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| Circle  Description automatically generated | **SNAP Interim Contact**  Part of State Form 53825 (R9 / 3-23) / DFR 2310 / IEDSS  Indiana Family and Social Services Administration  PO Box 1810  Marion, IN 46952  Telephone / Fax: 1-800-403-0864 | Payee Name: <Payee Name>  Case Number: <Case Number>  AG Number: <AG Number>  Program: <Program>  Mailing Date: <Mailing Date> |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SNAP Interim Contact**  **It is time for an Interim review of your Supplemental Nutrition Assistance Program (SNAP) eligibility.**  To determine if your household is eligible to continue receiving SNAP benefits, we need to know if there have been changes in your household situation. There is no need to conduct an interview. You need to complete and return the enclosed form with verification of new information no later than the Deadline Date listed on the form.   * Enclosed is the SNAP Interim Contact Form that we need you to complete, sign and return. * We will use the information you provide on the form to see if your household is still eligible for SNAP benefits. * It is VERY important that you return this form with verification of new information by the Deadline Date <DeadlineDate>.   If you do not return the form and verification of new information, your SNAP benefits will end.  After you send the form to us, we will review it.   * If we have questions about the information you provided, we will contact you. * If there are changes to your benefits, you will receive a notice telling you how those changes affect your SNAP benefits.   **If you answer Yes to any of the questions on the form:**   * We will need verification of the new information. * If you have the verification when you complete the form, send copies of the verification with your completed   Interim Contact Form. This will help us process your eligibility faster.   * Examples of verification we need are: * For jobs: pay stubs for the last thirty (30) days. * For unearned income: award letter with current amount. * For new vehicles: vehicle registration. * For resources: most recent bank statement.   If you do not send the verification with the form, we will send you a Pending Notice listing the verification(s) we need from you.  If you do not send this form or any needed information by the Deadline Date, we cannot determine SNAP eligibility for the  household. SNAP benefits will end.  **Please mail the completed form to:**  FSSA Document Center  P.O. Box 1810  Marion, IN 46952  Or fax to 1-800-403-0864.  Or drop it off at a local FSSA/Division of Family Resources office.  If you have questions, please call the FSSA Call Center at 1-800-403-0864 Monday through Friday  between 8:00 AM and 4:30 PM.  Thank you,  Indiana Family and Social Service Administration   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Circle  Description automatically generated | | **SNAP INTERIM CONTACT**  State Form 53825 (R9 / 3-23) / DFR 2310 / IEDSS | | | | Case Number: <Case Number>  Payee Name: <Payee Name>  **The DEADLINE for returning this form is: <DeadlineDate>** | | | **Mail or Fax completed form to:**  FSSA Document Center  PO Box 1810  Marion, IN 46952  or  Fax: 1-800-403-0864 | | |  | | |  | | | To check your household’s eligibility for SNAP, we need to know if there have been any changes in your  household’s situation. **Complete, sign and return this form to us**.  We will use the information you give us to check SNAP eligibility. When you return your completed form include  copies of verification of new information you have available (*see enclosed letter for more information*).  If you have questions, please call the FSSA Call Center at 1-800-403-0864. If you need more room to answer the  questions, please attach a separate page and write your case number and name at the top of the page. | | | | | | **1. Has your address or telephone number changed?**  **Yes**  **No *If No, you may skip to question 2.***  **If Yes, complete the following information** and provide proof of your new address and shelter expenses.  **If you do not provide proof of your expenses**, you will not receive a shelter deduction in your budget. | | | | | |  | **Home Address** | | |  | |  | **Street City State ZIP code Home Telephone Number** | | |  | |  | **Mailing Address** | | |  | |  | **PO Box / Street City State ZIP code Other Telephone Number** | | |  | | If your address has changed, answer the following questions:  Enter the amount you are charged each month for your rent or mortgage: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you pay to heat or cool your home?  Yes  No  If no, check the utilities you are responsible for paying:  Electric  Water  Sewer  Trash  Telephone | | | | | | **2. Have the persons living in your home changed?**  **Yes**  **No**  **3. Has the income from work changed for any member of your household?** This includes changes in  employer, hourly rate, salary or changes in full/part-time status.  **Yes**  **No**  **4. Has there been a change of unearned income for any member?** This includes a change in the income  source or a change of more than $125 in the monthly amount.  **Yes**  **No**  **If Yes,** list the type of income and monthly amount in #10 below. **Examples of unearned income** include  payments from child support, Unemployment Benefits, Workman’s Compensation Benefits, Social Security, and SSI Benefits.  **5. Has any member had a change in his/her legal obligation to pay child support?**  **Yes**  **No**  **If Yes,** explain the change in #10 below. | | | | | | | | |

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| **6. In the past six (6) months have the vehicles owned or being bought by any member of your**  **household changed?**  **Yes**  **No**  **7. Are the total resources owned by you or any member of your household** (such as checking,  savings, cash, or other accounts or assets) **$5,000 or more?**  **Yes**  **No**  **8. If anyone in the household has been identified as an ABAWD (able bodied adult without**  **dependents), they must report if their hours of employment fall below eighty (80) per month. Is**  **there an ABAWD in the household whose has decreased work hours to less than eighty (80) per**  **month?**  **Yes**  **No** | | | | | |
| **9. You are required to report when you receive substantial lottery or gambling winnings.**  **Substantial winnings would be equal to or greater than $4,250 before taxes or other amounts**  **are withheld. Have you or any member of your household received lottery or gambling**  **winnings of $4,250 or more?**  **Yes**  **No­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­** | | | | | |
| **10. If you checked Yes to any of the questions above, please explain here.** | | | | | |
| By signing this form, I understand and agree that:  My answers on this form will affect my benefits. This information may cause my benefits to increase,  decrease or stop. I will get a notice explaining how my answers on this form will affect my benefits and  how to ask for a hearing.  Every person who receives SNAP benefits must follow these rules:  • DO NOT give false information to get or continue to get SNAP benefits  • DO NOT trade or sell SNAP benefits or Hoosier Works cards  • DO NOT alter documents to get more SNAP benefits than you are entitled to receive  • DO NOT use SNAP benefits to buy ineligible items, such as alcoholic beverages and tobacco  • DO NOT use someone else’s SNAP benefits or Hoosier Works card for your personal gain  If you break the above rules on purpose, you can be barred from the SNAP Program for twelve (12)  months if it is your first violation, twenty-four (24) months for a second violation and permanently for a  third violation.  Under penalty of perjury, all the information I have provided is complete and correct to the best of my  knowledge. | | | | | |
| **Signature:** | |  | **Date:** *(month,day,year)* | |  |

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| Circle  Description automatically generated | **Verifying Information for Your SNAP Interim Contact**  Part of State Form 53825 (R9 / 3-23) / DFR 2310 / IEDSS  Indiana Family and Social Services Administration  PO Box 1810  Marion, IN 46952  Telephone / Fax: 1-800-403-0864 | | | Payee Name: <Payee Name>  Case Number: <Case Number>  AG Number: <AG Number>  Program: <Program> Mailing Date: <Mailing Date> |
| Verifying Information for Your SNAP Interim Contact If you answer `**YES'** to any questions when you complete your SNAP Interim Contact Form, we will need verification of the new  information about your household.  Listed below are verifications we will need for the different types of changes included on the Interim Contact Form. If you have  verification(s) of the change(s) you report on the form, send them with the form to help us process your eligibility faster.  IMPORTANT: Write your Full Name and Case Number or Social Security Number on all verifications you send.  If we do not receive needed verification(s) with your form, we will send you a Pending Notice to let you know what information  needs to be verified. If the needed verification(s) are not provided, your SNAP benefits will end. | | | | |
| New Person in Household | |  | Income from Work | |
| **Social Security Number** or proof of application  for Social Security Number.  **If Person is not a US Citizen:**  Provide their Alien Registration card, permanent  resident card, or other documentation from the  US Bureau for Citizenship and Immigration Services. | | **Earnings:** pay stubs, copy of paychecks, a statement  from employer, or self-employment records.  **Employment Termination:** a statement from  the person's last employer giving dates of employment  and reason for termination. | |
| Shelter Expenses | | Other Income | |
| **Housing Costs:** Rent or mortgage receipts,  cancelled checks or check stubs, statement from  landlord or lender with their name, address,  and telephone number.  **Utilities:** Most recent utility bills showing your  name and current address. | |  | **Child Support, Social Security, VA, SSI, Workers'**  **Compensation, disability, sick, unemployment or other**  **benefits:** award letter, notice, court order, or other proof of  payment from the source of income.  **Loans, gifts, or contributions:** loan agreement; or statement from person providing the money that includes the person's name, address, phone number, signature, and date. | |
| Child Support Paid | |  | Resources | |
| Divorce Decree; court order; **or** copy of county  clerk record, showing who pays, the amounts paid,  and the dates paid. | |  | **Money in the bank or credit union:** current statements.  **Stocks, bonds, trusts and annuities:** trust agreement, annuity  contract, stock certificate, bond instrument, current statements, etc.  **Vehicles:** registration, or title or statement of value from licensed car dealer for all cars, vans, trucks, etc.  **Real estate, oil, gas, and mineral rights:** current tax statements, court orders, deeds, royalty statements, legal documents, etc. | |
| **Your verifications may be returned by:**   * **Mailing copies to:** FSSA Document Center, PO Box 1810, Marion, IN 46952, or * **Faxing to:** 1-800-403-0864, or * **Dropping off** at a local FSSA/Division of Family Resource office. | | | | |