



November 24, 2020

JAMES A COUGHLIN
26H NE PISCASSIC ST UNIT 302
NEWMARKET NH 03857

Aviso importante acerca de sus beneficios. Por
favor llame a la Oficina del Distrito si tiene alguna
duda o pregunta. También puede solicitar servicios
gratuitos de un intérprete.

You must provide certain proofs in order to receive assistance. Please read the section below, note the due dates and return all copies of the items listed to the address above. You may also bring this information to the District Office or upload them to your NH EASY Gateway to Services account. Proof of earned and unearned income must always clearly show the gross amount. You will not get the assistance you need or your assistance may end if we do not get copies of the proofs for the following items by the due dates below.

Verifications

Verifications for: James A Coughlin

Proof of	Examples of what to send	Program	Due Date
Amt/frequency of NH Unemployment Compensation	Check stubs, letter from NHES	Medical Coverage, SNAP	12/04/2020
Amt/frequency of rent payments	Lease, Rental form, shared shelter statement or signed/dated DFA Form 768	SNAP	12/04/2020
Checking account no. and current balance	Current account statement	SNAP	12/04/2020
Residence	Lease, utility bill, tax bill, DFA Form 775, Rental Verification Request	SNAP	12/04/2020
Savings Account no. and current balance	Current account statement	SNAP	12/04/2020

Additional Verification/Clarification

Shared shelter form for proof of residence, rent amount, and meal arrangement. Bank statements from checking and savings account showing current balance. Proof of unemployment benefits. Written statement stating that you have been using your savings account to meet monthly expenses and now hoping that unemployment benefits will begin since savings account is running low, signed and dated. Thank you.

If you are having trouble getting the proofs, don't understand what is needed, or need help getting the proofs, contact us at the telephone number below before the due date above.

EXPEDITED SNAP HOUSEHOLDS:

We will change your SNAP benefit amount starting next month without advance notice if the proof you provide changes your benefit amount.

OTHER SNAP APPLICANTS:

If you provide the proof after the due date but within 30 days of your application date, you may still be eligible for SNAP for the application month. Proofs can still be provided between 30 and 60 days from your application date, but if you are eligible, benefits will begin on the date you provide the proofs, not the date of your application.

RECERTIFYING SNAP HOUSEHOLDS:

If you provide all proof before the end of your certification period, and you are still eligible, your benefit will not be interrupted. **If you do not complete your recertification before the end of your certification month, your case will close. If this happens, your benefits for the first month of your new certification period will be prorated from the date you provide everything we need to determine your eligibility.**

SHARED SHELTER ARRANGEMENTS

Client Name:		Case Number:	
Physical Address:		Telephone Number:	
Mailing Address:			

MEAL ARRANGEMENT FOR FOOD STAMPS

List everyone who lives with you (include all family members and roommates).

Name	Relationship to you	Telephone Number	Is this person's name on the shelter's lease?	Does this person buy his/her own food & eat separately from you?	Person's Signature (if over age 18)	Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SHELTER ARRANGEMENT—RENT, ROOM, BOARD, HEAT, UTILITIES, TELEPHONE, ETC.

<ul style="list-style-type: none"> Is your name on the lease for your shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please complete BFA Form 775 Rental Verification Request or provide a copy of the lease if not on file.)</i> 	<ul style="list-style-type: none"> My portion of rent is \$ _____ Monthly / Bi-weekly / Weekly (circle one)
<ul style="list-style-type: none"> I am responsible for a portion of the heating costs separate and apart from my rent: <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> I am responsible for telephone costs separate and apart from my rent: <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> I am responsible for a portion of the electricity costs separate and apart from my rent: <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> Did you receive fuel assistance in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide copy of approval letter.)</i>
<ul style="list-style-type: none"> I am responsible for a portion of internet service (including mobile data) separate and apart from rent: <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Client Signature

Date

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301

BFA SR 20-25
(3YC)

CASE# 927667791

FOOD STAMP PROGRAM CHANGE REPORT FORM

Use this form only when reporting changes that will affect your Food Stamp eligibility or benefits.

If you only get Food Stamps and are certified for 4, 5, or 6 months, you have special reporting requirements: You only have to report those changes that cause your household's gross monthly income to exceed the 130% threshold for your household size. This kind of change must be reported by the 10th day after the month in which your household's income rises above the 130% threshold. Refer to DFA Form 215, *Reporting Requirements Handout*, which you received from your Family Services Specialist, for further information.

If your Food Stamp certification period is not 4, 5, or 6 months OR you also receive cash, Child Care, or Medicaid: Refer to DFA Form 215, *Reporting Requirements Handout*, for those changes you must report. Those changes listed must be reported within 10 days of when the change actually happens. You may report changes by mail, fax, phone, or in person. The Client Services phone number is shown on the reverse side of this form.

Reporting only those changes that you are required to report will help us make sure that you get the full amount of Food Stamp benefits that you are entitled to receive. Return as much proof of the changes as you can, along with this form, to the address on the back of this form. Examples of proof that would verify your changes are shown on the reverse side of this form.

If you are unsure about what kinds of changes you should report, please call the number on the back of this form.

If Your Income Changes

You **must** report to us when any household member's earned income or unearned income from private sources (child support, alimony, etc.) goes up or down by more than \$100 a month, unless that income has been averaged over your certification period. You **do not** have to report changes in your State Assistance payment.

<u>Name</u>	<u>Source of Income</u>	<u>Total New Amount</u>	<u>How Often Received?</u>
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If Someone Leaves or Joins Your Household

If any individuals join or leave your household, you **must** report the change.

<u>Name</u>	<u>Joined</u>	<u>Left</u>	<u>Disabled</u>	<u>Date of Birth</u>	<u>Gross Income Each Month</u>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If You Move or Your Shelter Costs Change

If you move, you **must** report your new:

Telephone Number: _____

Address: _____
New Mailing Address City State Zip Code

If you move, you must list your new expenses below if you would like to receive the deduction. ***If you do not provide your new shelter costs you will not receive a deduction for those costs.***

<u>Type of Costs</u>	<u>Monthly Expense</u>	<u>Type of Costs</u>	<u>Monthly Expense</u>
Rent or Mortgage	\$ _____	Gas for Heating/Cooking	\$ _____
Property Taxes	\$ _____	Oil For Heating	\$ _____
Insurance on Your Home	\$ _____	Water and Sewage Fees	\$ _____
Telephone	\$ _____	Garbage and Trash	\$ _____
Electricity	\$ _____	Other: _____	\$ _____

If Your Dependent Care Costs Change

Dependent Care Costs Each Week

If your household pays for the care of a child or a disabled adult so another member can get to work or training outside the home, and the costs went up, you could possibly qualify for more Food Stamp benefits if you report the change.

\$ _____

(Over)

DFA SR 12-04
(1YC)

<p>If Your Resources Change</p> <p>You must report to us if the total amount of money that the members of your household have in cash, bank accounts and in stocks and bonds increases to more than \$2,000.</p>	<p>How much does your household now have?</p> <p style="text-align: right;">\$ _____</p>		
<p>If You Change Cars or Registered Vehicles</p> <p>You must report changes in cars, trucks, boats, campers, snow machines, motorcycles, etc. that you own.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Acquired <input type="checkbox"/> Sold for \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Make Model Year </div> </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Acquired <input type="checkbox"/> Sold for \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Make Model Year </div> </td> </tr> </table>		<input type="checkbox"/> Acquired <input type="checkbox"/> Sold for \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Make Model Year </div>	<input type="checkbox"/> Acquired <input type="checkbox"/> Sold for \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Make Model Year </div>
<input type="checkbox"/> Acquired <input type="checkbox"/> Sold for \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Make Model Year </div>	<input type="checkbox"/> Acquired <input type="checkbox"/> Sold for \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Make Model Year </div>		
<p>Do you expect the changes you have reported will remain the same next month? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If no, please explain:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>			
<p><u>EXAMPLES OF PROOF</u> - Additional or alternative proof may be requested by the District Office.</p> <p>Unearned Income. Copies of checks; check stubs; letter from the private source making the payments.</p> <p>Earnings/Work Status. Most recent pay stubs for at least 4 consecutive weeks; letter from the employer; or our DFA Form 756.</p> <p>Employment Expenses. (Taxes; childcare; transportation, etc.). Pay stubs; receipts; letter from the employer/provider.</p> <p>Cash Resources (balances must be current). Passbooks; bank or credit union statements; broker or trustee statements.</p> <p>Personal Property. (Cars, trucks, campers, boats, motorcycles, snowmobiles). A title and registration; bill of sale.</p> <p>Child/Dependent Care Expenses. Receipts for the cost of care; hours of service provided. Letters from employers or schools indicating employment or training status.</p> <p>Real Estate. (Personal and business property). All documents including deeds, mortgages, tax bills, insurance policies.</p> <p>Residence/Shelter Expenses. (Rent, mortgage payments, taxes, heat, electricity, insurance, telephone, sewage and garbage fees). A current rent receipt signed by your landlord (with your name, address, date, amount of rent and whether heat or utilities are included) or by the person you live with (regarding charges for room or food); canceled checks; or our DFA Form 775 or DFA Form 768.</p>			
<p><u>PENALTY WARNING AND STATEMENT OF UNDERSTANDING</u></p> <p>Anyone in your household who purposely breaks any of the rules can be barred from the Food Stamp Program for periods ranging from 24 months to permanently, and may be fined up to \$250,000, imprisoned up to 20 years, or both, and may be subject to prosecution under other applicable federal laws. DO NOT:</p> <ul style="list-style-type: none"> give false information in order to continue receiving Food Stamp benefits. trade or sell Food Stamp benefits to anyone who is not authorized to use them for your household. use Food Stamp benefits to buy ineligible items such as alcoholic drinks and tobacco. use any Food Stamp benefits that your household was not entitled to receive. <p>I understand the penalty for hiding or giving false information. I understand I will owe the value of any extra Food Stamp benefits I receive because I do not fully report changes in my household. I agree to prove any changes I report, when asked. My answers on this form are correct and complete to the best of my knowledge.</p> <p>Signature: _____ Name (Print): _____</p> <p>Address: _____</p>			

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CALL 1-800-852-3345 ext. 9700

TTY/TDD Access: Relay NH 1-800-735-2964 or 711

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301

Reporting Requirements if You Just Get SNAP

If I just get SNAP (Food Stamps) what household changes do I need to report?

If your household just gets SNAP (Food Stamps), you must tell us if:

- Your household income increases above a certain amount;
- An ABAWD in your household has their work hours fall below 20 hours per week averaged monthly; See BFA Form 216 *Are you an ABAWD?* for more information; or
- A household member wins \$3,500 or more in a single game or lottery.

! If your household experiences one of the above changes, you must report the change by the 10th of the month following the month when the change occurred. If your income decreases, you do not have to report it but doing so might increase your benefits. !

What changes in income do I need to report?

Your last Notice of Decision will tell you what income changes you must report. If you do not have your NOD an explanation of changes you must report is below.

If your income was at or below 130% of the Federal Poverty Guidelines (FPG) at your application or most recent redetermination, you must tell us if your household income goes above 130% of the FPG. If your household income was above 130% of FPG at your last application or redetermination, you must tell us if your household income goes above 185% of FPG. If you do not have your last Notice of Decision you can find out what income changes you must report by doing the following steps:

Step 1: Determine your household size. _____

Step 2: Find your gross monthly income at application or your last redetermination. _____

Step 3: Match your household size from Step 1 to the corresponding row on the table below. If your income from Step 2 is at or lower than the amount in the correct row in Column A, and you have a child in your household, then this amount is your income limit. If your income from Step 3 is higher than the amount in the correct row in Column A, then the amount in the correct row in Column B is your income limit. You must report when your gross monthly income goes above your income limit.

Household Size	Column A (130% FPG)	Column B (185% FPG)
1	\$1,383	No child in household
2	\$1,868	\$2,658
3	\$2,353	\$3,349
4	\$2,839	\$4,040
5	\$3,324	\$4,730
6	\$3,809	\$5,421
7	\$4,295	\$6,112
8	\$4,780	\$6,802
For each additional household member add:	\$486	\$691

Example: Jane Doe is the head of a SNAP household of 3 people. Her household's monthly income was \$2,500 at her last redetermination. Jane looks at the row for a household size of 3. She sees that the amount in column A is lower than her household income. Jane then looks to Column B to see that she must report if her income increases above \$3,349 per month

See other side for reporting requirements if you get cash, NH Child Care Scholarship, or Medicaid.

If you receive cash, NH Child Care Scholarship, or Medicaid, see below for reporting requirements.

For any of the programs above **you must report all changes in:**

- source of income;
- hours worked by a household member;
- amount of income of any member in your household;
- assistance group or household composition;
- resources (e.g. cash, stocks, bonds, or money in a bank or savings account);
- receipt of any lump sum payment or settlement;
- a change in tax filing status or in private medical insurance coverage;
- child care costs, child support payments or medical deductions; or
- other changes that may affect the amount of your household's benefits.

REPORT WITHIN 10 CALENDAR DAYS AFTER THE CHANGE HAPPENS.

Nondiscrimination 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: [How to File a Complaint](#), 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: [SNAP Hotline](#).

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.

WEBSITE FORMS

My signature certifies that I have agreed to review the website and forms listed below, that I understand that I will be held responsible for the information in those forms, and that I have the right to ask for a paper copy of these forms at any time:

Signature of Applicant

Date

Printed Name of Applicant

Website that I agree to visit: www.dhhs.nh.gov/dfa/apply.htm

Forms I agree to review on the website:

- Programs & Services Guide (BFA Form 800A)
- Your Rights & Responsibilities (BFA Form 811R)
- Reporting Requirements Handout (BFA Form 215)
- How to Report a Change in Your Case (BFA Form 217)
- It Takes A Village (BFA Form 77U)
- Your Rights to an Administrative Appeal

Additional forms I agree to review on the website if applying for Food Stamp benefits:

- SNAP Pamphlet (BFA Form 77d)
- How To Use Your NH EBT Card (BFA Form 77G)
- Change Report Form (BFA Form 470)

Additional forms I agree to review on the website if applying for FANF Cash:

- Cash Restrictions Fact Sheet (BFA Form 214)
- FANF Fact Sheet (BFA Form 260)
- FANF Pamphlet (BFA Form 77A)
- Lump Sum Payments and FANF (BFA Form 77i)
- 60-Month Time Limit (BFA Form 242)
- How Your Benefits Will Change When You Go To Work (BFA Form 757)

Other information I agree to review on the website if applying for NH Child Care Scholarship:

- Information on eligibility for reimbursement for child care services can be found at the Child Development Bureau (CDB) website. [<http://www.dhhs.nh.gov/dcyf/cdb/index.htm>]
- Billing and reimbursement forms needed for NH Child Care Scholarship on the CDB site. [<http://www.dhhs.nh.gov/dcyf/cdb/forms.htm>]
- The Child Care Resource & Referral site for information about how to find affordable and supportive child care in NH. [<http://nh.childcareaware.org/>]

Additional forms I agree to review on the website and complete if applying for any Adult Cash or Medical Assistance Program:

- Cash Restrictions Fact Sheet (DFA Form 214)
- NH State Supplement Programs (DFA Form 77c)
- Liens and Estate Claims Pamphlet (DFA Form 77s)
- Reimbursement Agreement and Acknowledgment (DFA Form 770)

Additional forms I agree to review on the website if applying for Long-Term Care:

- Verification Checklist, Long-Term Care
- Release of Information, Long-Term Care

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, 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](#), (AD-3027), found online at: [How to File a Complaint](#), 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:

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Office of the Assistant Secretary for Civil Rights
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Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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