



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES



# Pennsylvania Application for the Supplemental Nutrition Assistance Program (SNAP)

Pennsylvania receives information from other state and federal agencies to verify the information you give us. If you misrepresent, hide or withhold facts which may affect your eligibility for benefits, you may be required to repay your benefits, and you may be prosecuted and disqualified from receiving certain future benefits.

This is an application for SNAP benefits. If you need this application in another language or someone to interpret, please contact your local county assistance office. Language assistance will be provided free of charge.

Esta es una solicitud de beneficios de SNAP. Si necesita esta solicitud en otro idioma o alguien para que interprete, comuníquese con la oficina de asistencia de su condado. La asistencia bilingüe será gratuita.

Перед вами заявление на получение льгот по программе SNAP. Если вам нужно получить данное заявление на другом языке или если вам требуются услуги переводчика, обратитесь в местный окружной отдел поддержки по вопросам социального обеспечения. Услуги переводчика будут предоставлены вам бесплатно.

Đây là đơn xin trợ cấp SNAP. Nếu quý vị cần đơn xin này bằng một ngôn ngữ khác hoặc nhờ người nào đó thông dịch, xin liên lạc với văn phòng trợ giúp tại quận địa phương của quý vị. Sẽ có trợ giúp ngôn ngữ miễn phí.

هذا طلب للحصول على منافع برنامج "المعونة الغذائية التكميلية" (SNAP). إذا كنت بحاجة إلى نسخة من هذا الطلب بلغة أخرى أو إلى شخص ليقوم بالترجمة الفورية بلغتك، فيرجى الاتصال بمكتب المعونة المحلي في مقاطعتك. سيتم توفير المساعدة اللغوية مجانًا.

នេះគឺជាពាក្យសុំអត្ថប្រយោជន៍ SNAP ។ ប្រសិនបើអ្នកត្រូវការពាក្យសុំនេះជាភាសាផ្សេង ឬត្រូវការនរណាម្នាក់ដើម្បីបកប្រែសូមទាក់ទងការិយាល័យជំនួយការប្រចាំខោនធីក្នុងតំបន់របស់អ្នក ។ ជំនួយផ្នែកភាសានឹងត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃ ។

这是一份营养补充援助计划 (SNAP) 福利的申请表。如果您需要其他语言的申请表或需要请人口译，请联系您所在郡的协助办事处 (County Assistance Office)。将免费提供语言协助。



**COMPASS**  
CLICK. APPLY. BENEFIT.

You can apply online at: [www.compass.state.pa.us](http://www.compass.state.pa.us)

## It's easy to apply!

1. **Fill out this form.**
2. **Sign and date it on page 1 and page 5.**
3. **Bring, fax, or mail your form to your county assistance office.**

If you have a disability and need this application in large print or another format, please call our helpline at **1-800-692-7462**.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to communicate with the helpline may call PA Relay Services by dialing **711**.

CAO Use Only				
APPLICATION REGISTRATION NUMBER	CASELOAD	COUNTY	DISTRICT	RECORD NUMBER
DATE STAMP				





# Getting Started



We need answers to all questions to make a decision on your eligibility, unless the instructions tell you that you can choose **not** to answer. **We can start your application as soon as you write your name and address, sign and return this application.** If you are eligible, SNAP benefits start from the date we receive your application. We will tell you within 30 days if you are eligible or not. If you need help with this application, please call your local county assistance office or call the helpline at 1-800-692-7462.

What language do you prefer? ¿Qué idioma prefiere usted?  English/Inglés  Spanish/Español  Other/Otro (specify/especifique) \_\_\_\_\_  
 Do you need an interpreter? ¿Necesita un intérprete?  Yes/Sí  No If yes, what language? En caso afirmativo, ¿de qué idioma? \_\_\_\_\_

YOUR LAST NAME	YOUR FIRST NAME	MIDDLE INITIAL
YOUR ADDRESS (Include city, state, & ZIP code)		
COUNTY	PHONE NUMBER (Home)	BEST TIME TO CALL

**Quick SNAP!** You may be able to get SNAP benefits within five days. If the answer to any of these questions is yes, you may have the right to expedited SNAP benefits. This means you can get SNAP benefits within five calendar days of the date you apply. Ask for more information by contacting your local county assistance office.

Yes  No Does your household have \$100 or less in available cash and bank accounts and expect to receive less than \$150 in income this month?

Yes  No Are you a migrant or seasonal farm worker?

Yes  No Is your monthly gross income and cash on hand less than your rent/mortgage and utility costs for this month?

List <b>EVERYONE</b> in your home on <b>THIS SIDE OF THE LINE</b>					List information on <b>THIS SIDE</b> of the line <b>ONLY</b> if the person is requesting SNAP benefits.	
Last name, first name, middle initial:	Sex:	Student?	Birthdate: (mm/dd/yyyy)	Relationship to you:	Social Security number:	U.S. Citizen?*
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Alien status information may be subject to verification through United States Citizen and Immigration Services and such information may affect the household's eligibility and level of benefits.

I certify that the information contained on this page is true to the best of my knowledge and belief, and that there are penalties for not telling the truth about my family and myself. **Please sign below and continue to the following pages.**

\_\_\_\_\_

SIGNATURE OF APPLICANT
DATE

## Income



Does anyone have any income?  Yes  No

If yes, list income you have already received this month or expect to receive.

### Income includes but is not limited to:

- |                       |                    |                 |                                       |
|-----------------------|--------------------|-----------------|---------------------------------------|
| Wages                 | Rent               | Alimony/Support | Pensions                              |
| Sick benefits         | Self employment    | Social Security | Unemployment or Workers' Compensation |
| Commissions/Royalties | Veteran's benefits | SSI             | Money for college or training         |
| Baby sitting          | Strike benefits    | Room and board  | Dividends or interest                 |
| Child support         | Gambling           |                 |                                       |

Person with income	Type/source of income	How much?	How often?	Date received
		\$		
		\$		
		\$		
		\$		
		\$		

**Attach proof of income** your household received for the last 30 days. Proof includes pay stubs or a copy of award letters or pay checks.

## Criminal History Inquiry

Yes  No

Are you or anyone in your household a fleeing felon or fleeing to avoid prosecution, custody, or confinement in a correctional facility for an attempted felony, or violating a condition of probation or parole imposed under a federal or state law?

If yes, tell us who:

Name of household member(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_

Yes  No

Has anyone been convicted of welfare fraud?

If yes, tell us who:

Name of household member(s): \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_

Yes  No

Have you or anyone in your household been disqualified or agreed to be disqualified for food stamps or SNAP benefits in another state?

If yes, tell us who: \_\_\_\_\_

## Household Expenses



Please tell us about your expenses. You may need to provide proof of your expenses.

Yes  No Does anyone in your home pay child support to a person who does not live with you?  
If yes, is it court ordered?  Yes  No

Yes  No Are meals included in your rent?

Yes  No Do you pay for heat?

Yes  No Does anyone in your home get housing assistance?

If yes, what kind? \_\_\_\_\_

Do you get a utility allowance?  Yes  No

Yes  No Is there anyone outside of your household who pays any of your expenses?

If yes, what expenses? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

To whom? \_\_\_\_\_

Yes  No Do you pay for central air or to run a room air conditioner(s)?

Check any expenses paid each month by you or anyone in your home. Please check even if you only pay part of the bill.

Telephone  Water  Garbage  Utility installation  Electric  Oil, coal, wood, kerosene

Sewer  Gas  Propane  Other: \_\_\_\_\_

Yes  No Does anyone pay for childcare or care for an adult with a disability so he or she can go to work, school or training?

If yes, how much per month? \$ \_\_\_\_\_ monthly

Who receives care? \_\_\_\_\_

If you have any of these expenses, how much do you pay per month?

Rent: \$ \_\_\_\_\_ Condo fees: \$ \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_ Property fees: \$ \_\_\_\_\_ Homeowner's insurance: \$ \_\_\_\_\_

## Medical Expenses

You may get more SNAP benefits if someone in your home is 60 years old or older, or disabled, and you have medical expenses. Check any medical expense below that you or someone in your home pays.

Dental bills  Doctor bills  Medical equipment  Health insurance or Medicare premiums

Hospital bills  Prescription medicines  Health aides (people in your home to help with medical treatments)

Health-related supplies (such as eyeglasses, hearing aids, adult diapers)

Any costs to get medical appointments, medical treatment, or to pick up prescriptions. These can be costs such as taxis and public transportation.

Other: \_\_\_\_\_

**If you do not report household expenses and give proof of them (if required), we will assume that you do not want a deduction for those expenses.**

(U.S. Department of Agriculture, Food and Nutrition Service, Mid-Atlantic region, Administrative Notice 6-99, issued January 4, 1999)

## Racial and Ethnic Information (Optional)



You are not required to complete this section. Please list the racial and ethnic information about the people who live with you. Start with yourself.

NAME (YOURSELF)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
NAME (PERSON 2)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
NAME (PERSON 3)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
NAME (PERSON 4)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
NAME (PERSON 5)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		
NAME (PERSON 6)	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Non-Hispanic
	<input type="checkbox"/> Native Hawaiian or Pacific Islander		

## Voter Registration (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**To register, you must: 1) Be at least 18 on the day 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.**

Applying to register or declining to register to vote will not affect the amount of assistance you will be provided by this agency. 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 county assistance office 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.)

### COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE

<input type="checkbox"/> Given to Client __/__/__	<input type="checkbox"/> Sent to voter registration __/__/__	<input type="checkbox"/> Mailed to Client __/__/__
<input type="checkbox"/> Declined, not interested __/__/__	<input type="checkbox"/> Not a U.S. citizen __/__/__	<input type="checkbox"/> Declined, already registered __/__/__

### CAO USE ONLY

- Yes  No Is anyone in the application group receiving SNAP and not living in a certified shelter for battered women and children?
- Yes  No Is there any postponed verification from a previous expedited issuance that the household must provide?
- Yes  No Are the household liquid resources equal to or less than \$100?
- Yes  No Is the countable monthly gross income less than \$150?
- Yes  No Is this a migrant or seasonal farm worker household?
- Yes  No Is the household destitute?
- Yes  No Are combined monthly gross income and liquid resources less than monthly shelter expenses?

<b>EXPEDITED REVIEW</b>	Initials: _____	Date: _____
<input type="checkbox"/> Eligible <input type="checkbox"/> Denied -	<b>CLIENT NOTIFIED</b>	
Reason for denial: _____		
<b>REGISTERED FOR CATEGORIES</b>	▶	

## Read about your rights and responsibilities and then sign.



- I understand that the information on this form will be kept confidential.
- **I understand that Pennsylvania receives information from the Income Eligibility Verification System (IEVS) and other state and federal agencies to verify the information I give them. Information available through IEVS will be requested, used and may be verified through collateral contact when conflicting details are found by the state agency, and such information may affect the household's eligibility and level of benefits. If I misrepresent, hide or withhold facts which may affect my eligibility for benefits, I may be required to repay my benefits and I may be prosecuted and disqualified from receiving certain future benefits.**
- I authorize the release of personal, financial, and medical information to and from the PA Department of Human Services for the purpose of determining eligibility for SNAP.
- I understand that any changes I am required to report must be reported within the first 10 days of the month following the month of change. I understand that for SNAP benefits this includes lottery or gambling winnings of \$3,500 or more, which may result in immediate benefit closure.
- I understand that I can request a hearing if I do not agree with a decision made on this application.
- I understand that my situation is subject to verification from employers, financial sources and other third parties.
- I understand that federal law requires SNAP applicants to provide Social Security numbers. If Social Security numbers are not provided or applied for, the person will not be eligible for SNAP. These numbers may be used to check the information on this application. (7CFR273.6) These numbers will be checked with PA State Police records, PA court files and other records that are made available.
- I understand that I have a right to interpreting and translating help if I do not speak or read English. The service will be provided within the required time frames for processing an application.
- I certify to the best of my knowledge that I understand my rights and responsibilities.
- I certify that all information on this application is true, under penalty of perjury (criminal).
- Failure to report or provide proof of household expenses will be regarded as my statement that I do not want to receive a deduction for unreported or unproven expenses (Authority: U.S. Department of Agriculture, Food & Nutrition Service, Mid-Atlantic region, Administrative Notice 6-99 issued Jan. 4, 1999). I understand that I have the right to receive credit for household expenses at the time I report and that I may be asked to provide proof of them at any time during my certification period.
- I understand that I can designate an authorized representative by completing the Authorized Representative section below.

**By signing my name below, I certify that the persons I am applying for are U.S. citizens or non-citizens in lawful immigration status. I must sign this form to be eligible for SNAP benefits under law.**

YOUR SIGNATURE

DATE

PROVIDER/EMPLOYEE/WITNESS SIGNATURE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

**IMPORTANT: If your household is eligible for SNAP, you may receive a Fast Track consent form in the mail that could allow you and your household members to be automatically enrolled in Medical Assistance.**

Name of Authorized Representative	Address of Authorized Representative	Phone Number

## Questions?

Call your CAO or our CUSTOMER SERVICE CENTER at 1-877-395-8930.  
In Philadelphia, call 1-215-560-7226.

We are here to help you. Call Monday thru Friday 8:30 a.m. to 5 p.m.  
TTY/TDD 711

# Your Rights and Responsibilities



## RIGHT TO NONDISCRIMINATION

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).

This institution is an equal opportunity provider.

## PRIVACY ACT STATEMENT

(i) 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. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. 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.

(ii) 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.

(iii) If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

(iv) 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 SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

## RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. The county assistance office, when requested, must provide federal, state and local law enforcement officials with the address, SSN and photograph (if available) of an individual who is fleeing to avoid prosecution, custody or confinement for a felony or violating probation or parole. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine, not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 483).

## RIGHT TO A WRITTEN NOTICE

We will give you a written notice explaining your benefits. If we deny, change, suspend or stop benefits, we will give you a written explanation of why. You have 90 days from the mailing date of your written explanation/eligibility notice to ask for a hearing for your SNAP benefits.

## RIGHT TO APPEAL

You have the right to ask for a Department of Human Services (DHS) hearing to appeal a decision if you believe it is unfair or incorrect, or if DHS fails to act on your application for benefits. You may file the appeal at the county assistance office. If you appeal, you may also request an agency conference before the hearing. If your appeal involves expedited SNAP benefits, you have the right to have this conference with a supervisor within two work days. At the hearing, you may represent yourself, or someone else, such as a lawyer, friend or relative, may represent you.

## RESPONSIBILITY TO PROVIDE INFORMATION

You must give true, correct and complete information. You must help in proving the information you give. Benefits may be denied if you fail to provide certain proof. If you cannot provide proof, you should ask the county assistance office to help you obtain it. If you are contacted by DHS or the Office of Inspector General, you must fully cooperate with those persons or investigators.

## RESPONSIBILITY TO REPORT CHANGES

Once you qualify for benefits, you will be required to report changes in your circumstances to your caseworker or to the Customer Service Center. Types of changes reported would include people leaving or moving into the house, a new address, a new job for someone, if someone loses a job, birth of a child, new sources of income or changes to income. Your caseworker and notices you receive will cover the specifics in detail based on the programs and benefits you are eligible for. Failure to report changes within the program guidelines could result in a loss of benefits, sanctions, or civil or criminal charges. You may report changes through a COMPASS account or by phone to the Customer Service Center at 1-877-395-8930, or for Philadelphia, 1-215-560-7226. You may also report changes to your county assistance office by phone, fax or mail.



## Prohibitions and Penalties Read about your responsibilities:



IF THIS HAPPENS WITHOUT GOOD CAUSE		THIS MAY HAPPEN (PENALTY)
Misuse Electronic Benefits Transfer (EBT) Card or PA ACCESS Card.		Fine, prison, or both.
Do not report changes, as required.		Benefits cut or stopped.
On purpose, give information that is false, incorrect or incomplete, or not report changes.		<p>Fine, disqualification and/or jail time for Welfare Fraud, disqualification for administrative hearing proceedings.</p> <p>Not eligible for SNAP:</p> <ul style="list-style-type: none"> <li>• First time - 12 months.</li> <li>• Second time - 24 months.</li> <li>• Third time - forever.</li> </ul>
Trade, sell or attempt to trade, sell, buy or use another person's ACCESS Card.		<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• All court convictions - 12 months.</li> </ul>
On purpose, misuse SNAP benefits, for example, trade, sell, or buy EBT Card or SNAP benefits; convert benefits; or dump containers purchased with SNAP benefits to receive deposits – or buy things not covered by SNAP, such as alcohol or tobacco – or use SNAP benefits to pay for food already received or food on credit.		<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• First time - 12 months.</li> <li>• Second time - 24 months.</li> <li>• Third time - forever.</li> <li>• First time court conviction over \$500 - forever.</li> </ul>
Purchase a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product in exchange for cash or consideration other than eligible food.		
Purposefully, purchase products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.		
Use/receive SNAP benefits to buy drugs or controlled substances.		<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• First time - 24 months.</li> <li>• Second time - forever.</li> </ul>
Use/receive SNAP benefits in sale of firearms, ammunition, or explosives.		First time - not eligible forever.
Be convicted for buying, selling or trading SNAP benefits for total of \$500 or more.		Not eligible forever.
Lie about who you are or where you live to receive more than one SNAP benefit.		Not eligible for 10 years.
Flee to avoid prosecution, custody, or confinement because of a felony/attempted felony – or flee because of breaking probation or parole.		Not eligible until you do what the law says.
<p><b>If you are found guilty of fraud or breaking the above rules:</b></p>		<ul style="list-style-type: none"> <li>• Fine up to \$250,000 for SNAP;</li> <li>• Jail up to 20 years for SNAP; and/or</li> <li>• Paying back benefits received.</li> <li>• Disqualification from benefits for periods stated above by program.</li> </ul>
<b>SNAP WORK RULES</b>	For household members – physically and mentally fit – over age 15 and under 60 – not otherwise exempt or with good cause.	<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• First time - one month and until you do what is required.</li> <li>• Second time - three months and until you do what is required.</li> <li>• Three or more times - six months each time and until you do what is required.</li> </ul>
	<p>Refuse to:</p> <ul style="list-style-type: none"> <li>• Accept a job.</li> <li>• Tell CAO about work status and job availability.</li> </ul>	
	<p>On purpose, take action to:</p> <ul style="list-style-type: none"> <li>• Quit a job.</li> <li>• Cut work hours to less than 30 per week (unless another job already meets work requirements).</li> </ul>	



## Your Rights and Responsibilities

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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).

This institution is an equal opportunity provider.

### PRIVACY ACT STATEMENT

(i) 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. The information will be used to determine whether your household is eligible or continues to be eligible to participate in SNAP. 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.

(ii) 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.

(iii) If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

(iv) 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 SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

### RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. The county assistance office, when requested, must provide federal, state and local law enforcement officials with the address, SSN and photograph (if available) of an individual who is fleeing to avoid prosecution, custody or confinement for a felony or violating probation or parole. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine, not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 483).

### RIGHT TO A WRITTEN NOTICE

We will give you a written notice explaining your benefits. If we deny, change, suspend or stop benefits, we will give you a written explanation of why. You have 90 days from the mailing date of your written explanation/eligibility notice to ask for a hearing for your SNAP benefits.

### RIGHT TO APPEAL

You have the right to ask for a Department of Human Services (DHS) hearing to appeal a decision if you believe it is unfair or incorrect, or if DHS fails to act on your application for benefits. You may file the appeal at the county assistance office. If you appeal, you may also request an agency conference before the hearing. If your appeal involves expedited SNAP benefits, you have the right to have this conference with a supervisor within two work days. At the hearing, you may represent yourself, or someone else, such as a lawyer, friend or relative, may represent you.

### RESPONSIBILITY TO PROVIDE INFORMATION

You must give true, correct and complete information. You must help in proving the information you give. Benefits may be denied if you fail to provide certain proof. If you cannot provide proof, you should ask the county assistance office to help you obtain it. If you are contacted by DHS or the Office of Inspector General, you must fully cooperate with those persons or investigators.

### RESPONSIBILITY TO REPORT CHANGES

Once you qualify for benefits, you will be required to report changes in your circumstances to your caseworker or to the Customer Service Center. Types of changes reported would include people leaving or moving into the house, a new address, a new job for someone, if someone loses a job, birth of a child, new sources of income or changes to income. Your caseworker and notices you receive will cover the specifics in detail based on the programs and benefits you are eligible for. Failure to report changes within the program guidelines could result in a loss of benefits, sanctions, or civil or criminal charges. You may report changes through a COMPASS account or by phone to the Customer Service Center at 1-877-395-8930, or for Philadelphia, 1-215-560-7226. You may also report changes to your county assistance office by phone, fax or mail.

# Prohibitions and Penalties Read about your responsibilities:



IF THIS HAPPENS WITHOUT GOOD CAUSE		THIS MAY HAPPEN (PENALTY)
Misuse Electronic Benefits Transfer (EBT) Card or PA ACCESS Card.		Fine, prison, or both.
Do not report changes, as required.		Benefits cut or stopped.
On purpose, give information that is false, incorrect or incomplete, or not report changes.		<p>Fine, disqualification and/or jail time for Welfare Fraud, disqualification for administrative hearing proceedings.</p> <p>Not eligible for SNAP:</p> <ul style="list-style-type: none"> <li>• First time - 12 months.</li> <li>• Second time - 24 months.</li> <li>• Third time - forever.</li> </ul>
Trade, sell or attempt to trade, sell, buy or use another person's ACCESS Card.		<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• All court convictions - 12 months.</li> </ul>
On purpose, misuse SNAP benefits, for example, trade, sell, or buy EBT Card or SNAP benefits; convert benefits; or dump containers purchased with SNAP benefits to receive deposits – or buy things not covered by SNAP, such as alcohol or tobacco – or use SNAP benefits to pay for food already received or food on credit.		<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• First time - 12 months.</li> <li>• Second time - 24 months.</li> <li>• Third time - forever.</li> <li>• First time court conviction over \$500 - forever.</li> </ul>
Purchase a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product in exchange for cash or consideration other than eligible food.		
Purposefully, purchase products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.		
Use/receive SNAP benefits to buy drugs or controlled substances.		
Use/receive SNAP benefits in sale of firearms, ammunition, or explosives.		First time - not eligible forever.
Be convicted for buying, selling or trading SNAP benefits for total of \$500 or more.		Not eligible forever.
Lie about who you are or where you live to receive more than one SNAP benefit.		Not eligible for 10 years.
Flee to avoid prosecution, custody, or confinement because of a felony/attempted felony – or flee because of breaking probation or parole.		Not eligible until you do what the law says.
<p><b>If you are found guilty of fraud or breaking the above rules:</b></p>		<ul style="list-style-type: none"> <li>• Fine up to \$250,000 for SNAP;</li> <li>• Jail up to 20 years for SNAP; and/or</li> <li>• Paying back benefits received.</li> <li>• Disqualification from benefits for periods stated above by program.</li> </ul>
<b>SNAP WORK RULES</b>	For household members – physically and mentally fit – over age 15 and under 60 – not otherwise exempt or with good cause.	<p>Not eligible:</p> <ul style="list-style-type: none"> <li>• First time - one month and until you do what is required.</li> <li>• Second time - three months and until you do what is required.</li> <li>• Three or more times - six months each time and until you do what is required.</li> </ul>
	<p>Refuse to:</p> <ul style="list-style-type: none"> <li>• Accept a job.</li> <li>• Tell CAO about work status and job availability.</li> </ul> <p>On purpose, take action to:</p> <ul style="list-style-type: none"> <li>• Quit a job.</li> <li>• Cut work hours to less than 30 per week (unless another job already meets work requirements).</li> </ul>	



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES