



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

August 10, 2023

Manual - Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal # 34

This transmittal contains annual updates to elements used to determine eligibility and benefit amounts for the Supplemental Nutrition Assistance Program (SNAP). The policy changes to the work requirement that stems from the Fiscal Responsibility Act of 2023 are also included in this transmittal. The Disaster SNAP (DSNAP) policy was updated to incorporate the Disaster Standard Expense Deduction (DSED), updated DSNAP income limits, and the updated DSNAP application. The SNAP Employment and Training (SNAP E&T) policy was revised to provide clarification and to revise some of its components. The list of participating SNAP E&T agencies was also updated. Part XVI of the SNAP manual was updated to add new policy and procedures based on Virginia's approved plan for replacing SNAP benefits due to skimming, cloning, or other fraudulent activities.

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

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

Significant changes to the manual are as follows:

Chapter(s) Changed	Significant Changes	Reason for Change
Definitions		
Page 5	The definition of a veteran was added.	The veteran definition was added for policy clarity for the new temporary work requirement exemption.
Part III		
Chapter A Page 3	The policy reference mentioned in Part III.A.1.e was updated from Part X.A.7. to Part X.A.6.	This section was updated to correct the policy reference.

Chapter D Pages 10	The requirement to verify a change in unearned income at recertification is \$50.	This policy was revised to align with Federal Regulations 7 CFR 273.2(f)(8).
Part VI		
Chapter A Pages 3-4	The maximum income amounts were increased to allow separate household status for disabled, elderly persons from others in the household. The minimum amounts for boarders to pay for lodging increased.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.
Chapter B Pages 5-6	The minimum amounts for boarders to pay for lodging increased.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.
Part VII		
Appendix I Pages 1-2	The Social Security credit figures were added for year of 2023.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.
Part VIII		
Chapter A Pages 1-4	The number of SNAP E&T agencies was updated from 39 to 37 and a reference to the SNAP E&T script was added to the second paragraph.  The work registration exemption regarding chronic homelessness was removed from Part VIII and placed in Part XV as a work requirement exemption.	This change was made to update the current number of SNAP E&T agencies.  This change is a result of a policy citing from the SNAP E&T review with Food and Nutrition Service (FNS).
Part X		
Chapter A Pages 1-4  Pages 7-8	The amounts for the standard deductions changed. The minimum standard deduction for household sizes 1 through 4 increased to \$198. The amounts for household sizes 5 and 6 also increased.  The maximum shelter deduction was changed from \$624 to \$672.  The utility standard amounts were increased. The amount for households with one to three members is \$414 and \$524 for households with four or more members. The previous amounts were \$374 and \$473, respectively. The telephone standard remains unchanged at \$52.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.

	The homeless shelter allowance increased from \$166.81 to \$179.66.	
Part XI		
Chapter A Pages 1-2	The gross and net income limits were increased.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.
Part XII		
Chapter A Pages 5-6	The allowable meal costs for daycare providers increased. The amounts are \$1.65 for breakfast, \$3.12 for lunch/supper, and \$.93 for snacks.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.
Part XIV		
Chapter A Pages 1-2	The income limits for reporting changes were revised.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.
Part XV		
Chapter A Page 1	The work requirement age limit increased to age 52 effective October 1, 2023.	The chapter was changed as a result of the Fiscal Responsibility Act of 2023.
Chapter B Pages 2-3	The work requirement exemptions were updated to include three new exemptions, which are homeless, United States veterans, and individuals who are age 24 or younger and were in foster care on their 18 <sup>th</sup> birthday.	The chapter was changed as a result of the Fiscal Responsibility Act of 2023.
Appendix I	The list of localities who are exempt from the work requirement was updated.	Food and Nutrition Service approved the Work Requirement (Time-limited Benefits) waiver effective July 1, 2023 – June 30, 2024. The list of Virginia localities was updated to reflect the exempt agencies.
Part XVI		
Table of Contents Page i	The Table of Contents was updated to reflect the adjusted page numbers and to add Chapter H.	Due to adding Chapter H, the Table of Contents was revised.

Chapter H Pages 4-8	Chapter H was added to Part XVI. Chapter H includes the new policy for replacing SNAP benefits due to skimming, cloning, or other fraudulent means.	This guidance is based on Virginia's approved SNAP Replacement Plan.
Part XX		
Table of Contents Pages i-ii	The Table of Contents was updated to reflect the adjusted page numbers.	Due to policy changes which extended some chapters beyond the current pages, the Table of Contents was revised.
Chapter E Pages 7-8	The policy was updated to reflect the current EBT expungement policy.	The policy was updated to coincide with the EBT expungement policy in the EBT manual.
Chapters K - U Pages 13-21	The Disaster Standard Expense Deduction was added to the policy and DSNAP income limits and allotments were updated.	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023. It was also changed to incorporate the Disaster Expense Standard Deduction to align with Virginia's State DSNAP Plan. Due to policy changes which extended Chapter K, the page numbers required updating from Chapters L – U.
Appendix I	The DSNAP application was updated.	The DSNAP application was updated to provide examples of disaster expenses and the most current non-discrimination statement provided by USDA.
Part XXIII		
Table of Contents Pages 1-68	The Table of Contents was revised to change the page numbers.	The updated allotment table resulted in the number of pages changing.
	The allotment tables were revised with the new Benefits of Issuance (BOI) figures provided by Food and Nutrition Service (FNS).	This chapter was revised to reflect the SNAP annual updates effective October 1, 2023.

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

	032-02-1070-02-eng SNAP E&T Work Site Agreement	
	032-02-1060-10-eng Referral to Work Experience Site	
	032-02-1010-03-eng Work Experience Attendance and Performance Record	
	032-02-1020-04-eng Education and Training Attendance Sheet	
	032-03-1040-11-eng SNAP E&T Medical Evaluation	

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

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Commissioner

ATTACHMENT

Trafficking - Trafficking means:

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

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

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





the standard utility allowance or the telephone standard, respectively. The local agency must verify shelter expenses only if the information presented by the household is questionable.

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

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

f. Dependent Care Expenses

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

g. Resources

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

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

h. Medical Expenses

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

i. Social Security Numbers (7 CFR 273.2(f)(1)(v))

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

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

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

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

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

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

Appendix I to this chapter contains suggested language for a form that the EW may give to clients who must provide SSA with information or documentation to complete the verification process.

j. Disability (7 CFR 273.2(f)(1)(viii))

Whether the stricter or more relaxed definition of disability is evaluated, disability status of individual household members must be established. If a household fails to verify disability when necessary, the individual in question is not considered disabled.

contact. The local department is not required to use a collateral contact designated by the household if the collateral contact cannot provide accurate third party verification. When the collateral contact designated by the household is unacceptable, the eligibility worker must ask the household to designate another collateral contact or the eligibility worker will designate the collateral contact. The eligibility worker is responsible for obtaining verification from acceptable collateral contacts.

The eligibility worker may contact only those persons designated as collateral contacts with the permission of the household. In the absence of documentary evidence and any other source of verification, the eligibility worker must determine the amount to use for certification purposes based on the best available information.

In instances when outside knowledge of an application for SNAP benefits may jeopardize the employment or safety of the applicant household, the agency must determine that that verification source is unavailable. Examples include an employer or a migrant worker's crew leader who may discourage participation in the Supplemental Nutrition Assistance Program, in which case, the eligibility worker must use another source.

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

The eligibility worker must document case files to support eligibility, ineligibility, and benefit level determinations. The documentation must be sufficiently detailed to permit a supervisor or reviewer to determine the reasonableness and accuracy of the determination. The documentation must also indicate that the household received all available options to which it is entitled. At a minimum, the eligibility worker must document the following:

1. The reason for withdrawal of an application, if the household provides a reason and confirmation of the withdrawal. (Part II.B.4.)
2. Details regarding refusal to cooperate. (Part II.C.)
3. The reason the eligibility worker considered information questionable and the information used to resolve the questionable information. This should include an evaluation of the household's actual expenses, if allowing the utility or telephone standard causes the expenses to exceed the income. This evaluation should address if there are unreported sources of income or resources when the income is insufficient to allow the household to meet its financial obligations. (Part III.A.2.)
4. The reason the eligibility worker considered an alternate source of verification (a collateral contact or home visit) necessary. Note that in verifying residency, a collateral contact is a primary source of verification. (Part III.A.3.)
5. The reason the eligibility worker rejected a collateral contact and requested an alternate or why the agency designated the collateral contact. (Parts III.A.3 and III.B.)
6. A statement that the use of actual utility costs, actual medical expenses, or actual homeless shelter expenses was a decision made by the household. (Part X.A.)
7. Results of record/information systems reviews for pending applications. (Part III.B.)

8. An explanation as to why the household could not reasonably verify residency, e.g., the household has just recently arrived in the locality. (Part III.A.1.a.)
9. Whenever the agency must verify earned income, the eligibility worker must verify and document the rate and frequency of pay. The eligibility worker must determine the payment cycle and document on what day(s) the household member receives pay and when the wages earned during a pay period are available.
10. The number of hours, period and place of employment or other activity used to regain eligibility for the work requirement. (Part XV.C.)

D. VERIFICATION AT RECERTIFICATION (7 CFR 273.2(f)(8))

At recertification, the eligibility worker must verify eligibility factors to determine a household's continued eligibility for SNAP benefits and the amount of benefits to which the household is eligible. In most instances, the eligibility worker must verify only the elements that have changed since the last verification. The eligibility worker must not verify unchanged information unless the information is incomplete, inaccurate, or inconsistent.

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

Households must supply requested verifications to allow the eligibility worker to anticipate income and expenses properly for the new certification period. Generally, the eligibility worker must request information from the month before the last month of certification. For households that file recertification applications after the certification period ends or in the month before the last month of certification, the eligibility worker must request verification that reasonably will reflect the first month of the new certification period.

The following chart lists items the eligibility worker must verify at recertification.

Verification at Recertification	
Earned income	Verify amount.
Unearned income	Verify changes in the source or the amount if changed by more than <b>\$50</b> .
Medical expenses:	
Medical standard deduction used during previous certification period	Household must declare monthly expenses of \$35 or more. Verify only if questionable.
Medical standard deduction was not used during previous certification period	Household must verify monthly expenses of \$35 or more.
Actual expenses exceeding \$235 per month	Verify any previously unreported or recurring expenses if changed by more than \$25. Verify any expenses reasonably expected to be incurred in the certification period.

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

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

<u>Household Size</u>	<u>165% Limit</u>	<u>Household Size</u>	<u>165% Limit</u>
1	<b>\$2,005</b>	6	<b>\$5,539</b>
2	<b>2,712</b>	7	<b>6,246</b>
3	<b>3,419</b>	8	<b>6,952</b>
4	<b>4,125</b>	each additional	
5	<b>4,832</b>	member	<b>+\$707</b>

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

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

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

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

5. Residing Together Determinations

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

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

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

Examples

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

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

6. Household Membership of Those Frequently Away From Home

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

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

Example

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

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

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

1. Those Eligible to Participate

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

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

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

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

2. Making Boarder Determinations

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

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

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

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

Number of boarders being considered as a separate household	Minimum monthly payment required This is two-thirds of the maximum benefit amount, rounded down to the nearest whole dollar amount, for each household size indicated.
1	<b>\$194</b>
2	<b>356</b>
3	<b>510</b>
4	<b>648</b>
5	<b>770</b>
6	<b>924</b>
7	<b>1,021</b>
8	<b>1,167</b>

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

Number of boarders being considered as a separate household	Minimum monthly payment required This is the maximum benefit amount for each household size indicated.)
1	<b>\$ 291</b>
2	<b>535</b>
3	<b>766</b>
4	<b>973</b>
5	<b>1,155</b>
6	<b>1,386</b>
7	<b>1,532</b>
8	<b>1,751</b>

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

**Example**

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

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



### SSA Quarters of Coverage Verification Procedures for Legal Immigrants

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

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

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

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

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

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

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

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

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

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

Establishing Quarters

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

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

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

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	2001	\$830	\$3320
1979	\$260	\$1040	2002	\$870	\$3480
1980	\$290	\$1160	2003	\$890	\$3560
1981	\$310	\$1240	2004	\$900	\$3600
1982	\$340	\$1360	2005	\$920	\$3680
1983	\$370	\$1480	2006	\$970	\$3880
1984	\$390	\$1560	2007	\$1000	\$4000
1985	\$410	\$1640	2008	\$1050	\$4200
1986	\$440	\$1760	2009	\$1090	\$4360
1987	\$460	\$1840	2011	\$1120	\$4480
1988	\$470	\$1880	2012	\$1130	\$4520
1989	\$500	\$2000	2013	\$1160	\$4640
1990	\$520	\$2080	2014	\$1200	\$4800
1991	\$540	\$2160	2015	\$1220	\$4880
1992	\$570	\$2280	2016	\$1260	\$5040
1993	\$590	\$2360	2017	\$1300	\$5200
1994	\$620	\$2480	2018	\$1320	\$5280
1995	\$630	\$2520	2019	\$1360	\$5440
1996	\$640	\$2560	2020	\$1410	\$5640
1997	\$670	\$2680	2021	\$1470	\$5880
1998	\$700	\$2800	2022	\$1510	\$6040
1999	\$740	\$2960	<b>2023</b>	<b>\$1640</b>	<b>\$6560</b>
2000	\$780	\$3120			

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

For quarters earned before 1978:

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

A. WORK REGISTRATION AND SNAP EMPLOYMENT AND TRAINING (**SNAP E&T**)

The EW must evaluate and record each household member's work registration status based on the exemption criteria in Part VIII.A.1. The information must be reviewed and updated as needed at recertification. The EW must explain to the applicant the work registration requirements and the consequences of a mandatory registrant voluntarily quitting a job or reducing work hours without good cause.

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

1. Exemption from Work Registration

The following persons are exempt from the work registration requirement:

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

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

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

Examples:

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

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

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

- g. Participants in a drug or alcoholic treatment and rehabilitation program. Accept the client's statement unless the information given is questionable.
- h. Persons employed for cash wages, in any amount, or self-employed and working a minimum of 30 hours per week. This includes migrant and seasonal farm workers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days. In determining whether an applicant is working a minimum of 30 hours per week, fluctuating work hours may be averaged. Since this exemption is tied to a weekly figure, the period for averaging should also be tied to a weekly figure. The number of weeks to be averaged cannot exceed either the length of the certification period or the twelve-month work registration period. The average may be based on any number of weeks less than either of these two periods which will allow a reasonable approximation of the number of hours worked per week. Accept the client's statement unless the information given is questionable.
- i. Persons working less than 30 hours per week, but earning at least the equivalent of the federal minimum wage multiplied by 30 hours.
- j. **Persons who are obviously physically or mentally incapacitated. When disability is not obvious or the individual does not attend the eligibility interview or other office visit, proof of the disability may be established by the approval for or receipt of disability benefits. See Definitions. Also, approval for or receipt of benefits such as TANF, Medicaid, or Workers Compensation based on a disability which has been verified by that program will be considered as proof of disability. Other individuals claiming a disability exemption must substantiate such disability by a medical statement from a licensed medical provider or licensed or certified psychologist or social worker or by approval for or receipt of benefits upon verification of same, such as an insurance company.**

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

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

2. Frequency of Registration for Work

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

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

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

3. Method of Registration for Work

Work registration must be identified at:

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

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

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

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

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

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

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

1. Exemptions from Voluntary Quit and Work Reduction Provisions

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

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

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

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

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

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

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

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

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

Household Size	Standard Deduction
1-3 members	<b>\$198</b>
4 members	<b>\$208</b>
5 members	<b>\$244</b>
6 or more members	<b>\$279</b>

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

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

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

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

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

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

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

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

The cost of shelter is allowable after all other deductions have been determined. The worker must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction, up to **\$672** per month, except as noted below. The adjusted net income is determined by subtracting the standard deduction, earned income deduction, dependent care deduction, child support deduction, homeless shelter standard and medical deduction from the total gross income.

The allowable deduction for shelter may not exceed **\$672** except for households that contain a member who is 60 years of age or older or who is disabled, as defined in Definitions. Households with an elderly or disabled member may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the adjusted net income.

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

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



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

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

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

Number of Persons	Utility Standard
1 - 3	<b>\$414</b>
4 or more	<b>\$524</b>

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

Example

A three-person SNAP unit lives in a house with another person. The SNAP unit and the other person each pay half of the heating costs. The SNAP unit's standard utility allowance is **\$262**, i.e. **\$524** based on total number of persons in the home (4 or more) divided by 2, the number of units contributing to heating costs. The SNAP unit may opt to use **\$262** as its utility costs, or may use its actual utility expenses.

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

Examples

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

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

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

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

Examples

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

- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are not allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
  - If a Medicaid application is pending when the SNAP benefit application is approved, the Medicare premium is allowed as a medical expense.
  - If a Medicaid application has already been approved when the SNAP benefit application is approved, the Medicare premium is not allowed as a medical expense once Medicaid actually begins paying the expense as verified through SOLQ-I or SVES.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal. This excludes costs for emotional support animals.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aide, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

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

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

b. Disallowed Expenses:

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

Example

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

6. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is **\$179.66** per month. This standard is not calculated as part of the shelter expense deduction described in section 4 of this chapter.

To be eligible for the homeless shelter allowance, a household must incur or reasonably expect to incur shelter costs during a month. Homeless households that incur no shelter costs during the month and anticipate none are not be eligible for the shelter allowance.

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

Example

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

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

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

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

All households, except those that are categorically eligible, must be determined eligible based only on net income (gross income less allowable deductions listed in Part X.A). The maximum net income limits are shown below.

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

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

B. COUNTABLE INCOME

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

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

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

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

Earned income includes:

1. Wages and Salaries

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

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

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

Consider bonus pay as earned income.

2. Self-Employment Income

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

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

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

3. Training Allowances

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

- g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, payments on the mortgage principal, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are not deductible as a cost of doing business:

- a. net losses from previous periods.
- b. federal, state, and local income taxes.
- c. money set aside for retirement purposes.
- d. other work related personal expenses, such as transportation to and from work.
- e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same SNAP household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - **\$1.65** per meal; Lunch or Supper - **\$3.12** per meal;  
Snacks - **\$.93** per meal.

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

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

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

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

9. Depreciation

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

B. BOARDERS (7 CFR 273.11(b))

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

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

1. Income from the Boarder

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

2. Cost of Doing Business

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

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

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



## A. CHANGES DURING THE CERTIFICATION PERIOD

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

1. Changes that Must Be Reported

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

## a. Certification periods - one to four months

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

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

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

## b. Certification periods – five months or longer

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

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

<u>Household Size</u>	<u>Income Limits</u>			
	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-monthly Amount
1	\$ 2,430	\$ 565.11	\$1,130.23	\$ 1,215.00
2	3,287	764.41	1,528.83	1,643.50
3	4,143	963.48	1,926.97	2,071.50
4	5,000	1,162.79	2,325.58	2,500.00
5	5,857	1,362.09	2,724.18	2,928.50
6	6,713	1,561.16	3,122.32	3,356.50
7	7,570	1,760.46	3,520.93	3,785.00
8	8,427	1,959.76	3,919.53	4,213.50
Additional members	+857	+199.30	+398.60	+428.50

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

2. Time Required and Methods for Reporting Changes

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

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

During the interview, the worker must advise applicants:

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

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

PART XV		WORK REQUIREMENT	
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Appendix I - Localities Whose Residents Are Exempted from the Work Requirement			1

## A. GENERAL PROVISIONS

All individuals who are able to work must be working or actively engaged in a work activity in order to receive SNAP benefits. Unless an exemption to the work requirement exists, individuals may receive SNAP benefits for only three months during a 36-month period. Individuals must be evaluated for exemptions as allowed in Part XV.B. After the initial three-month period (Y1 benefits), an individual may receive benefits through a Special Exemption (E9) to allow certification up to six months. Special Exemption E9 months may also extend the certification period to six months for households with members who regain eligibility (Y2 benefits), as allowed in Part XV.C. The E9 allowance does not apply when an individual's status changes during an established certification period. After the initial and regained benefit months (Y1, Y2) have been exhausted, an individual may receive benefits only if there is an exemption to the work requirement.

In order to receive SNAP benefits beyond three months a nonexempt able-bodied household member must:

1. work for cash wages in any amount or for in-kind goods or services for 20 hours or more per week, averaged monthly;
2. participate in and comply with requirements of an employment services program operated by the Department of Social Services, other than job search, for 20 hours or more per week or for the number of hours assigned for the work experience component as calculated by the household's allotment divided by the federal minimum wage;
3. participate in and comply with non-departmental (VDSS) work programs for 20 hours or more per week;
4. serve in an unpaid, volunteer capacity for a public or private agency, at a minimum, for the number of hours that is equal to the household's allotment divided by the federal minimum wage; or
5. any combination of these activities.

If the member was unable to work, as described above, and is able to show good cause, the member will meet the work requirement as long as the absence is temporary and the member retains the job.

The 36-month period is a fixed period from the first of the month in which a household containing an individual between 18 and **52** years of age is certified in Virginia. The 36-month period will begin and continue for any household member who is at least 18 and under **53** years of age, even if an exemption from the work requirement exists for that member at the time of certification or other case action. Tracking must be completed for all individuals within the age range, even when they are exempt.

Any month in which an affected individual receives the full benefit month as part of a certified household will count toward the three-month limit.

Months in which a household receives prorated benefits will not count toward the three-month limit. Months in which the household does not receive an allotment because benefits are prorated to zero (i.e., less than \$10) will not count toward the limit however. Months in which a certified household is eligible to receive benefits but does not actually participate do not count toward the three-month period. Months for which a household repays benefits received erroneously also will not count toward the three-month limit once the household repays the claim in full.

For the purposes of this provision, a work program will include programs operated under the Workforce Innovation and Opportunity Act (WIOA) and the Trade Adjustment Assistance Act in addition to the agency-sponsored employment and training programs. Job search activities assigned through SNAP E&T or other state or local social services programs are not acceptable tasks to count toward establishing a household member's eligibility for continuing benefits beyond the initial three-month limit. Job search activities assigned through WIOA will be evaluated as an acceptable task however.

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

Ongoing households with members who are not eligible because of the work requirement must continue to report changes involving these members.

## B. WORK REQUIREMENT EXEMPTIONS

The following individuals are exempt from the work requirement:

1. Any individual who is under 18 years of age or **53** years of age or older. See Part XIII.A.2.
2. Any individual who is medically certified as mentally or physically unfit for work or **have other barriers that make them unfit for work, such as chronic homelessness. Chronic homelessness is defined as meeting at least one of the components of the homeless household found in Definitions for six months or more.**
3. Any adult member of a SNAP household of which a child under age 18 is part of the SNAP household.
4. A pregnant woman.

5. Any resident of an exempt locality. The exemption may be based on the unemployment rate of the locality or its identification as a Labor Surplus Area.
6. Any individual who is otherwise exempt from work registration as outlined in Part VIII.A.1.
7. **A United States veteran.**
8. **An individual who is 24 years of age or younger and who was in foster care on their 18th birthday.**
9. **A homeless individual.**

The local department must:

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

The agency must establish the 36-month period and track the reasons for the exemption for each individual who meets an exemption other than age.

### C. REGAINING ELIGIBILITY

Nonexempt individuals denied eligibility after being eligible for three months of Y1 initial benefits, or those who would have been denied if an application had been filed, can regain eligibility. These individuals may regain eligibility only under specific conditions for the balance of the 36-month period. Individuals who regain eligibility by being exempted from the requirement will remain eligible as long as the exemption exists. Individuals, who regain eligibility through work activities, as listed below, are eligible for a maximum of three months of regained benefits (Y2) if they are no longer working or involved in a work activity.

#### 1. Eligibility Dependent on Changes in Circumstances

SNAP eligibility may be reestablished for an individual who loses eligibility because of the work requirement if the individual becomes exempt from the work requirement as listed in Chapter B. For participating households, an individual may regain eligibility the month following the month the change occurs. Reapplying households may regain eligibility on the date of application or a later date if the individual's status has changed.

2. Eligibility Dependent on Work Activities

Nonexempt individuals denied after being eligible for the initial three-month period of Y1 benefits, or any subsequent period of unemployment, may regain eligibility only if the individual:

- a. works 80 hours or more during a 30-calendar day period; or
- b. complies with requirements of work programs identified in Part XV.A for 80 hours or more during a 30-calendar day period.

The case record must be documented to show that the required work effort met the 80-hour/30-day requirement. The documentation must include the number of hours, place and period of employment. Households may not use any work activities performed before the three-month eligibility period for Y1 or Y2 benefits have expired to regain eligibility.

Nonexempt individuals who have received their three initial months of benefits (Y1) can receive SNAP benefits for up to three consecutive months (Y2) once the 80-hour, 30-day requirement has been satisfied. Once the evaluation period for regained benefits begins, the period must continue even if the individual is ineligible for SNAP benefits during a portion of the period. Benefits for the second three-month period may be provided only if the qualifying work (a-b above) has terminated or is reduced below the qualifying standards of Chapter A. Once the worker establishes eligibility for Y2 benefits, the certification period must end.

If the qualifying work continues after the initial 80 hours, eligibility may continue under the normal work requirement rules. Entitlement to the Y2 benefits is postponed until a later time during which the household member is no longer working or is no longer exempt from the Work Requirement.

Applications filed for nonexempt household members before the completion of the 80 hours/30-day rule must be denied if the 80 hours will not be completed during the month of application. If the 80 hours will be completed during the month of application but after the application filing date, benefits must be prorated from the date after eligibility is established. See Part XIII.D.2 for additional information regarding the calculation of benefits.

Regaining and Maintaining Eligibility

After receipt or authorization of the second set of benefits (Y2), following subsequent periods of unemployment or under-employment (less than 20 hours per week), a nonexempt member must regain (a–b above) and maintain that eligibility by engaging in a work activity as required by Chapter A. During a period of unemployment or underemployment, a nonexempt member is not eligible for benefits. There is no limit to the number of times a member may engage in this regaining-maintaining eligibility cycle.

Localities Whose Residents Are Exempted from the Work Requirement\*

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

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



PART XVI		RESTORATION OF LOST BENEFITS	
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E. CHANGES IN HOUSEHOLD COMPOSITION (7 CFR 273.17(g))

Whenever a household is due lost benefits and the household's membership has changed, the local agency must restore the lost benefits to the household that contains a majority of the individuals who were household members at the time the loss occurred. If the local agency cannot locate or determine the household that contains a majority of household members, the local agency must restore the lost benefits to the household containing the person designated as the head of the household at the time the loss occurred.

F. RECORD KEEPING (7 CFR 273.17(h))

The local agency must maintain any documentation that supports the entitlement to restoration for each instance in which restoration of lost benefits is appropriate.

G. DISPUTED BENEFITS (7 CFR 273.17(c))

If the local agency determines that a household is entitled to restoration of lost benefits, but the household does not agree with the amount to be restored as calculated by the local agency, the household may request a fair hearing within 90 days of the date the household is notified of its entitlement to restoration of lost benefits. The household may also request a hearing on any other action taken by the local agency to restore lost benefits. If the household requests a hearing before or during the time the agency is restoring lost benefits, the household will receive the lost benefits as determined by the local agency pending the results of the fair hearing. If the fair hearing decision is favorable to the household, the local agency must restore the additional lost benefits in accordance with the decision.

If a household believes it is entitled to restoration of lost benefits, but the local agency does not agree after reviewing the case file, the household has 90 days from the date of the local agency determination to request a fair hearing. The local agency must restore lost benefits to the household only if the fair hearing decision is favorable to the household. The household is not entitled to benefits lost more than twelve (12) months before the date the local agency initially discovered the household's possible entitlement to lost benefits.

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

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

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

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

**2. Timing and due dates.**

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

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

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

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

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

**3. Calculating the replacement benefits.**

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

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

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

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

**Example 1:**

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

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

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

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

**Example 2:**

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

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

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

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

**Example 3:**

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

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

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

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

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

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

#### 5. Record keeping.

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

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

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

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

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

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13. Plan for handling employee applications.
14. Describe procedures for issuing benefits. This would include the plan for the physical security and tracking of EBT cards, the data entry process, card delivery or card replacement. Include any recipient training or customer service training to be implemented.

D-SNAP households will be issued EBT cards over-the-counter. Designated local agency issuance personnel may access the card issuance screen in the EBT system using Manual Account Setup prior the demographic and benefit files being transmitted to issue vault cards to eligible households. Cardholders must sign for receipt of the card. Cardholders must select a Personal Identification Number (PIN) by calling the EBT vendor's Automated Response Unit. The LDSS is encouraged to provide a telephone for cardholder use in acquiring the PIN.

Disaster benefits must be provided within 3 days of the application date. (Day 1 is day after the application is filed.) Disaster benefits will be available for household use for **274** days. The EBT system will expunge unused benefits on the **275<sup>th</sup>** day the benefits were issued for the D-SNAP.

15. Fraud prevention procedures. This would be a description of application/issuance site controls and possible use of onsite fraud investigators. Include in this any specific plans to handle employee applications.

While the primary focus of the D-SNAP is to distribute benefits to eligible disaster victims as quickly as possible, precautions must be taken to guard against fraudulent receipt of benefits. Workers must verbally advise applicants of D-SNAP rules and of the penalties for fraudulent receipt or use of benefits. A checklist given to eligibility workers should include circumstances that would trigger a referral to an investigator.

The automated system will cross check data entered to ensure that new applicants and household members for the D-SNAP are not already receiving either regular SNAP benefits or D-SNAP benefits. The automated system will also check to ensure that the case has not already been found to be ineligible for benefits in any jurisdiction. The system will perform an edit check on any Virginia Department of Social Services employee applying for the D-SNAP. The system will identify the receipt of support through the Division of Child Support Enforcement.

If the automated system is unavailable, the LDSS must maintain lists of applicants/recipients, which must be checked for duplicates at the close of each business day. Other fraud prevention measures will include investigation of questionable information. In no event however, must any investigative activity delay the issuance of D-SNAP benefits beyond three days.

16. There needs to be confirmation that the LDSS can access the following documents from this chapter in electronic format:
  - D-SNAP client application (Appendix 1)

- Cover letter to VDSS requesting to operate a D-SNAP and the application to run the program template (Appendix III)
- Press release and fact sheet which is also a flyer that can be posted (Appendix VI)

F. APPLICATION TO FNS FOR AUTHORIZATION OF THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Upon completion of the application to operate the D-SNAP, local officials must submit the application to Director of the Benefits Division or designee at the Virginia Department of Social Services. Virginia Department of Social Services staff will submit the application to FNS on the locality's behalf first by email or fax and then a hard copy will be sent in the mail to them.

G. FNS AUTHORIZATION TO IMPLEMENT THE DISASTER PROGRAM

1. APPROVAL OR DENIAL. FNS approval or denial will be made to Home Office. The letter of approval will generally contain procedures the locality will follow that are specific to the disaster. The approval or denial may be as immediate as the next day.

If the application is denied, Home Office may request a review of the denial should additional information subsequently become available to substantiate the request for authorization.

2. GEOGRAPHICAL AREA. FNS will specify the locality or parts of localities where the D-SNAP is authorized.
3. DISASTER APPLICATION PERIOD. FNS will authorize a period of up to seven days for receiving, processing, and approving applications. Depending on the volume, processing applications may continue to occur after the expiration of the application period.

No D-SNAP application may be taken after the expiration of the disaster application period.

4. DISASTER BENEFIT PERIOD. For the D-SNAP, FNS will specify either a half-month or a full month disaster benefit period, depending on the nature, severity, and anticipated duration of the disaster.
5. USE OF DISASTER RELIEF AGENCY. FNS will authorize the use of any disaster relief agency in administering the Disaster Program as well as specifically authorize which functions the agency may perform in connection with the certification and distribution of D-SNAP benefits.

H. APPLICATION TO FNS FOR EXTENSION OF THE DISASTER PROGRAM

An extension of the GEOGRAPHIC AREA covered by the D-SNAP may be requested if the effects of the disaster are more widespread than originally determined.

Ideally, an opportunity to obtain benefits should be provided the same day the application is approved. Benefits will be issued by vault EBT cards.

If, due to the volume of applications, additional processing time is needed, the local agency must forward the request for additional time to the Home Office, SNAP Unit. The request must indicate the date by which all D-SNAP applications will be processed.

8. **CERTIFICATION NOTICES.** The household must be advised in writing of the disposition of the application. See Appendix I of this chapter for the Notice of Action for the Disaster Program. If an application is approved, the household must be advised of the amount of the allotment and the period the benefits are intended to cover. If the application is denied, the basis of denial must be explained. If an application is withdrawn, list the date of the withdrawal on the notice to confirm it. Appeal information is on the notice.
9. **HANDLING CURRENT SNAP HOUSEHOLDS.** In some disasters, ongoing recipients may apply and be certified for disaster benefits. In some disasters, FNS has approved other options such as the issuance of automatic replacements to ongoing households. The manner in which ongoing households are handled will be determined in negotiations with FNS at the time of a disaster.

#### L. ELIGIBILITY REQUIREMENTS FOR DISASTER PROGRAM ASSISTANCE

To be eligible for the D-SNAP, a household must meet basic eligibility factors or requirements. These eligibility factors are for the household to: live in the affected area (Residency); intend to purchase and prepare food during the disaster benefit period (Purchase and Prepare); have suffered an adverse effect (other than loss of food) as a result of the disaster (Adverse Effect); be evaluated with people who would normally be part of the household (Household Composition), and to meet the income and resource eligibility test (Income and Resource Test). These factors are explained fully below.

1. **RESIDENCY.** At the time the disaster struck, the household must have been residing within the geographical area authorized for implementation of the Disaster Program. Such a household may be certified even though it is temporarily residing outside of this area. In this situation, the household would need to apply at the local agency where it lived at the time of the disaster. There may be exceptions for those who worked in the disaster area but do not live there. This will depend on the disaster circumstances.
2. **PURCHASE AND PREPARE.** The household must intend to purchase food and prepare meals during the disaster benefit period.
3. **ADVERSE EFFECT.** Depending on the disaster, the household must have experienced one or more of the following adverse effects that directly result from the disaster. Additional adverse effects may be identified at the time of the disaster.
  - a. **Loss or Inaccessibility of Income.**

Loss or inaccessibility of income means a reduction or termination of income, or a significant delay in receipt of income, due to the disaster. This could occur, for

example, if a disaster has caused a place of employment to close or reduce its work days, or if the work location is inaccessible due to the disaster (e.g., roads washed out).

b. Inaccessibility of Liquid Resources.

Inaccessibility of liquid resources includes situations in which the financial institutions in which the household has its resources are expected to be closed due to the disaster for at least half of the disaster benefit period.

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

c. Disaster-Caused Expenses Due to Damage to the Home Property or Self-Employment Business.

The household must have had damage to the home property or self-employment business **with unreimbursed out-of-pocket expenses** in order to qualify under this criterion for the D-SNAP. The client will not have to verify these expenses.

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

d. Loss of Food. (state option)

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

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

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

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

4. HOUSEHOLD COMPOSITION. The household must include as part of the application process the people normally living and eating together when the disaster occurred. Do not include any persons temporarily staying with the household or with whom the household is temporarily staying. If members of the family are not together on the date of application because of circumstances directly related to the disaster, but they were living and eating together on the date of the disaster, include those persons also.

Examples

In the following examples, the date of the disaster is September 18 **and the disaster benefit period is September 18 – October 3**. The date of application is September 30.

- a) Client applies 9/30 for herself. Her husband, who was in the home on 9/18, went to jail on 9/20. He is not included as a household member; he is not there on the date of application and his absence is not related to the disaster.
- b) Client and her husband moved in temporarily with her mother because their house was flooded. Do not include the mother because the client and her husband are temporarily staying there.
- c) Client's sister moved in with her temporarily because the sister has no power. Do not include the sister on the client's application.
- d) Client applies for herself and a baby born 9/20. The new baby is included because he is now part of the permanent household, even though he was not there on the date of the disaster.
- e) Client and her husband have four children. Their home was destroyed in a tornado. Nobody can house all six of them, so three children are with their grandmother, and the other three people are with the client's sister. The application can include the family of six, because they were living and eating together on the date of the disaster and the reason they are scattered is directly due to the disaster.
- f) Client's daughter is home from college because the college closed down. Do not include the college student because she is there temporarily.
- g) Client normally resides in the barracks on a military base. He is not eligible for benefits because he is in a facility that provides him food.

Students or others who have meals provided are considered residents of institutions and are not eligible for the D-SNAP.

5. INCOME AND RESOURCES TEST. The household must meet the disaster income limits. This is determined as follows:

- a. Determine the household's gross earned and unearned income during the disaster benefit period. For self-employment income, count the amount that remains after costs of producing the income are subtracted.

Count income the household has received during the disaster benefit period, or expects to receive with reasonable certainty during this period.

Income that is countable in the regular program will be countable for disaster benefits. Similarly, excluded payments under the regular program will be excluded for disaster benefit determinations.

For the D-SNAP, average weekly and bi-weekly income must NOT be converted to a monthly figure by the 4.3 or 2.15 conversion factors used in the regular program. Instead, the worker must determine the income already received during the disaster period, and anticipate the income expected for the rest of the disaster period.

Example

The disaster period is August 17 through September 16. The household files a D-SNAP application on August 30. The client has 4 pay dates during the disaster period. He had a full paycheck on August 23, but no pay on August 30 because the business flooded. He expects full pay again for the next two pay dates, because he is back at work. Count the one pay received and the two anticipated basing the amounts for the anticipated two on the one received.

D-SNAP income does NOT include any disaster assistance payments received or expected to be received during this period from Federal, State, or local government agencies or disaster assistance or relief organizations.

Income that is excluded under regular program rules is also excluded under disaster rules.

- b. Determine the household's accessible liquid resources as of the date of application.

All liquid resources that the household can access must be counted. They include, but are not limited to, cash on hand, money in checking, savings, and credit union accounts, Christmas Club accounts, Vacation Club accounts, certificates of deposit and money market accounts.

Jointly held resources between married persons belong to each party equally.

Jointly held resources between other people belong to the parties in proportion to their net contributions. If the parties establish that they intended a different ownership arrangement, that arrangement prevails.

Example

A daughter is listed on her elderly mother's bank account. The daughter and her mother say the money belongs to the mother. The account is not a resource to the daughter.

Individual Retirement Accounts, stocks, bonds and Keogh plans are not counted.

Do not count the same money as income and a resource for the same month.

Example

A client's paycheck is deposited directly in a checking account. Count the paycheck as income but deduct that amount from the resource balance.

- c. To be eligible for benefits, households' income and **accessible liquid** resources must be below the allowable levels.

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

**For households with \$100 or less in unreimbursed disaster-related expenses, or food loss is the only expense use Chart B. The income levels in Chart B hdoes not incorporates the Disaster Standard Expense Deduction (DSED). Households whose total income plus its accessible liquid resources minus their actual disaster-related expenses must be less than or equal to the levels in Chart B to qualify for D-SNAP.**

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

**Chart A (DSED):**

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

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

**Chart B:**

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

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

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



M. DISASTER PROGRAM BENEFIT PERIOD

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

N. VAULT CARD ISSUANCE PROCEDURES

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

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

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

O. FAIR HEARING

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

P. TRANSITION TO THE REGULAR PROGRAM

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

Example

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

Q. DISASTER REPORTS

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

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

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

Appendix VII contains guidance for the completion of these reports.

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

R. RECIPIENT CLAIMS AND ENTITLEMENT TO RESTORATION

The LDSS must establish and pursue collection of claims for disaster benefits issued incorrectly. The LDSS must establish claims as soon possible, but no later than the end of the quarter following discovery of the overpayment. Regular Program rules apply for establishing and collecting amounts. See Part XVII.

The LDSS must restore benefits to any household that was incorrectly denied or that received too few benefits. The LDSS may discover the need for restoration through the fair hearing process, post-disaster review, or evaluation of household complaints. Regular program requirements apply for restoration so restored benefits may be offset against an existing claim. See Part XVI.

S. INTENTIONAL PROGRAM VIOLATION DISQUALIFICATION

Disqualification in the regular program does not disqualify a person from the Disaster Program. Committing an Intentional Program Violation (IPV) in the Disaster Program will count towards disqualification in the regular program however. See Part XVII.

T. POST-DISASTER REVIEW

After operations for a disaster program have ended, the VDSS will review a sample of certified cases. The VDSS will select a sample of 0.5 percent of the cases certified for the D-SNAP, up to a maximum of 500 cases. Following the reviews, errors identified will be analyzed and corrective actions developed and implemented. Cases identified as being over- or under- issued will be referred to the local agency for appropriate action. Potential fraud cases will also be referred.

In addition to the sample of cases, all applications of VDSS and LDSS personnel will be reviewed.

The VDSS will provide a report on the post-disaster review within six months of the close of the disaster period or as specified in the authorization from FNS to operate a D-SNAP.

U. Retention of Records

Each agency must maintain D-SNAP records in accordance with its established filing system. Program records must be retained for a minimum of three years.

APPENDIX I

DISASTER FORMS

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

## APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS

Disaster Benefit Period  _____ TO _____	AGENCY USE ONLY				
	CASE NAME	FIPS	CASE NUMBER	ATTACHMENTS: Y or N # _____	
	WORKER NAME	WORKER NUMBER	DATE RECEIVED		

**INSTRUCTIONS:**

Complete this application honestly and to the best of your knowledge. If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You may also be required to repay any benefits you erroneously received. If your household knows and refuses to give the needed information, you will not be eligible to receive Disaster Supplemental Nutrition Assistance Program benefits. The information you give, including Social Security numbers, may be matched against federal, state, and local records to determine if it is accurate. In addition, this information will be used to prevent duplicate receipt of benefits from more than one social service agency at the same time, and to inquire the Department of Human Resources state employee database. At your interview, you must provide proof of your identity. You may also be required to provide proof of residence, income, and resources. Tell your worker if you want someone who is not in your household to apply for and/or pick up and/or use your Disaster SNAP benefits on your behalf.

HEAD OF HOUSEHOLD (LAST NAME, FIRST, MIDDLE/ MAIDEN, SUFFIX):	PERMANENT ADDRESS (STREET, CITY, ZIP):	
TEMPORARY ADDRESS (IF DIFFERENT):	Telephone:	AUTHORIZED REPRESENTATIVE: Written permission from the household to apply for benefits? __YES __NO Written permission from the household to access the account? __YES NO

### PART I: HOUSEHOLD SITUATION

<b>CIRCLE ONE</b>	
YES    NO	1. Were you residing in the disaster area at the time of the disaster?
YES    NO	2. Has your home property or self-employment property in the disaster area been damaged or destroyed by the disaster?
YES    NO	3. Will you be purchasing food during the Disaster Benefit Period indicated above?
YES    NO	4. Did your household lose food because of the disaster?
YES    NO	5. Has your income been delayed, reduced, or stopped because of the disaster?
YES    NO	6. Does your household have any cash or money in bank or other financial institution accounts that are <u>not</u> accessible to your household to use because of the disaster?
YES    NO	7. Do you or anyone in your household currently receive SNAP benefits? Name of person: _____ From where: _____ Amount: \$ _____

## PART II: HOUSEHOLD MEMBERS, INCOME AND RESOURCES

List ALL persons normally living and eating with you as of the date of this application. Do not include any persons temporarily staying with you or with whom you are temporarily staying. If members of your family are not together today because of circumstances directly related to the disaster, but they were living and eating with you on the date of the disaster, including those persons also.

Enter the total amount of ALL earned and unearned income received or expected to be received for ALL household members during the DISASTER BENEFIT PERIOD indicated above. Income includes, but is not limited to, gross salary and wages for full and part-time jobs, pensions, self-employment, child support, Social Security death, retirement, and disability benefits, and Supplemental Security Income. Source means: for wages- name of employer, for self-employment- name of business, and for child support- name of payor. Do not include disaster assistance payments you expect to receive from federal, state, or local governments or disaster assistance agencies during the benefit period. List all income including any received for a child or children in your household.

Enter the amount of ALL accessible resources as of the date of this application for ALL household members. Resources include, but are not limited to, cash on hand, money in checking and regular savings accounts, certificates of deposit, money market accounts, and Christmas and Vacation Club accounts. Resources do NOT include IRA Accounts, stocks, bonds, and KEOGH Plans. Source means: for all types, except cash on hand, the name of the financial institution. Please be sure to enter an answer in every row. If a person does not have the income or resource type listed, enter NA for not applicable.

IF YOU NEED TO INCLUDE ADDITIONAL HOUSEHOLD MEMBERS, INCOME, OR RESOURCES, PLEASE ASK FOR ANOTHER COPY OF THIS PAGE.

List Head of Household under 1. List other household members under 2 through 5. List a Social Security Number (SSN) and date of birth (DOB) for all members. List an amount and source (if applicable) for each income and resource type listed below.			1.NAME (Last, First, MI, Suffix):	2.NAME (Last, First, MI, Suffix):	3.NAME (Last, First, MI, Suffix):	4.NAME (Last, First, MI, Suffix):	5.NAME (Last, First, MI, Suffix):
			SSN:	SSN:	SSN:	SSN:	SSN:
			DOB:	DOB:	DOB:	DOB:	DOB:
<b>DISASTER BENEFIT PERIOD</b> to _____ <b>INCOME AMOUNTS</b>	<b>TYPE</b>						
	GROSS WAGES/SALARY	AMOUNT					
		SOURCE					
	NET SELF-EMPLOYMENT	AMOUNT					
		SOURCE					
	CHILD SUPPORT	AMOUNT					
		SOURCE					
	SOCIAL SECURITY (DEATH, RETIREMENT, DISABILITY)	AMOUNT					
		SOURCE					
	PENSION	AMOUNT					
		SOURCE					
	SUPPLEMENTAL SECURITY INCOME	AMOUNT					
		SOURCE					
	OTHER INCOME (SUCH AS VETERANS, UNEMPLOYMENT, TANF) LIST ALL INCOME INCLUDING ANY RECEIVED FOR A CHILD OR CHILDREN IN YOUR HOUSEHOLD.	AMOUNT					
SOURCE							

<b>CURRENT RESOURCE AMOUNTS</b>	CASH ON HAND	AMOUNT					
		SOURCE					
	CHECKING ACCOUNT(S)	AMOUNT					
		SOURCE					
	SAVINGS ACCOUNT(S) CHRISTMAS CLUBS, VACATION CLUBS	AMOUNT					
		SOURCE					
	OTHER RESOURCES	AMOUNT					
		SOURCE					

**DISASTER EXPENSES AMOUNTS**

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

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

### **PART III: PENALTY WARNING**

If you give false or misleading information or withhold information to receive benefits, you may be prosecuted or referred for an Administrative Disqualification Hearing. You also may be required to repay any benefits you erroneously received. If your household receives SNAP benefits, you must not (1) give or sell SNAP electronic benefit cards to anyone not authorized to use them; (2) alter any SNAP electronic benefit cards to get benefits you are not entitled to receive; (3) use SNAP benefits to buy unauthorized items, such as alcoholic drinks, tobacco, or paper products; and (4) use another household's SNAP electronic benefit card for your household.

Any member of your household who breaks any of these rules on purpose could be barred from the Supplemental Nutrition Assistance Program for 12 months, 24 months, or permanently and may be fined, imprisoned, or both. Anyone court convicted of trading SNAP benefits for a controlled substance could be barred for 24 months or permanently, and permanently if court convicted of trading SNAP benefits for firearms, ammunition, or explosives. Anyone who intentionally gives false information or hides information about identity or residence to get SNAP benefits in more than one locality at the same time could be barred for 10 years.

### **PART IV: YOUR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM RIGHTS**

In accordance with federal law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, and disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC. 20250-9410 or call (202) 720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.

### **PART V: CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalty for withholding or giving false or misleading information. I certify, under penalty of perjury, the information I have given is correct and complete to the best of my knowledge. I authorize the release of any information necessary to review actions related to this application. I understand that if I disagree with the decisions made on my application, I have a right to ask for a fair hearing. I understand my household may be selected for a federal or state review to examine actions taken in connection with this application.

Signature (Mark) of Applicant or Authorized Representative: \_\_\_\_\_ Witness of Mark: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Worker: \_\_\_\_\_ Worker Number: \_\_\_\_\_ Date: \_\_\_\_\_



## USDA NONDISCRIMINATION STATEMENT

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

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

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

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

This institution is an equal opportunity provider.

AGENCY USE ONLY

DISASTER ALLOTMENT CALCULATION

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

WORKER: \_\_\_\_\_ Date: \_\_\_\_\_

DEPENDING ON THE DISASTER, CALCULATION FOR CURRENTLY CERTIFIED HOUSEHOLDS

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

WORKER: \_\_\_\_\_ Date: \_\_\_\_\_

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



Application For Disaster Supplemental Nutrition Assistance Program\_Benefits

**Form Number – 032-03-1120-06-eng**

Purpose Of Form – To record a household's request for disaster benefit assistance and provide information about the household's circumstances to determine eligibility. To serve as a paper back-up for the automated disaster system.

Number Of Copies – One.

Disposition Of Form – The application must be completed by the household or on behalf of the household by an authorized representative. An authorized representative must have written permission from an adult member of the household to file the application. The application must be filed in a disaster case record and retained for a minimum of three years.

Instructions For Preparation Of The Form – The Disaster Benefit Period will be pre-printed on the form in four different places before reproduction of it. The worker must complete the Agency Use Section on page 1, with identifying information. Note whether there are attachments (e.g., the household needed an additional sheet to list more than 5 household members) by circling Y or N in the Attachments block and show how many pages are attached.

The household or its authorized representative must complete and sign the application. If any information needs to be changed after it has been entered, the applicant or the authorized representative must initial and date the changes.

The Agency Worker must sign and date the application on page 3 underneath the client's or authorized representative's signature. The worker must complete page 4, with the eligibility documentation and determination of benefits if the automated system is not available.

PART XXIII

BENEFIT ALLOTMENTS

CHAPTER

SUBJECT

PAGES

A. CALCULATING BENEFIT ALLOTMENTS

1

B. BENEFIT ALLOTMENT TABLES

1-68



A. CALCULATING BENEFIT ALLOTMENTS

The tables on the following pages show the appropriate benefits for household sizes 1 through 10.

For household sizes 1 and 2, \$23 is the minimum allotment for all eligible households, including categorically eligible households. The maximum monthly net income does not apply to categorically eligible households however.

For household sizes 3 through 10, the allotment tables reflect the maximum benefit allotment to the \$1 minimum allotment. **NOTE: ONLY CATEGORICALLY ELIGIBLE HOUSEHOLDS ARE ELIGIBLE FOR ALLOTMENTS WHERE THE HOUSEHOLD'S NET INCOME EXCEEDS THE NET INCOME MAXIMUM.** For example, for a **4**-person household, the maximum net income is **\$2,500**. The allotment offered at that level of income is **\$223**. The rest of the allotment table, from the net income of **\$2,501** through **\$3,240**, the last income figure, for which an allotment is available, applies to categorically eligible households only.

To calculate issuances to households of more than ten persons, use the following formula:

1. Maximum Benefit Allotment. If there are more than ten household members, add **\$219** to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$429** to the monthly maximum net income. **NOTE:** Maximum monthly net income limits do not apply to categorically eligible households.





BASIS OF BENEFIT ISSUANCE  
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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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



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

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

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

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

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

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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



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

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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

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

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

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

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



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

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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



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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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



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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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



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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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



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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

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

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BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

Monthly Net Income	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
									178	397
5971 - 5973										
5974 - 5976									177	396
5977 - 5980									176	395
5981 - 5983									175	394
5984 - 5986									174	393
5987 - 5990									173	392
5991 - 5993									172	391
5994 - 5996									171	390
5997 - 6000									170	389
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## APPLICATION FOR BENEFITS

Return your completed application to:

\_\_\_\_\_ County/City DSS

\_\_\_\_\_

\_\_\_\_\_

### GENERAL INFORMATION

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

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

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

### COMPLETING THE APPLICATION

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

### COMPLETE AND ACCURATE INFORMATION

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

### FILING THE APPLICATION

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

### VERIFICATION AND USE OF INFORMATION

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

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

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

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

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

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



## NONDISCRIMINATION STATEMENT

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

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

### CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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

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

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

### CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

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

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

This institution is an equal opportunity provider.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

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

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

### EXPEDITED SERVICE FOR SNAP BENEFITS

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

Total income received/expected this month before deductions \$ \_\_\_\_\_  
Total cash, money in checking/savings accounts, CDs, etc. \$ \_\_\_\_\_  
Total rent or mortgage for this month \$ \_\_\_\_\_  
Utility expenses for this month \$ \_\_\_\_\_

Which utilities do you pay? (check all that apply)

- Heat    Lights    Telephone    Electricity for Air Conditioning  
 Water    Sewer    Garbage    Other

Is anyone in your household a migrant or seasonal farm worker?       YES    NO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

### COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

(Please check only one)

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

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

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

If you would like help filling out the voter registration application form, we will help you. The decision whether to

*for agency use only*

Voter Registration form completed:  Yes    No

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

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date:

**AGENCY USE ONLY**

**CASE NAME**

**CASE NUMBER**

**LOCALITY**

**SCREENER**

**DATE**

**EXPEDITED SERVICE DETERMINATION**

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

Income + resources < shelter bills  YES  NO

For migrant or seasonal farm workers:

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

**OR**

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

**EXPEDITE IF YES TO ANY OF THE ABOVE.**

Commonwealth of Virginia  
Department of Social Services  
**APPLICATION FOR BENEFITS**

Return your completed application to:  
\_\_\_\_\_ County/City DSS  
\_\_\_\_\_  
\_\_\_\_\_

**A. APPLICANT INFORMATION**

Your Contact Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number)

City, State, ZIP

Your Mailing Address (if different from your street address)

City, State, ZIP

In what city or county do you live?

Email Address

Primary Telephone Number

Alternate Telephone Number

**What is the primary language spoken in your household?**

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

**Primary Method of Correspondence**

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

Text  Email Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

**1**

**Name** (last, first, middle initial) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Married  Never Married

Separated  Divorced  Widowed

**Highest Grade Completed:** \_\_\_\_\_

**School Name if a Student:** \_\_\_\_\_

**Are you a veteran or dependent?**  Yes  No :

**Program(s) Requested:**

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

**Self**

**Relationship to You** \_\_\_\_\_ **Birth Date** (mm-dd-yyyy) \_\_\_\_\_

**City, State, Country of Birth:** \_\_\_\_\_

**Are you a U.S. citizen?**  Yes  No

If No, immigration status: \_\_\_\_\_

**US Residency Date:** \_\_/\_\_/\_\_

**Alien Registration Number:** \_\_\_\_\_

**Are you disabled or pregnant?**  Yes  No

**Are you temporarily living away from home?**  Yes  No

**Date Left** \_\_/\_\_/\_\_ **Expected Return Date** \_\_/\_\_/\_\_

**Reason for being away:**

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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

**2**

**Name** (last, first, middle initial) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Married  Never Married

Separated  Divorced  Widowed

**Highest Grade Completed:** \_\_\_\_\_

**School Name if a Student:** \_\_\_\_\_

**Is this person a veteran or dependent?**  Yes  No :

**Program(s) Requested:**

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

**Relationship to Applicant** \_\_\_\_\_ **Birth Date** (mm-dd-yyyy) \_\_\_\_\_

**City, State, Country of Birth:** \_\_\_\_\_

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

If No, immigration status: \_\_\_\_\_

**US Residency Date:** \_\_/\_\_/\_\_

**Alien Registration Number:** \_\_\_\_\_

**Is this person disabled or pregnant?**  Yes  No

**Is this person temporarily away from home?**  Yes  No

**Date Left** \_\_/\_\_/\_\_ **Expected Return Date** \_\_/\_\_/\_\_

**Reason for being away:**

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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

**3**

**Name** (last, first, middle initial) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Married  Never Married

Separated  Divorced  Widowed

**Highest Grade Completed:** \_\_\_\_\_

**School Name if a Student:** \_\_\_\_\_

**Is this person a veteran or dependent?**  Yes  No :

**Program(s) Requested:**

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

**Relationship to Applicant** \_\_\_\_\_ **Birth Date** (mm-dd-yyyy) \_\_\_\_\_

**City, State, Country of Birth:** \_\_\_\_\_

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

If No, immigration status: \_\_\_\_\_

**US Residency Date:** \_\_/\_\_/\_\_

**Alien Registration Number:** \_\_\_\_\_

**Is this person disabled or pregnant?**  Yes  No

**Is this person temporarily away from home?**  Yes  No

**Date Left** \_\_/\_\_/\_\_ **Expected Return Date** \_\_/\_\_/\_\_

**Reason for being away:**

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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

**HOUSEHOLD COMPOSITION (continued)**

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

**4**

**Name** (last, first, middle initial) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Married  Never Married

Separated  Divorced  Widowed

**Highest Grade Completed:** \_\_\_\_\_

**School Name if a Student:** \_\_\_\_\_

**Is this person a veteran or dependent?**  Yes  No :

**Program(s) Requested:**

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

**Relationship to Applicant** \_\_\_\_\_

**Birth Date** (mm-dd-yyyy) \_\_\_\_\_

**City, State, Country of Birth:** \_\_\_\_\_

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

If No, immigration status: \_\_\_\_\_

**US Residency Date:** \_\_/\_\_/\_\_

**Alien Registration Number:** \_\_\_\_\_

**Is this person disabled or pregnant?**  Yes  No

**Is this person temporarily away from home?**  Yes  No

**Date Left** \_\_/\_\_/\_\_ **Expected Return Date** \_\_/\_\_/\_\_

**Reason for being away:** \_\_\_\_\_

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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

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

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

**5**

**Name** (last, first, middle initial) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Married  Never Married

Separated  Divorced  Widowed

**Highest Grade Completed:** \_\_\_\_\_

**School Name if a Student:** \_\_\_\_\_

**Is this person a veteran or dependent?**  Yes  No :

**Program(s) Requested:**

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

**Relationship to Applicant** \_\_\_\_\_

**Birth Date** (mm-dd-yyyy) \_\_\_\_\_

**City, State, Country of Birth:** \_\_\_\_\_

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

If No, immigration status: \_\_\_\_\_

**US Residency Date:** \_\_/\_\_/\_\_

**Alien Registration Number:** \_\_\_\_\_

**Is this person disabled or pregnant?**  Yes  No

**Is this person temporarily away from home?**  Yes  No

**Date Left** \_\_/\_\_/\_\_ **Expected Return Date** \_\_/\_\_/\_\_

**Reason for being away:** \_\_\_\_\_

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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

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

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

**6**

**Name** (last, first, middle initial) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:**  Male  Female

**Marital Status:**  Married  Never Married

Separated  Divorced  Widowed

**Highest Grade Completed:** \_\_\_\_\_

**School Name if a Student:** \_\_\_\_\_

**Is this person a veteran or dependent?**  Yes  No :

**Program(s) Requested:**

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

**Relationship to Applicant** \_\_\_\_\_

**Birth Date** (mm-dd-yyyy) \_\_\_\_\_

**City, State, Country of Birth:** \_\_\_\_\_

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

If No, immigration status: \_\_\_\_\_

**US Residency Date:** \_\_/\_\_/\_\_

**Alien Registration Number:** \_\_\_\_\_

**Is this person disabled or pregnant?**  Yes  No

**Is this person temporarily away from home?**  Yes  No

**Date Left** \_\_/\_\_/\_\_ **Expected Return Date** \_\_/\_\_/\_\_

**Reason for being away:** \_\_\_\_\_

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

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

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

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

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

**C. INCOME**

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

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

**a.**

<b>Name</b> (last, first, middle initial)	<b>Employer Name, Address and Telephone Number</b>
<b>Number of Hours Per Week</b>	<b>Rate of Pay</b>
<b>Date Job Started</b>	<b>Next Pay Date</b> (mm-dd-yyyy)

**Pay Schedule**

Weekly       Monthly  
 Biweekly       Twice a Month  
 Other

**b.**

<b>Name</b> (last, first, middle initial)	<b>Employer Name, Address and Telephone Number</b>
<b>Number of Hours Per Week</b>	<b>Rate of Pay</b>
<b>Date Job Started</b>	<b>Next Pay Date</b> (mm-dd-yyyy)

**Pay Schedule**

Weekly       Monthly  
 Biweekly       Twice a Month  
 Other

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

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

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

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

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

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

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

**D. RESOURCES**

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

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

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

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

**a.**

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

**b.**

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

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

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

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



**F. TANF DIVERSIONARY ASSISTANCE/EMERGENCY ASSISTANCE**

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

Date, description, and cause of emergency: \_\_\_\_\_

**G. SNAP BENEFITS**

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

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

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

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

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

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

**H. AUXILIARY GRANTS (AG)**

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

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

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

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

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

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

Description of Bills	Dates of Bills	Dates Bills Paid

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

Description and Value of Items

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

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

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

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

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

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

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

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

**H. AUXILIARY GRANTS (AG) (continued)**

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

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

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

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

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

YES  NO 14. Does anyone have Medicare?

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

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

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

**I. Authorized Representative**

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

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

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

**REPORTING CHANGES**

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

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

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

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

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

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

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

**PENALTIES FOR TANF AND REFUGEE CASH ASSISTANCE (RCA) VIOLATIONS**

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

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

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

**DOMESTIC VIOLENCE INFORMATION**

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

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

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

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

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

**INTERIM REPORT FILING**

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

**REPORTING REQUIREMENTS – SIMPLIFIED REPORTING HOUSEHOLDS**

Certified five months or longer, households must report:

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

**REPORTING REQUIREMENTS – CHANGE REPORTING HOUSEHOLDS**

Certified four months or less), households must report:

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

**SNAP RESPONSIBILITIES AND PENALTIES FOR VIOLATIONS**

**You must not:**

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

**If you intentionally break any of these rules, you could be barred from getting SNAP benefits for 12 months (1<sup>st</sup> violation), 24 months (2<sup>nd</sup> violation), or permanently (3<sup>rd</sup> 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 1<sup>st</sup> violation, permanently for the 2<sup>nd</sup> violation.**

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

**BY MY SIGNATURE BELOW, I DECLARE:**

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

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

\_\_\_\_\_  
**Applicant's Signature or Mark      Date      Witness To Mark or Interpreter      Date**

\_\_\_\_\_  
**Signature of the Spouse or Authorized Representative      Date**

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

\_\_\_\_\_  
**Name of Person Completing Application      Date      Address**

\_\_\_\_\_  
**Primary Telephone      Alternate Telephone      Relationship to Applicant**

**AGENCY USE ONLY**

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

APPLICATION FOR BENEFITS

FORM NUMBER - 032-03-1100

PURPOSE OF FORM - To record a household's request for assistance and to provide information about the current situation needed to determine eligibility.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The application is to be completed by or on behalf of the applying household. The completed application may be mailed to the agency or completed at the agency prior to or during an interview. The completed application is to be filed in the eligibility case record. The application must be retained for a minimum of three years.

The application may be used to apply for benefits of other programs if assistance is requested within three months of the original filing date. The date of the application in this instance is the date of the secondary request.

INSTRUCTIONS FOR PREPARATION OF FORM - General instructions appear of the form for completion.

If changes need to be made after the application is completed, the applicant should write the revised information near the original entry. The applicant must initial and date the changes. Except for agency-use sections, eligibility workers may not add to or write on a completed application.



# CHANGE REPORT

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

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

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

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

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

- If you receive SNAP as part of the Elderly Simplified Application Project (ESAP) and your certification period is 36 months (three years), tell us if:**
  - There is a change in the number of people in your household;
  - You have lottery or gambling winnings of \$4,250\* or more; or
  - You or any member of your household starts getting income from working.
- If you receive SNAP and your certification period is five (5) months or longer, tell us if:**
  - All the income for your household before taxes goes over the limits in Chart B below unless the note for Chart A applies.
  - The number of work hours goes under 20 per week for persons who are between the ages of 18-53 if there are no children in the home.
  - You have lottery or gambling winnings of \$4,250\* or more.
- If you receive SNAP and your certification period is for one (1) month to four (4) months, tell us if:**
  - There is a change in the number of people in your household;
  - Your address changes, including shelter expenses that change resulting from the move;
  - The obligation to pay child support changes or the amount paid to someone outside the household changes;
  - Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,750 or \$4,250\* or more;
  - You have lottery or gambling winnings of \$4,250\* or more;
  - The number of work hours goes under 20 per week for persons who are between the ages of 18-53 if there are no children in the home; or
  - There are changes in income:
    - There are income changes of more than \$125 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
    - The source of your income changes, including if you start or stop a job: or
    - Your job switches from full-time to part-time or part-time to full-time.

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

\*Amounts are valid through 9/30/2024.

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

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

**This institution is an equal opportunity provider**

**DETAILS ON CHANGES THAT HAVE OCCURRED**

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

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

**HAS ANYONE MOVED OUT?**

Name	Date moved out	Name	Date moved out
------	----------------	------	----------------

**CHANGE IN YOUR ADDRESS**

New Address (Street, Apt. Number)	City, State, ZIP
-----------------------------------	------------------

**CHANGE IN SHELTER EXPENSES THAT RESULT FROM THE MOVE**

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

**CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD**

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

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

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

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

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

Name	Gross Amount Received	When Received
	Where Received	

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

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

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

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

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

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

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

Name	Employer	Number Of Hours
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**OTHER CHANGES**

--

Person completing this form

Date

CHANGE REPORT

FORM NUMBER - 032-03-051

PURPOSE OF FORM - To provide a recipient household with a method of reporting changes in circumstances.

USE OF FORM - Recipient households may use the form to report changes in circumstances. Households must report changes to the agency when they occur but no later than 10 days after the month of the change.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must provide the Change Report to all households at the time of initial application and reapplication and at recertification if the income limits listed on the form have changed or if the household needs another form. The agency must also provide the Change Report form whenever the household returns a completed one or reports a change in the household size.

INSTRUCTIONS FOR PREPARATION OF FORM – The EW must complete information at the top of the form before providing the form to the household. The EW must also highlight the household size and income limit that applies to the household when the form is provided.

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

<b>Head Of Household:</b>
<b>Last 4 Digits of Social Security Number:</b>
<b>Street Address:</b>
<b>Phone:</b>
<b>Date Of Discovery of Theft:</b>

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

Describe the loss or theft of benefits:

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

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

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

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

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

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A. SNAP EMPLOYMENT AND TRAINING PURPOSE

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

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

B. REFERRAL TO SNAP E&T

1. Eligibility Process

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

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

2. Participant Categories

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

3. SNAP E&T Categories

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

Barriers may include, but, are not limited to:

1. unavailability of dependent care;

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

#### 4. SNAP E&T Program Documentation

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

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

#### C. ASSESSMENT

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

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

Accommodations may include, but are not limited to:

- part-time or flexible hours for work activities;
- providing the individual with work activities in a specific work environment that enables the individual to participate in work activities;
- providing particular types of jobs or work activities that are consistent with the person's limitations;
- activities that are scheduled so they do not conflict with ongoing medical or mental health treatment or care-taking responsibilities;
- additional notices of program appointments;
- additional explanations of program rules;
- job coaches;



- additional time to complete program requirements; and
- additional intervention before an individual's SNAP E&T case is closed because of non-compliance with SNAP E&T requirements.

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

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

1. Pre-Assessment

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

- a. If the SNAP E&T worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant's status and inform the SNAP E&T worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See Appendix II or Part XXIV for the Communication Form.
- b. The pre-assessment may be conducted face-to-face, by mail or by phone.
- c. If conducted by mail, the participant must complete and return the pre-assessment form to the agency within 14 calendar days. The SNAP E&T worker must send the registrant a letter that advises:
  1. The purpose of the SNAP E&T component;
  2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency;
  3. That failure to complete and return the form by the required date may affect the registrant's or household's eligibility for SNAP E&T; and
  4. How to contact the SNAP E&T worker if the participant is unable to complete and return the form by the required date.
- d. Based on the information provided by the participant on the pre-assessment form, the worker must decide if the participant will be scheduled for an initial assessment (with the intent of placing the participant in an active component) or if the participant will be placed in a pending or inactive category. If the decision is to schedule the participant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.

- e. Participants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The VaCMS must be documented to include the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.

2. Initial Assessment

- a. The SNAP E&T worker must assess each participant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the participant was placed in a pending or inactive category.
- b. The assessment may be a face-to-face interview (individual or group) between the participant and the SNAP E&T worker or by a telephone interview.
- c. The SNAP E&T worker must send the participant a letter that provides:
  - The date of the assessment interview;
  - An explanation that appearance for the interview is a condition of continued eligibility for SNAP E&T benefits and that the consequence of not attending the interview may be the inability to enroll in SNAP E&T;
  - Instructions for contacting the SNAP E&T worker; and
  - Instructions for contacting the SNAP E&T worker if the participant is unable to attend the interview or needs to reschedule the appointment.

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

3. Procedures

- a. The SNAP E&T Assessment Form or an assessment tool that has been pre-approved by the SNAP E&T Manager must be completed on each participant. See Appendix II for the Assessment form.
- b. The assessment must include the following:
  1. An identification and evaluation of the participant's recent work history, occupational skills, education and training and a determination of the individuals' ability to read and write English.
  2. An identification of the participant's employment goal(s).
  3. A detailed evaluation of supportive service needs.

- c. The SNAP E&T worker must inform the participant of the following information:
1. program goals;
  2. program requirements, including an explanation of responsibilities and expectations for participants;
  3. that failure to comply, without good cause, with program requirements will result in closure of the SNAP E&T case and termination of supportive services;
  4. what constitutes good cause for not complying with program requirements;
  5. name and phone number of the SNAP E&T worker or other persons who might need to be contacted; and
  6. requirement to respond to all agency correspondence.
  7. During the initial assessment, the SNAP &ET worker must offer an opportunity for the SNAP E&T participant to register through the Virginia Career Works Portal at <https://va-career-works.myjourney.com>. The SNAP E&T worker must also document VaCMS and the referral portal regarding the registration offer and instances when the client declines the registration offer.
- d. After the assessment, the SNAP E&T worker must determine the participant's ability to participate in the program.
1. A participant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of SNAP E&T.
  2. A participant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.
  3. A participant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.
- e. If the SNAP E&T worker has sufficient reason to believe that a participant's mandatory status needs to be reevaluated following the assessment, this determination will be communicated to the BPS through an internal communication form along with copies of all documentation at the time the reevaluation is requested.

**4. Activity and Service Plan of Participation**

- a. For initial assessments and reassessments, the SNAP E&T worker must develop a written Plan of Participation with the participant, recording the outcome of the assessment.
  1. For participants placed in an active status, the Plan must:
    - a. state the component to which the participant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the SNAP E&T worker and report changes which impact employment and/or participation;
    - b. identify the component begin and end dates;
    - c. describe the supportive services needed by the participant to carry out the assignment;
    - d. describe a plan for monitoring the participant's progress while he/she is participating in a component.
  2. For participants placed in a pending or inactive status, the Plan must document:
    - a. that active participation will not be required at this time;
    - b. the time frame of the placement;
    - c. the reason a participant's ability to participate is restricted.
  3. A new Plan must be completed whenever the participant is assigned to a different component. If the participant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be provided to the participant.
  4. Both the SNAP E&T worker and the participant must sign the Plan if the Assessment is conducted face-to-face.

**5. Reassessment**

- a. A reassessment must be conducted whenever a participant completes the requirement of a component or when a re-evaluation of an individual's placement in a pending or inactive category is required.

1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.
2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
  - a. participants placed in a pending category must be reassessed at least every 2 months;
  - b. participants in education, training and work experience components must be reassessed at the end of the scheduled component's completion;
  - c. participants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

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

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

#### D. PROGRAM COMPONENTS

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

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

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

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

1. Case Management

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

2. Supervised Job Search

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

- a. Participants assigned to this component must participate in up to 8 weeks of supervised job search every 12 months.
- b. Supervised Job Search may be performed individually or in a group setting.
  1. Individual  
A participant makes a predetermined number of job contacts on his/her own.
  2. Group  
A group of participants access telephones, computers, fax machines, newspapers, photocopiers and any other equipment to aid in a job search.
- c. The participant must schedule up to 48 job interviews or submit up to 48 applications/resumes to prospective employers per 8-week session. The SNAP E&T worker must provide support and direction to the registrant throughout the supervised job search assignment.

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

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

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

### 3. Job Search Training

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

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



4. Work Experience

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

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

a. Work Activity

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

b. Work Based Learning

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

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

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

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

c. Time Frames

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

d. Assignment Criteria

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

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

e. Limitations

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

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

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

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

f. Worker's Compensation

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

1. The work site personnel must immediately complete the Employer's First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with *0765-000e, SNAP WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part. The Employer's First Report of Accident form is in Appendix II.
2. The Local Agency Supervisor must develop a Panel of Physicians (with no less than three physicians) to offer to the injured employee. The Panel of Physicians form is available at <http://www.covwc.com/physicianform.php>. Providers should be in close proximity if possible and have skills related to employee's needs. A provider list is available at <http://www.covwc.com/pponetwork.php>. If you need help navigating the search tool or assistance with locating a provider, please contact our network partner, CareWorks at [client.services@careworks.com](mailto:client.services@careworks.com) or by calling (800) 734-4460.
3. The work site must submit all correspondence (forms, bills, etc.) regarding injury and accidents to Managed Care Innovations (MCI) in one of four ways:
  - Upload the documents with the Claim Reporting Portal by visiting [roi.sedgwick.com](http://roi.sedgwick.com)
  - Email to [covimaging@yorkrsq.com](mailto:covimaging@yorkrsq.com)
  - Fax to 804-371-2556
  - Mail to P.O. Box 1140, Richmond, VA 23218-1140
4. The work site must send a copy of the accident report to the SNAP E&T Worker at the local agency.
5. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the MCI. All invoices must show the participant's/employee's social security number.

5. Education

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

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

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

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

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

6. Training

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

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

7. Employment and Training for Ex-Offenders

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

8. Employment and Training for Refugees

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

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

9. Job Retention

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

E. SOCIAL/SUPPORTIVE SERVICE

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

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

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

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

1. SNAP E&T Worker Responsibilities

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

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

2. Social/Supportive Services for Participants

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

a. Child Care

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

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

b. Transportation

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

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

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

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

3. Duration of SNAP E&T Services

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

F. VOLUNTEERS

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

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



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

Example

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

G. CHANGES/TRANSFERS

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

H. SNAP RECIPIENTS & HIGH SCHOOL ATTENDANCE

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

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

## I. PROVIDER DETERMINATIONS

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

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

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

## J. WORKFORCE PARTNERSHIPS

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

## K. CONTRACTS

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

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

2. Consideration in Contracting

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

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

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

5. Expected Services

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

6. Payment and Reimbursement

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

7. Contract Duration

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

1. Contract Requirements

1. Format

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

1. Description of Services

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

The description must contain:

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

c. Contract Monitoring

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

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



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

#### L. TERMINATION OF SNAP E&T ENROLLMENT

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

##### 1. Good Cause for Failure to Participate

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

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

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

2. Reasons for Terminating SNAP E&T

Failure to:

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

3. Required Documentation

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



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

M. APPEALS/HEARINGS

1. Right of Appeal

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

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

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

N. STATISTICS AND REPORTING

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

O. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

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

**VIRGINIA SNAP E&T AGENCIES**

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

SNAPET FORMS

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

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

## VDSS Employment Services Program Assessment Form

Name \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_  
Primary Language \_\_\_\_\_ Do you need an interpreter? Yes  No

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

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

Have you registered in Virginia Workforce Connection ([www.vawc.virginia.gov](http://www.vawc.virginia.gov))? Yes  No

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

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

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

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

### (A) CHILDCARE

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

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

### (B) TRANSPORTATION

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

Is your license suspended? If so, why? \_\_\_\_\_

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

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

### (C) HOUSING SITUATION

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

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

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

If no, describe: \_\_\_\_\_

\_\_\_\_\_

### (D) HEALTH

Do you have health insurance?      Yes  No

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

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

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

Do you have problems with any of the following?

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

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

If yes, why? \_\_\_\_\_

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

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

If currently receiving counseling, why? \_\_\_\_\_

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

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

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

### (E) EMPLOYMENT GOALS

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

---

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

---

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

---

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

---

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

---

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

---

---

### (F) EMPLOYMENT SEARCH

What type of careers interest you? \_\_\_\_\_

What type of employment are you currently looking for? \_\_\_\_\_

What jobs have you recently applied for? \_\_\_\_\_

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

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

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

In what city/cities are you willing to work? \_\_\_\_\_

What type of environment would you like to work? \_\_\_\_\_

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

---

### (G) SKILLS

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

---

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

---

---

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

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

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

Other: \_\_\_\_\_

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

**(H) WORK EXPERIENCE**

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

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

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ to: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ to: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Dates worked from: \_\_\_\_\_ To: \_\_\_\_\_ Final Hourly Wage \_\_\_\_\_

Reason for leaving \_\_\_\_\_

What was your favorite job and why? \_\_\_\_\_

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

What other jobs would you consider? \_\_\_\_\_

Have you ever been self-employed or a contractor? Yes  No  If yes, tell us about it below.  
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Company's Name: \_\_\_\_\_ What did the company specialize in? \_\_\_\_\_

What did you do? \_\_\_\_\_



Dates worked from \_\_\_\_\_ to \_\_\_\_\_ Final hourly pay \_\_\_\_\_

Why did you stop pursuing self-employment? \_\_\_\_\_

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

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

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

### (I) EDUCATION/TRAINING

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

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

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

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

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

### (J) SUPPORT SYSTEM AND FAMILY SITUATION

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

Yes  No  If yes, who are they and what is their relationship to you? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

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

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

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

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### (E) FINANCIAL SITUATION

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

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

List your current expenses:

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

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

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

Have you ever gotten your credit report?  Yes  No

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

### (F) LEGAL AND/OR CRIMINAL HISTORY

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

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

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

If you were incarcerated, what were the dates from: \_\_\_\_\_ to \_\_\_\_\_

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

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

How do you explain this situation to employers? \_\_\_\_\_

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

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

Consent to Exchange Information Completed  Yes  No

*Referrals/Dates*

Referral: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Referral: \_\_\_\_\_

Referral Date: \_\_\_\_\_

*(Optional) Additional Assessments Completed:*

Name of Assessment: \_\_\_\_\_

Name of Assessment: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Score/Outcome: \_\_\_\_\_

Score/Outcome: \_\_\_\_\_

SNAP E&T ASSESSMENT FORM

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF SOCIAL SERVICES  
 EMPLOYMENT SERVICES PROGRAM

SNAP E&T  VIEW  TET  VTP

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

**ACTIVITY AND SERVICE PLAN**

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

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

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

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

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

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

**SUPPORTIVE /TRANSITIONAL SERVICES**

- Child Care     Transportation     TET     VTP     Other (please describe)

VTP Period    From \_\_\_\_\_ to \_\_\_\_\_

032-02-1000-13-eng

**AGENCY RESPONSIBILITIES**

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**PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)**

**FOR ALL PARTICIPANTS**

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call my Employment Services Worker (ESW) if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my ESW. I will notify my ESW of any changes in my employment status (such as obtaining new employment). I will inform my child care worker of any changes that affect my current activity.

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

**FOR PARTICIPANTS WHO ARE EMPLOYED**

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

**FOR PARTICIPANTS ASSIGNED TO JOB SEARCH AND SUPERVISED JOB SEARCH**

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

**FOR PARTICIPANTS ASSIGNED TO CWEP, PSP or WE**

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

**FOR PARTICIPANTS ASSIGNED TO EDUCATIONAL OR TRAINING ACTIVITIES**

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

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

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

**FOR PARTICIPANTS ASSIGNED TO PENDING**

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

**FOR PARTICIPANTS ASSIGNED TO INACTIVE**

I understand that I will not actively participate at this time. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

**FOR PARTICIPANTS ASSIGNED TO VTP (VIEW only)**

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

**ADDITIONAL PARTICIPANT RESPONSIBILITIES NOT LISTED ABOVE**


**EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)**

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

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WORKER'S SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SNAP E&T ACTIVITY and SERVICE PLAN**

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

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

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

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

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

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

**INSTRUCTIONS FOR PREPARATION OF FORM:**

**CURRENT PROGRAM ACTIVITY ASSIGNMENT** - This space is provided for the worker/case manager to list the current component assignment(s) along with planned location, dates, and hours/pay. (Note: The “current component assignment” following the initial assessment will include any assignment for the month of the assessment as well as the next three full months.) The information on this list will correspond with information in the VaCMS. Any assignment to pending or inactive needs to be explained in the space provided.

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

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

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

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



Participant's Name: \_\_\_\_\_  
Case #: \_\_\_\_\_  
ESW: \_\_\_\_\_  
ESW Phone #: \_\_\_\_\_

**SNAP E&T AND VIEW JOB SEARCH FORM**

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

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

---

**REMEMBER YOU MUST:**

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

**AGENCY USE ONLY**

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

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

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

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

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

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

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

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

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

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

SNAP E&T SUPERVISED JOB SEARCH FORM

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

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

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

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

NUMBER OF COPIES - One

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

INSTRUCTIONS FOR PREPARING FORM:

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

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

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

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

**WORK SITE AGREEMENT (CWEP, PSP or WE)**

The \_\_\_\_\_ Department of Social Services (hereafter referred to as the Agency) and \_\_\_\_\_ (hereafter referred to as the work site) enter into this agreement in good faith to provide work experience and/or training to participants of the Virginia Initiative for Education and Work (VIEW) or the Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T).

THE AGENCY AGREES AS FOLLOWS:

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

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.
2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to participants.
6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the 5<sup>th</sup> working day of each month during the designated training period.
7. To furnish necessary materials to allow participants to perform assigned tasks.

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_

Authorized Signature (organization/work site) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Agency/LDSS Representative Date

EMPLOYMENT SERVICES PROGRAM WORK SITE AGREEMENT

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

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

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

USE OF FORM - This form is used to ensure understanding between the agency and the work site regarding work experience assignments.

NUMBER OF COPIES - Two

DISPOSITION OF COPIES - Original remains on file in agency. **Copy is retained by the work site.**

INSTRUCTIONS FOR PREPARATION OF FORM:

After discussion with the work site representative, this agreement must be completed so that both parties have an understanding of their mutual responsibilities.

Only one agreement with a work site is required. **However, each agreement may have several position descriptions associated with it.**

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
EMPLOYMENT SERVICES PROGRAM

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

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

PARTICIPANT \_\_\_\_\_ CASE# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

**TO THE PARTICIPANT:**

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

You are to report to: \_\_\_\_\_ on \_\_\_\_\_  
Name Date Time

Address/Directions: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

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**TO WORK SITE SUPERVISOR:**

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

He/she is eligible to work \_\_\_\_\_ hours per week.

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

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

Participant will begin work on \_\_\_\_\_.

**Date**

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

He/she will be working at: \_\_\_\_\_

Participant not selected to work in this position.

Reason: \_\_\_\_\_

Work Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

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

**NUMBER OF COPIES - Three**

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

**INSTRUCTIONS FOR PREPARATION OF FORM:**

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

**The first section of the form contains information that the SNAP E&T or VIEW participant will use to locate the site, to call the worker/case manager if a problem arises, and to understand the nature of the position for which they are being interviewed or to which they are being assigned.**

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

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



COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF SOCIAL SERVICES  
 EMPLOYMENT SERVICES PROGRAM

VIEW  SNAP E&T

Participant's Name: \_\_\_\_\_

Case#: \_\_\_\_\_

ESW: \_\_\_\_\_

ESW Phone #: \_\_\_\_\_

**ATTENDANCE & PERFORMANCE RATING SHEET**

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

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

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

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

List skills participant has mastered \_\_\_\_\_

List skills that participant needs to improve \_\_\_\_\_

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

Why Or Why Not? \_\_\_\_\_

Work Site Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Site Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTENDANCE & PERFORMANCE RATING SHEET**

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

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

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

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

**NUMBER OF COPIES** - One

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

**INSTRUCTIONS FOR PREPARATION OF FORM:**

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

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

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

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

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

**EDUCATION AND TRAINING ACTIVITIES ATTENDANCE SHEET**

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

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

**TO BE COMPLETED BY THE PARTICIPANT**

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

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

Attendance Month: \_\_\_\_\_ 20\_\_\_\_

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<b>Attendance Codes:</b>			
			<ul style="list-style-type: none"> <li>▪ A: Absent</li> <li>▪ C: Closed</li> <li>▪ H: Holiday</li> </ul>			

Participant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY THE INSTRUCTOR**

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

Yes  No

Is the attendance information reported accurate? Yes  No

Instructor's Signature: \_\_\_\_\_

**TO BE COMPLETED BY THE (ESW)**

**Homework/Study Hours (VIEW ONLY)**

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

Total attendance hrs: \_\_\_\_\_ Assigned hrs: \_\_\_\_\_

Holiday hrs used: \_\_\_\_\_ Excused absences hrs used: \_\_\_\_\_

Total countable participation hrs: \_\_\_\_\_

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

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

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

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

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

**NUMBER OF COPIES** - One

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

**INSTRUCTIONS FOR PREPARATION OF FORM:**

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

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

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

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

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

Participant's Name: \_\_\_\_\_  
 Case #: \_\_\_\_\_  
 ESW: \_\_\_\_\_  
 ESW Phone #: \_\_\_\_\_

**MEDICAL EVALUATION**

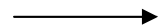
It is our goal to assist the individual named below in becoming economically self-sufficient. This person states that they are unable to participate in employment and training activities. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine program activities that this individual may be able to perform, even if there are some limitations.

Patient's Name: _____  Address: _____  Phone Number: _____  Birthdate: _____	Agency Name: _____ Address: _____  Agency Contact: _____ Phone Number: _____ Fax: _____
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**ABILITY TO PARTICIPATE IN EMPLOYMENT AND TRAINING ACTIVITIES:**

1. Date of examination on which this medical evaluation is based: \_\_\_\_\_ (Examination must have been conducted within the last 90 days).
2. In terms of participating in employment and training activities and the individual's current health issue(s), check the most appropriate statement (**ONLY ONE**) either A, B, or C.

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



3. Based on your knowledge of the individual's medical condition, list any limitations that would affect the individual's ability to participate in employment and training activities.
- Physical Limitations: \_\_\_\_\_
- Mental Health Limitations: \_\_\_\_\_
- Other Limitations Not Listed Above: \_\_\_\_\_
4. Do you recommend that this individual apply for SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance) benefits at this time?  Yes  No

**DIAGNOSIS AND TREATMENT:**

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

Primary Diagnosis: \_\_\_\_\_

If other medical issues contribute to the individual's inability to participate in employment and training activities, or to participate with modifications and/or limitations, please record those in "secondary diagnosis" space below.

Secondary Diagnosis: \_\_\_\_\_

6. Would reviewing this form jeopardize the patient's health or well-being?  Yes  No

**COMPLIANCE:**

7. If physical therapy, counseling, medication or other treatments were prescribed, is the individual complying?

Yes  No  Don't know

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

Yes  No  Don't know

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

**REFERRALS:**

10. Does the individual require additional evaluation and/or assessment to determine current and/or future functioning?

Yes  No      If yes, by whom: \_\_\_\_\_

Field or area of expertise: \_\_\_\_\_ Date referred: \_\_\_\_\_

**SIGNATURE:**

This form may be signed **only** by a medical doctor, including a psychiatrist, a doctor of osteopathy, or by a physician's assistant or nurse practitioner working in the practice of a medical doctor or doctor of osteopathy.

Signature \_\_\_\_\_

Date form was completed: \_\_\_\_\_

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

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

*or*

<b>OFFICE STAMP</b>
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