

Worker Guide Forms Used in the SNAP Program

Following are the forms and their uses, as related to the Supplemental Nutrition Assistance Program (SNAP) program. The forms with the most high-volume use are grouped by type (for example, *applications*). The remainder of forms are listed in numerical order.

1. Applications

| Form # | Title/Use | Paper | Forms Server | | ACCESS | Notice Writer |
|--------------------------|--|-------|--------------|---------|--------|---------------|
| | | | PDF | fill in | | |
| DHS 415F | <i>Application for Services</i> Used at initial application and at recertification at self-sufficiency branches for clients receiving SNAP, cash, and/or medical benefits. This form also serves to work register all OFSET mandatory members of the filing group. For initial applications, the form is used with the MSC 6609 packet. | X | X | X | | |
| DHS 415X | <i>Additional space for other people living with you</i> Used to supplement DHS 415F for large households applying for benefits. | X | X | | | |
| DHS 415Y | <i>Re-Application for Food Stamp Benefits (Part 1)</i> Used at recertification at self-sufficiency branches to establish a filing date when the client picks up the DHS 6608 recertification packet. | X | X | | | |
| SDS 539A | <i>Application Form</i> Used at initial application and redetermination at branches serving the aged/clients with disabilities when they are applying for multiple programs. The form also serves to work register all OFSET mandatory members of the filing group. Must be used with the SDS 539F . | | X | | X | |
| SDS 539F | <i>Food Benefit Filing Form</i> Used at branches serving aged/clients with disabilities to establish the filing date and to gather information to screen for expedited service. | | X | | X | |

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| | | | PDF | fill in | | |
| SDS 539M | <i>Medicaid/Food Stamp Application for SSI Individuals and Couples</i> Used at initial application and redetermination at branches serving aged/clients with disabilities when all members of the SNAP group are receiving SSI. Must be used with the SDS 539F . | | | | X paper only | |
| DHS 6608 | <i>Client Packet for food benefits redetermination only –NA w/OFSET</i> Prepackaged application packet used for recertification of open SNAP cases and consists of the following forms: DHS 415F Application for Services DHS 415R Your Rights and Responsibilities MSC 223 Proof for Eligibility DHS 3400 Information and Referrals for Low-Income Households DHS 6608A Supplemental Nutrition Assistance Program (SNAP) Recertification Interview Information DHS 7280F OFSET Rights and Responsibilities MSC 9001 Client Complaint Information MSC 9013 We Want to Serve You Well DHS 1005 Alternate Format Notification | X | X | | X paper only | |
| DHS 6608AP | <i>Action Needed- It's time to Reapply for Food Benefits Supplemental Nutrition Assistance Program (SNAP)</i> Mailed out to SSP office clients in the month before their recertification comes due. Notifies the client when they must reapply. | X | | X | | |

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| | | | PDF | fill in | | |
| DHS 6608AS | <i>Action Needed- It's time to Reapply for Food Benefits Supplemental Nutrition Assistance Program (SNAP)</i> Mailed out to APD office clients in the month before their recertification comes due. Notifies the client when they must reapply and that a worker will contact them to help them with the process. | X | | X | | |
| MSC 6609 | <i>Department of Human Services (DHS) Application for Services Information and Referral Packet</i> Prepackaged forms that apply to all applicants and is given the DHS 415R filing page is received. DHS 415R Your Rights and Responsibilities DHS 3400 Information and Referrals for Low-Income Households DHS 7254 Oregon Telephone Assistance Program MSC 9001 Client Complaint Information | X | X | | | |
| DHS 6623 | <i>Client TANF/Medical Packet – PA</i> Used by SSP offices when a client is reapplying for TANF or medical along with SNAP. | X | X | | | |
| DHS 7476 | <i>Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) Application</i> Used at redetermination at self-sufficiency branches for clients receiving ERDC and SNAP. The SNAP certification period and ERDC certification period should match. | X | X | | | |

2. Pending forms

| Form # | Title/Use | Paper | Forms Server | | ACCESS | Notice Writer |
|--------------------------|---|-------|--------------|---------|--------|---------------|
| | | | PDF | fill in | | |
| DHS 210 | <i>Notice of Pending Status</i> Used at application at self-sufficiency branches to notify the client of what further information is needed and by what date, in order to determine eligibility. | X | X | X | | GS00210 |
| DHS 210A | <i>Notice of Information or Verification Needed</i> Used to request information or verification on an open SNAP case. The notice notifies the client of the information needed for their continued eligibility and the due date. | X | X | X | | GS0210A |
| DHS 487 | <i>Notice of Incomplete Information</i> Notice to the client when the DHS 852 or DHS 7476 is incomplete and cannot be processed, and gives the client the deadline for completing the report. | X | X | X | | GS00487 |
| SDS 539H | <i>Notice of Pending Status</i> Used at application at branches serving the aged/clients with disabilities to notify the client of what further information is needed and by what date, in order to determine eligibility. | X | X | | X | |

3. Rights and responsibilities

| Form # | Title/Use | Paper | Forms Server | | ACCESS | Notice Writer |
|-------------------------|--|-------|--------------|---------|--------|---------------|
| | | | PDF | fill in | | |
| DHS 222 | <i>Facility as Authorized Representative</i> Used to notify A&D treatment centers and Group Care Homes of their responsibilities when they are the authorized representative. | None | X | | | |

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| | | | PDF | fill in | | |
| DHS 415R | <i>Your Rights and Responsibilities</i> Used at self-sufficiency branches with applications to explain client rights, responsibilities, and reporting requirements. | X | X | | | |
| SDS 539R | <i>Rights and Responsibilities</i> Used at branches serving aged/clients with disabilities with applications to explain client rights, responsibilities, and reporting requirements. | | X | | X | |
| DHS 7280F | <i>OFSET Rights and Responsibilities</i> Used to notify OFSET clients of their rights in the OFSET program, the requirements, good cause criteria, and penalties. | X | X | | | FS7832R |

4. Client report forms and related forms

| Form # | Title/Use | Paper | Forms Server | | ACCESS | Notice Writer |
|-------------------------|--|-------|--------------|---------|--------|---------------|
| | | | PDF | fill in | | |
| DHS 852 | <i>Interim Change Report for Supplemental Nutritional Assistance Program (SNAP) and Employment Related Day Care (ERDC)</i> Used by clients in the SRS report system to report the required information in the sixth month of the certification period. No benefits will be issued for the seventh month of the certification period until this form is submitted to the department and determined to be complete. | X | X | | | |
| DHS 853 | <i>Simplified Change Report For Supplemental Nutrition Assistance Program (SNAP) and Employment Related Day Care (ERDC)</i> Used by clients in SRS to report changes at times other than the Interim Change Report. Send a new DHS 853 to the client for future change reporting each time one is submitted to the department. | X | X | | | |

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| MSC 943 | <i>Change Report</i> Used by CRS clients to report all changes. Send a new MSC 943 to the client for future change reporting, each time one is submitted to the department. | | X | | | |
| DHS 487 | <i>Notice of Incomplete Information</i> Notice to the client when the DHS 852 is incomplete and cannot be processed, and gives the client the deadline for completing the report. | X | X | X | | GS00487 |
| DHS 854 | <i>Simplified Reporting System</i> Pamphlet explaining the requirements of SRS, what information is needed and how it is used to calculate benefits for cases certified longer than six months. | X | X | | | |
| DHS 856 | <i>Transitional Benefit Alternative</i> Pamphlet explaining the requirements of TBA, what information is needed and how it is used to calculate benefits. | X | X | | | |
| DHS 7294 | <i>Notice of Income and Benefit Calculation</i> Notice to the client about how income was averaged or anticipated or counted. | X | X | X | | FS07294 CM07294 |
| DHS 7351 | <i>Educational Income Calculation for ERDC and Food Stamps</i> Worksheet for calculating educational income. | X | X | X | | |

5. Miscellaneous

| Form # | Title/Use | Paper | Forms Server | | ACCESS | Notice Writer |
|--------------------------|---|-------|--------------|---------|--------|---------------|
| | | | PDF | fill in | | |
| MSC 138A | <i>Affidavit Concerning Lost Check</i> Client's application to have benefits replaced when their SNAP benefits are issued by check and have been lost. | X | X | | | |
| DHS 208 | <i>How to Use Your Oregon Trail Card</i> (EBT Card Brochure). | | X | | | |

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| | | | PDF | fill in | | |
| DHS 215 | <i>Authorization to Cancel Benefits Deposited to an Electronic Benefits Transfer (EBT) Account</i> Worker request to cancel EBT benefits. | | X | | | |
| DHS 221 | <i>SNAP Benefits Computation</i> Worksheet for hand-calculating SNAP benefits when computer systems are not available. | None | X | | | |
| DHS 221F | <i>NC₂ Two-Step Calculation</i> Interactive step 1 and step 2 calculation worksheet for NC ₂ cases. | | | X | | |
| AFS 222A | <i>Monthly List of Residents Receiving Food Stamp Benefits</i> Used by A&D treatment centers and Group Care Homes acting as authorized representative to report residents receiving SNAP each month. | None | X | | | |
| MSC 223 | <i>Proof for Eligibility</i> Explains to the client what verifications may be required to determine eligibility. | X | X | | | |
| MSC 231 | <i>Designation of Authorized Representative or Alternate Payee</i> Used to designate persons with the authority to apply for benefits on behalf of the SNAP group or to designate persons to get an EBT card and use the benefits. The MSC 231 only needs to be completed when a nonfiling group member is named as AP or AR. | None | X | | X | |
| SDS 246 | <i>Assignment of Personal Identification Number (PIN)</i> Used to designate a proxy should a housebound client be unable to come to the branch office to get a personal identification number (PIN) for their EBT card. | X | | | | |
| MSC 284 | <i>Overpayment/Overissuance Report</i> Form forwarded to the Overpayment Recovery Unit when an overpayment is written. | None | X | X | | |

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| | | | PDF | fill in | | |
| MSC 284A | <i>Overpayment/Overissuance Change Report</i> Form forwarded to the Overpayment Recovery Unit when the amount of a previously written overpayment is adjusted. | None | X | X | | |
| MSC 284B | <i>Notice of Overpayment and Planned Action</i> Notice to the client prior to collection beginning on an overpayment. | None | | X | | |
| DHS 362 | <i>Notice of Restoration of Benefits</i> Notice to the client when benefits are issued to make up for an agency caused underissuance of benefits. | | X | X | | FS00362 |
| MSC 371 | <i>Investigation Referral</i> Used to refer a case to the Investigator when information has been received through a community complaint or other source indicating that eligibility is questionable. | | | X | | |
| DHS 411 | <i>Missed Appointment Postcard</i> Postcard sent to applicants when they miss their first intake appointment. | X | X | | | FSMA411 |
| DHS 414 | <i>Notice of Transfer</i> Notice of new branch office, sent to the client when the case is transferred to a different office or the client has moved to a new service area. | | X | X | | GS00414 |
| DHS 415Z | <i>Enumeration Request</i> Used to verify that a client has applied for a new or duplicate Social Security Number, in order to meet the enumeration requirement for eligibility. | X | X | | | |
| MSC 443 | <i>Administrative Hearing Request</i> Form the client may use to put a request for a fair hearing into writing (must be completed by the department if it is a verbal request). | X | X | X | | |

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| MSC 456 | <i>Notice of Decision and Action Taken</i> Hand-initiated notice to the client when benefits are approved, denied, reduced, or closed and there is no appropriate computer-generated notice. | X | X | X | | GSC1 F01 (Close) GSD1 F01 (Deny) GSR1 F01 (Reduce) |
| MSC 457D | <i>Voluntary Agreement to Take Action on Case</i> Notice signed by the client giving the department permission to take action on benefits immediately, which waives the right to a timely notice. Also used to withdraw an application request. Also used to take benefits out of EBT account to avoid an overpayment. | X | X | X | | |
| DHS 475 | <i>Job Search Verification</i> Form used by clients performing job search to verify employer contacts. | X | X | | | GS00475 |
| DHS 491 | <i>Statement of Person Living in the Household</i> Form used to verify the financial arrangements and how food is shared when the client lives with others. | X | X | | X | GS00491 |
| SDS 540 | <i>Notification of Planned Action</i> Hand-initiated notice to the client when benefits are approved, denied, reduced, or closed, and there is no appropriate computer-generated notice. | X | X | | X | |
| SDS 541 | <i>Notice of Eligibility and Responsibility</i> Notice tells the clients they are eligible, and their first and second month's benefit amount. | None | X | | | |
| DHS 824F | <i>OFSET Appointment Letter</i> Form letter used to advise OFSET participants of a scheduled appointment. | | X | X | | FS0824F |
| MSC 851 | <i>Verification of Earnings</i> Form sent to employers to verify earned income for a specified period. This is generally used to determine if there is an overissuance. | | X | X | | |

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| DHS 857 | <i>Notice for Free Meals or Free Milk at School or Child Care Center or Head Start Program</i> Give to clients after they are determined eligible for SNAP so their children can get free school meals or WIC. | X | X | | | |
| DHS 859C | <i>Paycheck Tracking Calendar</i> Tool for ensuring that clients report all of their earned income. | None | X | | | |
| SDS 905 | <i>Notification of Case Transfer</i> Notice of new branch office, sent to the client when they have moved to an area served by a different branch. | X | X | | X | |
| DHS 1058 | <i>Declaration of Indigency</i> Statement of indigence by a sponsored noncitizen, used to exempt the noncitizen from deeming their sponsor's assets. | X | X | | | |
| DHS 1219SA | <i>Verification of School Attendance</i> | X | X | X | | GS121SA |
| MSC 1295 | <i>SNAP Claim Data Sheet</i> Used to collect and organize case record information to be used in calculating an overpayment. | None | X | | | |
| MSC 2099 | <i>Authorization for Use and Disclosure of Information</i> Used in instances where the client is unable to provide necessary verification. The form gives the department permission to contact a specific person or organization and share information about the client in order to verify eligibility. | X | X | X | | |
| DHS 3400 | <i>Information and Referrals for Low-Income Households</i> Given to all SNAP households at each certification and recertification when they have income below 185% FPL. | X | X | | | |
| DHS 7253 | <i>Link-Up America</i> Application for financial help to connect with a telephone service. | X | X | | | |

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| DHS 7254 | <i>Oregon Telephone Assistance Program</i> Notice and application to the client that because they are eligible for benefits, they can apply for a discount on their monthly telephone bill. | X | X | | | |
| AFS 7262 | <i>Direct Deposit -- A Safer, Easier Way to Put Your Benefits in Your Account</i> Used for clients in Cash-out counties using direct deposit. | | X | | | |
| DHS 7832D | <i>Oregon Food Stamp Employment & Transition (OFSET) Program Disqualification Referral</i> Contractor to complete and send to SNAP office when recommending disqualification. | | X | X | | |
| DHS 7832F | <i>OFSET Program Case Plan</i> Contractor completed case plan with OFSET mandatory clients. | X | X | | | |
| DHS 7832R | <i>OFSET Program-Client Agreement</i> Use to refer OFSET mandatory clients to contractor or for independent work search. | X | X | | | FS7832R |
| MSC 9001 | <i>Client Complaint Information</i> Form explains client complaint procedures, should they perceive that they are being treated with discrimination. It is mandatory for use with all applications. | X | X | | X | |
| MSC 9013 | <i>We Want to Serve You Well</i> (Contained in client application packets DHS 6608 & MSC 6623 only) An information only pamphlet that tells clients how to file a grievance. | X | X | | | |

6. Outreach publications

| Form # | Title/Use | Paper | Forms Server | | ACCESS | Notice Writer |
|------------------------------|---|-----------------|--------------|---------|--------|---------------|
| | | | PDF | fill in | | |
| AFS 9206 | <i>Student Food Stamp Flyer</i> Flier on SNAP rules for college students. | X paper only | | | | |
| DHS 9207 | <i>Oregon Helps: Now showing at a computer near you</i> Bookmark (4" x 9") on using www.oregonhelps.org/ to find out if you might be eligible for SNAP benefits. | X | X | | | |
| DHS 9208 | <i>More reasons to sign up for SNAP</i> Explains how SNAP benefits make families eligible for free school meals and two phone assistance programs. | X | | | | |
| AFS 9211 | <i>Food Stamp Expedited Issuance</i> Flier on expedited SNAP benefits. | X paper only | | | | |
| DHS 9213 | <i>Eating Right When Money's Tight – A Guide for Seniors and People with Disabilities</i> Client brochure for seniors and people with disabilities and the SNAP Program. Includes eligibility guidelines. | X | X | | | |
| DHS 9216 | <i>Know Your Rights, Client Bill of Rights</i> Poster – lists rights of SNAP recipients. | X paper only | | | | |
| DHS 9217 | <i>Know Your Rights</i> Flier – lists rights of SNAP recipients. | X | X | | | |
| DHS 9221 | <i>Spread the word: HEALTHY food is within reach</i> – Introduces the new name – SNAP – and gives general information about the program. | X | | | | |