

**Review/Recertification  
Eligibility Document**

Case Number

County Number

Worker Name

00

**Notice of Expiration - Please follow the instructions of the checked boxes below.**

- SNAP Notice of Expiration: Your SNAP will end . Return this signed form by or you may not get SNAP at the regular time next month.
- If this box is checked, you must have an interview for SNAP. A worker will contact you by phone or appointment letter. You may request a face-to-face interview. If you miss the interview, your benefits may be delayed or canceled. You must ask your worker to reschedule and also provide required verification.
- FIP/Refugee Cash Assistance: It's time to review your case. Please fill out this form and return it, along with any proof, as listed below by . This information will be used to decide if you will continue to get Family Investment Program (FIP) or Refugee Cash Assistance benefits.

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You can turn in this document and the proof (listed on page 2) we need to make a decision on your benefits in any of the following ways:

- Mail to the address above,
- Email to:
- Fax to: or
- Drop it off at any local HHS office.

If you have questions, call your worker at

You have the right to ask for an application and submit it with readable name, address, and signature, at any time.

You have the right to request a fair hearing if your recertification is denied or if you don't agree with the amount of benefits. See page 9 for more information.

If your household's only income is from Supplemental Security Income (SSI), you may apply for SNAP recertification at any Social Security Administration office.

## Documents We May Need

**Don't delay turning in this form to look for these items. If you don't turn them in with your form, we will mail you a letter telling you exactly what we need from you.** When you apply for Supplemental Nutrition Assistance Program (SNAP) benefits, you need to give us certain documents. Your documents help show that what you reported on your application is correct. This page tells you what documents we need based on your household situation. Items with an \* are required for Family Investment Program (FIP) and Refugee Cash Assistance (RCA) as well.

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

### Identity – proof of who you are:

- Driver's license or State identification card
- School or work ID
- Voter's registration card

### Residency – proof of where you live:

- Driver's license or State identification card
- Utility bills (such as electric, gas, water, phone)
- Mail sent to you at the address on page 1

### Social Security Number (SSN)\*

- We need the SSNs, or proof that you applied for one, for all the people you are applying for.

### Immigration status\*

- Immigration and naturalization documents only if you aren't a U.S. citizen

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

### If someone is working – proof of the money received in the last 30 days\*:

- Paystubs
- Statement from the employer (if you are paid in cash or don't have your paystubs)
- If self-employed, 12 months of business records

### If someone has other income, not from working – proof of that money received in the last 30 days\*:

- Social Security, SSDI
- Supplemental Security Income (SSI)
- Veterans Administration (VA)
- Child support
- Retirement or pension
- Unemployment benefits

### If someone is responsible to pay any of the following expenses you may be able to get a deduction – proof of the amount they were billed in the last 30 days:

- Rent or mortgage (including property taxes and homeowner's insurance)
- Utilities (electric, gas, water, phone)
- Day care expenses for a child or disabled adult
- Medical bills for anyone who is disabled or over the age of 59
- Court-ordered child support\*

### If someone has any of the following assets/resources, tell us about them on page 5. You don't have to send proof now, we may ask for proof later\*:

- Cash on hand
- Money in bank accounts and credit unions
- Stocks or bonds
- Motor vehicles such as cars, trucks, motorcycles, campers, and boats
- Land, buildings, or homes other than the home you live in

## What you need to do now

- **Fill out this form. Make sure you sign and date page 6. Use extra paper if you need to.**
- **Send proof if the question has the following by it:**
- **Include your name and Case Number on any proof you submit.**



**Income –** **SEND PROOF** **Send all pay stubs or proof of income for the last 30 days.**

You must tell us about all money the people in your household get.

- **If you leave a space blank:** we will take that to mean no one in your household gets money of this kind. Please use an additional sheet of paper, if needed.
- **New jobs:** send proof showing first pay date, hourly rate, and weekly number of hours.
- **Job ended:** send proof of the last pay date.
- **Proof of tips:** send pay stubs showing tips, employer’s statement, or your tip records.

List all jobs the people in your household have.

| Who works? | Employer name? | Does this person get tips?                               |
|------------|----------------|--|
|            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will the amount of money from jobs stay about the same as shown on the proof you are sending? If no, explain \_\_\_\_\_  Yes     No

Has anyone been hired for a job but not received a paycheck yet?  Yes     No

If yes, who? \_\_\_\_\_ New employer name \_\_\_\_\_

Rate of pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Has anyone’s job ended in the last 30 days?  Yes     No

If yes, who? \_\_\_\_\_ Employer name? \_\_\_\_\_

| What other money do people in your household get?   | Who gets the money? | How much per month?<br><b>SEND PROOF</b> |
|---|---------------------|--|
| Self-Employment or Odd Jobs<br>(Send the most recent federal tax forms. If tax return was not filed, send records that show income and expenses.) |                     |  |
| Unemployment or Worker’s Compensation   |                     |  |
| Social Security or SSI  |                     |  |
| Veterans Benefits, Pensions or Retirement   |                     |  |
| Child Support or Alimony  |                     |  |
| Bonuses, Commissions, or Interest Income  |                     |  |
| Money from Friends or Relatives   |                     |  |
| Other: (Including irregular or one time payments)<br>Explain:   |                     |  |

Will the amount of other money stay about the same as shown on the proof you are sending?  Yes     No

If no, explain \_\_\_\_\_

**Expenses –** **SEND PROOF** **Send proof of expenses for the last 30 days.**

If you have **day care** expenses for a child or a disabled adult who lives with you, tell us how much you are responsible to pay below. We need proof of how much you are responsible to pay to see if you can get a deduction. Proof can be receipts or statement of expenses from the provider.

Who gets care: \_\_\_\_\_ Amount you pay \$ \_\_\_\_\_ per month

If anyone pays court-ordered **child support**, tell us how much you pay below. We need proof of how much you pay to see if you can get a deduction.

Who pays: \_\_\_\_\_ Amount you pay \$ \_\_\_\_\_ per month

If you have **medical expenses** not paid by insurance for anyone who is disabled or over age 59, tell us. These could be doctor or hospital bills, medicine, transportation, health insurance premiums, home health costs, health-related supplies, medical equipment, or other medical expenses. Send proof if your expenses have changed.

Who pays: \_\_\_\_\_ Amount you pay \$ \_\_\_\_\_ per month

**Shelter and Utilities –**  **Send proof of expenses for the last 30 days.**

Only answer these questions if you get SNAP.

**Proof for renters can be a lease agreement or written statement from the landlord or housing authority. Proof for homeowners can be mortgage, property tax, and insurance statements.**

Do you get rent assistance?  Yes  No

If yes, enter the exact amount you are responsible to pay. Do not estimate. \$\_\_\_\_\_ per month

Rent \$\_\_\_\_\_ per month

Lot rent \$\_\_\_\_\_ per month

Mortgage \$\_\_\_\_\_ per month

If you pay taxes or insurance separate from your mortgage, list the **exact amounts** below.

Do not estimate.

Property taxes: \$\_\_\_\_\_ every  1  3  6  12 months

Homeowner's insurance: \$\_\_\_\_\_ every  1  3  6  12 months

Check the boxes if you pay any of the following.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lights/Electricity   | <input type="checkbox"/> Water and Sewage | <input type="checkbox"/> Garbage and Trash                |
| <input type="checkbox"/> Gas                  | <input type="checkbox"/> Telephone        | <input type="checkbox"/> Extra charges from your landlord |
| <input type="checkbox"/> Garage Rent          | <input type="checkbox"/> Pet Fees         |   |
| <input type="checkbox"/> Other, explain _____ |   |   |

Check the boxes if:

- Any of the utility bills you have to pay are for heating or cooling/air conditioning.
- You got energy assistance in the past year.
- Your utilities are included in your rent.
- Anyone helps you pay rent, utilities, or other expenses. Example: roommate, parent, friend, etc.  
If yes, who helped and which expenses did they pay? \_\_\_\_\_

**Resources (Assets)**

Does anyone have a car, truck, boat, camper, motorcycle or other vehicle?  Yes  No

If yes, list make, model, year below.

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List the money anyone has in:

|   |         |            |
|---|---------|------------|
| Checking/savings or other bank/credit union accounts                        | \$_____ | Who? _____ |
| Cash  | \$_____ | Who? _____ |
| Stocks, bonds, savings certificates, annuities, IRAs, Keogh or other assets | \$_____ | Who? _____ |

List anyone who has or owns any land, buildings, or houses, other than the house you live in: \_\_\_\_\_

List anyone who has a conservatorship or trust: \_\_\_\_\_

Does anyone have life or death benefit insurance?  Yes  No

For FIP, list any tools, machinery, livestock, or collections that anyone has:

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## Help With Your SNAP – Authorized Representative

If you feel like you need help from someone else to be at your HHS interviews, complete your HHS documents, answer HHS questions, and buy food for you with your EBT benefits, you can tell us who that is. The person who represents you to HHS is called your Authorized Representative. It's very important to pick an Authorized Representative who you trust and can rely on. Any information given to HHS from your Authorized Representative is the same as if that information came from you. If they give wrong information and you get too many benefits, you will have to pay those benefits back. If they use your EBT benefits, you can't get those benefits replaced. You don't have to have an Authorized Representative. It's optional and is your decision.

I understand what having an Authorized Representative means and I would like to have one. I understand HHS will be able to share my information with the person I list below.

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Expected Changes – Tell us if anything has changed or is expected to change.

## Sign and Date

I certify, under penalty of perjury, that:

- The answers I give are correct and complete to the best of my knowledge.
- My answers about citizenship or alien status of each person applying for assistance are correct.

I know what I reported may cause my benefits to be reduced, increased, or stopped and that the Department of Health and Human Services may check my case.

|   |              |              |
|---|--------------|--------------|
| Your Signature or Mark                                    | Phone Number | Today's Date |
| Signature of Person, if Any, Who Helped Complete the Form | Phone Number | Today's Date |
| Email Address   |              |              |
| Do you need an interpreter? If so, which language?        |              |              |

I authorize HHS to communicate confidential information with me by email at the email address I provided above. Confidential information includes anything needed for HHS to process my application. By giving HHS my email address, I understand that it is my responsibility to tell my HHS worker if my email address changes or to stop communicating with me by email.

For information about registering to vote, contact your local office or visit <https://sos.iowa.gov/elections/voterinformation/voterregistration.html>

**Optional Release of Information**

***Help Us Help You!***

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

**You should know that:**

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

**Print and sign your name below to give us permission to get needed information. Remember to also sign page 4.**

**RELEASE OF INFORMATION**

I hereby authorize any person or organization to give the Iowa Department of Health and Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

\_\_\_\_\_  
Your Name (please print clearly)

\_\_\_\_\_  
Other Adult Name (please print clearly)

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Date





## Please keep the following pages for your information.

### Social Security Number (SSN) and Immigration Status Information

We can give help only to people who give us their SSN or proof of application from the Social Security office. **You don't have to give us the SSN for people in your household who you do not want help for, but you can choose to give us their SSN.** However, we will use any SSN given to us the same way we use the SSN of people getting assistance. If you do not give us a SSN for people in your household, we will deny assistance to those people. There are some exceptions to this. Please ask your worker. We will not give any SSN to the Citizenship and Immigration Service.

You can apply for part of your household even if some members do not have lawful immigrant status. For example, parents who do not have lawful immigrant status may apply for their children who are U.S. citizens or qualified lawful immigrants. You need to give proof of immigration status or U.S. citizenship for each person in your household for whom you apply. Your household's alien status may be checked with the Citizenship and Immigration Service (USCIS). Any information we get from USCIS may affect your household's benefits. We will not contact the Citizenship and Immigration Service about the people you don't apply for. However, we may use their income and assets to see if the rest of the household can get help.

### You Have the Right to Appeal

An appeal is a request for a hearing regarding a decision made by the Department. You can appeal in person, by telephone, or in writing for SNAP and FIP. To appeal in writing, you must do **one** of the following:

- Complete an appeal electronically at <https://hhs.iowa.gov/appeals>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.

Send your appeal to HHS, Appeals Section, 321 E. 12<sup>th</sup> St., Des Moines, IA 50319-0114. If you need help filing an appeal, ask your county HHS office. You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf. You may contact your county HHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

### You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: HHS, Bureau of Human Resources, 321 E. 12<sup>th</sup> St., Des Moines, IA 50319-0114 or via email [inclusion@dhs.state.ia.us](mailto:inclusion@dhs.state.ia.us)

### SNAP

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

Do **Not** Mail Applications to the Above Address

## SNAP, FIP, and RCA

### We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: social security number, job and pay, bank account amount, amounts received from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny your application.

We may check records from other states to see if any person in your household can get benefits in Iowa. This may be because a person was disqualified from a program in another state.

We check and use computer systems like the state Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank, or other people. Such information may affect your household's eligibility and level of benefits.

### Things You Need to Know

- HHS may give your answers to law enforcement officials to catch persons fleeing to avoid the law.
- The Quality Control unit or Investigations unit may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to the Quality Control unit or Investigations unit. You must cooperate with Quality Control and Investigations to keep your FIP benefits. You must cooperate with Quality Control to keep your SNAP benefits.
- We will use the information you give us to determine what assistance you are eligible to receive.
- You will have to pay back any benefits you got or that was paid to a third party on your behalf for which you were not eligible.
- Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.
- Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the state of Iowa. This includes, but is not limited to, Iowa Code Chapters 239B, 243, 249, and 249A.
- Your expenses may be used to figure the amount of assistance you get. You may have expenses included in your benefit calculation by reporting and giving proof of your expenses. If you do not report or give proof of your expenses, you choose not to claim the expense. You can report and give proof later, and the expense can be used for future months.

### You also have the right to:

- Have someone help you complete the application.
- Have all of your questions answered.
- Get information about programs you applied for and any other HHS programs you may be able to get.
- Be sent a notice if you are eligible and when your benefits change or stop.
- Have information about you and your family kept private.

### To report a change

- Call: 1-877-347-5678 Monday – Friday 7:00 a.m. to 6:00 p.m., excluding state holidays
- Email: [IMCSC@dhs.state.ia.us](mailto:IMCSC@dhs.state.ia.us)

### SNAP Only - Follow these SNAP rules:

- **Don't** hide or give wrong information on purpose to get SNAP benefits.
- **Don't** use SNAP benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell, or give away SNAP benefits.
- **Don't** use someone else's SNAP benefits for yourself.
- **Don't** purchase a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by intentionally discarding the product and intentionally returning the container for the deposit amount.
- **Don't** buy food on credit and attempt to pay for it with SNAP.
- **Don't** buy a product with SNAP benefits so you can get cash or something other than eligible food by reselling that product.
- **Don't** fail to report if your household goes over its income limit.  
If you get SNAP, your worker will tell you what your household's income limit is. If your household's income goes over your limit, or if anyone in your household receives lottery or gambling winnings of \$3,500 or more in any month, you must tell us by the 10th day of the next month. If you don't tell us on time, you might have to pay back the benefits.

### **Penalties of the SNAP Program. Anyone who breaks the above rules:**

- **May not get SNAP benefits for one year for the first time, two years for the second time, and forever for the third time;**
- **May be fined up to \$250,000 or jailed up to 20 years or both; and may also be subject to prosecution under other applicable Federal and State laws.**
- **May be kept off SNAP for an additional 18 months, if court ordered.**
- **If a court finds you guilty of trading SNAP benefits for firearms, ammunition, or explosives, you will lose benefits forever.**
- **If a court finds you guilty of buying, selling, or trading more than \$500 in SNAP benefits, you will lose benefits forever.**
- **If a court finds you guilty of trading SNAP benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.**
- **You will not get SNAP for 10 years if you are found guilty of getting or trying to get SNAP in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.**

***Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.***

### **Things You Need to Know**

- Households eligible for SNAP may get a notice that they are eligible for the “Promoting Awareness of the Benefits of a Healthy Marriage” program and a pamphlet listing those benefits. By giving this information, HHS can use different rules that may help you get SNAP.
- If you have a SNAP overpayment, HHS will give your answers to federal and state agencies as well as private claims collection agencies, to collect the overpayment.
- The SNAP office may contact other people or organizations to get proof of your information.
- The application filing date is different if your household is in an institution and applying for SNAP and Supplemental Security Income at the same time. In this case, the filing date is the date of release from the institution.
- You may not be denied SNAP benefits just because you were denied benefits from other programs. SNAP applications will not be delayed due to requirements of other programs you may apply for.
- By having signed this application, you agree that all members of your household will register for work and follow all of the work and training rules.
- To see what employment and training opportunities are available, you may contact:
  - HHS SNAP Employment & Training (E&T) Program online at <https://dhs.iowa.gov/food-assistance/related-programs/employment-and-training> or by phone at (515) 281-3131
  - Your local IowaWorks Center. You may find your local work center at <https://www.iowaworkforcedevelopment.gov/contact>
  - United Way – 211
- The collection of information on the application, including the social security number of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act of 1977), 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 the SNAP program. 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.
- A household consisting of only Supplemental Security Income (SSI) applicants or recipients is entitled to apply for SNAP recertification at a Social Security Administration office.

### **FIP or Refugee Cash Assistance (RCA) Only**

Within 10 days of the date the change happens, you must tell HHS about changes, such as:

- Income, when it starts or stops, including getting an inheritance or a one-time payment of past due child support
- Resources or assets
- Someone moving in or out of your home
- Mailing or living address
- Receipt of a SSN
- Change of school attendance of a child

If you receive FIP or Refugee Cash Assistance benefits, your SNAP may go down or stop.

Unless exempt, all members of your household must cooperate with the Family Investment Agreement (FIA) you signed with PROMISE JOBS. Talk with your worker if you feel you have a reason not to cooperate. If you choose not to participate in your FIA with PROMISE JOBS, your FIP benefits will stop.

You must cooperate with Child Support Services. While you get FIP, you give up your rights to child support for the months you are on FIP. The state of Iowa will keep your child support to pay back the money you get from FIP.

## **Using Your FIP/RCA Electronic Access Card (EAC) or Your Debit Card to Access FIP/RCA Funds from Your Personal Bank Account**

You cannot access your cash benefits with your EAC or personal debit card at a:

- Liquor store or any place that mainly sells liquor,
- Casino or other gambling or gaming establishment, or
- Business which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state (such as a strip club).

This includes these types of businesses located in Iowa, on tribal land, or in any other state. If HHS determines that you have accessed your cash benefits with your EAC or personal debit card at one of the above places you:

- Will have committed fraud,
- Have to repay the amount of cash accessed at the location, as well as any access fees, and
- Your family will not get cash benefits for three months with the first misuse and six months for each additional misuse.

By having signed this application, you agree that no member of your household will use the EAC or your personal debit card to access FIP/RCA funds at prohibited locations.

### **Additional responsibilities:**

You must:

- Apply for and accept any benefits that you may be able to get.
- Give us information and provide proof when we ask for it.
- Fill out review forms when you are asked to.

### **Penalty for Getting FIP in More Than One State**

You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.