MISSISSIPPI MDHS-EA-530 Revised 10-01-16 Page 1

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

YOUR RIGHTS

- You have the <u>right</u> 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 <u>right</u> 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 <u>right</u> 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 <u>right</u> 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 <u>http://www.ascr.usda.gov/compliant_filing_cust.html</u>, 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 <u>the State Information/Hotline</u> <u>Numbers found online @ http://www.fns.usda.gov/snap/contact/info/hotlines.html.</u>

MISSISSIPPI MDHS-EA-530 Revised 10-01-16 Page 2

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 <u>responsibility</u> to provide accurate and complete information on your application and to your worker.
- You have the <u>responsibility</u> to cooperate fully with State and Federal personnel in a Quality Control review of your case.
- You have the <u>responsibility</u> 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 <u>responsibility</u> to comply with any work requirements as explained by your worker.
- You have the <u>responsibility</u> to provide Social Security numbers (SSN) for each person for whom assistance is requested.
- You have the <u>responsibility</u> 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.

MISSISSIPPI MDHS-EA-530 Revised 10-01-16 Page 3

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. <u>RESOURCE VERIFICATION</u>

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. <u>EXPENSES</u>

- 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.

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

SNAP Household size and 130% poverty level income:

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.