DSS EA-214 Six Month Report 10/26
TANF and SNAP Programs
Dept. of Social Services

Case #: _____ Section: 1

Benefits Specialist:
Return Address:

Case Number: TANF: ☐ SNAP: ☐ MED: ☐
Case Name and Mailing Address:

Your case will be closed if this form is late, not filled out correctly, or you do not send proof when it says, "SEND PROOF". If more space is needed to answer any question, attach a separate sheet.

Fill out, sign, & return this completed form to your Benefits Specialist by the

14th of _____

Remember to report the following

- If your household goes over the income limit for a household of your size
- An ABAWD stops working or decreases hours to under 20 hours a week
- If anyone receives lottery or gambling winnings over $4750 for SNAP or over $2,000 for TANF

Agency Use Only:

Date Received:

Six Month Report for: _____

HOUSEHOLD MEMBERS

1. Current Members:

If any of the individuals listed above left or plan on leaving, circle names(s) and list date(s) the person(s) left or date person(s) will leave. _____

2. Did anyone or will anyone move into your household before the 1st of next month? ☐ Yes ☐ No

If YES, complete the boxes below. ***Marital Status: N-Never Married, M-Married, D-Divorced, S-Separated, W-Widowed**

Who?	Arrival Date	Relationship to You	*Marital Status	Date of Birth	Social Security Number	U.S. Citizen	Do they buy & fix food with you?	Race	Last Grade Completed	Sex
						☐ Yes ☐ No	☐ Yes ☐ No			
						☐ Yes ☐ No	☐ Yes ☐ No			

Completion of SSN/Citizenship is optional for individuals not requesting assistance. The submission of SSN's for all household members requesting assistance is mandatory under the Food & Nutrition Act of 2008 as amended through Public Law 11-246 . SSN's are used to check identity of household members, prevent duplicate participation, and to facilitate mass changes. They are also used in computer cross matches with other Federal and State agencies to make sure your household is eligible for SNAP benefits. A household member who refuses or is unable to furnish a SSN will not be eligible for SNAP benefits. Completion of race is voluntary and will not affect eligibility or benefits.

3. Did any NEW household members receive SNAP or commodities in any state in the past month? ☐ Yes ☐ No

If YES, from where?_____

EXPENSES

4. Have you moved since you last reported your address, or will you move? ☐ Yes ☐ No

If YES, SEND PROOF of your new address and your portion of the rent/mortgage amount.

New Address:_____ Date moved or will move: _____
(Street , City, State, Zip code)

Mailing Address (if different than above address): _____

4a. If you have moved, what utilities do you pay? **Check the boxes beside all that apply and SEND PROOF if you pay an expense.**

☐ Heating (If Wood Heat: ☐Buy ☐Cut) ☐ Air Conditioning ☐ Summer payments for air conditioning ☐ Cooking Fuel ☐ Electricity ☐ Telephone ☐ Water ☐ Garbage ☐ Sewer ☐ I pay all utilities listed ☐ I do not pay any utilities ☐ I receive Energy Assistance (LIEAP)

5. Did you or anyone in your household have any changes in court ordered child support payments? ☐ Yes ☐ No

If YES, complete the boxes below and SEND PROOF

Who paid?	Amount paid?	Date Paid?	Who did you pay it to?

INCOME

6. Do you or anyone in your household, including children, have job income? ☐ Yes ☐ No

If YES, complete the boxes below. If the job income changed by more than $100 since you last reported, SEND PROOF for the last 30 days.

Who is Working?	Employer	Hours worked per month	Gross Income for the last 30 days	Tips	How often paid?
			$	$	☐ weekly ☐ biweekly ☐ monthly ☐ twice monthly ☐ Other
			$	$	☐ weekly ☐ biweekly ☐ monthly ☐ twice monthly ☐ Other

***Self-employment:** Submit ledgers showing gross income & expenses if it is a new business or if the current business has had a substantial change in net income.

7. Did you or anyone in your household stop working or decrease your hours in the last 30 days? ☐ Yes ☐ No

If YES, complete the boxes below **and SEND PROOF.**

Who stopped working or decreased hours?	Place of Employment	If stopped working, why? If decreased hours, how many hours/week are worked?	If work stopped, when will/was the last check (be) received?

8. Did you or anyone in your household start a new job/change jobs since you last reported, or do you expect anyone to start or change jobs? ☐ Yes ☐ No

If YES, complete the boxes below and SEND PROOF.

Who	Place of employment	Start date	Wages/Hr	Hours/Wk	When will you get your first check?	How often are you paid?
			$			☐ weekly ☐ biweekly ☐ monthly ☐ twice

9. Do you or anyone in your household receive money that is not from work? ☐ Yes ☐ No

If YES, complete the boxes below. If the non-work money changed by more than $100 from when you last reported, SEND PROOF.

Examples of non-work money: Child Support, Social Security, SSI, GA, Pensions, Unemployment Insurance, Worker's Compensation, Military Allowances, Dividends, Veteran's Benefits, Alimony, Rent Income, Back Payments, Insurance Settlements, Lottery or Gambling winnings, Foster Care/Guardianship/Adoption payments, etc.

Who?	Type of money	What date was it received?	How much was received?
			$
			$
			$

RESOURCES

10. Do you or anyone in the household have more than $3000 (or $4750 if over age 60 or disabled) for SNAP or more than $2,000 for TANF, in bank accounts or other liquid resources? (Examples of liquid resources: cash, checking, savings, cd's, stocks, bonds etc.) ☐ Yes ☐ No

11. Have you or anyone in the household had a change in vehicles (bought, sold, traded, or added another vehicle to the household) since last reported? (Examples of vehicles: cars, trucks, boats, campers, motorcycles, snowmobiles, ATV's, etc.) ☐ Yes ☐ No

If YES, complete the boxes below.

Who?	Bought/Sold/Traded/Added	Year	Make	Model	Amount Owed	Value
	☐ bought ☐ sold ☐ traded ☐ added				$	$
	☐ bought ☐ sold ☐ traded ☐ added					

OTHER INFORMATION

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

12. **If you are not registered to vote where you live now, would you like to apply to register to vote here today?** ☐ Yes ☐ No

If you do not check either box, you will be considered to have decided NOT to register to vote at this time. (Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes. If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537.

13. Is there anything else you would like to report to your Benefits Specialist? ☐ Yes ☐ No

If YES, explain below. (If more space is needed attach a separate sheet) Examples: Changes in dependent care expenses, changes in school attendance, receiving LIEAP, etc. _____

If your children are eligible to receive both SNAP and Medicaid, we will use your SNAP determination to determine their ongoing medical eligibility. If this is not acceptable to you, please let us know.

I understand that my benefits may change or stop because of the information I have given on this report. I understand that such changes may be made without advance notice. I also understand that federal and state laws provide for fine and/or imprisonment of any person who fraudulently receives, or attempts to receive, SNAP or TANF benefits to which that person is not entitled. Any person found to have committed an intentional SNAP or TANF violation through an administrative hearing or court of law shall be disqualified from the SNAP and/or TANF program for 12 months for the 1st offense, 24 months for the 2nd offense, and permanently for the 3rd offense. An individual can also be fined up to $250,000; imprisoned for up to 20 years, or both if they are found guilty of unauthorized use of SNAP benefits. If you need assistance with this form, you may call your local office at the number listed on the front of this form.

_____ _____ _____

Signature of Recipient/Authorized Representative | Date | Phone Number