

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

SNAP Mid-Certification Form



Who needs to complete this form?

Households certified for 12 months or longer must complete a mid-certification report every 6 months to continue receiving SNAP benefits in the District of Columbia (District). Households approved for the District's Elderly Simplified Application Project (ESAP) that are still ESAP eligible are not required to complete the mid-certification report.

What do you need to do?

If you want to keep getting SNAP benefits, you must complete the attached mid-certification form and submit it to the DC Department of Human Services (DHS) Economic Security Administration (ESA) by the 1st day of the 6th month of your 12-month certification period. Households with a 36-month certification period that have transitioned off ESAP must submit a form by the 1st day of each 6th month (months 12, 18, 24, 30).

How can you submit your documents?

You can submit your mid-certification form with proof of any changes using one of the following methods:

- **Online:** Visit District Direct at <https://districtdirect.dc.gov/> and upload copies of each electronically
- **Mobile:** Download the **District Direct Mobile App** to your phone from the Apple or Google Play store and upload a copies of each electronically
- **In person:** At one of the DHS/ESA Service Centers
- **Fax** to ESA at (202) 671-4400
- **Mail** to ESA at: DC Department of Human Services
Case Record Management Unit
P.O. Box 91560
Washington, DC 20090

You can use a separate sheet of paper to explain any of your answers or give more information. Any separate sheets of paper must be sent with this form.

What else do you need to know?

- If this form is late or incomplete, you may not get your SNAP benefits on time.
- To receive uninterrupted benefits households certified for 12 months must submit their SNAP mid-certification form by the first day of the 6th month of your certification period. Households with a 36-month certification period that have transitioned off ESAP must submit a form by the 1st day of each 6th month (months 12, 18, 24, 30).
- If you do not return the SNAP mid-certification form by the end of the 6th month of your certification period (or 12th, 18th, 24th, or 30th month for households certified for 36 months) **your SNAP benefits will stop.**
- We will send a notice before stopping or reducing your benefits. If you disagree with a decision to reduce or stop your benefits, you have a right to a fair hearing.
- If you do not return proof that we request in this form on time, we may close your SNAP case or you might get less benefits than you are eligible for.
- If your case is closed, you may need to complete a new application.

Where can you get more information?

If you have any questions, need language assistance, or an extra copy of the form, please call (202) 727-5355. If you are Hearing Impaired, you may call TTY/TDD 711.

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SNAP MID-CERTIFICATION FORM

IF YOU NEED HELP TO COMPLETE THIS FORM CALL: (202) 727-5355 TTY/TDD: 711.

Your Information

Full Name:	Date of Birth (mm/dd/yyyy):	Your Case Number (if known):
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Question #1: Earned Income Changes

Did anyone's income change because of starting, stopping, or changing jobs since your last application/recertification date?									<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your household have a change in the amount it earned of more than \$125 per month since your last application/recertification date?									<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes to the second question above, enter the amount of wages from the <u>last 30 days</u> in the boxes below AND attach proof.</i>										
Who	Pay Date	Amount	Pay Date	Amount	Pay Date	Amount	Pay Date	Amount		
		\$		\$		\$		\$		
		\$		\$		\$		\$		

Question #2: Unearned Income Changes

Did your household have a change of more than \$125 in any type of unearned income since your last application/recertification date?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Types of unearned income include Supplemental Security Income (SSI), Veterans Benefits, Unemployment Compensation, Foster care/adoption subsidy, alimony, etc. You do not need to report changes in District Temporary Assistance for Needy Families, Program on Work Employment and Responsibility, General Assistance for Children, Refugee Cash Assistance, or Interim Disability Assistance because those benefits are jointly processed with SNAP.</i>					If yes , complete the box below AND attach proof	
Who	Amount	Date	How often received?	Type		
	\$					
	\$					

Question #3: Household Member Changes

Have there been any changes to membership in your SNAP household since your last application/recertification date?

Yes No

If **yes**, complete the section below

This could include people who moved in or out, births, deaths, etc.

Last Name	First Name	Middle Name	Date of Birth	SSN	Relation to you (child, aunt, etc.)	Do you eat together?	U.S. Citizen?	When did they enter or leave?
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:

Question #4: Child Support Payment Changes

Did anyone have a change in the legal obligation to pay Court-Ordered Child Support to someone who does not live in the SNAP household since your last application/recertification date?

Yes No

If **yes**, complete the section below **AND** attach proof

Who Paid?	For which child?	Legal Obligation Monthly Amount	Monthly Amount Actually Paid

Question #5: Address and Shelter Expense Changes

Did you move or have a change of address that resulted in a change to your shelter costs since your last application/recertification date? Yes No

If **yes**, complete this section **AND** attach proof of your current shelter costs , like rent, taxes, utilities

New Address: _____

Street Apt # City State Zip

Is everyone in your household **homeless** and **not receiving free shelter** throughout the month? Yes No

If **yes**, do you agree to have your benefit amount determined using a different shelter deduction to get a higher benefit? Yes No

Rent or mortgage per month now: \$	Property taxes per month now: \$
Homeowners insurance per month now: \$	Condo Fees/HOAs per month now: \$

Check all that you are now responsible for:
 Electric **Gas** **Fuel** **Water** **Phone (including cell)** **Other:**

Question #6

Households **with** seniors (60 or older) and people with disabilities, answer the following question:

Did anyone have changes in liquid resources, such as Cash, Bank Accounts, Stocks, Bonds, Annuities, etc? of more than \$4500 since your last application/recertification date? Yes No

If **yes**, attach proof.

Households **without** seniors (60 or older) and people with disabilities, answer the following question:

Did anyone have changes in liquid resources, such as Cash, Bank Accounts, Stocks, Bonds, Annuities, etc. of more than \$3000 since your last application/recertification date? Yes No

If **yes**, attach proof.

Did anyone in your household win a cash prize of more than \$4500 (before tax) through the lottery or gambling since your last application/recertification date? Yes No

If **yes**, attach proof.

CERTIFICATION:

I believe that all of my information on this form is correct. I have reported all of my changes on this form. I know that if I give any false information, I may be breaking the law. I know that because of the changes I reported on this form that:

- 1. My SNAP (Food Stamps) and/or Cash Benefits may be reduced; or
- 2. My SNAP (Food Stamps and/or Cash benefits may be stopped.

SIGNATURE: X _____ DATE: _____

Daytime Phone Number:

Authorized Representative SIGNATURE X _____ DATE: _____

Daytime Phone Number:

SOCIAL SECURITY NUMBER STATEMENT:

Under federal law, you must provide your Social Security Number (SSN) (if you have one) if you are in the SNAP household. (See *The Food and Nutrition Act of 2008*, as amended, 7 U.S.C. § 2025(e) and *Social Security Numbers*, 7 CFR § 273.6) Non-participating household or family members need not provide SSNs or information about citizenship or immigration status. Your SSN will be used to verify your identity, prevent receipt of duplicate benefits, and make required program changes. The DHS computer system uses your SSN to verify your income by using records from federal and local sources, including the Internal Revenue Service, the Social Security Administration, DC Department of Employment Services, and the DC Child Support Services Division (CSSD). Refusal or failure without good cause to provide an SSN will result in disqualification of the individual for whom an SSN is not obtained.

PENALTIES FOR FRAUD: If you commit SNAP fraud, traffic SNAP benefits, or break other SNAP program rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits (be disqualified) for anywhere from one year to permanently, depending on the rules that you broke. Disqualification penalties are listed in 7 C.F.R. § 273.16(b) and 7 U.S.C. § 2015(b).