

Supplemental Nutrition Assistance Program (SNAP) Conciliation Notification

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER:	CIN NUMBER:			
NAME OF NONCOMPLIANT INDIVIDUAL AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 40%; height: 40%;"></div> <div style="border: 1px solid black; width: 40%; height: 40%;"></div> </div>				
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

Notice: This notice may affect your household's Supplemental Nutrition Assistance Program (SNAP, new name for the Food Stamp program) benefits. Your household's SNAP benefits will be reduced or stopped if you do not contact this agency by the date mentioned below to:

- Document that you had good cause for failure to participate in your assigned SNAP work activity;
- Document that you are unable to participate in your assigned SNAP work activity; or,
- To demonstrate compliance with SNAP work requirements.

We believe you have willfully and without good cause refused or failed to comply with a work requirement (specify instance(s) of refusal or failure to comply): _____

To avoid a loss or reduction in your household's **SNAP** benefits, you **must** either:

Contact _____ at _____ by _____ and provide a good cause reason (see examples on next page) to explain why you did not comply with our work activity assignment or document that you are exempt from SNAP work requirements. Even if you do not have a good reason for not complying with your work activity assignment or you do not document an exemption from SNAP work requirements, you may avoid a SNAP sanction by demonstrating compliance with an assigned SNAP work activity. Please see information below.

Or

Demonstrate compliance with the assigned SNAP work requirement(s) as assigned by this agency as explained below (worker should only complete one of the sections below.)

- You have until _____ to contact this agency at _____ to speak to _____.
The worker will explain what you need to do to demonstrate compliance with an assigned SNAP work activity.
- You are being referred to participate in a SNAP work activity. You are instructed to appear at _____ on _____ at _____ to meet with _____ [name at worksite] for engagement in SNAP work activities.
- You are being assigned to look for work to avoid a SNAP sanction. You must complete and return the enclosed form to the address provided below to document that you have looked for work as assigned below by _____.

Job Search Assignment: _____

Return Job Search document to:
Contact Name: _____
Return Address: _____

Note: If you do nothing, your household's SNAP benefits will be reduced or stopped. If you contact the worker, but do not demonstrate compliance as assigned by this agency and do not otherwise document good cause for noncompliance or that you are exempt from SNAP work activities, your household's SNAP benefits will be reduced or stopped. **This is your only chance to comply with SNAP work activities to avoid losing benefits.** If you are claiming good cause or an exemption, you must contact the worker identified on this notice by the date noted above.

Please see back of page for Additional Information

Good Cause: If you contact this agency by the date noted on page one, you will be given a chance to explain the reason(s) why you did not cooperate to determine if you had good cause. Good cause is an event or circumstance beyond your control that prevents you from complying with work requirements assigned by this agency. It is your responsibility to give reason(s) why you did not cooperate and to show us any proof which helps explain what happened. You should present any proof available to help show why you did not report or comply with work requirements by the date noted on page one. Some examples of good reasons for not complying with a work requirement include, but are not limited to:

- You or your child were sick on the day of the work activity;
- You had a household emergency;
- You did not have child care for your child who is under the age of 13; or,
- You were unable to participate due to a domestic violence situation.

You may be required to provide proof to support any reason(s) you give for not reporting or complying with work requirements. Examples of suitable proof may include a letter from your doctor, letter from your child's school, letter from the court, or other similar documents explaining why you did not report or comply with work requirements on the date(s) assigned. The proof that you provide will be used to decide whether or not you should be excused for the day(s) you did not report or comply with work requirements.

Exemptions: If you contact this agency by the date noted on page one and claim you are exempt from work requirements, you must provide proof so we can decide whether or not you should be exempt from SNAP work requirements. Exemptions from participation in SNAP work activities may include, but are not limited to: being under 16 or 60 years of age or older or being physically or mentally unfit for employment. Proof of exemption could include a statement from your doctor or medical professional providing care or other papers that explain your situation. You may also be referred to our medical provider to participate in an evaluation to decide if you should be exempt from work requirements because of a physical or mental health condition. If you have been referred to participate in a SNAP work activity and are claiming an exemption, you **must** contact the worker identified on page one of this notice by the date noted above.

We will review your explanation, along with any other information, and notify you of our decision.

If you do nothing, that is, you do not contact this agency by the date mentioned above, you will receive a Notice of Intent telling you that you are not eligible for SNAP benefits and that your household's SNAP benefits will be reduced or stopped.