



**Case ID Number:** 12345A  
**Notice Date:** July 15, 2020  
**Program:** Supplemental Nutrition Assistance Program (SNAP)

**Commented [IPR2]: Consideration for this Notice**  
This model notice is intended to be customized by each State agency, adding the appropriate State agency's logo, address, contact information, and website address throughout. Client information, case ID number, and program name should also be edited accordingly to reflect the State's SNAP program conventions.

## Send in Required Documents

### We Need Documents to Complete Your Application

Dear [Name],

When you apply for Supplemental Nutrition Assistance Program (SNAP) benefits, you need to give us certain documents. Your documents help show that what you provided in your application is correct. This letter is to tell you what documents we need based on your household situation and how to get copies to us.

**Commented [IPR3]: Consideration for this Notice**  
Because this notice must be provided at application, some States may wish to adapt the Notice of Required Verification as a generic checklist that can be included with the application or provided at application.

### What do you need to do?

Please look at the list below. See what documents you have. Give us copies of your documents **by [date]** to ensure we have all the information that we need to make a decision on your application.

**Commented [IPR4]: Policy Requirement**

- Describe SNAP verification requirements household must meet (e.g. provide proof of identity, income, etc.).
- See 7 C.F.R. 273.2(c)(5)
- See also NRT, policy requirements tab

We will need information for you and anyone in your household applying for SNAP benefits. Your household is anyone who lives with you and purchases and prepares food with you.

You need to give only **ONE** document for each type of information. Sometimes one document can serve more than one purpose. (For example, a driver's license can show your identity and your address.)

**Commented [IPR5]: Communication Best Practice**

- Simple design with use of white space and attention to how information is presented on the page.
- See NRT, comprehension and readability tab

Please only give **copies** of your documents. **We cannot return any original documents to you.**

**Commented [IPR6]: Policy Requirement**

- Contain examples of the types of documents the household should provide (e.g. identity can be verified with a driver's license, birth certificate, school or work identification, medical insurance card, voter identification card, or passport)
- See 7 C.F.R. 273.2(c)(5)
- See also NRT, policy requirements tab

Program: SNAP	
Type of information	What are some examples of documents you can give us?
Identity	<ul style="list-style-type: none"><li>Driver's license or State identification card</li><li>School or work identification card</li><li>Medical insurance identification card</li><li>Voter's registration card</li><li>Birth certificate</li><li>Passport</li></ul>

**Commented [IPR7]: Policy Requirement**

- Provides due date for submission of verifications for recertifications and, if possible, for initial applications
- 273.2(f); 273.14(b)(4); FNS 2014 Guide to Improving Notices of Adverse Action
- See also NRT, policy requirements tab

**Commented [IPR8]: Communication Best Practice**

- Use of subheadings, bullets, and bold technique strategically across the notice to help support navigation and understanding of the notice.
- See NRT, comprehension and readability tab

Program: SNAP	
Type of information	What are some examples of documents you can give us?
Residency (where you live)	<ul style="list-style-type: none"> <li>• Driver's license</li> <li>• Utility bills (such as electric, gas, or water)</li> <li>• Lease or mortgage receipts showing address</li> <li>• Mail sent to you at the stated address</li> <li>• Library card showing address</li> <li>• Voter's registration card</li> </ul>
Social Security number	<ul style="list-style-type: none"> <li>• Social Security number (not the card) or proof that you have applied for one. <i>(Social Security numbers are not required for household members who are not applying for SNAP. These people are known as "non-applicants.")</i></li> </ul>
Immigration status	<ul style="list-style-type: none"> <li>• Immigration and naturalization documents <i>(These are not required if you are a U.S. citizen, or for "non-applicants".)</i></li> </ul>

**You may need to provide other documents depending on your situation.**

We may need additional documents if:	Type of information	What are some examples of documents you can give us?
Someone in your household is working	What you earn (wages or pay)	<ul style="list-style-type: none"> <li>• Paycheck stubs (for the past 30 days)</li> <li>• Employer statement (if you are paid in cash or if you do not have your check stubs)</li> <li>• Self-employment invoices or receipts (includes rental income and freelance or contract work)</li> </ul>
Someone in your household has other income (including Social Security or assistance payments)	What you receive as unearned or other income	<ul style="list-style-type: none"> <li>• Social Security payment documents</li> <li>• Other retirement or pension benefits</li> <li>• Alimony</li> <li>• Child support agreement</li> <li>• Unemployment benefits</li> </ul>
Someone in your household has savings or resources	What you have as other financial resources	<ul style="list-style-type: none"> <li>• Statements for bank accounts, savings accounts, and/or CDs</li> <li>• Stock shares or bonds</li> </ul>
Someone in your household is receiving disability payments	What you receive for disability payments	<ul style="list-style-type: none"> <li>• Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefit documents</li> <li>• Veterans Administration (VA) disability benefits statement</li> </ul>

We may need additional documents if:	Type of information	What are some examples of documents you can give us?
Your household has rent or a mortgage for where you live	What bills you have for rent or mortgage	<ul style="list-style-type: none"> <li>• Copy of your lease</li> <li>• Mortgage documents</li> <li>• Property taxes</li> <li>• Insurance on property</li> </ul>
Your household has utility expenses	What bills you have for electricity, heat, gas, water, telephone etc.	<ul style="list-style-type: none"> <li>• Utility bills (gas, water, electricity, telephone etc.) <i>(These may not be required if you do not want to claim more than [the State's utility allowance].)</i></li> </ul>
Someone in your household is responsible for childcare or adult care costs	What you pay for childcare or dependent adult care costs	<ul style="list-style-type: none"> <li>• Bills or receipts for childcare or dependent adult care</li> </ul>
Someone in your household pays child support	What you pay for child support	<ul style="list-style-type: none"> <li>• Copy of court order showing your child support obligations</li> <li>• Income summary if child support is deducted from wages or income</li> <li>• Proof of child support payments made</li> </ul>
Someone in your household is 18–49 years old and a student	Proof of enrollment and what is paid for educational expenses	<ul style="list-style-type: none"> <li>• Financial aid statement from school</li> <li>• Enrollment forms or transcripts to verify your current status as a student</li> <li>• Receipts for mandatory school fees, books, or supplies</li> </ul>
Someone in your household is age 60 or older, or disabled	Bills of medical expenses for this person <i>(Does not include expenses paid by insurance or someone outside of the household)</i>	<ul style="list-style-type: none"> <li>• Medical bills</li> <li>• Summary of provided services such as doctor or hospital visits</li> <li>• An Explanation of Benefits (EOB) or other detailed receipts showing unreimbursed medical expenses</li> <li>• Identification from the Medical Assistance Program for people 65 and older (Medicare) that shows Plan “B” coverage</li> <li>• Prescription pill bottles showing cost on label or printout</li> <li>• Medical payment agreement</li> <li>• Invoices or receipts for medical equipment such as wheelchairs, hospital beds, or walkers (including any rental costs)</li> <li>• Receipts for transportation and lodging to obtain medical treatment</li> </ul>

## What time periods should your documents cover?

In general, the documents you provide to us should cover the last 30 days before you applied for SNAP benefits. Medical expenses can be averaged over 1 year. Call us to find out more.

### Commented [IPR9]: Policy Requirement

- Explain the period of time the documents should cover.
- See 7 C.F.R. 273.2(c)(5)
- See also NRT, policy requirements tab

## How can you give us the documents we need?

If you have an interview in the office, please bring the documents or copies with you. If not, follow the instructions below.

Choose the option that is easiest for you:

### Commented [IPR10]: Communication Best Practice

- Use of clear writing with simple sentences written in active voice, following the principles of plain language
- See NRT, comprehension and readability tab

- **Online:** You may upload your documents using at [www.dhs.st.gov/mycase](http://www.dhs.st.gov/mycase). You may use your smartphone to take photos of your documents and upload them or use a computer to scan and upload copies of your documents.
- **By mail:** You may mail copies of the documents to:  
Department of Human Services (DHS)  
Document Imaging Center  
PO Box 1234  
Hometown, ST 12345-6789
- **By fax:** You may fax them to 1-800-123-4567.
- **In person:** You may drop off copies of the documents at your local office, either at the front desk or using the drop box near the entrance. The DHS local office is located at:  
Local DHS Office  
Street Name # 12  
Hometown, ST 12345-6789

Remember, please send only **copies** of your documents because **we cannot return any original documents to you.**

## What will happen to your application?

The sooner you can provide these documents, the sooner we can tell you if you can get SNAP benefits. If you do not give us the documents within 30 days of applying, **we may have to deny your application.**

### Commented [IPR11]: Policy Requirement

- Be written in clear and simple language and meet the bilingual requirements
- See 7 C.F.R. 273.2(c)(5); 272.4(b)
- See also NRT, policy requirements tab

## What if you need more help?

If you have trouble getting any of these documents or you have questions, we can help. We may be able to suggest other ways to verify this information. If you cooperate with us, we will do everything we can to help get the needed documents. Please call us at 1-800-123-4567, Monday through Friday, 7:30 a.m.–7:30 p.m. You may also visit our website ([www.dhs.st.gov](http://www.dhs.st.gov)) for more information.

Sincerely,

State Department of Human Services  
1-800-123-4567  
[www.dhs.st.gov](http://www.dhs.st.gov)

Please read on to find out more about your rights and responsibilities.

For notices in large print or another format, please call our helpline at 1-800-123-4567 or TDD 1-800-456-7890.

**Commented [IPR12]: Policy Requirement**

- Inform the household of the State agency's responsibility to assist the household in obtaining required verification provided the household is cooperating with the State agency
- See 7 C.F.R. 273.2(c)(5)
- See also NRT, policy requirements tab

**Commented [IPR13]: Consideration for this Notice**

Signature contact information, including the website provided in the footer of the notice, should be customized with appropriate State agency information.

**Commented [IPR14]: Additional Policy Consideration**

Additional rights and responsibilities may apply. This includes relevant Federal, State, and local requirements regarding civil rights protections, program integrity, or other client rights and responsibilities.

## Your Right to a Fair Hearing

**Commented [IPR15]: Consideration for this Notice**  
State agencies should customize the information provided in this section with their own Fair Hearing Procedures.

### What is a fair hearing?

If you disagree with a decision made on your SNAP application or case, you have the right to request a fair hearing. A fair hearing means that an official will review the facts of your case in a fair and objective manner as required by law.

### In what situations can you ask for a fair hearing?

You may ask for a fair hearing if any of the following apply to you:

- You applied for SNAP benefits and were denied.
- You disagree with a decision on your case.
- You believe your SNAP benefits were not calculated correctly.

### When is the deadline to request a fair hearing?

- If you want a fair hearing because we closed your SNAP case or denied your request for SNAP benefits, you must request it by **[enter date 90 days from decision date]**.
- If you want a fair hearing about your current SNAP benefits, you may request a fair hearing any time before [enter certification period end date].
- If you request a hearing because we closed your case or decreased your SNAP benefits, you may choose to keep getting your benefits until a hearing decision is made. You may choose to continue receiving SNAP benefits only if your certification period has not ended. If you choose to do this, you may have to pay those SNAP benefits back if you lose the fair hearing. To continue your SNAP benefits, you must request a fair hearing by [enter date upon which action becomes effective].

### How do you ask for a fair hearing?

To request a fair hearing:

1. [State can fill in specific procedures for requesting a fair hearing in-person, in writing, and over the phone in a numbered list]
- 2.

### Can you get free legal help?

You may be able to get free legal help from [State Legal Aid Name] by calling 555-555-5555 or visiting [www.statelegalaid.org](http://www.statelegalaid.org) for more information.

**Commented [IPR16]: Consideration for this Notice**  
State agencies should customize the contact information for this section.

### USDA Nondiscrimination Statement

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, 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](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](mailto:program.intake@usda.gov)

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