withhold information, or fail to report a change promptly or on purpose, I may be breaking the law and could be prosecuted for perjury, larceny, and/or welfare fraud.

I allow I do not allow the Department of Social Services to disclose certain information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Health, and the Department for Aging and Rehabilitative Services. I can withdraw this authorization at any time by notifying my eligibility worker.

Signature of Applicant or Authorized Representative

Date

APPLICATION FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

FORM NUMBER -

PURPOSE AND USE OF FORM – This application presents only the information needed to determine SNAP eligibility for households containing elderly members only. Applicants may use this application to apply for ESAP. Applicants are not limited to using the ESAP application. Applicants may use any acceptable Virginia SNAP application. The application must be retained for a minimum of three years.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The local department must evaluate information presented on the application to determine ESAP or SNAP eligibility.

INSTRUCTIONS FOR PREPARATION OF FORM – Applicants must complete the application fully.

**Renewal Application for
Elderly Simplified Application Project (ESAP)**

To:

ESAP/SNAP Case Number
County/City
Department of Social Services
Address
City, State, Zip
Telephone Number

Your ESAP eligibility will end on:

Your eligibility for ESAP benefits is expiring. You must file a new application by _____ for uninterrupted benefits, and be found eligible based on the information you give. If you do not file an application by this date, there may be an interruption in your benefits.

We can only start the renewal process once you file an application. You or your authorized representative may complete the application attached here. The application must have at least your name, address, and your signature. You may file the application:

- in person at the address shown above;
 - by mail, fax, by e-mail; or
 - apply online at <https://commonhelp.virginia.gov/access/>.
- Please use only one method to renew.**

In most instances, we will not need an interview to process your renewal application. You may request to have an interview however. If we need an interview or if you request one, we will let you know when and how the interview will occur. We will also let you know if we need additional information.

If you do not agree with the action taken on your application, you may appeal the action. You must file your appeal within ninety days of the agency's notice to you. You may get an appeal form from this department or from the Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219-2901, or you may call 1-800-552-3431.

Eligibility Worker	Date	
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USDA 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.

DOMESTIC VIOLENCE INFORMATION

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

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

Commonwealth of Virginia Voter Registration Agency Certification

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)**

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with: Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, telephone (804) 864-8901.

Applicant Name	Signature	Date

for agency use only

Voter Registration form completed: Yes No

Voter Registration form given to applicant for later mailing (at applicant's request)

Agency Staff Signature	Date

ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP) RECERTIFICATION APPLICATION

This is an application to renew your eligibility for benefits. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office. You may also apply online for renewal for SNAP at <https://commonhelp.virginia.gov/access/>.

A. HOUSEHOLD INFORMATION

Your Name (last, first, middle initial)	
Your Street Address (include apartment number)	City, State, ZIP
Your Mailing Address (if different from your street address)	City, State, ZIP
In what city or county do you live?	E-mail Address
Primary Telephone Number	Alternate Telephone Number

Primary Method of Correspondence

You may receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov). List either a cell telephone number or an email address. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail.

Text Email Cell Phone Number _____ Email Address _____

B. Household/Unit Members. List everyone who lives with you who.

Name	Date of Birth	Relationship to you

List information for any new people who moved into your home after you last applied for SNAP benefits.

Name:	Name:
Date of Birth: Sex:	Date of Birth: Sex:
Relationship:	Relationship:
*Social Security Number:	*Social Security Number:

*Social Security Numbers are used to check computer systems before new members may be added to the case:

C. Resources. List the balances of any bank accounts, cash, individual retirement accounts, 401K, 403B, money market funds, or similar accounts, etc.

What?	Where?	Amounts

D. Lottery/Gambling Winnings

Has anyone received or expect to receive winnings of \$3,750 or more from lottery or gambling? Yes No
If YES, please explain and send proof.

E. Unearned Income. List any income received from Social Security, unemployment, pensions, disability, support or similar sources.

Source	Amount	Source	Amount

Is there a new source of income from Social Security, unemployment, pensions, disability, support or a similar source?
 Yes No If YES, please send proof. What is the new source and amount?

F. Earned Income	
Has anyone started or stopped a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please send proof.	
If YES, name of the employer: _____ Amount earned? _____ How often paid? _____	
Expenses	
Child support: Is anyone required to pay child support? If YES, what is the amount paid or owed?	
	Enter the monthly amount billed, owed, or paid
Medical (total amount)	
Prescriptions	
Insurance	
Doctor	
Other	
Child/adult Care	
Shelter	
Rent/mortgage	
Utilities	
Taxes/Insurance	
Other	

- YES NO 8. Are you or anyone for whom you are applying in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain _____
- YES NO 9. Have you or anyone for whom you are applying ever been convicted as an adult on or after February 8, 2014 for the following:
- e. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense? YES NO
 - f. Murder under Title 18 USC, Section 1111 or a similar state offense? YES NO
 - g. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense? YES NO
 - h. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ? YES NO
- If YES to any of the above, are you in compliance with the terms of the sentence? YES NO
10. You may appoint someone to apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name a representative, please give the information below

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

BY MY SIGNATURE BELOW, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PRESENTED HERE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I understand:

- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and may be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If I fail to report or verify my expenses, my household will not receive a deduction for the unreported or unverified expenses.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

Your Signature or Authorized Representative's Signature or Mark

Date

Witness to Mark or Interpreter

Date

ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP) RECERTIFICATION APPLICATION

FORM NUMBER -

PURPOSE AND USE OF FORM – Use of this application is limited to recertification or renewal of ESAP cases. This application may not be used in lieu of an application to apply for initial benefits, or to reapply for benefits after a lapse in certification. Applicants are not limited to using the ESAP recertification application as applicants may use any acceptable Virginia SNAP application. The application must be retained for a minimum of three years.

NUMBER OF COPIES - One.

DISPOSITION OF FORM – The local department must evaluate information presented on the application to determine ESAP or SNAP continued eligibility for elderly households.

INSTRUCTIONS FOR PREPARATION OF FORM – Applicants must complete the application fully.

