

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

<Case No.>

<Report Month>

Subject: **MID-CERTIFICATION FORM**

IMPORTANT: Your SNAP (Food Stamps) will end if you do not return this form!

You must submit a report about CHANGES IN YOUR HOUSEHOLD SINCE YOUR LAST SNAP CERTIFICATION or your District of Columbia (District) Supplemental Nutrition Assistance Program (SNAP/Food Stamps) benefits will end. We need the information requested in this form to see if you are still eligible and to compute the amount of your monthly SNAP benefits. When you answer the questions, you must give information for everyone included in your SNAP (Food Stamps) benefits household. This includes parents or spouses who live with you but are not included in your SNAP (Food Stamps) because of their immigration status. This also includes information for sponsors of aliens, even if the sponsor does not live in your home. You can use a separate sheet of paper to explain any of your answers or give more information. Any separate sheet of paper must be sent with this form. You must complete, sign, and return this form and the documents requested in the form to us by the 1st day of the Report Month listed above on this form.

You can complete this form and provide verification documents without visiting a District Department of Human Services (DHS) Service Center in one of the following ways:

- **Mobile:** Download the **District First Mobile App** to your phone from the Apple or Google Play stores
- **Online:** Visit the DHS website at - <https://districtdirect.dc.gov> and submit this form electronically
- **Mail:** U.S. Postal Mail addressed to: DC Health Link, Case Record Management Unit, P.O. Box 91560 Washington, DC 20090
- **Fax:** to DHS Economic Security Administration (ESA) at (202) 535-1663

You may also complete and sign the enclosed form and drop-it off at one of the three open DHS Service Centers:

*H Street Service Center at 645 H Street NE
Congress Heights Service Center at 4049 South Capitol Street, SW
Anacostia Service Center at 2100 Martin Luther King Avenue, SE*

IF YOU NEED HELP TO COMPLETE THIS FORM CALL: (202) 727-5355.

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Question #1: Earned Income Changes

Our records show, that your gross monthly **earned** income is **<Gross Earned Income>**

Did anyone's income change by more than \$100 per month because of starting, stopping, or changing jobs? Yes No

Did your household have a change in the amount it earned of more than \$100 per month? Yes No

*If **yes** to any of the questions above, enter the amount of wages from the last 30 days in the boxes below AND attach proof.*

Who	Pay Date	Amount	Pay Date	Amount	Pay Date	Amount	Pay Date	Amount
		\$		\$		\$		\$
		\$		\$		\$		\$

Question #2: Unearned Income Changes

Our records show, that your gross monthly **unearned** income is **<GROSS MONTHLY UNEARNED INCOME>**

Did your household have a change of more than \$100 in any type of unearned income? Yes No
Types of unearned income include SSI, Veterans Benefits, Unemployment Compensation, Foster care/adoption subsidy, alimony, etc. If **yes**, complete the box below AND attach proof

Who	Amount	Date	How often received?	Type
	\$			
	\$			

Question #3: Household Member Changes

Have there been any changes to membership in your SNAP household? Yes No
This could include people who moved in or out, births, deaths, etc. If **yes**, complete the section below

Last Name	First Name	Middle Name	Date of Birth	SSN	Relation to you (child, aunt, etc.)	Do you eat together?	U.S. Citizen?	When did they enter or leave?
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Month: Year:

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Question #4: Child Support Payment Changes

Did anyone have a change in the legal obligation to pay Court-Ordered Child Support to someone who does not live in the SNAP household?		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete the section below AND attach proof</small>
Who Paid?	For which child?	Amount Paid

Question #5: Address and Shelter Expense Changes

Did you move or change address that resulted in a change to your shelter costs?		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, complete this section AND attach proof of your current shelter costs, like rent, taxes, utilities</small>
New Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Apt # City State Zip </div>		
Rent or mortgage per month now: \$ _____	Property taxes per month now: \$ _____	
Homeowners insurance per month now: \$ _____	Condo Fees/HOAs per month now: \$ _____	
Check all that you are now responsible for: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Fuel <input type="checkbox"/> Water <input type="checkbox"/> Phone (including cell) <input type="checkbox"/> Other:		

Question #6

If your household includes a member over 60 and/or a member who is disabled, answer the following question:	
Did anyone have changes in resources, such as Cash, Bank Accounts, Stocks, Bonds, Annuities, <i>etc</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, attach proof.</small>

CERTIFICATION:

I believe that all of my information on this form is correct. I have reported all of my changes on this form. I know that if I give any false information, I may be breaking the law. I know that because of the changes I reported on this form that:

1. My SNAP (Food Stamps) and/or Cash Benefits may be reduced; or
2. My SNAP (Food Stamps and/or Cash benefits may be stopped.

SIGNATURE: X _____ DATE: ___/___/_____ Daytime Phone Number: ()

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Authorized Representative SIGNATURE X _____ DATE: ___/___/____ Daytime Phone Number: () _____

NOTICE

- **If this form is late or incomplete you may not get your SNAP (Food Stamps) on time.**
- **If you DO NOT return this form, we will close your SNAP case.**
- **If you do not return proof that we request in this form on time, we may close your SNAP case or you might get less SNAP than you could be eligible for.**
- **If your case is closed, you may need to complete a new application.**
- **If you disagree with a decision to reduce or stop your benefits, you have a right to a fair hearing. You will be sent a notice about any reduction or stoppage of your benefits.**

SOCIAL SECURITY NUMBER STATEMENT:

Under federal law, you must provide your Social Security Number (SSN) (if you have one) if you are in the SNAP household. (See *The Food and Nutrition Act of 2008*, as amended, 7 U.S.C. § 2025(e) and *Social Security Numbers*, 7 CFR § 273.6) Non-participating household or family members need not provide SSNs or information about citizenship or immigration status. Your SSN will be used to verify your identity, prevent receipt of duplicate benefits, and make required program changes. The DHS computer system uses your SSN to verify your income by using records from federal and local sources, including the Internal Revenue Service, the Social Security Administration, DC Department of Employment Services, and the DC Child Support Services Division (CSSD). Refusal or failure without good cause to provide an SSN will result in disqualification of the individual for whom an SSN is not obtained.

PENALTIES FOR FRAUD: If you commit SNAP fraud, traffic SNAP benefits, or break other SNAP program rules, then you could be fined and go to prison for up to 20 years. You may also lose your benefits (be disqualified) for anywhere from one year to permanently, depending on the rules that you broke. Disqualification penalties are listed in 7 C.F.R. § 273.16(b) and 7 U.S.C. § 2015(b).