

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

Today's Date:

Mid-Certification Due Date Listed on Notice: ____/____/____

First and Last Name:

Mailing Address:

Mailing Address 2:

Washington, DC _____

Subject: **MID-CERTIFICATION FORM**

IMPORTANT: Your SNAP (Food Stamps) will end if you do not return this form!

You must submit a report about CHANGES IN YOUR HOUSEHOLD SINCE YOUR LAST SNAP CERTIFICATION or your District of Columbia (District) Supplemental Nutrition Assistance Program (SNAP/Food Stamps) 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 (Food Stamps) benefits household. This includes parents or spouses who live with you but are not included in your SNAP (Food Stamps) 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. You must complete, sign, and return this form and the documents requested in the form to us by the **Mid-Certification End Date listed on the notice that was mailed to you**

You can complete this form without visiting a District Department of Human Services (DHS) Service Center in one of the following ways:

- **Mobile:** Download the **DC Access Mobile App** to your phone from the Apple or Google Play stores
- **Online:** Visit the DHS website at - <https://dcbenefits.dhs.dc.gov/> and submit this form electronically
- **Mail:** U.S. Postal Mail addressed to: DC Health Link, Case Record Management Unit, P.O. Box 91560 Washington, DC 20090
- Fax: to DHS Economic Security Administration (ESA) at (202) 535-1663

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You may also complete and sign the enclosed form and drop-it off at one of the three open DHS Service Centers:

*H Street Service Center at 645 H Street NE
Congress Heights Service Center at 4049 South Capitol Street, SW
Taylor Street Service Center at 1207 Taylor Street NW*

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

Question #1

Our records show, that your gross monthly wages are <Gross Earned Income>								
Did anyone's income change because of starting or changing jobs? If yes, was the change more than \$100 per month								<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 these questions, enter the amount of your wages from the last 30 days in the boxes below <u>AND</u> attach proof.</i>								
Who	Pay Date	Amount						
		\$		\$		\$		\$
		\$		\$		\$		\$

Question #2

Our records show, that your gross monthly unearned income is <GROSS MONTHLY UNEARNED INCOME>				
Did your household have a change of more than \$100 in any type of income other than wages or Public Assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the box below <u>AND</u> attach proof
Who	Amount	Date	How often received?	Source
	\$			
	\$			

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Question #3

Have there been any changes to membership in your SNAP household? This could include people who moved in or out, births, deaths, <i>etc.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the box below</i>
Who	Date of Birth	SSN	When did they enter or leave? (mm/yyyy)

Question #4	Did anyone have a change in the legal obligation to pay Court-Ordered Child Support to someone who does not live in the SNAP (Food Stamps) Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, complete the box below AND attach proof.</i>
	Who Paid?	For which child?	Amount Paid

Question #5	Did anyone in your household stop working, work fewer hours, quit, or lose a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, attach proof.</i>
Question #6	Did you move or change address? New Address:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, write your new address AND attach proof of your current shelter costs, like rent.</i>
Question #7	Did anyone purchase a non-excludable licensed vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Question #8	Did anyone have changes in resources, such as Cash, Bank Accounts, Stocks, Bonds, Annuities, <i>etc.</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, attach proof.</i>

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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.

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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).