

14712 HWY 15 SOUTH
PO BOX 158
DECATUR , MS 39327

Department of Human Services

ASHLEY L DUKES
15162 HWY 15 APT C201
DECATUR , MS 39327

COUNTY : 510
TELEPHONE : (601)635-4490
CASE NUMBER: 150876257
WORKER : LATOYA BROWN
DATE : 06/10/2023

Form: X004

SNAP NOTICE OF EXPIRATION

X004

Your certification for Supplemental Nutrition Assistance Program (SNAP) will end on JULY 31, 2023. To reapply, a responsible member of your family or authorized representative must file an application and complete all required actions in order to continue receiving SNAP benefits without a break in service. Your benefits may be late if you do not submit an application before or by the 15th of JULY. Please do not wait to reapply.

1. You may apply online at www.mdhs.ms.gov.

OR

2. An application is enclosed. You or your authorized representative may file the application by mail, in person, or by fax as long as it contains a readable name, address, and signature.

Your application will be processed within 30 days.

In order to receive uninterrupted benefits, you must provide all required verification within the required time. Failure to provide all required verification may result in a denial of benefits.

If all of your household members receive or have applied for Supplemental Security Income (SSI), you may file an application for SNAP benefits at the Social Security Administration (SSA) office.

If you fail to apply for renewal of SNAP benefits, your SNAP case will close.

See the back of this page for more information.

Si usted necesita ayuda con este formulario por favor llame al 1-800-948-4060.

Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) – You must report any of the following changes in the household: more than \$125 in the amount of earned or unearned income; source of income; household composition; residence and any resulting changes in shelter costs; changes in the legal obligation to pay child support; a change in liquid resources, such as cash, stocks, bonds, and bank accounts. All changes must be reported within 10 days of the date the change becomes known to the household (TANF households must report within 5 days if the head of household moves out of state and when it is clear a child will be out of the home for more than 30 days). Additionally, all ABAWD households must report when their work hours fall below 20 hours per week, or an average of 80 hours monthly.

Note: If a SNAP household member receives lottery or gambling winnings equal to or greater than \$4250, the household is ineligible to receive SNAP. Ineligibility continues as long as the household’s resources exceed the resource limit.

SNAP/TANF Household Size and Gross Income Limits:										
	1	2	3	4	5	6	7	8	9	10
SNAP	\$1473	\$1984	\$2495	\$3007	\$3518	\$4029	\$4541	\$5052	\$5564	\$6076
TANF	\$403	\$542	\$680	\$819	\$958	\$1097	\$1235	\$1374	\$1513	\$1652

Note: If there are more than ten (10) SNAP household members, add \$512 for each one; for more than ten (10) TANF household members contact your worker for the total gross income level.

Note: Gross Income: (This is the amount before taxes and deductions are taken out.) Remember to add all income-wages, child support, social security, unemployment, etc. to compare to the amount on the chart above.

National Voter Registration Act:

If you or any member of your household needs assistance with registering to vote please contact your local county office.

SECTION I: TANF APPEAL AND FAIR HEARING RIGHTS

If we have denied your TANF application, closed your case or you are not satisfied with the amount of your TANF benefit, you may use the space in Section III below to request either an agency conference or state hearing to appeal our decision. If we don’t hear from you, we will know that you understand the action taken and have no other information to give us.

You may request either an agency conference or state hearing within 90 days following the expiration of the advance notice period if your benefits were reduced or within 90 days of the date your case was denied or closed. If you request an agency conference and that decision is not in your favor, you may then request a state hearing. The Administrative Hearing Department may extend the time for filing the state hearing request if you can show good cause for not having made a timely appeal request.

If your hearing request is made within 10 days from the date of this notice and the request is based on factors other than a change in law or policy, or the expiration of the 60-month lifetime assistance period, your TANF benefits will be continued as they were prior to benefit reduction or case closure until there is a decision. If your benefits are continued and the hearing decision is not in your favor, you will have to repay the total of any benefits paid after the hearing request was made. If you do not request a hearing within 10 days from the date of this notice, your benefits cannot be continued pending a hearing decision. You may bring a lawyer, relative or friend to the hearing, or you may speak for yourself.

SECTION II: SNAP APPEAL AND FAIR HEARING RIGHTS

You have the right to request a hearing on any action by the agency or loss of benefits which occurred in the last 90 days. You may do this by contacting the local DHS office or by indicating your request for a hearing by signing your name below and returning this notice to the local office. Your case may be presented by a household member or a representative, such as legal counsel, a relative, a friend or other spokesperson.

If you request a hearing within 10 days from the date of this notice, you can receive SNAP until your hearing is decided or your certification period ends, whichever comes first. If, however, the hearing finds that our decision was correct, your household will owe us the value of the extra benefits you received. You can still request a hearing after 10 days, but you will not be able to receive SNAP at your current rate.

SECTION III: I want to request a hearing to discuss my ☐ TANF ☐ SNAP case.

The kind of hearing I want is: ☐ An agency conference with a member of the county staff other than my worker.
☐ A state hearing with a state office staff member.

I want a hearing to discuss my ☐ TANF and/or ☐ SNAP case because _____.
☐ I do ☐ do not want my ☐ TANF and/or ☐ SNAP benefits to continue until the hearing is decided or my certification/review period ends.

I understand if I have not checked either block, this means I have chosen to have my benefits continue.

Signature _____ Date Signed _____

FOR OFFICE USE ONLY:	
CASE NUMBER: _____	DATE RECEIVED: _____
Appointment Date: _____ Time: _____	303B: <input type="checkbox"/> Initials: _____
Interviewed _____	Telephonic _____
By: _____	Interview: _____ 530: <input type="checkbox"/> Initials: _____



**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) APPLICATION
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION**

Name _____ SSN _____ Date of Birth _____

Residence Address _____ City _____ State _____ Zip _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____ 2nd Phone _____

Would you like to receive notices by email? ☐ Yes ☐ No If yes, email address: _____

What benefits are you applying to receive? ☐ TANF ☐ SNAP Before we can determine your eligibility, you must be interviewed. Due to household hardship, a face-to-face interview may be waived in favor of a telephone interview on a case-by-case basis. You may file a joint application for both SNAP and TANF or may file a separate application for both programs.

TANF

To begin your application, complete the above section and sign below. We are required to take action within 30 days from the day you give us this form.

SNAP

You may file your application immediately by submitting the forms to the local county office either in person, through an authorized representative, by fax, or by mail as long as we have your name, address and the signature of a responsible household member or your authorized representative. The application filing date is considered the day we receive this form in our office, and benefits are provided from that day, if determined eligible. However, when a resident of an institution jointly applies for SSI and SNAP prior to leaving the institution, the application filing date must be considered the day of your release from the institution. We are required to verify information you provide and take action within 30 days from the date your application is received, unless you are entitled to receive benefits within 7 days. **YOU MAY GET SNAP WITHIN 7 DAYS** if your household’s gross monthly income is less than \$150 and your household’s resources such as cash, checking or savings accounts are \$100 or less; or if your rent/mortgage and utilities are more than your household’s combined gross monthly income and liquid resources; or if you are a migrant or seasonal farm worker household; and you verify your identity. All SNAP applications, regardless of whether they are joint applications or separate applications, will be processed according to SNAP regulations and timeframes and will not be affected if TANF is denied.

For information regarding services provided by Families First for Mississippi, contact 1-800-590-0818 or visit our website at www.mdhs.ms.gov.

By signing and dating this application, I am giving consent for the attendance records of the children identified on this application to be disclosed by the Mississippi Department of Education to the Mississippi Department of Human Services for use by the Department of Human Services to determine compliance with school attendance requirements of the Temporary Assistance for Needy Families (TANF) Program.

Only US citizens and qualified aliens are eligible for SNAP benefits. Any non-citizens or non-qualified aliens may be left off your application for assistance. Such persons will not be reported to the Immigration and Customs Enforcement agency. Non-citizens included in your application will have eligibility determined under SNAP rules. The income and resources of all persons in your household will be considered in determining eligibility for persons included in the SNAP application.

I certify that each applicant included in my household is a U.S. citizen or alien in lawful immigration status and that the information provided is true to the best of my knowledge. I give permission for the Department of Human Services to make a full review of my case and any necessary contacts to verify my statements. I give consent for the release of income verification to MDHS for all household members that are 18 or above. I know that if I give false or incorrect information, I could be penalized, my case may be denied, and I may be subject to criminal prosecution. I certify that I received the Rights and Responsibilities handout from this agency.

Signature of Applicant _____	Date _____	Signature of witness if signed by mark _____
Signature of Authorized Representative or Second Parent in TANF _____	Date _____ SNAP Outreach Agency Code _____	Signature of witness if signed by mark _____

1. Has anyone in your household received any income (money, checks, gifts, etc.) this month? ☐ Yes ☐ No. *If yes, how much? \$_____*
2. Does anyone expect to receive income later this month? ☐ Yes ☐ No. *If yes, how much? \$_____*
3. How much money does your household have in cash, checking account and savings account? \$_____
- 4 *Give the actual expense amounts:* Rent/Mortgage \$_____ Electricity \$_____ Gas \$_____ Water \$_____ Phone \$_____
5. Is your household’s only income from migrant or seasonal farm work? ☐ Yes ☐ No
6. Does any household member age 60 or above or disabled have any out of pocket medical expenses that exceed \$35? ☐ Yes ☐ No
7. Is anyone in your household currently serving a SNAP disqualification due to fraud? ☐ Yes ☐ No
8. Have you or any member of your household been convicted of trading SNAP benefits for drugs after 08/22/96? ☐ Yes ☐ No
9. Have you or any member of your household been convicted of a drug-related felony that was committed since 08/22/96? ☐ Yes ☐ No
10. Have you or any member of your household been convicted of buying or selling SNAP benefits over \$500 after 08/22/96? ☐ Yes ☐ No
11. Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP benefits in any State after 08/22/96? ☐ Yes ☐ No
12. Have you or any member of your household been convicted of trading SNAP benefits for guns, ammunitions, or explosives after 08/22/96? ☐ Yes ☐ No
13. Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition or parole or probation? ☐ Yes ☐ No
14. Are you or any member of your household a resident of a commercial boarding home (establishment that offers meals and lodging for compensation with the intent of making a profit)? ☐ Yes ☐ No
15. Are you or any member of your household on strike? ☐ Yes ☐ No

List who you are applying for beginning with the Head of Household

Name (First, Last)	RELATIONSHIP	SOCIAL SECURITY NUMBER *SEE DISCUSSION BELOW	DATE of BIRTH	AGE	SEX	**OPTIONAL		US CITIZEN Y or N
						HISPANIC Y or N	RACE (***Choose one or more)	
1.								
2.								
3.								
4.								
5.								
6.								
Information pertaining to Ethnicity and Race is not required and will not be used in determining your eligibility or benefit level. This information will be used to help determine how effective the program is in reaching the eligible population. *Race Codes: AL -American Indian/Alaska Native; AS -Asian; BL -Black or African American; HP -Hawaiian or Other Pacific Islander; WH -White								

List anyone in your household who you are not including in this application

Name (First, Last)	Relationship to Head of Household	Age	Name (First, Last)	Relationship to Head of Household	Age

SNAP Authorized Representative

You may appoint someone outside your household to act for your household to make an application and to be interviewed. This person should know your household’s situation well enough to give any information needed to determine your eligibility for SNAP. You are responsible for the information that anyone acting as your authorized representative gives, including any information that may be incorrect.

I would like to appoint: 1. Name_____ 2. Name_____

As part of the eligibility process for SNAP, I understand that certain household members including myself will be eligible to receive SNAP benefits only by following requirements to register for work, seek employment, and/or accept suitable employment, unless a work exemption is met by that household member. I understand that job seeking services are available through the MS Department of Employment Security, and that I may be required to complete job seeking requirements at a later date. I will accept an offer of suitable employment whether it was received through my own effort or through an employment and training referral. I understand that failure to comply with work registration

requirements may result in disqualification of a household member or the entire household from SNAP, and that I will explain these work requirements to my household.

I understand that the information included on this application 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.

I understand that if a SNAP/TANF claim arises against my household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collections agencies, for claims collection.

PENALTY WARNING: *A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested per the Food and Nutrition Act of 2008. SSNs will be verified and used for Federal and State data matches, including but not limited to, Social Security, Internal Revenue Service, VA, MS Department of Employment Security, resource/income verifications, program disqualifications, and for collection of fraud debts. State and federal laws provide for fines, imprisonment or both for any person guilty of obtaining assistance to which he/she is not entitled by willfully withholding or giving false information. Information may be verified through collateral contacts when discrepancies are found. Alien status of persons requesting benefits is subject to verification with United States Citizenship and Immigration Services (USCIS) and will require submission of certain information from this application to USCIS.

SNAP PENALTY WARNING: If your household receives SNAP, it must follow the rules listed below. Any member of your household who breaks any of these rules on purpose can be barred from SNAP for 1 year for first offense, 2 years for second offense, and permanently for third offense; fined up to \$250,000, imprisoned up to 20 years or both; and subject to prosecution under other federal laws.

DO NOT give false information, or hide information to get or continue to get SNAP benefits. **DO NOT** trade or sell EBT cards. **DO NOT** alter EBT cards to get SNAP benefits you are not entitled to receive. **DO NOT** use SNAP benefits to buy ineligible items such as alcohol and tobacco or to pay food credit accounts. **DO NOT** use someone else's SNAP benefits or EBT card for your household.

Individuals determined by a court to have committed the following program violations will be subject to the following penalties:

- If you are found to have used or received benefits in a transaction involving the sale of a controlled substance, you will be ineligible to receive SNAP benefits for a period of two years for the first offense and permanently upon the second such offense.
- If you are found to have used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you will be permanently ineligible to receive SNAP benefits upon the first occasion of such violation.
- If you have been found guilty of having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to receive SNAP benefits upon the first occasion of such violation.
- If you have been found to have made a fraudulent statement or representation with respect to your identity or place of residence in order to receive multiple SNAP benefits simultaneously, you will be ineligible to participate in the Program for a period of 10 years.

In accordance with the U.S. Department of Agriculture (USDA) Office of Civil Rights, this institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases religion and political beliefs.

The USDA also prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, disability, age, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with 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 found online at <http://www.fns.usda.gov/snap/contactinfo/hotlines.html>.

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).

USDA and HHS are equal opportunity providers and employers.

RIGHTS AND RESPONSIBILITIES OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS

YOUR RIGHTS

- You have the right to file an application during working hours on the same day you contact the office. You may file your application as long as it contains your name, address and the signature of a responsible adult household member or authorized representative.
- You have the right to a telephone interview if you are unable to come to the office for the interview with your case worker due to age, transportation difficulties, illness, or other hardship as determined by the agency.
- You have the right to request a conference and/or fair hearing, orally or in writing, when you disagree with any decision on your application or case. You have the right to confer with legal counsel about any decision on your application or case.
- You have the right to receive written notice about any decision on your application or case, and back benefits when an agency benefit error occurs on your case.
- *In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and in some cases religion and political beliefs.*

The USDA also prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, disability, age, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/compliant_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with 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 found online @ <http://www.fns.usda.gov/snap/contact/info/hotlines.html>.

FOR OFFICE USE ONLY:	
CASE NUMBER: _____	DATE RECEIVED: _____

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, 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 (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: How to File a Complaint, 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: SNAP Hotline.

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.

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).

YOUR RESPONSIBILITIES

- You have the responsibility to provide accurate and complete information on your application and to your worker.
- You have the responsibility to cooperate fully with State and Federal personnel in a Quality Control review of your case.
- You have the responsibility not to sell, trade or give away your SNAP Electronic Benefit Transfer (EBT) card, and not to use your benefits to pay credit accounts or private debts or bills.
- You have the responsibility to comply with any work requirements as explained by your worker.
- You have the responsibility to provide Social Security numbers (SSN) for each person for whom assistance is requested.
- You have the responsibility to report and verify allowable household expenses (shelter, utilities, child care, child support payments, medical, if applicable) in order to receive a deduction for the corresponding expense.
- Reporting changes: Households must only report when the household income meets or exceeds 130% of the poverty level for your household size. This change must be reported by the 10th of the month following the month in which the change occurred.

Note: In addition to the above reporting requirements, SNAP regulations state that all ABAWD household members must report when their work hours fall below 20 hours per week or an average of 80 hours monthly, regardless of whether or not the household's income exceeds 130% of the federal poverty level.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) ITEMS TO BRING IN FOR YOUR INTERVIEW

To determine your eligibility for SNAP benefits, the application form must be completed and signed, your household or your authorized representative must be interviewed and certain information on the application must be verified. It is our responsibility to help you in obtaining the required verification as long as you cooperate with us in this process. The agency will waive the face-to-face interview in favor of a telephone interview on a case-to-case basis due to household hardship.

When you come for your application interview, please try to bring with you the items below which apply to your situation and may be necessary for your application.

1. **SOCIAL SECURITY NUMBER**

Social Security numbers for household members who are included in the application or proof of application for a number.

2. **INCOME VERIFICATION**

- a. Pay stubs, pay envelopes or earnings statement for the last 30 days from the employer of each household member with earnings.
- b. If you are self-employed, most recent Federal income tax returns, bookkeeping records or sales and expenditure records.
- c. Award letters for Social Security, SSI, Worker’s or Unemployment Compensation, Retirement, Veteran or Disability benefit or Pension, etc.
- d. Proof of support and/or alimony payments (unless this is received through the agency).
- e. Proof of income from rental property.
- f. Proof of payment from government sponsored programs and any other income.

3. **RESOURCE VERIFICATION**

Verification of resources may be required of some households. If it is determined that your household must verify resources, verification may include most recent bank statements or account books to verify checking/savings account balance, proof of certificate of deposit, stocks, bonds, etc., deed and tax receipt(s) of property.

4. **EXPENSES**

- a. Statement from your baby-sitter with their home address, phone number and the amount and how often you pay for child care, if more than \$200 per month.
- b. Proof of medical expenses (for household members who are disabled or age 60 or older) billed after Medicaid, Medicare or insurance has paid. This includes drug, doctor, or hospital bills, insurance payments, etc.

5. **OTHER INFORMATION**

- a. Proof of residency (rent or mortgage receipt, utility bill, etc.).
- b. Proof of identity (driver’s license, birth certificate, work or school I.D., etc.).
- c. U.S. Citizenship and Immigration Service (USCIS) card or document, if you are not a U.S. citizen and are included in this application.
- d. Notice from out-of-state agency if you have previously received assistance in another state.

SNAP Household size and 130% poverty level income:

1	2	3	4	5	6	7	8	9	10
\$1287	\$1736	\$2184	\$2633	\$3081	\$3530	\$3980	\$4430	\$4881	\$5332

Note: If there are more than ten (10) household members, add \$451 for each one

Note: Gross Income: (This is the amount before taxes and deductions are taken out.) Remember to add all income - wages, child support, social security, SSI, unemployment, etc. to compare to the amount on the chart above.

5. **OTHER INFORMATION**

- a. Proof of residency (rent or mortgage receipt, utility bill, etc.).
- b. Proof of identity (driver’s license, birth certificate, work or school I.D., etc.).
- c. U.S. Citizenship and Immigration Service (USCIS) card or document, if you are not a U.S. citizen and are included in this application.
- d. Notice from out-of-state agency if you have previously received assistance in another state.

SNAP Household size and 130% poverty level income:

1	2	3	4	5	6	7	8	9	10
\$1396	\$1888	\$2379	\$2871	\$3363	\$3855	\$4347	\$4839	\$5331	\$5823

Note: If there are more than ten (10) household members, add \$492 for each one
Note: Gross Income: (This is the amount before taxes and deductions are taken out.) Remember to add all income - wages, child support, social security, SSI, unemployment, etc. to compare to the amount on the chart above.

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 (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.

This institution is an equal opportunity provider.