

SNAP VOLUNTEER TRAINING PRIMER - MAY 18, 2020

PRIMER PRESENTED BY OHSU'S FOOD INSECURITY TASKFORCE

IN PARTNERSHIP WITH PARTNERS FOR A HUNGER-FREE OREGON AND MULTNOMAH COUNTY SNAP OUTREACH







OBJECTIVES

- Define SNAP benefits and be familiar with where SNAP can be used.
- Be familiar with COVID related modifications.
- Define SNAP eligibility criteria for students.
- Be familiar with the SNAP application.
- Be familiar with common FAQs.



BACKGROUND ON FOOD INSECURITY AT OHSU

- A 2018 study found that 25% of OHSU students experienced food insecurity.
- The Food Insecurity Taskforce has been commissioned to address the needs of students and to decrease food insecurity.
- Initiatives to date have included:
 - 10% Meal discount at OHSU Cafeterias
 - CSA Shares provided at SHW
 - Meal in a Bag Program
 - Advocacy for students



SNAP BACKGROUND



WHAT IS SNAP?

- Supplemental Nutrition Assistance Program
 - Formerly Food Stamps
- Oregon Trail Electronic Benefits Transfer (EBT) Card





SNAP BENEFITS

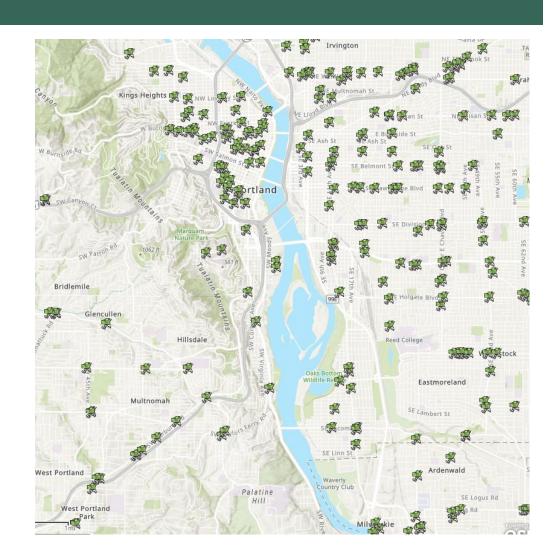
- SNAP EBT Benefits
- Double Up Food Bucks
- Phone Payment Assistance
- Economic deferment to help pay back federal loans

People in Household	Maximum Monthly Allotment
1	\$194
2	\$355
3	\$509
4	\$646
5	\$768
6	\$921
7	\$1,018
8	\$1,164
Each additional person	+\$146



WHERE CAN SNAP BE USED?

- Most grocery stores
 - SNAP Retailer Locator: https://usda-fns.maps.arcgis.com/apps/webappviewer/index.html?id=e1f3028b217344d78b324193b10375e4
 - Eligible items: https://www.fns.usda.gov/snap/eligible-food-items
- Farmer's Markets
 - https://doubleuporegon.org/dufb-markets/
- Online
 - Amazon and Walmart
 - Does not cover delivery fees





COVID MODIFICATIONS TO SNAP

- Emergency Allotments
- Modifications to Work Requirements
- Pause in recertifications through June
- Pandemic EBT
- Information is updated regularly here: https://oregonhunger.org/covid-19/



HOW TO APPLY

HOW TO APPLY – OVERALL PROCESS

- Fill out the online application
- Interview with DHS worker
 - Phone interview usually scheduled within 2-3 days
 - Students should request to have their SNAP card mailed during interview if approved
- Send any required documents to DHS officer
 - Required documents should be specified by DHS officer
 - Where to send should also be specified by DHS
 - Remind students to include:
 - Their name and phone number
 - Application number
 - Description of the document
- *** Applicants have 30 days after finishing application to finish these steps ***



SNAP APPLICATION STEP-BY-STEP – WHERE TO APPLY

- Online: https://apps.state.or.us/connect/
 - Only available in English
- PDF: https://govstatus.egov.com/or-dhs-benefits
- Call local DHS Office:
 https://www.oregon.gov/DHS/Offices/Pages/Self-Sufficiency.aspx
- Email DHS:
 SSP.StatewideWorkshare@dhsoha.state.or.us





SNAP ELIGIBILITY FOR STUDENTS

Must meet all of the following criteria:

- Age 18-49 years old
- Attending a higher education institution
 - University
 - Community college
 - Vocational or technical school
- Enrolled at least half time, as defined by the institution
 - OHSU Definitions:
 - Undergraduate: 6+ credits per semester
 - Graduate: 5+ credits per semester
- Meal plan pays for less than half of meals per week
- For non graduate students, be able to explain employment goals
- For graduate students, be working 20 hours/week

If students are not eligible based on the above criteria, they may still eligible. See next slide.



SNAP ELIGIBILITY FOR STUDENTS – ALTERNATIVE ELIGIBILITY

- Work study
 - There are not open work study positions at OHSU until June (end of the fiscal year)
 - OHSU Students can email <u>finaid@ohsu.edu</u> to find out if they will be eligible in FY21
- Caring for a child under 6 or a single parent with a child under 12
- Participating in WIOA approved program
 - https://www.wioainoregon.org/eligible-training-providers.html
- Receiving unemployment
- Receiving TANF
- Unable to work 20 hours/ week due to physical or physiological difficulties
- COVID Modifications may allow eligibility even if the above criteria are not met.



SNAP ELIGIBILITY FOR STUDENTS - INCOME

- A household is a group of people living together that purchase food together and share >50% of food.
- What counts as income?
 - Earned income
 - Unearned income (TANF, social security, unemployment, disability, child support, some financial aid, private and veteran's scholarships)

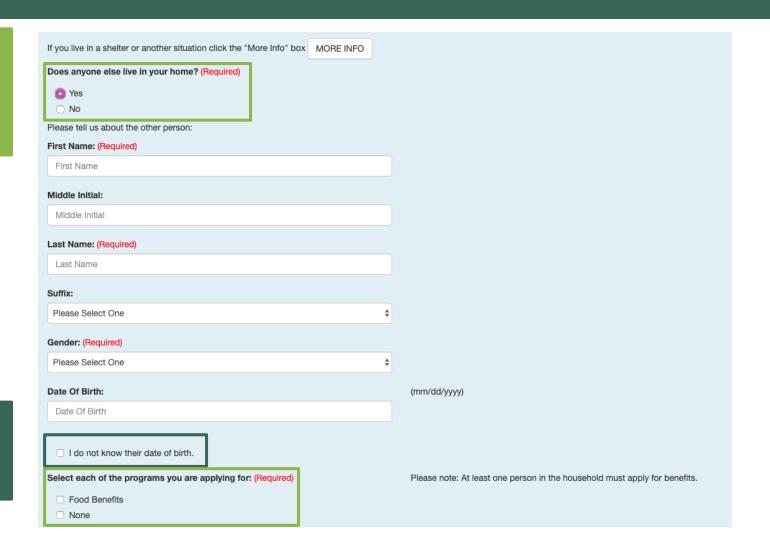
People in Family/ Household	Annual Income	Monthly Income	Weekly Income
I	\$23,616	\$1,968	\$454.15
2	\$31,869	\$2,658	\$613.38
3	\$40,188	\$3,349	\$772.84





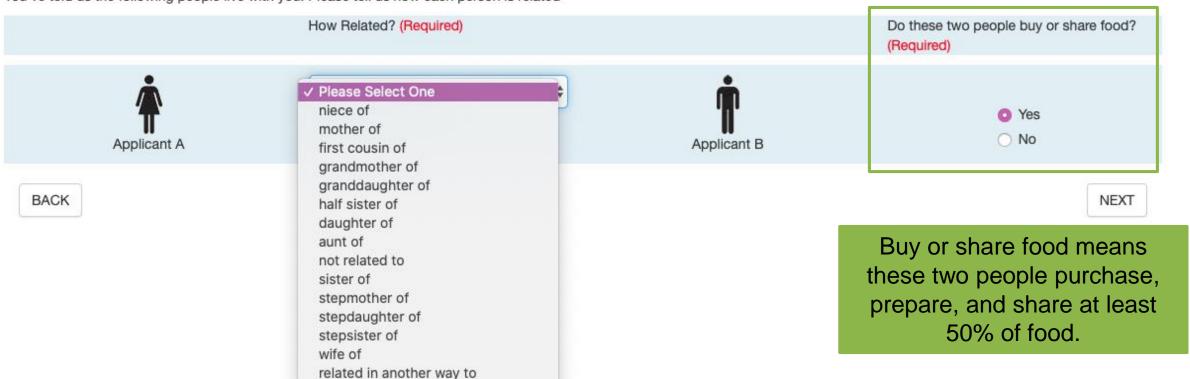
List everyone student lives with, even if they're not applying for benefits.

It's ok if student doesn't know housemates' birthdays.





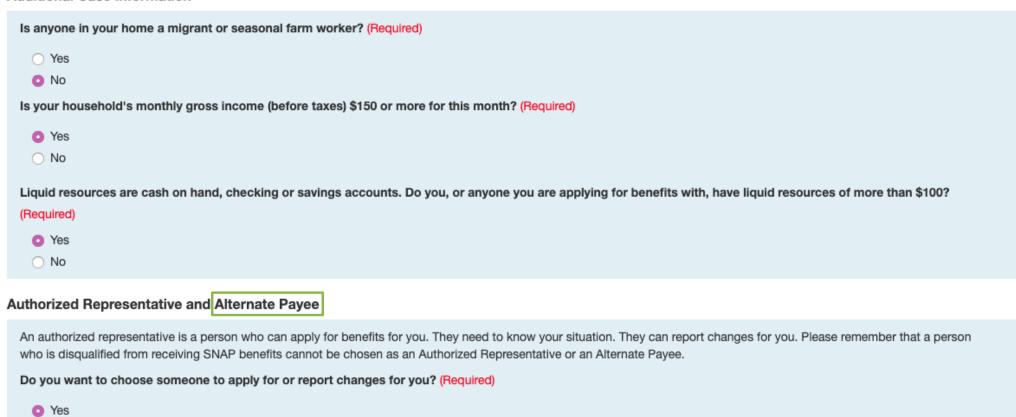
You've told us the following people live with you. Please tell us how each person is related





Additional Case Information

O No



Alternate payee can use applicant's SNAP benefits.

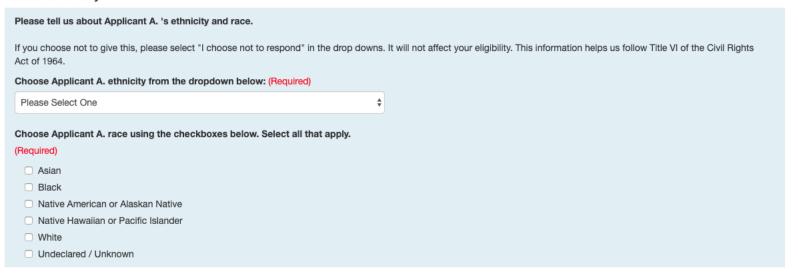


General Person Information

Does Applicant A. have a Social Security Number (SSN)? (Required) Yes No I don't know the number Is Applicant A. a resident of Oregon? (Required)	SSN is not required if applicant is not applying for them self.		
○ Yes			
○ No			
Where does Applicant A. live? (Required)			
Please Select One	‡		
Where was Applicant A. born? State: (Required)			
Please Select One	‡		
Please read: you may still get benefits if you are not a US Citizen. We do n who does not want benefit	ot need to know your citizenship if you are not apply ts. You do not need to be a citizen for your child to go		
○ Yes ○ No	asylee	enefits if they are a legal permanent residence, or victim of trafficking. fect future potential to become a US Citize	



Race and Ethnicity



Benefits Received in Another State

Die	d Applicant A. receive benefits in another state in the last 30 days? (Required)
(Yes
(○ No
	egon has a 3 month time limit for SNAP benefits. This time limit is for most adults age 18 but not yet 50, who are able to work, when there are no children in the home. They n get SNAP for only 3 months in a 3-year period. The months you received SNAP in another state my be counted towards the Oregon Time Limit.
На	s Applicant A. received SNAP benefits in another state since January 1, 2016? (Required)
(Yes
(○ No



Student Information

s Applicant A. a student? (Required)
Yes No
This includes classes a person is enrolled in via the Internet or correspondence.
Name of School (Required)
OHSU
Type of School: (Required)
High school
○ GED
Vocational Undergraduate
Graduate
Full or part time student?
O Part time
Full time
Special rules apply to students. Click More Info to learn more about students. MORE INFO

Is Applicant A. working in a state or federally funded work-study job? (Required)
O Yes
● No
Is Applicant A. in a Workforce Investment Act (WIA) program? (Required)
O Yes
No
Is Applicant A. enrolled in classes at the request of their employer? (Required)
O Yes
No
Is Applicant A. in a program serving displaced workers? (Required)
O Yes
No



Miscellaneous Questions

Does Applicant A. have a severe disability expected to last 12 straight months or have a condition that could be life-threatening? (Required)	
○ Yes	
No	
Is Applicant A. a current military service member or veteran of military services?	
○ Yes	
No	
Does Applicant A. receive food benefits from a tribe? (Required)	
○ Yes	
● No	
Does Applicant A. have an outstanding arrest warrant? (Required)	
○ Yes	
☑ No	







Please select all of the job situations that apply. (Required)

- Has a job right now (Not self-employed)
- Is self-employed
- Job ended in last 30 days
- Is starting a new job in 30 days
- Is on strike from a job
- None of the above

MORE INFO

Self-employed can be many different things. Click the more info box to see a list of examples of self-employment.

NEXT



Name of Employer? (Required)	
Employer Name	
Contact phone number, if available (include extension)	Exten
Employer Phone	Ex
What was the start date for this job?	
Start Date	(r
State State	
How often is Applicant B. paid? (Required)	
Please Select One	
How is Applicant B. paid? (Required)	
Please Select One	
Does Applicant B. get additional pay?	
Yes	
O No	
How much did Applicant B. get in gross income this month? (Required)	
Gross This Month	
How much did Applicant B. get in gross income last month? (Required)	
Gross Last Month	
Do you expect next month's income to be the same? (Required)	
○ Yes	
○ No	
Does Applicant B. get paid with goods and services instead of money?	
○ Yes	
○ No	



Does Applican	it A. own or nave their name	e on any of the following. Please provide as much information as possible belo	W:
Checking Acc	counts		
Yes			
O No			
	Туре	Name / Location of bank	Current balance/value
	Туре	Bank	Current Balance
	Туре	Bank	Current Balance
	туре	Dalik	Current Balance
	Type	Bank	Current Delenes
	Туре	Dalik	Current Balance
Savings Asso		Dalik	Current Balance
Savings Acco		Dalik	Current Balance
Yes		Dalik	Current Balance
	unts	Name / Location of bank	Current balance/value
Yes	Type		
Yes	unts	Name / Location of bank	Current balance/value
Yes	Type	Name / Location of bank	Current balance/value
Yes	Type Type	Name / Location of bank Bank	Current balance/value Current Balance



CD / Money Market Accounts
O Yes
○ No
Stocks
○ Yes
○ No
Bonds
○ Yes
O No
Retirement Accounts
○ Yes
○ No
Other
○ Yes
○ No
Does anyone have any items of value (Examples: car, truck, boat, etc)
○ Yes
○ No
Is anyone buying, or an owner of, real estate, land, or buildings you are not living on?
○ Yes
○ No



lease check each source of money Applicant A. receives. (Required)				
☐ Alimony				Annuity Payments
Court Ordere	ed Income			Gift/Money from Relatives
Income from	a Boarder		□ Ir	nsurance claim
Inheritance			□ L	oan (another repaying you)
Railroad Reti	rement Benefits		□ V	Vinnings
Adoption Ass	sistance			Child Support
☐ Disability Ins	urance Payments			Dividends or Interest Income
☐ Educational	Income		■ E	Estate/Trust Fund
☐ Foster Care			□ N	Military allotment
■ Money from	Another Person		□ F	Payment from Sale or Rental of Property
Pension/Reti	rement		□ S	Social Security Benefits
Social Secur	ity Disability Benefits		□ S	Spousal Support (Alimony)
Supplementa	al Security Income (SSI)			Cash Benefits - TANF
Money from	a Tribe		□ L	Jnemployment Benefits
Veterans Ber	□ Veterans Benefits		□ V	Norkers Compensation
Loan (borrow	ving money from another)			
Other - Pleas	se Specify		Ot	ther Unearned Income



Let's start with your housing costs.						
Are your monthly rent and utility payments more than your monthly income and money in your bank accounts? (Required)						
○ Yes						
No	No					
Does anyone	in your household pay for housing? (This includes rent, space rent, mortgage, second n	nortgage, condominium fees, a	nd association fees.) (Required)			
Yes						
O No						
Please enter a	Il of the housing costs that apply.					
	Rent	Full monthly amount:	0.00			
		Amount you pay:	0.00			
	Space Rent	Full monthly amount:	0.00			
		Amount you pay:	0.00			
			0.00			
	Mortgage	Full monthly amount:	0.00			
		Amount you pay:				
		Amount you pay.	0.00			
	2nd Mortgage	Full monthly amount:				
			0.00			
		Amount you pay:	0.00			
	Property Taxes	Full monthly amount:	0.00			
		How often paid:	Please Select One 💠			
	Condominium & Housing association fees	Full monthly amount:	0.00			
		How often paid:	Please Select One \$			
	Fire or Hazard insurance (not renters)	Full monthly amount:	0.00			
		How often paid:	Please Select One \$			



Do you get help to pay housing from HUD or Section 8?	
○ Yes	
O No	
Do you expect to pay the same amount for housing next month?	
○ Yes	
○ No	
If you have reported that you have no income, how are you paying for your expenses?	
How Paying Expenses	



The Department of Human Services (DHS) will not use costs for shelter, medical, child care and court ordered child support to figure your benefits if you do not report them. Please tell us about some of your bills. If you provide this information, your benefits may be higher.

Does anyone help pay for part of your housing? (Required)					
Yes					
O No		Does anyone help pay for part of your utility of	costs? (Required)		
Who pays?		▼ Yes ○ No			
First Name: (Required)		Who pays?			
First Name		First Name: (Required)			
		First Name			
Middle Initial:		Middle Initial:			
Middle Initial		Middle Initial			
Last Names (Paguiyad)		Last Name: (Required)			
Last Name: (Required)		Last Name			
Last Name		Phone Number:		Extension:	
Phone Number:	Extension:	Phone		Ext	
		Amount they pay? (Required)			
Phone	Ext	Amount They Pay			
Amount they pay? (Required)					
Amount They Pay					







fou may need to have an interview as part of this application. We go over the application with you in the interview. It is important to make it to your interview. Some people will need to come to the office for an interview. If it's hard for you to get to the local office, you may be able to have a phone interview instead. Would you prefer to talk with a worker in person or by phone? (Required)
f it's hard for you to get to the local office, you may be able to have a phone interview instead. Would you prefer to talk with a worker in person or by phone? (Required)
the management of the first of
○ In person
■ By phone
Home Phone:
Home Phone
Cell Phone:
(503) 867-5936
Message Phone: Extension:
Message Phone Ext
Work Phone: Extension:
Work Phone Ext
If you are hearing impaired, what phone method do you use?
Please Select One
What is the best way to reach you during the weekday? (Required)
Please Select One
What is the best time to call during the weekday? (Required)
What is the best time to call during the weekday? (Required) Please Select One
Please Select One When DHS contacts you for an interview, the number may appear blocked or unrecognized. If you indicate the best way to reach you is by phone, it is important that you answer during the designated time you have indicated to complete the interview process.
Please Select One When DHS contacts you for an interview, the number may appear blocked or unrecognized. If you indicate the best way to reach you is by phone, it is



FREQUENTLY ASKED QUESTIONS

- Do SNAP benefits count as income?
 - No, SNAP benefits do not count as income for tax purposes.
- Could I be eligible for SNAP if I own a car or house?
 - Yes, you can still be eligible if you have assets like a car or house.
- Can I receive benefits if I am an out of state student?
 - Yes, as long as you have an address in Oregon and live in Oregon during the school year, you are eligible to apply for SNAP benefits in Oregon.
 - If you leave Oregon for an extended period of time like summer break, you will need to notify DHS.



ADDITIONAL RESOURCES

- University of Oregon SNAP Videos:
 https://www.youtube.com/channel/UClifH-NQLp8RW8NDBdMP5nw/videos
- Partners for a Hunger-Free Oregon College Student Toolkit: https://oregonhunger.org/snap-college-toolkit/
- SNAP Online Training: https://oregonhunger.org/snap-online-training/
- 211 if you call 211 someone can assist with walking through the application process. This is a great resource for applicants as well, as they provide resources to callers beyond SNAP.

College SNAP Outreach and Assistance Toolkit

This toolkit exists to assist you in providing SNAP outreach and application assistance program at your college. Please click on the following sections of the toolkit where you can find the information and tools you will need.

UNDERSTANDING STUDENT ELIGIBILITY FOR SNAP	>
ADDRESSING STIGMA	>
OUTREACH STRATEGIES	>
OUTREACH TOOLS AND MATERIALS	>
APPLICATION ASSISTANCE	>



THANK YOU!!! QUESTIONS?

PLEASE FEEL FREE TO REACH OUT TO MADI EGAN (<u>EGANMAD@OHSU.EDU</u>) PRIOR TO THE TRAINING WITH ANY QUESTIONS!