



Supplemental Nutrition Assistance Program reporting responsibilities

Reporting responsibilities

To get Supplemental Nutrition Assistance Program (SNAP) benefits, you must report your income and expenses to your county or tribal case worker. This brochure tells you when and how to report your income and expenses, depending on your situation. Your worker will make changes to your benefits based on information that is received from you or another source.

Following are the three reporting types used by SNAP. Your worker will tell you what kind of reporting you will have.

Change reporting

Change reporting is used when all SNAP participants in a household meet at least one of the following criteria:

- Are homeless
- Are in the migrant work stream
- Live on Indian reservations
- Live with any member that is a seasonal farmworker
- Are elderly/disabled and have no earned income.

If you meet one of the above, you are a change reporter and must report when there is a change in:

- Your source of income, including starting or stopping a job if the change in employment results in a change in income
- A change of \$125 or more in income your household receives by working (earned income) before taxes and other deductions
- A change of \$125 or more in income your household receives from sources other than work (unearned income) before other deductions
- Your household members in SNAP; this includes who buys, eats and fixes food with you

- Your residence and any shelter cost changes
- Your legal obligation to pay child support
- You or someone in your household wins \$3,750 or more from the lottery or gambling
- If you are an able-bodied adult without dependents and are working or participating in work-approved activities, you must report when your work or work activity hours fall below 80 hours per month. Talk to your worker about this reporting requirement to see if this is something you will need to report.

Six-month reporting

Six-month reporting is a way of calculating SNAP benefits and reporting changes. Your worker calculates the income you expect to receive over a six-month period of time. Once your SNAP case is opened, your benefits will remain the same unless you report a required change or a change becomes known to your worker.

Six-month reporters must report the following changes:

- When your household's income is higher than the gross income limit for your SNAP household size. Once your SNAP case is opened, you will receive a separate letter telling you what this gross income limit is.
- If you are an able-bodied adult without dependents and are working or participating in work-approved activities, you must report when your work or work activity hours fall below 80 hours per month. Talk to your worker about this reporting requirement to see if this is something you will need to report.
- You or someone in your household wins \$3,750 or more from the lottery or gambling.

When you have to report changes

Change reporting and six-month reporting changes must be reported by the 10th of the month following the month of the change. For example, if a change happens in March, you must report the change by April 10.

You may report other changes that impact your SNAP case, but you are not required to do so.

If you are a six-month reporter you will need to complete a Combined Six-Month Review to continue your benefits after six months. This form is due by the 8th of the sixth month you receive benefits. It will be sent the end of the fifth month that you are receiving benefits. For example, if you are approved for SNAP beginning in December, the review will be sent the last week of April, and will be due to your eligibility worker by May 8. If you do not complete this review in May, your benefits will stop for June. All questions for SNAP on the form will need to be answered, the form will need to be signed and any verifications of changes will need to be provided for the review to be complete and benefits to continue. A link to this form can be found in the Report Forms section of this brochure. For assistance completing this review, please contact your local county or tribal human services office. Phone numbers can be found in the [Agency Addresses \(DHS-5207\)](#) form.

Monthly reporting

If you receive food benefits through the Minnesota Family Investment Program or live in a household that does and have earned income, you will be a monthly reporter. You will get a Household Report Form to report income and expenses monthly. Your worker will tell you if you are a monthly reporter.

Note: This brochure lists changes that are required to be reported for SNAP only. You must still follow each program's reporting requirements if you are receiving benefits from the Minnesota Family Investment Program, the Diversionary Work Program, General Assistance, Minnesota Supplemental Aid, Refugee Cash Assistance, health care programs, or child care assistance.

When you report changes, you may be asked to provide proof of your changes. If proof of certain information is requested and not provided, your case may close and your benefits may be discontinued.

Report forms

Your county office or the state will provide you with the appropriate report form.

If you are a six-month reporter you will get a [Combined Six-Month Report - CSR \(DHS-5576\) \(PDF\)](#) form. This form is also used for six-month reporting for health care programs.

If you are a monthly reporter you will get a [Household Report Form - HRF \(DHS-2120\) \(PDF\)](#).

When you get either form, fill it out. The cover letter tells you what timeframe to report about.

A [Change Report Form for the Supplemental Nutrition Assistance Program \(DHS-2402B\) \(PDF\)](#) is available to help when reporting changes, or you can contact your worker when you have changes to report.



Stock photos are used throughout this publication

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex or political beliefs.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
Saint Paul, MN 55164-0997
651-431-3040 (voice) or use your
preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the **MDHR** if you believe you have been discriminated against because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, disability, sex or political beliefs.

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Agriculture

You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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: 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:

- (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.

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Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်မိတခါအံၤန့ၢ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໄປຮວດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawl wadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)