

WASHINGTON CO. DEPT. OF HUMAN SERVICES EN900
 CITIZEN'S PLAZA, 10TH FLR
 400 DEADERICK ST.
 NASHVILLE TN 37243-1403

ARON FF30
 TEST
 159 STATE ST.
 CITY TN 99999



AG Name: ARON FF30
 Worker: WASHINGTON ELIGWKR
 Phone: (615) 741-3553 EXT. 1234

Case Number: 0050641538
 Worker ID: DET90CA
 Date: 09/22/2031

CD: FS-01 C4

To keep getting your Food Stamp benefits, you must complete and return a Simplified Reporting Form by OCTOBER 10, 2031.

The Tennessee Department of Human Services (DHS) must have information about your circumstances. **You must complete and return a Simplified Reporting Form by OCTOBER 10, 2031.**

If you do not complete and return the form, **your Food Stamp benefits will stop.** You must give us proof of the changes you report.

Please complete the front and back of the next form. You may return the form and verifications in person or by mail. A postage paid envelope is enclosed for you to use. If you have questions or cannot provide the information, please call your worker.

¿Habla español? 1-866-311-4287

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 423-928-8311.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:



If you cannot do something we asked you to do;

- we can help you do it, or
- we can change what you have to do.

Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about Families First problems. You can talk about Food Stamp problems.
This is a free call. (Call 615-743-2000 if you live in the Nashville area.)



Tennessee Department of Human Services
Simplified Report

Assistance Group(AG) Name and Address:

ARON FF30
TEST
159 STATE ST.
CITY TN 99999

Case Number: 0050641538/FS/01

Worker: WASHINGTON ELIGWKR

Phone: (615) 741-3553 EXT. 1234

Mail Date: 09/22/2031

Date Simplified Report (SR) Form Due: 10/10/31

You must complete this report and return it with proof of your changes by the SR form due date above in order to continue to receive Supplemental Nutrition Assistance Program (SNAP)/Food Stamp benefits. We will use the information on this form to see if you are still eligible for benefits or to determine if the amount of your benefits will change. If you need help filling out this form, please call the telephone number listed above.

Your case may close or benefits may be delayed if you do not return this form along with proof of your changes by the SR Form due date.

1. Address (If no change, circle no change)

Mailing Address: No Change

New Address:

Physical Address: No Change

New Address:

Telephone Number: - - No Change

New Telephone Number: - -

Want to report a change in shelter costs? Yes___ No___

Rent/Mortgage: \$	Electricity: \$	Gas/Oil: \$	Other: \$	\$:
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2. Household Members (if no change, circle no change)

No Change

Name	Date Moved
	/ /
	/ /
	/ /
	/ /

List information for any new members you want to add to your SNAP case

Name:	Name:
Date of Birth: / /	Date of Birth: / /
Sex:	Sex:
Social Security Number:	Social Security Number:

*Social Security Numbers are used to check computer systems before new members may be added to the case. If you have a social security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member. DHS does not need social security numbers or citizenship/immigration status for household members not applying for benefits. If a social security number is provided for someone who is not applying for benefits, it will not be sent to immigration and naturalization services in order to verify their status.

3. Resources for Your Household

a) Are the combined liquid resources (cash, bank accounts, stocks, bonds, etc.) of everyone in your household over \$2,250? Yes___ No___

IF YES:

TYPE:	TOTAL:
-------	--------

TYPE:	TOTAL:
-------	--------

b) Has anyone in your household acquired a vehicle since your last certification interview? Yes___ No___

c) IF YES:

YEAR:	MAKE:	MODEL:
-------	-------	--------

YEAR:	MAKE:	MODEL:
-------	-------	--------

4. Child Support Obligation

Has the amount of child support any household member is required to pay changed? If yes, what is the new amount?

Yes ___ No ___ Not Applicable ___

If yes, what is the new amount? \$:

Has the requirement to pay child support changed?

Yes ___ No ___ Not Applicable ___

If yes, what is the change?

5. Earned Income for Your Household

Have there been any changes in jobs for anyone in the household?

Yes ___ No ___ Not Applicable ___

Has anyone started or stopped a job, or if your worker has told you that you are subject to rules about Able-Bodied Adults, have your work hours gone below 20 hours per week?

___ Yes New Job Started
___ Yes Previous Job Ended
___ No
___ Not Applicable

If yes, who:

When:

New Employer:

New Income Amount:

Previous Employer:

Has the amount of income from a job changed by \$100 or more per month?

___ Yes ___ No ___ Not Applicable

If yes, for whom?

What is the new amount? \$ Source:

ABAWDs can only get SNAP for 3 months in 3 years if they are not working, participating in qualifying education and training activities, volunteering or any combination of these for at least 80 hours per month. The time limit does not apply to people who are unable to work due to physical or mental health reasons, pregnant, or are exempt from the general work requirements .

6. Unearned Income for Your Household

Has the amount of income from unemployment, pensions, disability, child support, or other sources changed by more than \$50?

___ Yes ___ No ___ Not Applicable

If yes, for whom?

What is the new amount? \$ Source:

Has anyone started or stopped receiving income from unemployment, pensions, disability, child support, or other sources?

___ Yes ___ No ___ Not Applicable

If yes, for whom?

What is the new amount? \$ Source:

Is there any other information you want to share with us? If yes, please explain here.

I certify that the information given on this form is correct to the best of my knowledge. I am aware that if I provide false information I will be breaking the law and may have to repay any benefits received.

X
Signature

Date


X
Authorized Representative or Guardian

Date

Need to report a change? Have a question? Need help? Call us. This call is free: Family Assistance Service Center 1-866-311-4287. We are here to help you from 7:00 a.m.- 5:30 pm Monday-Friday.

If you do not give us social security numbers or proof that a social security number has been applied for, we will not add new people to your household. The collection of this information, including the social security number of each household member, is authorized under the Food and Nutrition Act. We use Social Security Numbers to check that you are who you say you are. We use them to make sure you get the right amount of benefits, to change the amount of benefits you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check Immigration and Naturalization Records. If those records don't match what you say, it may affect whether you qualify and how much cash or Food Stamp (SNAP) benefits you get. You may be subject to criminal prosecution for knowingly providing incorrect information.

ALEC PERSON
HKT
123 STATE ST.
CITY TN 99999



AG Name: ALEC PERSON Case Number: 0050456935
Worker: LEAD SHELBY COUNTY Worker ID: DET79CC
Worker's Phone: (901) 111-3000 Ext. 4222 Date: 08/14/2031

CD: C5


**You have a telephone interview appointment with us on
September 02, 2031.**

It is time for us to look at the benefits (Food Stamps, and/or Families
First) you get from the Department of Human Services (DHS).
We must do this to see:

If you still meet all the rules, and
If you are getting the right amount.

Your worker will **call** you for the telephone interview appointment on
09/02/2031 at 8:00 AM. **You may get our call any time in the hour
after that.** Your telephone interview will be with:

LEAD SHELBY COUNTY



We **must** have your application **before** we can call you. We will be able
to finish your case faster if we **also** get your other papers before we
call you. See page 3 of this letter for the list of things you need
to send us. You can mail them in the envelope included with this
letter or fax them to the DHS office. To get the fax number at your
county DHS office, call:

(901) 111-3000 Ext. 4222

Please include your current phone number or a number where we can
reach you on your application.

If there is not a phone where we can reach you, or if you would prefer a face-to-face interview, please contact your worker at (901) 111-3000 Ext. 4222 or call **1-866-311-4287**. This is a free call. If you live in **Nashville**, call **615-743-2000**. The address for your DHS office is:

SHELBY COUNTY DEPARTMENT OF HUMAN SERVICES
CITIZEN'S PLAZA, 8TH FLOOR
400 DEADERICK ST. -SAT 2
NASHVILLE TN 37243

Can't talk at the time we set for you?

You must call your worker right away for a new time. If you cannot get your worker at (901) 111-3000 Ext.4222 call: **1-866-311-4287**. This is a free call. If you live in **Nashville**, call **615-743-2000**.

If you receive Food Stamp benefits and you miss your appointment,

You must reschedule prior to the end of the month your benefits end to prevent case closure, denial or delay of benefits. If you prefer a face-to-face visit, please contact your worker or call **1-866-311-4287**. This is a free call. If you live in **Nashville**, call **615-743-2000**.

Can't talk with your worker at all?

You can give someone else the right to do this for you. We call this person your authorized representative. List this person and a phone number where they can be reached on your application.

IF YOU GET FOOD STAMPS:

You must complete a new application and be interviewed if you want to keep getting Food Stamps.

You will not get your Food Stamps on time if you wait until after 09/15/2031 to send us your application. We will accept your application if:

- 1) It is signed; and
- 2) We can read the name and address on it.

Does everyone in your Food Stamp household get SSI (Supplemental Security Income) payments? If so, you can apply for Food Stamps at Social Security or the Department of Human Services.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at **901-523-8822**.

Your application is in this packet. It **must** be filled out and sent back to DHS **before** we call you. Make sure the application is completed, signed, and dated **before** you send it to us.

See below for a list of the things you need to send us with your application:

Proof of income

- If you or anyone who gets benefits with you has a job, we need proof of income for the last 8 weeks. You can send us check stubs or a letter from the employer listing the last 8 weeks of gross income.
- If you or anyone who gets benefits with you has income from any other source, send us proof. This includes child support, rental income, VA payments, or money from a friend or family member.
- If you get Social Security or SSI, you **DO NOT** have to send us proof.

Proof of these things only if they have changed

- Where you live;
- Rent or mortgage;
- What you pay for child care or adult care;
- Utility costs;
- Child support paid to someone else;
- Resources such as bank accounts, stocks, or trust funds.
- Social Security numbers for people you need to add to your case; and
- ID (such as a drivers license or passport) for people you need to add to your case.

If you get Food Stamps and are 60 or older or disabled, send us

- Proof of medical expenses that you pay every month.

If you get Families First, send us

- Proof that school-age children are in school
- Proof that children are current on their immunizations and health checks.

After we talk to you, we might ask you for more proof. We can help you get this or any of the information listed above if you ask us to.

These papers are also in your packet:

- **Change Report Form and Simplified Reporting Rules.** If your benefits are reapproved, use the Change Report Form to tell us about changes in your case(s).
- **A return envelope.** Use the envelope to send us your application and the information we need to decide if you can still get benefits.

- **Appeals sheet.** This tells you about your rights if you don't agree with our decision.

You may also complete the application online at:
<http://www.tennessee.gov/humanserv/>.

Please make sure your application is signed and be sure the phone number you give on your application is a number where we can reach you.

Habla Español? 1-866-311-4287

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do;

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

(Call 615-743-2000 if you live in the Nashville area.) You can talk about Families First problems. You can talk about Food Stamp problems. This is a free call.

Tennessee Department of Human Services
Family Assistance Renewal Application
 THIS BOX DHS USE ONLY



IMPORTANT: ENTER YOUR SOCIAL SECURITY NUMBER IN THE BOXES BELOW

Case #: _____

Date Received: _____

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In order to keep getting your benefits, we need to know if there have been any changes in your household's situation. Please complete this form, sign the other side, and mail it to your county DHS office. A pre-paid envelope is included in your appointment letter packet.

Name		I am applying for: ___ SNAP/Food Stamps ___ Families First		
Home Address		Please mark with a "x" the phone number you want your caseworker to call		
City	State	Zip Code	Home Phone ()	Work Phone ()
			Cell Phone ()	

If someone does not want to apply for benefits you do not need to give their Social Security number

List everyone in your household (including self)	Applying for benefits? (Yes/No)	Social Security Number	Date of Birth	Relation to you (self, son, daughter, etc.)	Does person have income? (Y/N)	Income Amount Per Month	Source of Income

Income includes work, self-employment, SSI, Social Security, unemployment, money from someone else, VA payments, lottery winnings, pensions, child support, alimony or other money you get.

Since your last DHS review, have there been any changes in the people living in your home?
 () Yes () No If yes, list the name(s) and if they moved in or out:

Name: _____ Circle one: Moved in Moved out

Name: _____ Circle one: Moved in Moved out

We use Social Security Numbers to check that you are who you say you are. We use them to make sure you get the right amount of aid, to change the amount of aid you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check Immigration and Naturalization Records. If those records don't match what you say, it may affect whether you qualify and how much cash or food stamps you get. You may be subject to criminal prosecution for knowingly providing incorrect information.

We also need to know about any changes in your resources. Resources include cash, savings or checking accounts, certificates of deposit, stocks, bonds, mutual funds, retirement accounts, pre-paid funeral plans, trust funds, annuities, cars, property or other assets not listed.

Does anyone have a new resource OR a resource that has changed in value? () Yes () No If yes, list who below:	Type of resource	How much is it worth?

Have there been any other household changes? These include an increase or decrease in utility expenses, rent or mortgage amount, child care expenses, child support paid out, changes in medical expenses, or any other changes not listed () Yes () No If yes, please explain



792-EN-000001-0304

Do you have questions? Do you have a complaint about your rights to privacy? You can call or write one of these offices to ask questions or make a complaint. You will not lose your eligibility because you complain or ask a question. Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, or call at 615-313-4700. Office for Civil Rights, DHHS, 61 Forsyth Street, SW. - Suite 3B70, Atlanta, GA 30303-8909, (404) 562-7886; (404) 331-2867 (TDD), (404) 562-7881 FAX

Your right to a fair hearing: If you don't agree with what we decided on your application or case, you can appeal for a fair hearing. You may speak for yourself at the hearing. You also may bring a friend, relative, or lawyer to speak for you. After you hear from us, you have 90 days to file an appeal for Families First and Food Stamp benefits. If you want to file an appeal, tell your DHS caseworker. You can also call the Family Assistance Service Center toll-free at 1-866-311-4287.

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, audio tape, 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 at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, person should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers 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, 200 Independence Avenue, S.W., Room 515 F., Washington, D.C. 20201 or call (202) 619-0403 (Voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider. You may also write Tennessee, Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Your SNAP/Food Stamp benefits may end if you:

- *Give incorrect information or hide facts to get SNAP benefits;
- *Use someone else's Benefit Security Card without their permission;
- *Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP/Food Stamp benefits for drugs. You can be cut off for:

2 years the first time and forever the second time.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- *Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- *Selling SNAP/Food Stamp benefits worth \$500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Federal and/or State Convictions:

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP/Food Stamp benefits from two or more states at the same time? Yes___ No___

Have you or any household member used TANF funds at the following establishments liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, or race tracks? (TANF only) Yes ___ No___

Have you or any household member been convicted of buying or selling SNAP benefits over \$500; or trading SNAP benefits for guns, ammunitions, or explosives after 08/22/96? Yes ___ No___

Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP/Food Stamp & TANF)? Yes ___ No ___

Are you or any household member hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a felony crime or attempted felony crime, or violating a condition or parole or probation violations? Yes ___ No ___

Have you or any household member been convicted of trading SNAP/Food Stamp benefits for drugs after 08/22/96? Yes ___ No ___

Some SNAP participants between the ages of 16-59 must register for work. This is accomplished when a SNAP application is signed. The adult who signs the application registers all adults in the SNAP unit who are required to register for work. You should also accept and keep suitable employment, and may have to work with Department of Labor and Workforce Development. Individuals who fail to cooperate without a good cause may be disqualified from SNAP.

This box for Families First only: Permission to release school attendance records:

I (client) give permission for the school attendance records of children I include on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities and the records will be destroyed when they are no longer needed.

Signature: _____ Date: _____

I certify under penalty of perjury and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give DHS permission to get proof. I understand I must report any changes about our living situation within 10 days.

Signature: _____ Date: _____

Witness (if signed with an X): _____ Date: _____

Guardian or Authorized Representative: _____ Date: _____

Do you want to register to vote? Yes No

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.



Tennessee Department of Human Services Change Report Form

CASE NAME: _____ CASE #: _____ DATE: _____

PERSON REPORTING: _____ PHONE #: _____ SOC. SEC. #: _____

Do you need help in obtaining the required verifications? Yes _____ No _____

IMPORTANT NOTICE ABOUT REPORTING CHANGES TO YOUR FOOD STAMP CASE

If your caseworker tells you that your case is now "Simplified Reporting" for Food Stamp (SNAP) benefits, you have to report to us if your household has an employed ABAWD (Able Bodied Adults Without Dependents) whose hours go below an average 20 hours per week or if there is a change in your total gross monthly income, as shown below.



If this many people live in your home and buy
and fix food together

You have to report to us if your total monthly income (before anything is
taken out) goes over

1	\$1287
2	\$1736
3	\$2184
4	\$2633
5	\$3081
6	\$3530
7	\$3980
8	\$4430
9	\$4881
10	\$5332

10-1-16

*For each additional person, add \$451.

If your total monthly income goes over the amount we show for your family (household) size above or if you are subject to rules about Able-Bodied Adults and your work hours gone below 20 hours per week, **you must tell us about it by the 10th day of the next month after your change.** Households are free to report other changes for SNAP Simplified Reporting cases, but you are not required to do so. If you report changes it may affect your benefits. SNAP cases that aren't simplified reporting must report all changes within 10 days.

Families First Changes

You must still report ALL changes for Families First within 10 days. If you report changes it may affect your benefits.

ADDRESS CHANGE

New Address? _____ Rent Amount? _____
 Landlord? _____ LL Address/Phone: _____
 House Payment Amt? _____ Homeowner's Insurance Amt? _____ Property Tax Amt? _____
 Utility Bills? Yes _____ No _____ If no, who pays them for you? _____
 Has anyone moved in or out of your household? If so, who? _____ New Phone #: _____

ADDING HOUSEHOLD MEMBERS

Name of person(s) to be added: _____
 Date(s) of Birth: _____ What relationship is the person(s) to you? _____
 Has the person(s) ever received benefits in another state, county or case? If so, where and when? _____
 Income: Yes _____ No _____ Type: Earned _____ Unearned _____ Self-employment _____
 If yes, complete the Employment and/or Unearned Income sections.
 Resources: Yes _____ No _____ Type: _____ Amount: _____
 Social Security number of new person(s) seeking assistance*: _____

*Social Security Numbers are used to check computer systems before new members may be added to the case. If you have a social security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member. DHS does not need social security numbers or citizenship/immigration status for household members not applying for benefits. If a social security number is provided for someone who is not applying for benefits, it will not be sent to immigration and naturalization services in order to verify their status.

REMOVING HOUSEHOLD MEMBERS

Person Leaving _____ When? _____
Where did they go? _____

FEDERAL AND/OR STATE CONVICTIONS

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or Food Stamp benefits from two or more states at the same time? Yes _____ No _____
Are you or anyone in your household a fleeing felon? Yes _____ No _____
Do you or anyone in your household have parole or probation violations? Yes _____ No _____
Have you or anyone in your household been found guilty of a drug related felony that was committed after August 22, 1996? Yes _____ No _____

EMPLOYMENT/CHILD CARE

Who: _____ Where: _____ Date Change Occurred: _____
Pay per hour: \$ _____ Hours per week: _____ Monthly Amt: \$ _____ Date of first check: _____
Frequency Paid: _____ Day of Week Paid: _____ Supervisor: _____
Address/Phone of Employer: _____
Child Care Expense: \$ _____ Frequency Paid: _____ Provider: _____ Phone: _____

LEAVING EMPLOYMENT

Who: _____ Employer: _____ Phone Number: _____
Last day/date of work: _____ Date of Last Check: _____
Why did you leave your job? _____ Did you get a layoff slip? Yes _____ No _____
Have you applied for Unemployment Compensation? Yes _____ No _____ Are you eligible? Yes _____ No _____

UNEARNED INCOME/MEDICAL EXPENSES

Household member receiving income: _____ Is this temporary? _____
Income Source: _____ Monthly Amt of Income: \$ _____ Claim No.: _____
When did payments begin? _____ Did you receive a lump sum? Yes _____ No _____ Amt: \$ _____
How often will you receive your income? _____ Benefits are based on: Disability? _____ Elderly? _____
Out of Pocket medical expenses: HH member: _____ Amt: \$ _____ Provider: _____

If your case is Simplified Reporting (SR) for Food Stamp benefits, your case is approved for 12 months. **You must complete and return a 6 month SR Form to your caseworker to keep getting your Food Stamp benefits.**

We will send the 6 month SR Form to you and provide you with a self-addressed, stamped envelope. **If you do not complete and return the report form to your caseworker by the due date on the report form, your Food Stamp benefits will end.** The next time you renew your food stamps, you will receive a telephone interview. You can ask for a face-to-face interview at the DHS office if you want one. Need to report a change? Have a question? Need help? Call us. This call is free. **Family Assistance Service Center 1-866-311-4287.** We are here to help you from 7:00 a.m. to 5:30 p.m. Monday through Friday.

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If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax, (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845 6136 (Spanish). You may also write Tennessee, DHS, Office of General Counsel, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243.

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 U.S. Department of Health and Human Services, 200 Independence Avenue S.W. Room 509F HHH Bldg., Washington D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). For questions about the Food Assistance Program, call 1-855-275-6424.