

**LATE / INCOMPLETE
NOTICE**

CASE IDENTIFICATION						
CO	RECORD	CASH	MA	SNAP	DIST	CSLD

Si necesita un formulario en español, comuníquese con su trabajador inmediatamente. Tiene que completar, firmar y devolver esta forma a la "county assistance office" para la fecha de vencimiento que se indica o su caso será cerrado, incluyendo su asistencia médica, y/o su SNAP (7 CFR 273.12(a)(5)(iii)(D) y 55 PA Code 125.1(h)(3), 133.23(a)(1)(viii), 133.84(d), 140.401, 140.513(3).

YOUR SEMIANNUAL REPORTING FORM FOR			WAS:		
<input type="checkbox"/>	NOT RECEIVED BY DUE DATE	<input type="checkbox"/>	NOT SIGNED	<input type="checkbox"/>	INCOMPLETE

BECAUSE OF THIS, YOU MAY NOT RECEIVE YOUR CASH OR SNAP BENEFITS OF
 ON TIME
55 PA CODE 133.84(d), 140.513(3), 142.23(h), 7CFR 273.12(a)(5)(iii)(D)

IMPORTANT

- If this form and all information we need is postmarked or received in the county assistance office by _____ and you remain eligible, your cash and/or SNAP benefits will be received on time.
- If the form is received or post marked after the date shown and you are still eligible, your cash and/or SNAP benefits will be late and be determined by the information on this form.

YOUR BENEFITS MAY STOP

If you do not return the form with all the information we need and you do not give a good reason for failing to do so, your cash and/or SNAP benefits will stop beginning _____ and your medical benefits may stop.

If you:

- do not receive cash benefits; and
- the SNAP block is checked at the top of this form; and
- you receive help with your child care payments through your local Early Learning Resource Center; and
- your SNAP benefits stop

Then help with your child care payments also will stop beginning
(55 Pa. Code 133.84(d), 201.3 and 7 CFR 273.12(a)(5)(iii)(D) and 273.7(d)(4)(i)).

APPEAL RIGHTS

If you wish to appeal and your appeal request is postmarked or received by _____ you can continue to receive your cash and/or SNAP benefits until a hearing decision is made. For a full explanation of your right to appeal and have a fair hearing, see page A. To request an appeal and hearing, see page B.

PLEASE COMPLETE ALL QUESTIONS AND RETURN COMPLETED AND SIGNED FORM IN THE ENCLOSED ENVELOPE.
FOR FURTHER INSTRUCTIONS, SEE PAGE A.
For Voter Registration information, see page C.

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GOOD	BAD		
<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please use blue or black ink only to complete this form.

Please darken the complete circle "Yes" or "No" as your response.

TELL US ABOUT PEOPLE IN YOUR HOUSEHOLD		Yes	No
1. Did anyone move into or out of your household?		<input type="radio"/> Y	<input type="radio"/> N


These are the household members you last reported to be in your household.	
Name (last, first, middle initial)	Date of Birth
If you answered yes to Question #1 about people in your household, list who and their relationship to you in the space below.	

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INCOME FROM WORK		Yes	No
2. Did any household member start a new job, change a job, or stop working?		<input checked="" type="radio"/> Y	<input type="radio"/> N

These are the household members you last reported to be working and where they worked.

First Name	Where Employed	Date Employment Began

If you answered yes to Question #2 about work income, list any changes, such as job start date, end date, date of first pay, how often paid in the space below. Provide proof (pay stubs, employer statements, etc.).

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3. Provide proof (pay stubs, employer statements, etc.) of all work income any household member received in the month of:

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<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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INCOME FROM OTHER SOURCES		Yes	No
4. Did any household member lose or start receiving income or have a change in amount?		<input type="radio"/> Y	<input type="radio"/> N

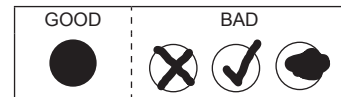
These are the household members you last reported as having income from a source other than work or public assistance. (Examples: child support, Social Security, pension income, etc.)

First Name	Type of Income	Amount

If you answered yes to Question #4 about income from other sources, list any changes. Provide proof (award letter, support court orders, etc.).

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SHELTER AND UTILITIES		For voter registration information see page C	Yes	No
5. Is the address on this form your current address?		➔	Y	N

If you answered no to Question #5 about your current address, what is your new address? Provide proof (Examples: lease, landlord statement, deed, etc.).

ANSWER ONLY IF YOU RECEIVE SNAP BENEFITS AND HAVE MOVED		Answering these questions may help you receive more SNAP benefits.		Yes	No
Do you pay for your own heating and/or air conditioning?		➔	Y	N	

Answer only if you receive SNAP benefits and have moved.
What are your shelter (rent/mortgage) and utility costs?

CHILD SUPPORT (You do not have to answer this question or provide proof. Answering this question and providing proof may help you to remain eligible or receive more benefits.)	Yes	No
6. Did any household member have a change in the amount he/she is requested to pay?	Y	N

This is the last reported amount of child support paid for children outside the household.


If you answered yes to Question #6 about child support payments, list any changes. Provide copy of support order or letter and proof of payment.

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Please use blue or black ink only to complete this form.

Please darken the complete circle "Yes" or "No" as your response.

CHILD OR DEPENDENT CARE		You do not have to answer this question or provide proof. Answering this question and providing proof may help you to remain eligible or receive more benefits.		Yes	No
7. Are there any changes to the information listed below? 				<input checked="" type="radio"/> Y	<input type="radio"/> N

This is the information you last reported about child care or for care of a sick or disabled person.		
Caregiver	Paid For	Amount

If you answered yes to Question #7 about child and dependent care, list any changes. Provide copy of bill or statement from caregiver.

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<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please use blue or black ink only to complete this form.

Please darken the complete circle "Yes" or "No" as your response.

If you answered yes to either question about resource, list any changes. Provide proof (copy of bank statement, vehicle registration, etc.).

CERTIFICATION

I swear that the information given on this form is complete and correct to the best of my knowledge. I agree to report any changes in circumstances that may affect my eligibility or the amount of cash, Medicaid, and/or SNAP benefits. I understand that willful failure to give accurate information or to report changes may result in a fine or imprisonment or both. I understand that changes in income, circumstances, and/or other factors as reported on this form may cause my cash assistance, Medicaid, and/or SNAP benefits to be increased, decreased, or stopped.

Signature of Payment Name

Authorized Representative for SNAP

Date

Daytime Telephone Number

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INSTRUCTIONS

Remember to attach proof of income, resources, child care or sick/incapacitated person expenses where indicated on this form. Examples of acceptable proof are listed below each question on this form.

When answering the questions, you must give us information for all persons included in your cash, SNAP and/or medical benefits. This includes stepparents and information for sponsors of aliens, even if the sponsor does not live in your home. You can use a separate sheet of paper to explain any of your answers or give additional information. Any separate sheet of paper must be sent in with the form.

You must complete, sign, and return the form to the county assistance office by the date shown on page 1 of the form. **IF YOU NEED HELP TO COMPLETE THIS FORM, CALL YOUR CASEWORKER OR THE CUSTOMER SERVICE CENTER.**

APPEAL AND FAIR HEARING

You have the right to appeal and to have a fair hearing if you are dissatisfied with the decision to stop your benefits. At the hearing you can give reasons for the appeal and present evidence or witnesses on your own behalf. You have the right to act for yourself or to have anyone act for you. A staff member of the county assistance office will refer you for free legal help upon request. If you need an interpreter at the hearing because you do not speak English or you have limited understanding of English, or you have a hearing impairment, the department will arrange for an official interpreter at no cost to you. You may bring anyone to assist you at the hearing, but the interpreter provided by the department will be the official interpreter. If you require any reasonable or special accommodation because of a hearing impairment (or other disability), the necessary arrangements will be made to provide for accommodation. **You must make the request for an interpreter or other accommodation in advance of the hearing.**

If you and your representative would like to meet with county assistance office staff to discuss the matter informally or to present information which might change the proposed action, please call your caseworker. This will not delay or replace your hearing.

You must request a hearing within 30 days from the date of this notice, except that appeals on SNAP changes must be received or post marked within 90 days from the beginning date of the change to your benefits. If your oral or written appeal is post marked or received within 10 days of this notice:

- Your cash benefits will continue until the hearing decision is made.
- Your SNAP benefits will continue until the hearing decision is made or the end of your SNAP eligibility period, whichever comes first.

An oral request must be followed by a written appeal within 3 days.

[] Check here if you do not want your SNAP benefits to continue at the current amount while waiting for the hearing decision.

Future eligibility and the amount of your cash assistance and/or SNAP benefits may be affected by other reported changes. If the final decision of the hearing officer is not in your favor, any cash assistance or SNAP benefits received until the hearing decision was made will be an overpayment and you may be required to repay the department.

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HOW TO REQUEST A FAIR HEARING

To appeal and request a fair hearing for CASH ASSISTANCE, you may call your worker but you must also: sign below, state the reason(s) for your appeal, AND return this form to the county assistance office at the address shown on page 1.

To appeal and request a fair hearing for SNAP, you may call your worker OR sign below, state the reason(s) for your appeal and return this form to the county assistance office at the address shown below on page 1 OR do both.

To appeal and request a fair hearing for MEDICAL ASSISTANCE, you will receive a separate notice telling you about your appeal rights.

HOW TO CHOOSE WHICH TYPE OF HEARING YOU WANT

The Bureau of Hearings and Appeals will hold a hearing for you either over the telephone, or face-to-face. You may choose which type you want. If you do not have a telephone in your home and cannot get to one (For example, friend or relative's telephone) you may go to the telephone hearing at your local county assistance office. If you do not want a telephone hearing, a face-to-face hearing will be scheduled for you in the city indicated for your county.

Please check one of the boxes below to show which type of hearing you want:

I want a telephone hearing.

I want a face-to-face hearing.

Check if you need an interpreter

What language?

Sign below ONLY if you are filing an appeal

I WANT TO REQUEST A HEARING BECAUSE:

SIGN HERE IF
YOU ARE FILING
AN APPEAL

CLIENT SIGNATURE

DATE

CLIENT SIGNATURE

DATE

If you need a lawyer to help with your appeal, legal help is available at:

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Please return this page if you wish to register to vote.

VOTER REGISTRATION		Yes	No
If you are not registered to vote where you live now, would you like to apply to register to vote here today?		<input type="radio"/>	<input type="radio"/>
<p>IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.</p>			
<p>To register, you must:</p> <ol style="list-style-type: none"> 1) Be at least 18 on the date of the next election. 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION. 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election. 			
<p>Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.</p> <p>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. Please contact the Central Unit if you would like help. 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, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)</p>			

COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE	
<input type="checkbox"/> Given to client ____ / ____ / ____	<input type="checkbox"/> Declined / Not Interested ____ / ____ / ____
<input type="checkbox"/> Sent to Voter Registration ____ / ____ / ____	<input type="checkbox"/> Not a U.S. Citizen ____ / ____ / ____
<input type="checkbox"/> Mailed to Client ____ / ____ / ____	<input type="checkbox"/> Declined, already registered ____ / ____ / ____

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