



COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

May 11, 2021

Supplemental Nutrition Assistance Program Manual - Volume V

Transmittal #29

This transmittal contains changes and clarifications of guidelines for the Supplemental Nutrition Assistance Program (SNAP). This transmittal incorporates Virginia's Restaurant Meals Program and Broad Based Categorical Eligibility requirements as a result of legislation passed by the Virginia General Assembly. The transmittal also contains updates to SNAP Employment and Training as a result of the Agriculture Improvement Act of 2018.

The provisions of this transmittal are effective July 1, 2021 for all SNAP applications filed or actions taken on cases on or after July 1, 2021.

The certification manual and this transmittal are available at <https://snapmanual.dss.virginia.gov/FoodStampManual/mainpage.jsp>.

Note changes for the following sections:

Chapter	Significant Changes
Definitions Pages 3-5	The definition for a public assistance (PA) SNAP case was updated to include broad-based categorical eligibility. The definition for Virginia Restaurant Meals Program was added.
Part I Pages 1-2	The term approved restaurants was added to incorporate the Virginia Restaurant Meals Program.
Part II Pages 15-18	The policy for Categorical Eligibility for Public Assistance households was updated to include broad-based categorical eligibility requirements.

Chapter	Significant Changes
Part III Pages 9-10	The word pending was removed from item #7.
Part VII Pages 5-6	The Workforce Innovation and Opportunity Act (WIOA) is a United States public law that replaced the previous Workforce Investment Act of 1998 (WIA). The term was updated.
Appendix 1 Pages 1-2	The SSA quarterly and annual amounts were added for the years of 2018, 2019, 2020 and 2021.
Part XI Pages 1-2	The 200 percent federal poverty monthly income limit was added to the income chart to incorporate broad-based categorical eligibility.
Part XIV Pages 1-2	The reporting requirement for excess resources was removed and the reporting requirement for gross income was updated to 200 percent of the federal poverty level.
Part XX Pages 17-18	The income limits and benefit amounts were updated for the Disaster Supplemental Nutrition Assistance Program (D-SNAP).
Part XXIV Pages i-ii	The Table of Contents was revised.
Pages 1-26	The Application for Benefits and the Renewal Application for AG, SNAP and TANF were updated to include the domestic violence information to meet the broad-based categorical eligibility criteria.
Pages 54-56	The Change Report was updated to reflect the 200 percent gross income limit and the reporting requirement for resources was removed.
Part XXV Pages i-ii	The Table of Contents was revised.
Pages 1-2	The policy was updated to change the term job search to supervised job search.

Chapter	Significant Changes
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Pages 5-28	The chapter was updated to add Case Management as a program component. The SNAP E&T Pledge was removed and SNAP Recipients and High Attendance, Provider Determination and Workforce Partnerships guidance was added to reflect changes based on Agriculture Improvement Act of 2018.
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Part XXV Appendix II Page i	Table of Contents was revised.
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Pages 10-15	The SNAPET Plan of Participation and the SNAPET Supervised Job Search forms were updated to change the term job search to supervised job search.
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Direct questions about this transmittal to regional program consultants or Michele Thomas at Michele.thomas@dss.virginia.gov or at (804) 726-7866.

S. Duke Storen
Commissioner

Attachment

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- c. A temporary accommodation in the residence of another. (Temporary is defined here as having been in the home for not more than 90 days as of the date of application); or
- d. A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g., as a park, bus station, hallway, lobby or similar places).

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

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

- a. Made a false or misleading statement to the local agency, orally or in writing, to obtain benefits to which the household is not entitled. An IPV may exist for an individual even if the agency denies the household's application;
- b. Concealed information or withheld facts to obtain benefits to which the household is not entitled; or
- c. Committed any act that constitutes a violation of the Food and Nutrition Act, SNAP regulations, or any State statutes relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP access devices.

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

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

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

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

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

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

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

- a. assisting needy families;
- b. promoting job preparation, work and marriage;
- c. preventing or reducing out-of-wedlock pregnancies, provided the program imposes a 200 percent of poverty income guideline; or
- d. promoting two-parent families, provided the program imposes a 200 percent of poverty income guideline.

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

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

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

- a. An application filed when more than a calendar month has elapsed after the last certification end date; or
- b. An application that is filed after an adverse or negative action. An adverse or negative action is a denial of an application or termination of an ongoing case.

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

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

Trafficking - Trafficking means:

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

Virginia Restaurant Meals Program – Virginia SNAP households that include at least one member who is 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.

A. PURPOSE OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

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

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

B. HISTORY OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

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

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

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

C. BENEFIT ISSUANCE AND USE

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

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

- How to access benefits using the EBT card;
 - The Primary Card Holder and authorized representative will each receive a card.
 - Cardholder should sign the EBT card upon receipt.
- Selecting and protecting the PIN and EBT card;
- When benefits will be available upon certification and for future months;
Use the EBT card at any retail store, approved restaurants or other food vendor authorized by USDA to accept SNAP benefits. Note that authorized retailers and restaurants participating in Virginia Restaurant Meals Program (VRMP) may display a sign indicating authorization that reads, "We accept SNAP Benefits" or similar language, or that displays the QUEST logo. Other authorized facilities include:

- Nonprofit meal delivery services, such as Meals-On-Wheels, or feeding sites for the elderly;
- Authorized drug addiction and alcoholic treatment and rehabilitation centers;
- Certain group living arrangements;
- Shelters for battered women and children; and
- Authorized nonprofit establishments that feed homeless persons and restaurants authorized to accept SNAP benefits.
- Proper use of the benefits;
 - Purchase any food or food product for human consumption; or
 - Purchase seeds and plants for use in gardens to produce food for the household's personal consumption.
- Use of when making purchases:
 - Separate eligible items from ineligible ones at the checkout counter unless the store is electronically programmed to identify eligible and ineligible items.
 - Advise the cashier beforehand of the intent to use SNAP benefits if electronic programming is not available to denote SNAP benefits or when the household will use EBT in conjunction with other payment methods.
- Improper use of benefits. Households may not use SNAP benefits to purchase or pay for the following:
 - Alcoholic beverages or tobacco;
 - **Hot foods ready for immediate consumption or food to eat on the store's premises, excluding meals prepared by approved restaurants participating in VRMP and consumed by eligible VRMP SNAP participants;**
 - Pet foods, soap products, paper products, or other non-food items usually available in a grocery store;
 - To pay back grocery bills or tabs for food received on credit;
 - Firearms, ammunition, explosives, or controlled substances;
 - Purchasing a product with SNAP benefits and intentionally:
 - discarding the contents in order to return the container for the return deposit amount;
 - reselling a purchased product for cash; or
 - exchanging a purchased product for cash or for consideration other than eligible food.
- At reapplication or recertification, determine if another EBT card is needed.

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

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

Food and Nutrition Service, USDA
606 Santa Rosa Road, Suite 129
Richmond, Virginia 23229

Telephone: (804) 287-1710
Fax: (804) 287-1726

- i. If the SSA office sends the application to the wrong agency, the local agency must forward the application to the correct agency within one working day. The incorrect mailing will not affect processing time standards except as indicated in Item b above, when the household is entitled to expedited processing.
- j. Recertification - Any household that may apply at the SSA for initial certification has the right to recertify at the SSA office also, regardless of whether the application for initial certification was taken at the SSA office. SSA will interview the applicant, obtain any readily available verification, complete a transmittal form, and send this material to the local agency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- b. Households in which all members receive TANF, SSI, or GR – Unattached Child income or at least one member receives a TANF-funded service will not be categorically eligible if:
1. Any member who would normally participate with the household has been disqualified for an intentional program violation;
 2. The head of household failed to comply with work registration or employment and training requirements;
 3. The head of the household voluntarily quits or reduces work without good cause (Part VIII.B); or
 4. Any member of the household is ineligible if:
 - i. Any member is fleeing prosecution or imprisonment or is violating probation or parole terms (Part VI.C.2.e); or

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

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

- c. A disqualified or ineligible person who resides with the household and who would normally be included with the household for SNAP participation will not cause the remainder of the household to lose categorical eligibility, except as noted in subsection b above. The remainder of the household must meet the definition in Part II.G.3.a regarding the receipt of income or benefits. The remaining household is eligible if the disqualified or ineligible person is excluded because the person is:
 1. an ineligible alien (Part VII.F.);
 2. an ineligible student (Part VII.E.);
 3. a resident of a nonexempt institution (Part VII.C.);
 4. disqualified for failure to apply for a Social Security Number (Part VII.G);
 5. ineligible because of failure to comply with a work registration or employment and training requirement by a person other than the head (Part VIII); or
 6. ineligible because of the work requirement (Part XV).

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

4. Application Processing for PA Cases

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

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

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

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

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

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

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

Examples

- a. A household files a joint application for TANF and SNAP benefits on 11/15. The household has bank accounts with balances that total \$4200. Because of the difference between the TANF and SNAP Programs in the evaluation of resources, the household would be ineligible for SNAP benefits as a NA household but, categorically eligible if TANF was approved.
 - 1) Suppose TANF eligibility is determined on 12/4, with the first money payment issued for December.

Because the household was determined eligible for TANF within the 30-day SNAP application processing timeframe and was not determined ineligible for TANF for November, the household is considered categorically eligible back to 11/15, the date of the SNAP application.
 - 2) Suppose as of 12/15, a determination on the TANF application has not been made because of exceptions to the 30-day TANF processing period. The agency may deny the SNAP application on the 30th day, keeping it easily retrievable, or issue a *Notice of Action* to extend the pending for an additional 30 days while awaiting a decision on TANF eligibility.

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 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 \$100.
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.

E. STUDENTS (7 CFR 273.5)

1. Definition of a Student

For the purposes of this chapter, the term student refers to a person who is enrolled at least halftime in an institution of higher education. The term student will refer to a person who is:

- a. is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment; or,
- b. is enrolled in a regular curriculum at a college or university that offers degree programs, regardless of whether a high school diploma is required.

Once a student enrolls in an institution of higher education, the enrollment will continue through all normal periods of class attendance, vacation, and recess unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).

Enrollment begins on the first day of the school term of the institution of higher education.

2. Student Exemptions (7 CFR 273.5(b))

To be eligible for SNAP benefits, students, as identified above, must meet special criteria listed below. The resources of students who are not eligible are not considered in determining the eligibility or benefit level of other household members. See Part XI.G for evaluating the income of ineligible students.

An eligible student must meet at least one of the following criteria:

- a. Be 17 years of age or younger or, age 50 or older;
- b. Be mentally or physically unfit;
- c. Be employed for an average of 20 hours per week or 80 hours per month and be paid for such employment, including hours worked during school breaks that do not exceed one month;
- d. Be employed in a self-employed business for an average of 20 hours per week and receive weekly earnings at least equal to the federal minimum wage multiplied by 20 hours;
- e. Be eligible to participate in a state or federally financed work-study program during the regular school year;
- f. Be responsible for the care of a dependent household member under the age of six;
- g. Be responsible for the care of a dependent household member who is age six through age eleven where the local agency has determined that adequate child care is not available to enable the student to both attend class and satisfy the 20 hour per week work requirement or participate in work study;

- h. Be a full-time student and a single parent or caretaker who is responsible for the care of a dependent household member who is under age 12;
- i. Be receiving benefits from the TANF Program;
- j. Be participating in a work incentive program under Title IV of the Social Security Act, i.e. Virginia Initiative for Education and Work (VIEW) Program;
- k. Be participating in an on-the-job training program; or,
- l. Be assigned to or placed in an institution of higher education through:
 - 1) **Programs under the Workforce Innovation and Opportunity Act (WIOA);**
 - 2) SNAP Employment and Training (SNAPET);
 - 3) Part of a career and technical education program as allowed by section 3 of the Carl D. Perkins Career and Technical Education Act of 2006 provided the program or course of study is:
 - i. Designed to be completed in four years or less; or
 - ii. Limited to remedial courses, literacy, adult education, or English as a second language.Programs such as Fast Forward, Great Expectations or the Chancellors Merit programs operated through the Virginia Community College system will meet the career and technical education goals to enhance participants' employability. Students must verify enrollment in the program.
 - 4) A program under Section 236 of the Trade Act; or,
 - 5) An employment and training program operated by state or local governments where one or more of the program's components are comparable to SNAPET components.
- m. Have an expected family contribution of \$0 in the current academic year.

Students paid or subsidized for in-class hours are not considered employed during that time so such class attendance would not make a student eligible under the minimum 20 hour per week work requirement. In addition, the exemption for on-the-job training is valid only for the period the person is being trained by the employer.

In evaluating a student's eligibility based on the work-study provision, note that the student must be approved for work-study at the time of the application for SNAP benefits. In addition, the work-study must be approved for the school term. This exemption will begin either the month the school term starts or the month the work-study is approved, whichever is later. The student's exemption may not continue beyond the month the school term ends or when it becomes known that a work-study assignment has been refused nor, is the exemption continued between terms when there is a break of a full month or more, unless the student is participating in work-study during the break.

SSA Quarters of Coverage Verification Procedures for Legal Immigrants

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

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

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

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

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

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

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

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

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

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

Establishing Quarters

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

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

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

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

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

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

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

Federal Poverty Level (FPL) Gross and Net Income Eligibility Limits			
Household Size	200% FPL Gross Income Limit	130% FPL Gross Income Limit	100% FPL Net Income Limit
1	\$2,127	\$1,383	\$1,064
2	\$2,873	1,868	1,437
3	\$3,620	2,353	1,810
4	\$4,367	2,839	2,184
5	\$5,113	3,324	2,557
6	\$5,860	3,809	2,930
7	\$6,607	4,295	3,304
8	\$7,353	4,780	3,677
Each additional member	+\$748	+486	+374

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.

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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.

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 component.

1. Changes that Must Be Reported

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

a. Certification periods - one to four months

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

- Change in household composition with members moving in or out of the SNAP household;
- Change in the household's residence and shelter costs that result from a move;
- Change in legally obligated child support paid outside the household;
- Receipt of lottery or gambling winnings of \$3,500 or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week.
- Change of more than \$100 in the amount of income;
- Change in the source of income including starting or stopping a job; and
- Changing from full-time to part-time status or from part-time to full-time status.

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

b. Certification periods – five months or longer

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

- Receipt of lottery or gambling winnings of \$3,500 or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week; and
- The total income exceeds the gross income limit based on household size as established as of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

<u>Household Size</u>	<u>Income Limits</u>			
	Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount
1	\$ 2,127	\$ 494.65	\$ 989.30	\$ 1,063.50
2	2,873	668.13	1,336.27	1,436.50
3	3,620	841.86	1,683.72	1,810.00
4	4,367	1,015.58	2,031.16	2,183.50
5	5,113	1,189.06	2,378.13	2,556.50
6	5,860	1,362.79	2,725.58	2,930.00
7	6,607	1,536.51	3,073.02	3,303.50
8	7,353	1,710.00	3,420.00	3,676.50
Additional members	+747	+173.72	+347.44	+373.50

2. Time Required and Methods for Reporting Changes

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

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

During the interview, the worker must advise applicants:

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

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

HOUSEHOLD SIZE	INCOME LIMIT	BENEFIT AMOUNT FULL MONTH	BENEFIT AMOUNT HALF MONTH*
1	\$2,625	\$204	\$102
2	3,410	374	187
3	3,919	535	268
4	4,619	680	340
5	5,090	807	404
6	5,685	969	485
7	6,120	1,071	536
8	6,553	1,224	612
Each additional person	+\$433	+\$153	+\$77

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

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

M. DISASTER PROGRAM BENEFIT PERIOD

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

N. VAULT CARD ISSUANCE PROCEDURES

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

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

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

O. FAIR HEARING

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

P. TRANSITION TO THE REGULAR PROGRAM

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

Example

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

Q. DISASTER REPORTS

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

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

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

Appendix VII contains guidance for the completion of these reports.

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Commonwealth of Virginia
Department of Social Services
APPLICATION FOR BENEFITS

GENERAL INFORMATION

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

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

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

COMPLETING THE APPLICATION

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

COMPLETE AND ACCURATE INFORMATION

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

FILING THE APPLICATION

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

VERIFICATION AND USE OF INFORMATION

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

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

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

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

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

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

SPECIAL INFORMATION FOR SNAP APPLICANTS

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

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

NONDISCRIMINATION STATEMENT

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

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

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

This institution is an equal opportunity provider.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

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

**TANF
SNAP**

**Section E, page 5
Section G, page 6**

**TANF Diversionary/Emergency Assistance
Auxiliary Grants**

**Section F, page 6
Section H, pages 7-8**

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.**

Name: _____ Date of Birth: _____
Address: _____ Social Security Number: _____

Telephone Number: _____

Total income received/expected this month before deductions \$ _____
Total cash, money in checking/savings accounts, CDs, etc. \$ _____
Total rent or mortgage for this month \$ _____
Utility expenses for this month \$ _____
Which utilities do you pay? (check all that apply)
 Heat Lights Telephone Electricity for Air Conditioning
 Water Sewer Garbage Other
Is anyone in your household a migrant or seasonal farm worker? YES NO

COMMONWEALTH OF VIRGINIA VOTER REGISTRATION AGENCY CERTIFICATION

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

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

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

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

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

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

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

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

A. APPLICANT INFORMATION

Your Contact Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number)

City, State, ZIP

Your Mailing Address (if different from your street address)

City, State, ZIP

In what city or county do you live?

Email Address

Primary Telephone Number

Alternate Telephone Number

What is the primary language spoken in your household?

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

Primary Method of Correspondence

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

Text Email Cell Phone Number _____ Email Address _____

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

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

1

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Are you a veteran or dependent? Yes No :

Program(s) Requested:

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

Self

Relationship to You _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

Are you a U.S. citizen? Yes No

If No, immigration status: _____

US Residency Date: __/__/__

Alien Registration Number: _____

Are you disabled or pregnant? Yes No

Are you temporarily living away from home? Yes No

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

Reason for being away: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

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

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

2

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

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

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

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

If No, immigration status: _____

US Residency Date: __/__/__

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

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

Reason for being away: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

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

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

3

Name (last, first, middle initial) _____

Social Security Number: _____

Gender: Male Female

Marital Status: Married Never Married

Separated Divorced Widowed

Highest Grade Completed: _____

School Name if a Student: _____

Is this person a veteran or dependent? Yes No :

Program(s) Requested:

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

Relationship to Applicant _____

Birth Date (mm-dd-yyyy) _____

City, State, Country of Birth: _____

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

If No, immigration status: _____

US Residency Date: __/__/__

Alien Registration Number: _____

Is this person disabled or pregnant? Yes No

Is this person temporarily away from home? Yes No

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

Reason for being away: _____

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

Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

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

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

HOUSEHOLD COMPOSITION (continued)

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

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

If No, immigration status: _____

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

If No, immigration status: _____

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

If No, immigration status: _____

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

C. INCOME

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

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

a.

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

b.

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

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

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

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

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

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

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

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

D. RESOURCES

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

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

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

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

a.

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

b.

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

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

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

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

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: _____.
- 2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name an authorized representative, please give the information below about the representative and what you want the representative to do on your behalf. 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 SNAP benefits <input type="checkbox"/> Receive correspondence <input type="checkbox"/> Access or use SNAP benefits

- YES NO 3. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) YES NO
- YES NO 4. Is anyone living in your home renting a room from you (a roomer) or being provided a room and food (a boarder)? If **YES**, list names: _____
- YES NO 5. Is anyone age 60 or older **or** approved to receive Medicaid because of a disability **or** receiving any type of disability payment? If **YES**, list all current medical expenses for these people.

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

- YES NO 6. Do you have any of the following shelter expenses? If **YES**, list your current expenses. Check (✓) here if these expenses are for a house you do not live in.

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

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

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

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? If **YES**, list the items and their value here. _____

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

Owner(s)	Number of Plots, Type of Arrangement:	Where	Value \$ Amount Owed \$	Date Acquired

- 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

- YES NO 12. 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

H. AUXILIARY GRANTS (AG) continued

YES NO 13. 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 14. 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 15. 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

16. 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):	

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

REPORTING CHANGES

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

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

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

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

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

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

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

PENALTIES FOR TANF AND REFUGEE CASH ASSISTANCE (RCA) VIOLATIONS

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

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

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

DOMESTIC VIOLENCE INFORMATION

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

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

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

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

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

INTERIM REPORT FILING

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

REPORTING REQUIREMENTS – SIMPLIFIED REPORTING HOUSEHOLDS

Certified five months or longer, households must report:

- The number of work hours goes under 20 per week for anyone between the ages of 18-49 if there are no children in your SNAP household;
- You have lottery or gambling winnings of \$3,500 or more; or
- All the income for your household, before taxes, goes over 130% of the Federal poverty level. See the Change Report or the Notice of Action for the amount or visit www.dss.virginia.gov.

REPORTING REQUIREMENTS – CHANGE REPORTING HOUSEHOLDS

Certified four months or less), households must report:

- There is a change in the number of people in your household;
- Your address changes, including shelter expenses that change resulting from the move;
- The obligation to pay child support changes or the amount paid to someone outside the household changes;
- Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,250 or \$3,500 or more;
- You have lottery or gambling winnings of \$3,500 or more;
- The number of work hours goes under 20 per week for anyone between the ages of 18-50 if there are no children in the home; or
- There are changes in income:
 - There are income changes of more than \$100 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job; or
 - Your job switches from full-time to part-time or part-time to full-time.

SNAP RESPONSIBILITIES AND PENALTIES FOR VIOLATIONS

You must not:

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

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

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

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

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

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

BY MY SIGNATURE BELOW, I DECLARE:

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

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

Applicant's Signature or Mark

Date

Witness To Mark or Interpreter

Date

Signature of the Spouse or Authorized Representative

Date

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

Name of Person Completing Application

Date

Address

Primary Telephone

Alternate Telephone

Relationship to Applicant

**RENEWAL APPLICATION FOR AUXILIARY GRANT (AG), SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

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

A. HOUSEHOLD INFORMATION

1. Your Contact Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number)

City, State, ZIP

Your Mailing Address (if different from your street address)

City, State, ZIP

In what city or county do you live?

E-mail Address

Primary Telephone Number

Alternate Telephone Number
Primary Method of Correspondence

If you would like to receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail.

If you are completing this application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text Email Cell Phone Number _____ Email Address _____

2. **Household Composition:** This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person.

1

Name (last, first, middle initial)
Self

Relationship to You

Birth Date (mm-dd-yyyy)

Social Security Number: _____

City, State, Country of Birth: _____

Gender: Male Female

Are you a U.S. citizen? Yes No

Marital Status: Married Never Married

If No, immigration status: _____

 Separated Divorced Widowed

US Residency Date: ___/___/___

Highest Grade Completed: _____

Alien Registration Number: _____

School Name if a Student: _____

Are you disabled or pregnant? Yes No

Are you a veteran or dependent? Yes No :

Are you temporarily living away from home? Yes No

Program(s) Requested:
Date Left ___/___/___ **Expected Return Date** ___/___/___

 None AG SNAP TANF

Reason for being away: _____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

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

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

Household Composition (continued)

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

2

Name (last, first, middle initial) _____

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 SNAP TANF

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

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: _____

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 SNAP TANF

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

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: _____

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 SNAP TANF

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

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: _____

Household Composition (continued)

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?
Program(s) Requested:
None AG SNAP TANF

Relationship to Applicant Birth Date (mm-dd-yyyy)
City, State, Country of Birth:
Is this person a U.S. citizen?
If No, immigration status:
US Residency Date:
Alien Registration Number:
Is this person disabled or pregnant?
Is this person temporarily away from home?
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?
Program(s) Requested:
None AG SNAP TANF

Relationship to Applicant Birth Date (mm-dd-yyyy)
City, State, Country of Birth:
Is this person a U.S. citizen?
If No, immigration status:
US Residency Date:
Alien Registration Number:
Is this person disabled or pregnant?
Is this person temporarily away from home?
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

- 1. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain:
2. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC) or SNAP benefits? If YES, explain:
3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:
4. Have you or anyone for whom you are applying ever been convicted of a felony as an adult on or after February 8, 2014 for the following:
e. Aggravated sexual abuse under Title 18 United States Code (USC), Section 2241 or a similar state offense?
f. Murder under Title 18 USC, Section 1111 or a similar state offense?
g. An offense under Title 18 USC, Chapter 110 (sexual exploitation and other abuse of children) or a similar state offense?
h. A federal or state offense involving sexual assault, as defined in Section 40002(a) of the Violence Against Women Act of 1994 (42 USC 13925(a)) ?
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?

B. RESOURCES

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

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

- | | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|--|
| Yes | No | Yes | No | Yes | No |
| <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 you have **any of the above**, please provide the following information:

a.

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

b.

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

Address of Bank or Institution

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

Note: Additional Resource information may be needed section if you are applying for the Auxiliary Grant program.

C. INCOME

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

- | | | | | | |
|--------------------------|---|--------------------------|--|--------------------------|---|
| Yes | No | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> | <input type="checkbox"/> Earned Sick Pay | <input type="checkbox"/> | <input type="checkbox"/> Self-employment |
| <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"/> Any other money from working |
| <input type="checkbox"/> | <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> | <input type="checkbox"/> Farming/Fishing | | |
| <input type="checkbox"/> | <input type="checkbox"/> Commissions, Bonuses, Tips | <input type="checkbox"/> | <input type="checkbox"/> Odd jobs | | |

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

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

INCOME (continued)

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

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

- | | | |
|---|--|--|
| <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Security <input type="checkbox"/> Child support, alimony <input type="checkbox"/> Cash gifts or contributions <input type="checkbox"/> Loans <input type="checkbox"/> SSI <input type="checkbox"/> Military Allotment <input type="checkbox"/> Public Assistance (TANF, GR etc) <input type="checkbox"/> Training allowances (WIA, etc.) | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> VA benefits <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Room/board income <input type="checkbox"/> Black Lung benefits <input type="checkbox"/> Worker compensation <input type="checkbox"/> Rental Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Railroad retirement | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> Strike benefits <input type="checkbox"/> Prize winnings <input type="checkbox"/> All food, clothing, utilities, or rent <input type="checkbox"/> Other retirement <input type="checkbox"/> Interest, dividends <input type="checkbox"/> Insurance settlement <input type="checkbox"/> Any other type of money |
|---|--|--|

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

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

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

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

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

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

D. FINANCIAL ASSISTANCE FOR CHILDREN

YES NO 1. Has the absent parent(s) begun supporting the children or changed the amount of support? If **YES**, explain: _____

YES NO 2. Has the legal parent(s) become disabled such that he or she is unable to work? If **YES**, explain: _____

YES NO 3. Do you have any new information that would help us locate the absent parent(s)? If **YES**, explain; _____

E. SNAP BENEFITS

1. List the name of the person who is the head of your household: _____
2. An authorized representative may apply for SNAP benefits on your behalf, receive and use your SNAP benefits on your behalf, or receive copies of your program notices. If you want to name an authorized representative, please give the information below about the representative and what you want the representative to do on your behalf.

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

YES NO 3. Is anyone living in your home NOT included in your SNAP application? If **YES**, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for SNAP benefits is approved? Check (✓) YES NO

YES NO 4. Is anyone living in your home a roomer or boarder? If **YES**, list names: _____

YES NO 5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability payment? If **YES**, list all current medical expenses for these people.

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

YES NO 6. Do you have any of the following shelter expenses? If **YES**, list your current expenses. Check (✓) here if these expenses are for a house you do not live in.

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

6a How do you heat your home? _____

YES NO 6b Do you have air conditioning in your home?

YES NO 6c Did you receive energy/fuel assistance during this past year while living in your current home?

YES NO 6d Are you staying temporarily in someone else's home, an emergency shelter, welfare hotel, other halfway house, or a place not usually used for sleeping? If **YES**, how much does it cost to stay there during the month?

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

USDA Nondiscrimination Statement

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

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

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

This institution is an equal opportunity provider.

Commonwealth of Virginia Voter Registration Agency Certification

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

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

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

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

Applicant Name

Signature

Date

for agency use only

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

Agency Staff Signature

Date

VERIFICATION AND USE OF INFORMATION

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

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

SNAP CHANGE REPORTING

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

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

INTERIM REPORT FILING

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

DOMESTIC VIOLENCE INFORMATION

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

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

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

I understand:

- All of my responsibilities, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Assurance, my benefits may be denied until I cooperate.
- If my application is for SNAP, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

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

I filled in this application myself: Yes No If NO, it was read back to me when complete: Yes No

Your Signature or Authorized Representative's Signature or Mark _____
Date

Witness to Mark or Interpreter _____
Date

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

Name of person completing application _____ _____
Date Relationship to applicant

Primary Telephone Number _____ Alternate Telephone Number _____

CHANGE REPORT

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

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

You may contact me at the number above if you need help in completing this form.

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 limits in the chart below.

Changes that need to be reported for SNAP depend on the length of the certification period. “Simplified Reporting” applies to households that are eligible for five (5) months or longer. “Change Reporting” applies to households that are eligible for one (1) month to four (4) months.

• SNAP Simplified Reporting (certified five+ months), tell us if:

- All the income for your household before taxes goes over the limits in the chart below.
- The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home.
- You have lottery or gambling winnings of \$3,500* or more.

• SNAP Change Reporting (certified four months or less), 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;
- You have lottery or gambling winnings of \$3,500* or more;
- The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home; or
- There are changes in income:
 - There are income changes of more than \$100 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
 - The source of your income changes, including if you start or stop a job: or
 - Your job switches from full-time to part-time or part-time to full-time.

Gross Income Chart*

Number of People in your Household	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$ 2,127	\$ 494.65	\$ 989.30	\$ 1,063.50
2	2,873	668.13	1,336.27	1,436.50
3	3,620	841.86	1,683.72	1,810.00
4	4,367	1,015.58	2,031.16	2,183.50
5	5,113	1,189.06	2,378.13	2,556.50
6	5,860	1,362.79	2,725.58	2,930.00
7	6,607	1,536.51	3,073.02	3,303.50
8	7,353	1,710.00	3,420.00	3,676.50
For each additional member add	+ 747	+ 173.72	+ 347.44	+ 373.50

*These amounts are valid through 09/30/2021

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

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 - Check here (✓) if you want to get a voter registration application

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
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RECEIPT OF LOTTERY OR GAMBLING WINNINGS OF \$3,500 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 \$100 (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

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Person completing this form

Date

PART XXV SNAP EMPLOYMENT & TRAINING (SNAPET)

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A. SNAP EMPLOYMENT AND TRAINING PURPOSE

SNAP Employment & Training (SNAPET) programs must consist of case management and at least one Employment & Training Component. Case Management must be provided to all SNAPET participants. The SNAPET component provides Supervised Job Search, Job Search Training, Education, Training and Work Experience to non-public assistance SNAP recipients. The program provides SNAP recipients with opportunities that will lead to paid employment and decrease dependency on assistance programs. Participation in SNAPET is voluntary.

See Appendix I for a list of Virginia localities that operate SNAPET.

B. REFERRAL TO SNAPET

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 SNAPET. Mandatory registrants and those who want to volunteer are referred to SNAPET through VaCMS at application or reapplication and every twelve months thereafter. New household members, added during the certification period, must be registered at recertification. See Part VIII.A for a discussion on the registration exemptions.

2. Participant Categories

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

3. SNAPET Categories

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

Barriers may include, but, are not limited to:

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

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

C. ASSESSMENT

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

Some SNAPET 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 SNAPET assessment. When the SNAPET 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 SNAPET.

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 SNAPET case is closed because of non-compliance with SNAPET 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.

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 SNAPET 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 SNAPET component assignment does not mean the SNAPET case must close. The SNAPET case must close however if the EW closes the SNAP case.

1. Case Management

Case Management is defined as services and activities that must directly support an individual's participation in the SNAPET 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. SNAPET programs must consist of case management and at least one Employment and Training Component. Case Management is a SNAPET component and must be provided to all SNAPET 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 the 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 SNAPET 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 SNAPET worker by completing the SNAPET 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 SNAPET worker may contact any employer listed on the SNAPET 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 the remaining requirements of 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 SNAPET 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 SNAPET 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 SNAPET 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>.
3. The work site must mail the original copy of the Employer's First Report of Accident form, all bills, and physician reports to:

Managed Care Innovations
P.O. Box 1140
Richmond, VA 23218
4. The work site must send a copy of the accident report to the SNAPET 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 Managed Care Innovations. 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 SNAPET by way of their enrollment in the Refugee Program(s). Participants enrolled in both the Refugee Resettlement Program and SNAPET must meet the following procedures:

- a. The refugee resettlement staff will accompany the participant to the initial SNAPET assessment to help with language barriers, if any, and to talk about the Comprehensive Resettlement Plan (CRP) that will substitute for a SNAPET Plan of Participation.

- b. SNAPET 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 SNAPET agency.
- c. SNAPET will be notified if a refugee refuses to comply with refugee resettlement requirements to determine whether the SNAPET case should be closed; when someone leaves the program; and when there is a job placement.

E. SOCIAL/SUPPORTIVE SERVICE

Social/supportive services may be provided to participants in SNAPET, including volunteers, for expenses that are reasonably necessary and directly related to participation in SNAPET. 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 SNAPET requirements are not entitled to supportive services.

1. SNAPET Worker Responsibilities

- a. The SNAPET worker is a case manager. The worker must assist the participant in meeting the service needs. This may be done directly by the SNAPET 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 SNAPET participants. These SNAPET 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 SNAPET activities.

1. The participant is primarily responsible for arranging transportation to participate in an SNAPET 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 SNAPET 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 SNAPET component;
17. Union dues necessary for a job; and
18. **Housing assistance including rent/or utilities not to exceed \$1,500.00 per occurrence and no more than two times in a 12 month period.**
19. **Broadband/Internet Access/Wi-Fi, Laptops & Tablets (Equipment Loaner Program) for Education, Vocational Training & Supervised Job Search Components.**
20. **Certain fees associated with the reinstatement of Driver's Licenses (Exceptions apply to certain conviction-related suspensions and revocations. A list of these suspensions and revocations can be found at <https://www.dmv.virginia.gov/webdoc/pdf/dmv39f.pdf>. Assistance is limited to \$300.00 per occurrence and no more than once in a 12 month period).**

3. Duration of SNAPET Services

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

F. VOLUNTEERS

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

1. Agencies may, at their option, permit volunteers to participate in a SNAPET 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 SNAPET 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 SNAPET 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. SNAPET case transfer procedures follow.
 - When a SNAPET case transfers from one SNAPET locality to another SNAPET locality, daily alerts are generated to the SNAPET worker in the sending locality and to the transfer in caseload in the receiving locality
 - The sending SNAPET locality will need to close all open SNAPET enrollments for the SNAP case with the SNAPET Closure Status value = "05" for Transferred.
 - In the SNAPET database, the history for this enrollment record and its assessments and employments will show this sending FIPS.
 - The SNAPET worker in the receiving FIPS will not be able to open an enrollment record on the transferred in case until the sending agency SNAPET worker has closed the enrollment record.
 - When the receiving SNAPET locality opens a SNAPET Enrollment for the transferred in SNAPET client, the rule for the SNAPET Enrollment Start Date changes. The Start Date is to be the day after the Close Date on the SNAPET 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 "MMYYY of Change" in the Transfer Out locality.
 - If a SNAP case transfers from a SNAPET to a non-SNAPET 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-SNAPET to a SNAPET agency, a referral is made to the SNAPET queue if the SNAP participant volunteers during the certification period.
 - No action must be taken if a SNAP case transfers from a non-SNAPET to a non-SNAPET 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 SNAPET 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 SNAPET 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 SNAPET 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 SNAPET services offered are not duplicative.
 - b. The components or activities offered meet the purpose and design requirements of SNAPET. The purpose of SNAPET is to help SNAP household members gain skills, education, or experience that help them obtain regular employment. SNAPET 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 SNAPET 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 SNAPET. 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 where SNAPET participants have been determined to be ill-suited to participate in assigned Employment and Training component activities by an provider. LDSS staff are required to notify SNAPET 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 case record 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 SNAPET Participants are focused on gaining employment and training opportunities. Workforce Partnerships must be approved by the SNAPET 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 SNAPET 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 SNAPET 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 SNAPET contracts. The contract should define what is to be monitored and evaluated for contract effectiveness.**

2. Consideration in Contracting

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

3. Services that may be contracted

Any program activity or service may be contracted.

4. Selection of Service Providers

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

5. Expected Services

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

6. Payment and Reimbursement

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

7. Contract Duration

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

8. Contract Requirements

a. Format

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

b. Description of Services

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

The description must contain:

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

c. Contract Monitoring

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

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

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

L. TERMINATION OF SNAPET ENROLLMENT

SNAPET participants are expected to comply with component requirements. Failure to comply may result in the closure of the SNAPET 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 SNAPET 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 SNAPET 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 SNAPET 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 SNAPET worker may issue a warning to a participant instead of closing the SNAPET case when there has been a misunderstanding of the requirements and there have been no prior acts of noncompliance.

2. Reasons for Terminating SNAPET

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 SNAPET 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 SNAPET 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 SNAPET activity to which the participant was assigned and any actions required by the participant.
- c. Contact Sheet documenting all contacts with the participant.
- d. SNAPET 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. SNAPET Notice of Case Closure

- a. The SNAPET 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 SNAPET 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 SNAPET case will close. If the registrant does not present good cause, the SNAPET case must close. If good cause is determined to exist, the SNAPET 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 SNAPET case and the termination of supportive services.. See Part XIX for the appeals process.

The SNAPET 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 SNAPET case must be closed.

N. STATISTICS AND REPORTING

The SNAPET Local Monthly Report is produced using the Data Warehouse. The local agency should maintain a copy of the report.

O. LOCAL SNAP EMPLOYMENT AND TRAINING PLAN

Each local department of social services must submit a Local Employment and Training Plan to the Virginia Department of Social Services by July 1st of each year or as directed. The plan must describe the locality's SNAPET component and must follow the following format:

1. Intent of the SNAPET in the locality.
2. A numerical description of the SNAPET population.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with SNAPET duties.
6. The locality's budget for the SNAPET program. This is the total SNAPET allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency's Standard Operating Procedures that address these elements:
 - a. Referral and Case Opening Procedures
 1. The procedure by which a potential participant is referred.
 2. The steps for opening a case once it has been referred and the time frame by which this must be done.
 - b. Assessment Procedures
 1. Describe what will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
 2. Describe procedures for conducting educational tests and assessments. Include the following in the description of the procedures:
 - Assessment tools that will be used
 - Types of tests to be used
 - Criteria for determining who should be tested

- Incorporation of test results into case records
 - Staff responsible for conducting assessment
 - Referral procedures if test and assessments are conducted outside of the agency
3. Describe how assessment information of other agencies will be integrated with the SNAPET assessment. Other agencies include DRS, VEC, and Mental Health.
- c. Component Assignment
- 1. Describe how program components are assigned.
 - 2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
 - 3. Describe how the agency monitors component activities and evaluates them for effectiveness.
- d. Social and Supportive Services
- 1. Develop a list of the specific services available to SNAPET registrants in the locality.
 - 2. Describe how and why spending limits are set and describe what steps will be taken to assure equity for each registrant.
- e. Monitoring Worker Performance
- 1. Explain how caseloads will be monitored.
 - 2. Describe any locally developed procedures, such as case reading, used in monitoring program effectiveness.
- f. Monitoring Participation and Progress
- 1. Delineate the optimal time frames the agency has set for completion of each component activity when applicable. Describe the methods and means by which the agency monitors registrant progress in each of the components.
 - 2. Describe how the agency tracks and documents the registrant's advancement in and completion of components.
 - 3. Describe how the agency documents participation hours and how the documentation is maintained.

g. Contracts

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

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	SNAPET Pre-Assessment Form	4-5
032-02-0074-11-eng	SNAPET Assessment Form	6-9
032-02-0075-06-eng	SNAPET Plan of Participation	10-12
032-02-0077-08-eng	SNAPET Job Search Form	13-15
032-02-0081-06-eng	SNAPET Work Site Agreement	16-17
032-02-0080-02-eng	Work Experience Position Form	18-19
032-02-0082-07-eng	Referral to Work Experience Site	20-21
032-02-0083-02-eng	Work Experience Attendance and Performance Record	22-23
032-02-083A-03-eng	Time and Attendance Record	24-25
032-02-0072-12-eng	Employment Services Programs Communication Form	26-28
032-02-0078-06-eng	Contact Sheet	29-31
032-02-0089-08-eng	SNAPET Notice of Case Closure	32-34
032-03-0045-00-eng	SNAPET Medical Evaluation	35-37
032-03-0412-02-eng	Local Department of Social Services Re-Entry Client Referral Sheet	38-39
VWC Form No. 3 (rev. 10/08)	First Report of Injury	40-41

SNAPET PLAN OF PARTICIPATION

PLANNED COMPONENT ASSIGNMENT

	YES	NO
Currently employed full-time	<input type="checkbox"/>	<input type="checkbox"/>
Currently employed part-time	<input type="checkbox"/>	<input type="checkbox"/>

	Planned Begin Date	Planned End Date	Planned Weekly Hrs
Case Management			
Supervised Job Search	_____	_____	_____
Supervised Job Search Training	_____	_____	_____
Work Experience	_____	_____	_____
Education	_____	_____	_____
Training	_____	_____	_____

CURRENT PROGRAM ACTIVITY ASSIGNMENT

Program Activity Assignment	Description/ Location	Planned Begin Date	Planned End Date	Planned Weekly Hrs.
_____	_____	_____	_____	_____
	_____	_____	_____	_____
_____	_____	_____	_____	_____
	_____	_____	_____	_____

PENDING Dates: _____ **INACTIVE** Dates: _____

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem:

SUPPORTIVE SERVICES

Day Care Transportation Other (please describe) None

Participant responsibilities for current component assignment(s):_____

Agency responsibilities: _____

PARTICIPANT OBLIGATIONS

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call the worker/case manager whose name is listed at the bottom of this page 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 worker/case manager.

I understand that, if I fail to participate without a good reason, my SNAPET case may be closed.

FOR PARTICIPANTS ASSIGNED TO COMPONENTS

I will carry out the responsibilities as agreed.

FOR PARTICIPANTS ASSIGNED TO PENDING

I understand that I am not actively participating at this time, but that I must 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 answer all calls and letters from agency staff since I may be required to participate in the future.

PARTICIPANT’S SIGNATURE _____ **DATE**

CASE MANAGER’S SIGNATURE _____ **PHONE** _____

SNAPET PLAN OF PARTICIPATION

FORM NUMBER - 032-02-075

PURPOSE OF FORM - This form outlines a strategy designed by the worker/case manager and the SNAPET participant to achieve long and short-term goals in working toward employment as decided upon during the initial assessment and recorded on the SNAPET Assessment Form. It details specific activities to which the participant will be assigned and identifies any service needs during the assignments to these activities.

USE OF FORM - This form is prepared initially at assessment and at the time of each reassessment. A copy of this form may serve as the Service Application if there is a need for supportive services.

NUMBER OF COPIES - Three

DISPOSITION OF COPIES - Original is maintained in participant's case record with a copy provided to the participant and a copy to the Service Worker, if necessary.

INSTRUCTIONS FOR PREPARATION OF FORM:

PLANNED COMPONENT ASSIGNMENT - This section is designed to list the components to that the SNAPET participant will be assigned during the course of program participation. This information in its entirety needs to be completed at the initial assessment and at each assessment.

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. Record the date as MM/DD/YY. Any placement to pending or inactive needs to be explained in the space provided.

SUPPORTIVE SERVICES - Identify any services needed by the participant to engage in the required program activities.

PARTICIPANT RESPONSIBILITIES - Outline the specific steps the participant is required to take in order to comply with program requirements. The worker/case manager will determine the amount of detail needed in this section on a case by case basis.

AGENCY RESPONSIBILITIES - Outline the responsibilities the agency will assume to assist the participant in carrying out the activities identified.

PARTICIPANT OBLIGATIONS - By signing this section of the form, the participant notes participation in planning for the activities described and acceptance of responsibility as a SNAPET participant.

SNAPET SUPERVISED JOB SEARCH FORM

IMPORTANT! YOU HAVE BEEN ASSIGNED TO JOB SUPERVISED SEARCH. USE THIS FORM TO RECORD THE CONTACTS YOU ARE REQUIRED TO MAKE WITH EMPLOYERS WHILE YOU ARE LOOKING FOR A JOB. IF YOU DO NOT COMPLETE THIS FORM AND RETURN IT TO YOUR CASE MANAGER, YOUR SNAPET CASE MAY BE CLOSED.

REMEMBER YOU MUST:

- Have a face-to-face interview and/or leave a job application and/or a resume' with at least _____ employers during the next _____ weeks.
- Accept suitable job offers.
- Notify your SNAPET Worker/Case Manager as soon as you get a job.
- Register with the Virginia Employment Commission. This is considered a contact.
- Complete the Supervised Job Search Form(s) and:

Return this form by _____ to _____.

Keep the interview scheduled with your case manager and bring your completed forms on:
_____ at _____ at _____
Date Time Address

SNAPET Worker/Case Manager: _____ Phone _____

EMPLOYER CONTACT LIST:

REMEMBER! These contacts may be verified by your worker/case manager. You do not need to get the signature of the employers you contact. To count as a contact, you must have a face-to-face interview or leave an application and/or a resume.

YOUR CONTACTS

DID YOU: (CHECK ANY THAT APPLY)

COMPANY: VIRGINIA EMPLOYMENT COMMISSION

REGISTER

ADDRESS: _____

SUBMIT AN APPLICATION/RESUMÉ

INTERVIEW

TYPE OF JOB: _____

RESULT OF CONTACT:

PERSON CONTACTED: _____

DATE OF CONTACT: _____

YOUR CONTACTS

COMPANY:
ADDRESS: _____
TYPE OF JOB: _____
PERSON CONTACTED: _____
DATE OF CONTACT: _____

DID YOU: (CHECK ANY THAT APPLY)

REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW
RESULT OF CONTACT:

YOUR CONTACTS

COMPANY:
ADDRESS: _____
TYPE OF JOB: _____
PERSON CONTACTED: _____
DATE OF CONTACT: _____

DID YOU: (CHECK ANY THAT APPLY)

REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW
RESULT OF CONTACT:

YOUR CONTACTS

COMPANY:
ADDRESS: _____
TYPE OF JOB: _____
PERSON CONTACTED: _____
DATE OF CONTACT: _____

DID YOU: (CHECK ANY THAT APPLY)

REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW
RESULT OF CONTACT:

YOUR CONTACTS

COMPANY:
ADDRESS: _____
TYPE OF JOB: _____
RESULT OF CONTACT:
PERSON CONTACTED: _____
DATE OF CONTACT: _____

DID YOU: (CHECK ANY THAT APPLY)

REGISTER
SUBMIT AN APPLICATION/RESUMÉ
INTERVIEW

SNAPET SUPERVISED JOB SEARCH FORM

FORM NUMBER - 032-02-0077

PURPOSE OF FORM - This form provides written documentation of the SNAPET participant's supervised job search contacts.

USE OF FORM - SNAPET participants may use this form to record employer contacts and the outcome of the contacts during assignment to a job search component.

NUMBER OF COPIES - One

DISPOSITION OF COPIES - Original becomes a part of the case record when the SNAPET participant completes supervised job search and returns the form.

INSTRUCTIONS FOR PREPARING FORM:

The SNAPET worker/case manager must complete the first section of the form. Discuss the information with the SNAPET participant.

The "Employer Contact List" must be completed by the SNAPET participant. The first lines in this section are to record the mandatory registration/contact with the Virginia Employment Commission. At the end of the supervised job search assignment or at a time designated by the SNAPET worker/case manager, the form is returned to the agency. The SNAPET worker/case manager must explain to the SNAPET registrant how the form is to be returned. Employers are not required to sign the form.

A statement on the form cautions the SNAPET participant that the SNAPET worker/case manager may contact the employer to verify the contact.

The second page of the form will need to be photocopied to provide enough space on the Employer Contact List to accommodate the number of supervised job search contacts assigned to each participant.

