



UNITED STATES VIRGIN ISLANDS DEPARTMENT OF HUMAN SERVICES (DHS)
DIVISION OF FAMILY ASSISTANCE (DFA)
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (aka FOOD STAMP)
SNAP/CASH RECERTIFICATION/APPLICATION PACKET

PLEASE DO NOT RETURN THE PAGES ATTACHED TO THIS NOTICE!

1. Something You Should Know-VERIFICATION CHECKLIST
2. SIMPLIFIED REPORTING REQUIREMENTS
3. The Smart Family Brochure
4. Your Rights/Your Responsibilities
5. Privacy Act Statement



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1. COMBINED APPLICATION FORM – PART I (CAF1-Pages 1&2)
2. ADDENDUM: COMBINED APPLICATION
3. CERTIFICATION CUSTOMER CHECKLIST
4. STRONG LETTER
5. THE SMART FAMILY BROCHURE- Acknowledgment of receipt
6. AUTHORIZATION FOR RELEASE OF INFORMATION
7. TELEPHONIC INTERVIEW CERTIFICATION FORM
8. PERSONAL INFORMATION SHEET- Check off documents you have submitted with the application. **(Please do not submit original documents. The agency is not responsible for original documents).**

Completed application packets can be placed in locked drop boxes at DHS offices, emailed, or faxed at the numbers below:

Human Services - DFA 4201 Mars Hill, Frederiksted, St. Croix 00840 Phone No: (340) 772-7100 Fax: (340) 772-9591 Email: certoffice.stx@dhs.vi.gov	Human Services - DFA 1303 Hospital Ground, STE 1, St. Thomas 00802 Phone No: (340) 774-0930 & (340) 774-2399 Fax No.: (340) 777-5449 Email: certoffice.stt@dhs.vi.gov	Human Services Multi-Purpose Building Cruz Bay, St. John 00830 Phone: (340) 776-6334 or (340) 776-6335 Email: certoffice.stt@dhs.vi.gov
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SOMETHING YOU SHOULD KNOW

VERIFICATION CHECKLIST

In order to process your application for SNAP/CASH assistance, we will need the following items. If you have not had your interview, you should bring these items at the time of your interview. If you have already had your interview, you should submit these items as soon as possible. The sooner these items are received, the sooner a determination on your application can be made. Your eligibility worker will advise you of any additional verification or information that is needed.

IDENTITY – the identity of the applicant and the authorized representative, if any, **must** be verified. A driver's license, work or a school identification card, voter's registration card, birth certificate, permanent resident card, or collateral contact can be used to verify identity.

RESIDENCY – your place of residency will normally be verified. Rent or mortgage receipts, utility bills, library card or collateral contact may be used to verify residency.

ALIEN STATUS– if anyone in your household is not a citizen of the United States you must provide some verification of this person's alien status. Documents from the Immigration and Naturalization Service (such as a 1-551, INS Re-entry Permit) are the best types of verification.

INCOME – all income whether earned (received from jobs) or unearned (such as social security, government pensions, child support or educational benefits) must be verified. If you are not self-employed, usually you're **MOST RECENT** pay stubs (**4-if paid BI-WEEKLY or TWICE A MONTH; 8-IF PAID WEEKLY; 1-if PAID MONTHLY**) will be sufficient to verify earned income.

If you are self-employed, your business records or income tax return may be used. Award letters, your check, can be used to verify unearned income.

SHELTER AND UTILITY EXPENSES – if you want your shelter and/or utility bills deducted from your income, you must provide most recent rent/ mortgage receipts, real estate tax, insurance, fuel, water, electric and telephone bills.

RESOURCES – you must provide verifications of all resources, such as bank accounts (both checking and savings) stocks, bonds, savings certificates, certificates of deposit (CDs) and vehicles (car, truck, boat, motorcycle, recreational).

SOCIAL SECURITY NUMBERS – you must provide proof of social security numbers for yourself and everyone in your household.

MEDICAL EXPENSES – if you or another member of your household is 60 years or older, or receives social security or veteran's disability, medical expenses you may have result in a deduction. You must provide proof of medical bills (doctor, dentist, prescription drugs, etc.) and also proof of any insurance, which might cover all, or part of your bills. You should discuss this with your eligibility worker.

Contact information:

ST. CROIX	ST. THOMAS
4102 Mars Hill, Frederiksted, St. Croix, VI 00840 Phone (340) 772-7100 - Fax (340) 772-9591 Email: certoffice.stx@dhs.vi.gov	1303 Hospital Ground, St. Thomas, VI 00801 Phone (340) 774-0930 & (340) 774-2399 – Fax (340) 777-5449 Email: certoffice.stt@dhs.vi.gov

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, audiotope, 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, 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: mail: (1) 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; (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Date Received:

Virgin Islands

Case Number:

COMBINED APPLICATION – PART I

Supplemental Nutrition Assistance Program (SNAP) and CASH Assistance

We consider all applications without regard to race, color, national origin, sex, age, or disability

Step 1 COMPLETE PART I - PLEASE PRINT IN INK

To begin to apply for SNAP/cash assistance and establish your application date to receive benefits, you can complete Part I and give it to us today. You are only required to give us your name, address and signature for your application to be considered filed. We are required to verify information you provide and to take action on your application within 30 days from the date you give us this completed Part I, unless you qualified for SNAP right away. If you qualify to get SNAP benefits right away, we are required to take action on your application within 7 days from the date you gave us this completed Part I. The amount of benefits for the first month is based on the date of application. So, the sooner you give us this Part I and any required verification, the quicker you will know whether you will receive SNAP /cash benefits. The eligibility worker will tell you what information needs to be verified and the items to bring for your interview.

Step 2 COMPLETE PART II

The Certification Office will schedule an interview at which time the Eligibility worker will assist you in completing Part II.

NAME:

SNAP only:

DO YOU LIVE IN AN APARTMENT?

☐ YES ☐ NO

SNAP only:

DO YOU LIVE IN A HOUSE?

☐ YES ☐ NO

SNAP only:

ARE YOU A BOARDER?

☐ YES ☐ NO

Address where you live

City

State

Zip

Mailing Address (if different)

City

State

Zip

Phone Number where you can be reached

Home:

Cell:

Email: _____

YOU MAY GET SNAP BENEFITS RIGHT AWAY IF YOUR HOUSEHOLD:

- Monthly rent/mortgage and utilities are more than your household's gross monthly income, & liquid resources.
- Gross monthly income is less than \$150 and your household's resources, such as cash or checking /savings accounts, are \$100 or less; or
- Is a migrant or seasonal farmworker household.

DECLARATION

I understand the questions on this application form and the penalty for hiding or giving false information or breaking any of the rules listed in the penalty warning. I understand and agree to provide documents to prove what I have said. I understand and agree that the Certification Office may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits. I understand that information through IEVS will be requested and such information may affect my household's eligibility and level of benefits. I understand that the alien status of any household member may be subject to verification by USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits. I understand that I or others in my home might have to take part in an EMPLOYMENT and TRAINING program to receive cash assistance or SNAP. I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member.

Please read Rights and Responsibilities attached to this form before signing.

SNAP only: EXPEDITED SERVICE

The answers to the questions below will help us decide if we must process your application quickly to see if you qualify to get SNAP within 7 days.

1. How many people live in your home and eat with you? (Include yourself) _____.
2. How much is your monthly rent or mortgage? \$ _____.
3. How much are your monthly utilities? \$ _____.
4. Did all of your household income recently stop? ☐ Yes ☐ No If yes, when? _____.
5. What is the total income you expect your household to receive this month? \$ _____.
6. How much does your household (Including children) have in cash, checking or savings? (Give best total estimate)\$ _____.
7. Is anyone in your household a migrant or seasonal farmworker? ☐ Yes ☐ No
8. If anyone in your household was a migrant or seasonal farmworker at any time during the current migration season, was your household approved for a postponement of verification requirements? ☐ Yes ☐ No If yes, when and where? _____

Signature and date of person screening for expedited service

Signature of Applicant or Authorized Representative

Date

Worker Signature

Date

☐ Yes ☐ No

If yes, When?

Where?

Programs:

- Spouses;
- Natural, adopted, and stepchildren and other children under 22 years of age who are under parental control of a member of the household, other than a parent, must be included in the same household as the parent or other parent or other person with parental control even if they purchase food and prepare meals separately;
- Natural, adopted, and stepchildren ages 18, 19, 20, and 21 must be included in the same household as the parent, even if they purchase food and prepare meals separately, and is living with his or her children or is married and living with his or her spouse;
- Persons who purchase and prepare meals together, except households containing elderly and disabled members who cannot purchase and prepare separately can be separated into two households as long as the income of the other household members does not exceed 165 percent of Poverty level.
- Persons who purchase and prepare meals together, except households containing elderly and severely disabled members who cannot purchase and prepare separately can be separated into two households.

List yourself as person #1. List spouse as person #2. List all of the other persons in your home even if you are not applying for them.

Legal Name			Social Security Number	Date of Birth MM/DD/YYYY	Sex	Relationship to you	Check One		Alien Number
Last	First	Middle					Citizen	Alien	
1.						Self	<input type="checkbox"/>	<input type="checkbox"/>	
2.							<input type="checkbox"/>	<input type="checkbox"/>	
3.							<input type="checkbox"/>	<input type="checkbox"/>	
4.							<input type="checkbox"/>	<input type="checkbox"/>	
5.							<input type="checkbox"/>	<input type="checkbox"/>	
6.							<input type="checkbox"/>	<input type="checkbox"/>	
7.							<input type="checkbox"/>	<input type="checkbox"/>	
8.							<input type="checkbox"/>	<input type="checkbox"/>	

UNITED STATES VIRGIN ISLANDS DEPARTMENT OF HUMAN SERVICES

DIVISION OF FAMILY ASSISTANCE
SNAP /CASH PROGRAMS

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Revised 8/2020

YOUR RIGHTS (CLIENT's COPY)

- **YOUR RIGHT TO APPLY.** You have the right to request an application in person, by telephone, by fax or by mail. You have the right to file an application in person, by telephone, mail or by fax. The amount of benefits for the first month is based on the date the application was received by the certification office. You have the right to have your office interview waived due to hardship and one conducted by phone or in your home. You have the right to apply for food and cash benefits at the same time. The time limits and requirements for cash assistance have no bearing on the Supplemental Nutrition Assistance Program (SNAP).
- **YOUR RIGHT TO PRIVACY.** You have the right to be treated in a way which does not invade one's right to privacy.
- **YOUR RIGHT TO PROGRAM INFORMATION.** You have the right to examine the SNAP/CASH rules and regulations.
- **YOUR RIGHT TO EXPEDITED SERVICE.** You have the right to receive SNAP within a few days if you have little or no money or income.
- **YOUR RIGHT TO PROPER NOTICE.** You have the right to be told in writing the specific reason for denial of SNAP/CASH and the policy on which the decision is based. You have the right in most instances, to 10 days advance notice of the program's intention. You have the right to have the SNAP/CASH Office make a decision and provide an opportunity to participate if found eligible within 30 days after the filing of an application, provided you have supplied the necessary and adequate information (orally or in writing).
- **YOUR RIGHT NOT TO BE DISCRIMINATED AGAINST.** You have the right to fair and equal treatment and freedom from discrimination. You have the right to considerate and respectful treatment from SNAP Staff.
IF YOU FEEL WE TREATED YOU DIFFERENTLY: This institution is prohibited from discrimination on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

USDA Non-discrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination 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, audiotope, 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, 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.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). **This institution is an equal opportunity provider.**

ACCESS TO FREE LEGAL SERVICES. You may contact the Office of Legal Services for free legal service at:

No. 1832 Kongens Grade
Charlotte Amalie, St. Thomas
U.S. Virgin Islands 00802
Ph: (340) 774-6720
Fax: (340) 777-8686

No. 3017 Estate Orange Grove
Christiansted, St. Croix
U.S. Virgin Islands 00820-4375
Ph: (340) 773-2626
Fax: (340) 778-8593

YOUR RESPONSIBILITIES (CLIENT's COPY)

NOTE: If you sign this application as an Authorized Representative of a person who is requesting or receiving assistance, you are agreeing to assume all of the following responsibilities on behalf of that person.

- When you apply for SNAP/CASH benefits, you sign an application that states: "I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the penalty warning. My answers are correct and complete to the best of my knowledge."
- I understand that I may have to provide documents to prove what I have said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the Division of Family Assistance DFA Office may contact to obtain the necessary proof.
This means that you are aware that the State's attorney can prosecute you, if you or your authorized representative has given false information to get SNAP/CASH benefits. It is therefore **IMPORTANT** for you to answer each question **TRUTHFULLY** and **CORRECTLY**.
- **CHANGES MUST BE REPORTED** by the 10th day of the next month. Your SNAP allotment will not necessarily be reduced or terminated when you report a change. It may increase. If your household is assigned to **Simplified Reporting**, you must let the SNAP Certification Office know when your family's income exceeds the monthly income allowed for your household size. You must report this change by the 10th day of the next month.
- I understand that if my application is for SNAP, failure to report or verify any of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.
- You are authorized to receive "The Smart Family Brochure." This brochure provides information on families making good decisions.
- The State or Federal Quality Control Agency may randomly choose your case for review. They will review statements you have made on your application. They will check to see if we figured your eligibility correct. The state agency may seek information from other sources. The State or Federal Quality Control agency will tell you about any contact they intend to make. **IF YOU DO NOT COOPERATE, YOUR BENEFITS MAY STOP.**
- **CONTACT YOUR WORKER IF YOU HAVE ANY QUESTIONS OR ARE UNSURE ABOUT ANY REPORTING RULES.**

PENALTY WARNING

If any information you give is found to be incorrect, you may be denied SNAP/cash benefits. If you give us false information on purpose legal action may be taken against you. You may also have to pay back the amount of benefits that you should not have received.

If you get SNAP/CASH, you must follow the rules listed below. Any member of your household who is found guilty by a court or an administrative disqualification hearing of breaking any of the following rules or who signs a voluntary disqualification consent agreement or waiver of an administration disqualification hearing will be barred from getting SNAP benefits for: one year for the first violation, two years for the second violation, and permanently for the third violation.

- DO NOT give false incorrect or incomplete information or hide information to get or continue to get SNAP.
- DO NOT trade, sell or alter your SNAP or authorization cards or any authorization document.
- DO NOT use SNAP benefits to buy ineligible items, such as alcohol drinks and tobacco.
- DO NOT use someone else's SNAP or authorization cards for your household.
- DO NOT use your SNAP card to purchase food on credit.
- DO NOT attempt to buy or sell your SNAP benefit.

Any household member found guilty by a court of using SNAP benefits to buy controlled substances will be disqualified for: 24 month for the first violation; and permanently for the second violation.

Any member who is found guilty by a court of using SNAP benefits to buy firearms, ammunition, or explosives will be permanently disqualified from SNAP on the first instance.

Any household member convicted by a court of having trafficked SNAP benefits for an aggregate amount of \$500 or more shall be permanently disqualified from SNAP upon the first occasion of such violation.

Any household member found to have made a fraudulent statement or representation with respect to the identity or place of residence of the individual in order to receive multiple SNAP benefits simultaneously shall be ineligible to participate in SNAP for a period of 10 years.

Any household member fleeing to avoid prosecution, custody, or confinement after conviction for a felony, or attempted felony, or violating a condition of probation or parole will be ineligible until the situation is rectified.

Any person found guilty of violating these rules or committing fraud may be fined up to \$250,000, jailed up to 20 years and/or required to repay SNAP benefits.

You can also be barred from the TANF Program for the same time period for fraud and the same maximum penalties apply.

Privacy Act Statement *(CLIENT's COPY)*

"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.

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.

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.

Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide a SSN will result in the denial of SNAP benefits to each individual failing to provide a SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members."

APPEAL RIGHTS

You or your representative may request a fair hearing if you disagree with any action taken on your SNAP *or* cash assistance case. You may choose anyone you like to present your case at the hearing. For SNAP, you can request a hearing on any action by us or a loss of benefits which occurred in the prior 90 days. In addition, after you are certified for benefits, you can request a fair hearing to dispute the current level of benefits at any time within your current certification period. All such appeals should be addressed to the Director of Operations. For **cash programs** you must appeal **within 30 days** to the Director of Operations. If you wish your SNAP or cash benefit to continue until the hearing you must appeal **within 10 days** from the date the notice was sent. To request a fair hearing write or call: (340) 774-2399 ext. 4380.

You may fill out this form, tear it off, and mail to:

**Director of Operations
Department of Human Services
Division of Family Assistance
1303 Hospital Ground, STE 1
St. Thomas, V.I 00802-6722**

Name of person requesting hearing

Date

Address

City

Island

Zip Code

Reason for hearing _____

Your Signature

Today's Date

Telephone number (where you can be reached)

DO NOT COMPLETE - FOR OFFICE USE ONLY:

Case Number

Case Worker

Date Notice Sent

Date Request Received

Addendum: Combined Application

Criminal History Inquiry

Please answer the following questions for yourself and anyone else for whom you are applying. If you answer "Yes", list the name of the person(s) to whom the "Yes" answer applies.

1. Are you or anyone in your household a fleeing felon or a parole or probation violator, or is not in compliance with the terms of your sentence? Yes ☐ No ☐

If "Yes" list, the name(s). _____

2. Have you or anyone in your household ever been convicted of aggravated sexual, abuse, murder, sexual exploitation and other abuse of children, sexual assault or similar Federal or State offence involving sexual assault after February 7, 2014? Yes ☐ No ☐

If "Yes" list, the name(s). _____

SNAP Work Requirements Sanctions -As part of the work registration process, the State agency must explain to the individual the pertinent work requirements, the rights and responsibilities of work-registered household members, and the consequences of failure to comply.

Please read and initial:

____ I understand that failure to comply with the work requirements will result in disqualification of one (1) month for the first violation, three (3) months for the second, and six (6) months for the third or subsequent violation.

____ I understand that the entire Household will be disqualified if the Head of Household fails to comply with work requirements.

____ I understand that I or any Household member will become ineligible if, without good cause:

- Refuse to provide sufficient information to allow a determination of employment status or job availability
- Reduce the numbers of hours you work if, after reduction, you are employed less than 30 hours per week.
- Quit a job.

Signature of Applicant or Authorized Representative

Date

DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY ASSISTANCE
CERTIFICATION CUSTOMER CHECKLIST

Case Name: _____

Case No.: _____

Date: _____

Household Composition

Has anyone living with you left your household?

Yes _____ No _____

Has anyone moved into your household?

Yes _____ No _____

Has anyone in your household had a new baby?

Yes _____ No _____

Has anyone in your household die?

Yes _____ No _____

Is anyone in your household temporarily away from home?

Yes _____ No _____

Employment/Income

Have you or anyone in your household:

Started working or became employed

Yes _____ No _____

Stopped working

Yes _____ No _____

Been out on sick leave

Yes _____ No _____

Returned to work

Yes _____ No _____

Started or worked more or less hours

Yes _____ No _____

Changed jobs

Yes _____ No _____

Had an increase or decrease in pay

Yes _____ No _____

Started a business

Yes _____ No _____

Received money from anyone to help pay your bills

Yes _____ No _____

Received any kind of money from anyone

Yes _____ No _____

Do you or anyone in your household:

Braid Hair

Yes _____ No _____

Do Nails

Yes _____ No _____

Baby-sit

Yes _____ No _____

Sell Lottery

Yes _____ No _____

Sell Avon or any

Yes _____ No _____

Other Direct Selling

Yes _____ No _____

Sell candies

Yes _____ No _____

Cut Bush

Yes _____ No _____

Clean Yards

Yes _____ No _____

Repair Cars

Yes _____ No _____

Do Odd Jobs

Yes _____ No _____

Have you or anyone in your household receive, had an increase, had a decrease or stopped receiving:

Child Support	Yes	No	Social Security	Yes	No
Retirement Benefits	Yes	No	Alimony	Yes	No
Money from Rental	Yes	No	Tax Refund	Yes	No
Insurance Settlement	Yes	No	Lottery/Gambling Winnings	Yes	No
Unemployment benefits	Yes	No	Veteran Benefits	Yes	No

Resources

Do you or anyone in your household own any of the following: (if yes, please circle which one:)

Savings Account
Checking Account
Credit Union Account
Christmas Club
More than one home
Property other than your home
Property off Island
Certificate of Deposit (CD)

Does anyone not living with you have an account in your name or any member of your household name? Yes _____ No _____

Does anyone not living with you have a joint account with you or any member of your household? Yes _____ No _____

Do you or anyone in your household own a vehicle? Yes _____ No _____

Have you or anyone in your household bought, sold or trade-in a vehicle? Yes _____ No _____

Do you expect any change in your household within next months? Yes _____ No _____

Do you or anyone in your household have monies not in the bank, saved at home or elsewhere? Yes _____ No _____



Department of Human Services

Division of Family Assistance Supplemental Nutrition Assistance Program (SNAP) **STRONG LETTER**

Dear SNAP Participant:

The amount of SNAP you receive is based on information you provided in your application.

Federal Laws provide that if you make an application for SNAP and knowingly misrepresent any facts, you can be found guilty of a misdemeanor or a felony, depending on the amount of SNAP received. A misdemeanor is punishable by a fine not to exceed \$1,000 or imprisonment for a period not to exceed one year, or both. A felony is punishable by a fine not to exceed \$10,000 or imprisonment for a period not to exceed five years or both. This is true whether the application is an initial one or an application for recertification.

The same penalties apply, if there are changes in the household circumstances and these changes are not reported to the Certification Office in a timely manner.

To avoid violations, since your household is assigned to Simplified Reporting you must let the SNAP Certification Office know when your family's gross monthly income exceeds the monthly income allowed for your household size.

You are also required to report if you or any member of your household receive substantial lottery or gaming winnings which is equal to or greater than \$3,500. These changes must be reported by the 10th day of the following month of which the change occurs.

Should the household receive more SNAP than it is entitled to receive, all the adult household members are jointly and individually liable for the repayment of the over-issued benefits. This is true whether or not the household was at fault.

Please feel free to contact your Certification Office, if you have any questions concerning this letter or any other Supplemental Nutrition Assistance Program (SNAP) concern.

By signing this letter and writing in your address, we will know that you understand the content of this letter and that your mailing address is current.

Signature of Client or Authorized Representative: _____ Date: _____

Mailing Address: _____

If you believe you have been discriminated against
Write immediately to USDA Office of Civil Rights,
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410

I have fully explained the above requirements to the client.

Signature of Worker: _____ Date: _____

"In accordance with Federal Law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 OR CALL (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers."

Revised 3/20



Acknowledgement of receipt:

Signature of Household or Representative: _____ Date: _____

Household determined **Categorically Eligible** for Broad Based NPA-CATEL (BBC) based on receipt of The Smart Family Brochure.

Signature of Eligibility Specialist: _____ Date: _____



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HUMAN SERVICES
ST. THOMAS, VIRGIN ISLANDS

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ in support of my household's application for SNAP or other assistance, do by these present, appoint, and authorize the Commissioner of Human Services or designee to obtain and verify information as to my income, resources and other household circumstances. This authorization includes investigation and verification of all factors bearing on my eligibility under the law and regulations. Verifications may include but are not limited to our:

1. Checking and Savings Accounts including Christmas Clubs and amounts held in trust for Or by me within the last six months preceding the date of application at banks, credit unions, and other financial institutions.
2. Investment in stocks and bonds, including U.S. Government Savings Bonds.
3. Ownership of real property, vehicles and personal property.
4. Receipt of lump sum payments, such as Social Security, AFDC and insurance settlements.
5. Receipt of benefits, such as Veteran's Unemployment Insurance, Social Security, Public and General Assistance, and Workmen's Compensation.
6. Vital Statistics, Immigration and Internal Revenue records.
7. Receipt of Child Support and Foster Care payments.
8. Receipt of wages, salaries, self employment income.
9. Receipt of income from odd jobs and raining allowances which are not exempt.
10. Receipt of rental income.
11. Landlord's and utility company records.
12. Receipt of Pensions and Union Benefits.

I hereby consent to the Department of Human Services disclosing to other Federal or local agencies, information concerning myself and my family, when such disclosure is necessary and pertinent to the determination or confirmation of the eligibility of my household to receive benefits or services from the Department of Human Services.

I further consent other institutions, both private and public, to disclose to the Department of Human Services information concerning my household which is necessary for the determination of eligibility to receive benefits or services from the Department of Human Services.

Signature of Applicant

Witness

Date

DEPARTMENT OF HUMAN SERVICES
Division Family Assistance Program
Supplemental Nutrition Assistance Program (SNAP)

SIMPLIFIED REPORTING REQUIREMENTS

This is to notify you that because you are now on one-year reporting, you must report when your total monthly income for your family is greater than the amount listed in the table below.

OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

Number of persons you get SNAP for	If your total monthly gross income is greater than below, you must report the change
1	\$1,383
2	\$1,868
3	\$2,353
4	\$2,839
5	\$3,324
6	\$3,809
7	\$4,295
8	\$4,780
9	\$5,266
10	\$5,752
Each additional person add:	\$486

- At the end of each month, **add** up all your pay stubs **plus** any other income you may have received. Do this for **each household member**. Then **total** the income for **all household members** and compare it to the chart for your household size. Use the household size that you had when you applied for benefits.
- If your income is greater than the amount listed on the chart above, **you must report it to your worker within ten days after the end of the month.**
- You will need to bring all pay stubs and/or proof of other income to your worker.
- You do not need to report other changes in your **SNAP (food stamp) household** until your next scheduled recertification. **However, if you report a change, or the agency becomes aware of a change in your household, we will take action on it.**
- We will notify you if the reported change increases or decreases your benefits.

THIS REPORTING REQUIREMENT IS FOR SNAP (FOOD STAMP) ONLY. YOU MUST STILL REPORT ANY CHANGES FOR CASH ASSISTANCE.

**COVID19 PANDEMIC
TELEPHONIC INTERVIEW
CERTIFICATION**

Case Number: _____ Case Name: _____

Worker Name: _____

I CERTIFY UNDER PENALTY OF PERJURY, THAT ALL ANSWERS I WILL PROVIDE DURING THE TELEPHONIC INTERVIEW WILL BE CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INCLUDING INFORMATION ABOUT THE CITIZENSHIP OR ALIEN STATUS OF EACH HOUSEHOLD MEMBER.

I UNDERSTAND AND AGREE TO PROVIDE DOCUMENTS TO VERIFY WHAT I HAVE SAID.

I UNDERSTAND AND AGREE THAT THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) MAY CONTACT OTHER PERSONS OR ORGANIZATIONS TO OBTAIN INFORMATION NEEDED TO DETERMINE ELIGIBILITY.

I CERTIFY THAT I HAVE RECEIVED A COPY OF MY RIGHTS AND RESPONSIBILITIES, THE USDA NON-DISCRIMINATION STATEMENT, PENALTY WARNING, PRIVACY ACT STATEMENT, AND APPEAL RIGHTS FORMS.

SIGNATURE OF APPLICANT OR
HOUSEHOLD REPRESENTATIVE

DATE: _____

PERSONAL INFORMATION SHEET

CASE NAME: _____

CASE NUMBER: _____

CONTACT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Please check off below the copy of the document(s) that you have inserted.

_____ Birth Certificate
_____ Immigration/ Naturalization
Papers
_____ Identification Cards
_____ Utility Bills
_____ Rental Lease, Mortgage
Statement
_____ Medical Bills, Receipts, and
Statements
_____ Pay Stubs, Income Statement
from Employer, Self-employment
income,
_____ Financial contributions
_____ Social Security Award Letters,
Veterans Benefit Award Letter, Child
Support, Alimony, Unemployment,
and Retirement

_____ Neighbor Friend Forms
_____ Change Form
_____ Benefit Application Package
_____ Authorize Representative
Form
_____ Child Care Expenses
_____ Medical Disability Certificate
_____ Other (Please list below)

ECAP Services ONLY

_____ Light Bill
_____ Gas Request (*Check Vendor Company*)
_____ Antilles Gas
_____ St. Croix Gas

YOU ARE THE CEO

Successful institutions and organizations have a Chief Executive Officer (CEO). You may not be the CEO of K-Mart or American Airlines, but you are a CEO—the CEO of the most important institution—your family. As CEO you have to make important decisions that affect your family and generations to come. This brochure will help you hold one head as a family so you can make good decisions.

Your family is a microcosm of the world. What children learn or don't learn at home will be carried out in the world. So make sure they learn the three Ws:

Worship—Whether you read Holy scriptures, devotional literature, pray, or attend organized services, do it as a family. Developing faith in children early is one of the most important executive decisions you will make.



Work—Good employees and entrepreneurs begin at home. Everyone in the family establishment should work. Developing a good work ethic early is important.



Wealth—Teach children the value of money. Don't just give, let them earn and buy for themselves. Also, teach

IT'S ALL ABOUT VALUES

Children are like a garden, if you leave it alone, the weeds will grow faster than the plant. You must nurture them by teaching values. Here are some important values:

- **Boundaries**—Young people need to know what behaviors are acceptable and what are out-of-bounds at home, in the neighborhood, at school, with their peers, and in the community.

- **Time**—Too much unstructured free time is bad for the business. Too much TV is even worse.



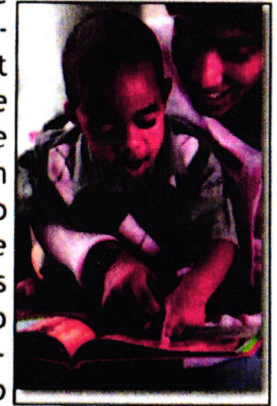
Children need positive, meaningful, and fun things to do and places to go, like the library, sports, karate, music lessons, etc.

- **Positivity** - Children need to develop positive internal values that guide their decisions in life. Values such as caring, integrity, honesty, responsibility, and a positive attitude don't happen accidentally; they must be taught and modeled.

- **Social Skills** - Manners are not out of style. Children need to respect elders, get along with peers, avoid risky situations, make good decisions, and develop interpersonal skills.

A CULTURE OF LEARNING

The key to intelligence is **reading**. It's never too early to begin reading. In fact, the sooner the better. Begin by reading to your baby. Not only do babies love the cuddle time while being read to by Mom or Dad, children who are read to score higher on IQ tests than those who aren't—partly because children who are read to are exposed to more words.



It is very important to have children read aloud. It is also very important to have dads read to children. If you are

not sure about a good book, check out *The Read-Aloud Handbook*. It includes invaluable booklists and reading suggestions for children of all ages.



Have a Learning Hour—a period of time about half an hour to an hour each evening that's set apart for homework. This will get rid of the famous line, "I don't have any homework". Keep the TV and other media off and don't allow friends over during that time.

THE ROUGH TIMES

Sibling Rivalry—When coming home with a new baby let daddy carry the baby so mommy can give hugs. Teach the older sibling how to help. Plan some time with the older child alone.

Temper tantrums—The most important thing to teach the child is that you won't tolerate that behavior. Immediately put the child in a safe timeout area with no attention. When the child calms down reward the compliance. Never cooperate or bargain with the child during a tantrum. Remember you are the CEO.

Stealing—Children do not see stealing as a moral choice. "Fortunately, as with lying, early stealing—that is, between the ages of four and six—is almost always simply a childhood phase. The best approach is to make the child pay in some meaningful way for what was stolen.

Adolescence—adolescence is sometimes spelled t-r-o-u-b-l-e, but you grew up and so will they. Tell yourself, "This too shall pass." "Do not be intimidated by expressions of rage and hatred. You haven't raised a monster. Holding your ground will teach your teenager that these behaviors are not acceptable in the real world. Do not overreact. Be understanding but stay in total control. Remember, you are the CEO.

The Smart Family Brochure is
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Families



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