

KIF-101  
02/16

COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Community Based Services

Date: 05/12/2022  
Case Number: 110438734

MARY M SKAGGS  
16 CLOVER ST  
LOUISA, KY 41230-5634

Return to:  
Department for Community Based Services,  
P.O. Box 2104,  
Frankfort, KY 40602

**Supplemental Nutrition Assistance Program (SNAP) Application Summary**

The information listed below is a summary of the information given by you for your household. If you are eligible, your benefits will begin from June 01, 2022. By signing this application, you are stating that you have been advised of your right to file an application with only name, address and signature. You may finish the application process, including a complete interview, within the next 30 days.

You are also stating that you have been advised that your household could get Supplemental Nutrition Assistance Program benefits right away if:

- Your monthly shelter expenses are more than your gross monthly income added to your liquid resources; or
- Your liquid resources are \$100.00 or less and your gross monthly income is under \$150.00; or
- Your liquid resources are \$100.00 or less and you live in a destitute migrant or seasonal farmworker household.

**Primary Applicant**

MARY M SKAGGS

**Primary Phone Number**

937-889-5467

**Physical Address**

16 CLOVER ST  
LOUISA, KY 41230-5634

You have reported the following people are members of your household who live and eat together.

<b>Name</b>	<b>Birthdate</b>	<b>Sex</b>	<b>Applying</b>	<b>Not Applying</b>
JONAH L SKAGGS	September 12, 1989	M	X	
MARY M SKAGGS	March 08, 1993	F	X	
ALLISON R SKAGGS	December 04, 2018	F	X	
EMMA M SKAGGS	July 04, 2020	F	X	

You have reported the following information for your household members regarding income, expenses, and resources:

Household Resources:	\$0.00
Gross Earned Income:	\$0.00
Gross Unearned Income:	\$0.00
Dependent Care Expenses:	\$0.00
Medical Expenses:	\$0.00
Legal Support Deduction:	\$0.00
Rent:	\$0.00
Mortgage:	\$0.00
Insurance:	\$0.00
Tax:	\$0.00
Utility:	\$0.00
Use Standard Utility Allowance:	YES
Use Basic Utility Allowance:	NO
Use Telephone Standard:	NO
Use Actual Utility Allowance:	NO

If any of the reported information above is wrong, contact DCBS at 1-855-306-8959 within 10 days. If you don't have a social security number you can also call this number for help with your EBT account. Additionally, you are also required to inform DCBS of lottery and gambling winnings of \$3750 or more within 10 days of the end of the month in which you have received the winnings.

The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. This information will be used to determine if your household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If a SNAP claim arises against your household, the information on this application, including all SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSN's provided will be used and disclosed in the same manner as SSN's of eligible household members.

#### Penalty Warning:

Anyone in your household who intentionally breaks any of the following rules may be stopped from receiving SNAP benefits for one year the first time a rule is broken, two years the second time, and permanently the third time. The person may also be fined up to \$250,000.00, put in prison up to 20 years, or both. The person may also be subject to prosecution under other applicable federal laws.

#### Follow These Rules

- Do NOT give false information or hide information to get SNAP benefits.
- Do NOT trade or sell SNAP benefits.
- Do NOT use SNAP benefits to buy ineligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21 U.S.C. 802.
- Do NOT use someone else's SNAP benefits for your household.

- Do NOT use your SNAP benefits to pay on a credit account, even if the charge was for SNAP eligible food.
- Do NOT sell food purchased with SNAP benefits.
- Do cooperate with Quality Control.

If you break these rules you may be stopped from getting benefits and you can be prosecuted.

Households found guilty of purchasing a controlled substance as defined by 21 U.S.C. 802, with SNAP benefits shall be disqualified for two years for a first offense and permanently for a second offense.

Recipients found guilty of purchasing firearms, ammunition and explosives with SNAP benefits or convicted of trafficking SNAP benefits of \$500 or more shall be disqualified permanently for the first offense.

Anyone in your household shall be ineligible to participate for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

Anyone in your household who is a fleeing felon, probation or parole violator, delinquent with child support or a convicted drug felon will be ineligible for SNAP benefits.

I understand that the information I have provided on the application, including the information concerning citizenship and immigrant status, is subject to verification by federal, state, and local officials to determine if the information is true. I understand that as an applicant for SNAP benefits, I am required to provide a social security number for everyone who lives in my home for whom I am applying for benefits. (Social security numbers and immigration status does not have to be provided for members that are not applying for benefits.) I understand that social security numbers shall be used for various state and federal matches through the income and eligibility verification system (IEVS). These matches include, but are not limited to, Social Security, IRS, SSI, wage records, unemployment insurance, child support enforcement records and other matches as provided for under the authority of IEVS. This information may be verified through collateral contacts when discrepancies are found. Information provided under IEVS, after verification, may affect eligibility for and amount of benefits.

I understand that members of my household age 18 through 59 must register for work unless they are exempt as explained to me by my worker. The household members who must register are being registered by me when I sign this SNAP application. I further understand that the registered household members may be required to do employment and training program activities and/or seek and accept employment. If any household member refuses to follow the employment and training program requirements when contacted to do so, the household member may be disqualified from the Supplemental Nutrition Assistance Program. I understand that any members of my household age 18 through 59 will be disqualified if they refuse, without good cause, to provide sufficient information pertaining to their employment status or job availability. I also understand they will be disqualified if they voluntarily, without good cause, quit a job or reduce their work hours below 30 hours a week.

I understand that I may not receive an increase in SNAP benefits if my household's income is reduced because of a penalty imposed under a federal, state or local means tested public assistance program for failure to comply with program requirements. I also understand that the noncompliance rules of that program may be used in the SNAP program to reduce my household's allotment.

I understand that it is my responsibility to report household expenses, in order to receive allowable deductions. Failure to report or verify any of these expenses will be seen as a statement that I do not want to receive a deduction for the unreported expense.

I understand the question on this application. I have reviewed the entries made by the

caseworker and certify under penalty of perjury that the information contained on my application for disaster SNAP benefits is true and correct. If any part of the information on this application is incorrect, I understand that SNAP benefits may be denied and that I may be subject to the criminal prosecution rules for knowingly providing incorrect information.

Witness, if you signed with an X \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, 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, audiotope, 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 1-800-877-8339. 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](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 1-866-632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
Stop 9430  
1400 Independence Avenue, SW  
Room 212-A Whitten Building  
Washington, D.C. 20250

(2) fax: 202-690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This Institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D, Frankfort, KY 40621 or call 1-502-564-7770 ext. 4107.

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

A fair hearing may be requested by calling CHFS at 1-855-306-8959, or by sending a letter to:

Cabinet for Health and Family Services  
Division of Administrative Hearings,  
Families and Children Administrative Hearings Branch  
105 Sea Hero Rd, Suite 2  
Frankfort, KY 40601

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16 CLOVER ST  
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### May we help You?

You are receiving this information because of what you told us on your application for food benefits. Many programs and services are offered by the Cabinet for Health and Family Services to help Kentucky's citizens. If you need help, where to call or whom to ask is listed below. For more information, you can also visit our website at [www.chfs.ky.gov](http://www.chfs.ky.gov)

Income Support:	Kentucky Transitional Assistance Program (KTAP) - Ask a worker at the DCBS office to see if you qualify
Medical Bills:	Medicaid - Ask a worker at the DCBS office to see if you qualify Kentucky Physician's Care Program - Ask a worker at the DCBS office to see if you qualify Children's Health Insurance Program - Ask a worker at the DCBS office to see if you qualify or call 1-877-524-4718 or 1-877-524-4719 (TTY)
Child Support:	Child Support Enforcement Hotline - 1-800-248-1163 Paternity Acknowledgement Program - 1-888-675-7425
Child Care:	To Find Quality Care - 1-877-316-3552 Child Care Assistance Program - Ask a worker at the DCBS office for a referral
Domestic Violence:	Adult Abuse Hotline - 1-800-752-6200 Spouse Abuse Shelter Hotline - 1-800-544-2022 The National Victim Notification Network - 1-800-511-1670
Elderly/Disabled:	State Health Insurance Assistance Program(SHIP) - 1-877-293-7447 Department for Aging and Independent Living - 1-502-564-6930 or 1-888-642-1137 (TTY)
To Report Child Abuse/Neglect:	Child Abuse Hotline - 1-800-752-6200
To Report Adult Abuse:	Adult Abuse Hotline - 1-800-752-6200
Other Food Assistance for Pregnant/Post Partum Women and Young Children Up to Age 5:	Nutrition Program for Women, Children, and Infants (WIC) -1-800-462-6122 or 1-800-648-6056 (TTY)
Women's Health Issues and Pregnancy Planning:	Division of Women's Health - 1-502-564-3236

Complaints:

CHFS Ombudsman - 1-800-372-2973 or  
1-800-627-4702

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