

Non-discrimination Statement

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.
- This institution is an equal opportunity provider.

You may also write:

Arkansas Department of Human Services
 Office of Employee Relations/Equal Opportunity
 Donaghey Plaza North, Suite 205
 P.O. Box 1437, Slot N250
 Little Rock, Arkansas 72203-1437
 Telephone: (501) 682-6003
 FAX: (501) 682-8926
 TDD: (501) 682-7958

For information or to make complaints other than discrimination complaints, call toll free (800) 482-8988. In Pulaski County, call (501) 682-8233. For TDD service, call (501) 682-8820.

HEARINGS

You have the right to a hearing if you are not happy with any action we take. To ask for a hearing, call or go into the DHS County Office or send a letter to:

Arkansas Department of Human Services ATTN:
 Appeals and Hearings
 P.O. Box 1437, Slot N401 Little
 Rock, AR 72203-1437

Telephone - (501) 682-8622
 Hearing Impaired TDD - (501) 682-6974

**SUPPLEMENTAL NUTRITION
 ASSISTANCE PROGRAM**



SEMI-ANNUAL REPORTING

You have been approved to receive SNAP benefits for one year. During that year a semi-annual report will be mailed to you. You must complete the semi-annual report and return it to the DHS county office. If you do not complete and return the semi-annual report, your case will close.

This pamphlet explains how to complete and return these report forms. It also explains the information you must send with the form to verify your current situation.

If you have questions, please contact the DHS county office.

DHS County Office

IF YOU NEED THIS INFORMATION IN A DIFFERENT FORMAT SUCH AS LARGE PRINT, PLEASE CONTACT THE DHS COUNTY OFFICE. Si necesita este formulario en Español, llame al 1- 800-482-8988 y pida la versión en Español.

Changes to Report Right Away

You must report when your household's* total gross monthly income increases to more than the Supplemental Nutrition Assistance Program gross income monthly limits for your household size. (*Gross income is what you receive before any deductions for taxes, insurance, etc.*) We will tell you on your approval notice what the gross monthly income limit is for your household size. This change must be reported within 10 days of the end of the month when your total gross monthly income first increased to more than our Program limits.

You must also report when household members age 18-49, who do not have dependents, begin working less than 20 hours per week. If you have this reporting requirement your caseworker will tell you who these household members are.

* See the "Definitions" section of this pamphlet for more information about a household.

How to Report Changes

We will provide you with a *Change Report Form* and "*CHANGE REPORT ADDENDUM*" that tell you:

- 1) What the gross monthly income limit is for your household size; and
- 2) If you must report new household members 18-49, who do not have dependent and when a household member begins working less than 20 hours each week

Anyone in your household who gets Transitional Employment Assistance (TEA) or Medicaid must continue to report changes to their TEA/Medicaid worker. We will let you know if the reported change will make a difference in your SNAP benefit amount.

You may get more SNAP benefits if you report certain changes. You don't have to wait until you get your semi-annual report to report these changes. For example, you may wish to report when:

- Your income decreased because someone lost their job, a check stopped coming or someone's work hours were cut, etc.
- Someone moved into your home or someone who has income moved out of your home.

You can use a *Change Report Form* to report changes. Or, you can write a letter, call or go into the DHS County Office.

Due Dates

Your report month is the sixth month of your certification period. Your semi-annual report is due on the fifth day of your report month.* If we get a complete report on or before the due date*, we will complete your report before the end of your report month. We will send a notice if your benefits change.

If you return your semi-annual report before the end of your report month, we will process it. However, we cannot guarantee we will finish your form before the end of the report month. (*This means you might not be able to use your SNAP EBT card at the normal time the next month. You might have to wait for the benefits to become available.*)

* See the "Definitions" section of this pamphlet for more information about report months and due dates.

Definitions

Due Date - The date by which you should return your semi-annual report to the DHS county office. Or, if the county office worker asks you for information, the date by which you must return the information to the worker.

Household - A group of people who live together and buy and prepare their food together.

Report Month - The month during which you must return your semi-annual report to the DHS County Office. (This will be the sixth month of your twelve-month certification period.)

Verification - Information you send or take to the DHS County Office to prove your statements.

If You Do Not Return Your Report Form

If you do not return your semi-annual report before the end of the report month, your SNAP case will close. You will have to re-apply to continue participating in the Supplemental Nutrition Assistance Program.

If You Do Not Provide Required Verification

If you return your semi-annual report but don't supply verification* of your current earned income your SNAP case will close. If you don't supply other verification as requested, your SNAP case may close or your SNAP benefits may be reduced.

*See "Definitions" section of the pamphlet for more information about verification.