



Date Received: _____

Virgin Islands Department of Human Services
Division of Family Assistance
COMBINED APPLICATION - PART I
Food (SNAP) and Cash Assistance

Case Number: _____



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

PLEASE PRINT

Step 1 COMPLETE PART I

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: Other:

- 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.

Signature of Applicant or Authorized Representative

Date

Worker Signature

Date

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

YOUR RIGHTS

- **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 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 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 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 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:** 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 write to or call:

State Agency

Department of Human Services
Division of Family Assistance
1303 Hospital Ground
Knud Hansen Complex – Bldg. A
St. Thomas USVI 00802
Ph: (340) 774-2399

Federal Agencies (SNAP Assistance)

USDA, Director
Office of Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(800) 795-3272 (Voice)
(202) 720-6382 (TTY)

Federal Agency (Cash Assistance)

HHS, Director
Office for Civil Rights
Room 506-F
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 (voice)
(202) 619-3257 (TTY)

USDA and HHS are equal opportunity providers and employers.

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

No. 47 Kongens Gade
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

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 WITHIN 10 DAYS** of the household's knowledge of change: 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, 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 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.

Any household member found guilty by a court of having used SNAP benefits to buy illegal drugs 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 of a felony for distributing or selling controlled substances, will be permanently disqualified from SNAP.

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

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Revised 1/2009

“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
Financial Programs
1303 Hospital Ground
Knud Hansen Complex – Bldg. A
St. Thomas, V.I. 00802**

Name of person requesting hearing

Date

Address

City

Island

Zip Code

Reason for hearing _____

Your Signature

Telephone number (where you can be reached)

DO NOT COMPLETE – FOR OFFICE USE ONLY:

Case Number

Case Worker

Date Notice Sent

Date Request Received