



Pennsylvania  
Department of Human Services

www.compass.dhs.pa.gov

**GROUP LIVING ARRANGEMENT DECLARATION**

I do hereby make application for the below mentioned facility under Supplemental Nutrition Assistance Program, or SNAP, provisions relating to Group Living Arrangements. I understand that, if the site meets the Pennsylvania Department of Human Services' SNAP Group Living Arrangement definition:

- ✓ this site may qualify for those certain special SNAP provisions relating to Group Living Arrangements as set forth in Title 7 Code of Federal Regulations §§ 273.1 and 273.11; and
- ✓ residents of this site may be eligible for SNAP benefits if such residents are recipients of Title II or Title XVI Social Security blindness or disability benefits.

I swear and affirm that this site:

- ✓ serves prepared meals (50% of three meals daily) to residents,
- ✓ serves no more than sixteen (16) residents,
- ✓ is not being operated with the intention of making a profit, and
- ✓ meets the requirements of section 1616(e) of the Social Security Act.

I understand that it is my responsibility to report to the county assistance office any change in the above factors relating to the status of the site and individuals it serves. I further understand that if I do not agree with the decision made by the Department of Human Services regarding this application that I may request a fair hearing.

\_\_\_\_\_  
(Name of Facility)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Signature of Authorized Site Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

**Service provider.** Submit this form to the county assistance office, CAO, Pennsylvania Department of Human Services, serving the county in which the provider site is located. The service provider must supply the CAO with either of the following statements of its non-profit status:

- ✓ The IRS section 501(c)(3) statement; or
- ✓ The commonwealth Non-profit Articles of Incorporation.

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