

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
SNAP MID-CERTIFICATION FORM

Your Supplemental Nutrition Assistance Program (SNAP) will end if you do not return this form!

You must submit a report about changes in your household since your last SNAP certification every 6 months if you have a certification period of 12 months. If you do not submit this report (mid-certification report) on time, your District of Columbia (District) SNAP benefits will end.

We need the information requested in this form to see if you are still eligible and to compute the amount of your monthly SNAP benefits. When you answer the questions, you must give information for everyone included in your SNAP benefits household. This includes parents or spouses who live with you but are not included in your SNAP because of their immigration status. This also includes information for sponsors of aliens, even if the sponsor does not live in your home. You can use a separate sheet of paper to explain any of your answers or give more information. Any separate sheet of paper must be sent with this form.

The District Department of Human Services (DHS) will mail you a notice when it is time to complete this mid-certification form. You must complete, sign, and return this form and the documents requested in the form to DHS by the deadline listed in the notice (1st day of the sixth month of your 12-month certification period).

You can complete this form and provide verification documents without visiting a DHS Service Center in one of the following ways:

- **Mail:** Complete and sign the attach form and mail it to us along with copies of any proof to verify your changes to: Department of Human Services, Case Record Management Unit, P.O. Box 91560 Washington, DC 20090
- **Fax:** to DHS Economic Security Administration (ESA) at (202) 671-4400

You may also complete and sign the enclosed form and drop-it off along with copies of any proof to verify your changes at one of the three open DHS Service Centers:

Anacostia 2100 Martin Luther King Jr. Avenue, SE
Congress Heights Service Center at 4049 South Capitol Street, SW
H Street Service Center at 645 H Street NE

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

Your Information

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

Did anyone's income change by more than \$100 per month because of starting, stopping, or changing jobs?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Did your household have a change in the amount it earned of more than \$100 per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<i>If yes to any of the questions above, enter the amount of wages from the last 30 days in the boxes below <u>AND</u> attach proof.</i>											
Who	Employer	Start Date <small>(if started or changed job)</small>	Stop Date <small>(if stopped job)</small>	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 \$100 in any type of unearned income?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Types of unearned income include SSI, Veterans Benefits, Unemployment Compensation, Foster care/adoption subsidy, alimony, etc.</i>				If yes , complete the box below <u>AND</u> attach proof
Who	Amount	Date	How often received?	Type
	\$			
	\$			

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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: ())

NOTICE

- **If this form is late or incomplete you may not get your SNAP (Food Stamps) on time.**
- **If you DO NOT return this form, we will close your SNAP case.**
- **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 SNAP than you could be eligible for.**
- **If your case is closed, you may need to complete a new application.**
- **If you disagree with a decision to reduce or stop your benefits, you have a right to a fair hearing. You will be sent a notice about any reduction or stoppage of your benefits.**

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).