



## Texas Simplified Application Project (TSAP) for SNAP food Benefits Renewal

Use this application to renew your SNAP food benefits when:

- all the members of your household (people who live with you and buy and prepare food together) are elderly (60 or older) or receive disability payments such as Supplemental Security Income (SSI), Retirement, Survivors, and Disability Insurance (RSDI) or Veteran's disability compensation.
- all members of your household have no earned income (income received from working); and
- no member of your household receives SNAP benefits under the SNAP-Combined Application Project (SNAP-CAP).

For help filling out this form or for questions, call toll-free 2-1-1 or 877-541-7905 (after you pick a language, press 2).

**You may submit this renewal after completing your name, address, and signature.**

Main Contact (Head of Household)				
Name (first, middle, last)				
Home address - street and apartment number	City	State	ZIP	County
Mailing address (if different from home address)				
Phone number (____) _____				
If we need to talk to you on the phone, will you need an interpreter? We can get an interpreter at no cost to you. <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what language? _____				

FOR AGENCY USE ONLY						
Status <input type="checkbox"/> App <input type="checkbox"/> Recert	App/Case No.	Received in Wrong Office	Mail Code	Date Received	Data Broker <input type="checkbox"/> Y <input type="checkbox"/> N	Screened By:

### People Applying for Benefits, Living in Your home, Helping with Your Case

1. Tell us about everyone who is applying for benefits. (If you need more room, add another page.)

Name (first, middle, last)	How is this person related to the main contact?	Date of birth	Sex (optional)	Race (optional)	Ethnicity (optional)	Legal immigrant?		In School?		U.S. citizen?		Social Security number
						Yes	No	Yes	No	Yes	No	
Main contact	Self					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





2. Tell us about people who aren't applying for benefits, but who live in your home and buy and cook their food separately from the people listed in question 1. (If you need more room, add another page.) Every person living in your home must be listed in your response to either question 1 or question 2.

Name (first, middle, last)	How is this person related to the main contact?

3. If you want, you can give someone the right to act for you (an authorized representative).

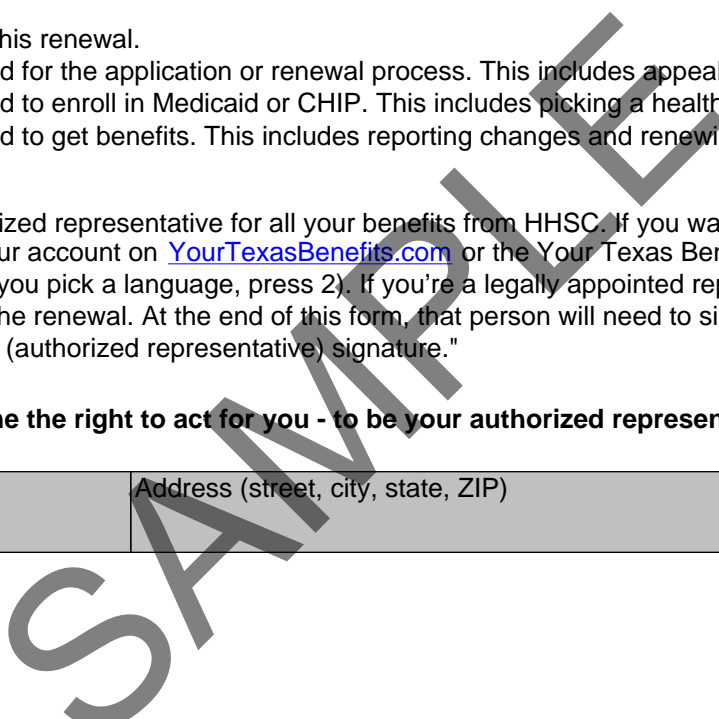
That person can:

- Give and get facts for this renewal.
- Take any action needed for the application or renewal process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on [YourTexasBenefits.com](https://YourTexasBenefits.com) or the Your Texas Benefits mobile app and report a change or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this renewal, send proof with the renewal. At the end of this form, that person will need to sign their name where it says, "Person helping with this case (authorized representative) signature."

Do you want to give someone the right to act for you - to be your authorized representative? .....  Yes  No

Name	Address (street, city, state, ZIP)	Phone Number





4. When people break program rules, they are sometimes "disqualified" from getting benefits. People who are disqualified are sent a letter and told they can't get TANF cash help or SNAP food benefits. Is anyone living in this home disqualified from getting TANF cash help or SNAP food benefits anywhere in the United States? .....  Yes  No

5. Has anyone been convicted of a felony that: (1) took place after Sept. 1, 2015, and (2) involved illegal drugs? .....  Yes  No

6. Have you any household member been convicted as an adult of aggravated of any of the following? sexual abuse, murder, sexual exploitation and other abuse of children, a federal or state offense involving sexual assault, or an offense under state law determined by the attorney general to be substantially like such an offense, after Feb. 7, 2014 and out of compliance with the terms of the sentence? .....  Yes  No

7. Have you or any member of your household been charged with or convicted of a felony and are fleeing the police, or broken a rule of your probation or parole? .....  Yes  No

8. Have you or anyone in your household received substantial lottery or gambling winnings this month?  
 Yes  No \$ \_\_\_\_\_

9. How much does the household have in cash \$ \_\_\_\_\_, checking \$ \_\_\_\_\_, savings account(s) \$ \_\_\_\_\_?

10. Does anyone own or is anyone paying for a car, truck, boat, motorcycle or another vehicle? .....  Yes  No

If yes, give facts below:

Vehicle 1

Name of owner (first, middle, last): \_\_\_\_\_

Make and Model: \_\_\_\_\_

Year: \_\_\_\_\_

Name of co-owner if also owned by someone outside the home: \_\_\_\_\_

Vehicle is used for a person with a disability:  Yes  No

Money still owed on vehicle: \$ \_\_\_\_\_

Vehicle 2

Name of owner (first, middle, last): \_\_\_\_\_

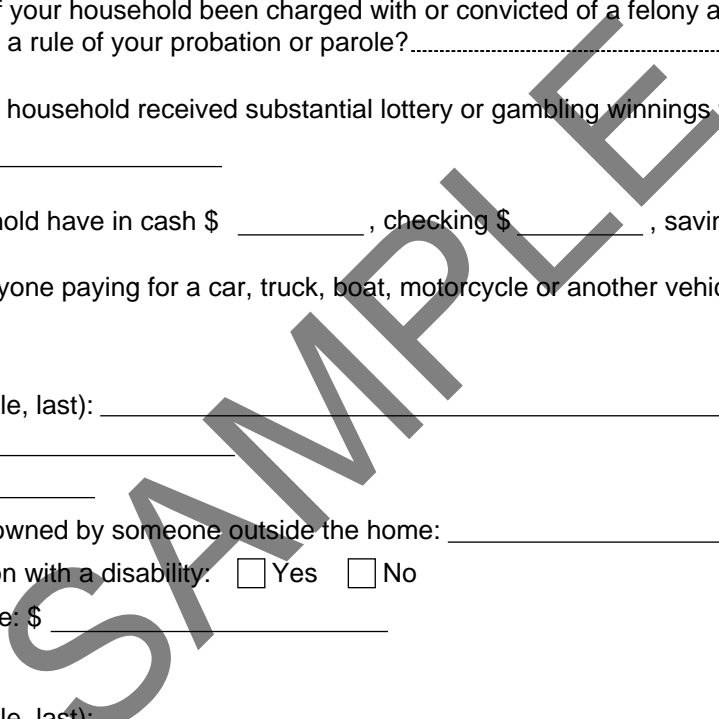
Make and Model: \_\_\_\_\_

Year: \_\_\_\_\_

Name of co-owner if also owned by someone outside the home: \_\_\_\_\_

Vehicle is used for a person with a disability:  Yes  No

Money still owed on vehicle: \$ \_\_\_\_\_





**Money Coming into the Home**

11. Does anyone in your home get money from job training or work? .....  Yes  No

If yes, tell us about each person who gets this type of money in the chart below:

Person working or in training	Name of employer or training place	Phone number of employer or training place	Number of hours per week	How often paid					Amount paid (before taxes and deductions are taken out)
				Daily	Once a week	Every 2 weeks	Once a month	2 Times a month	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. Tell us about the type of money everyone in the home gets:

Type of money	Person who gets money	Amount	How often paid?
SSI (Supplemental Security Income)			
Social Security (RSDI)			
Veteran's pension or compensation			
Veteran's disability compensation			
Railroad Retirement			
Other pensions			
Interest, rental income, dividends, royalties, child support			
Other disability payments			

13. Does anyone in the home get cash, gifts, loans or money from parents, relatives, friends or others?  Yes  No

If yes, tell us: (1) type of money (2) amount (3) how often paid (4) person who gets the money (5) person who pays the money:

\_\_\_\_\_

\_\_\_\_\_





**Costs you pay**

14. Tell us about the bills everyone pays:

Type of money	Yes	No	Total	Amount You pay	How often billed?
<b>Medical costs:</b> Does anyone spend more than \$35 each month on medical costs such as doctor, hospital, medicine, health insurance, transportation. that: (1) are for a person with a disability or is 60 or older <b>and</b> (2) are not paid by Medicaid, Medicare or other insurance? <b>If yes, send proof.</b>	<input type="checkbox"/>	<input type="checkbox"/>			
Rent					
Does anyone get housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>			
House payment					
Property taxes					
Natural gas/propane					
Electricity					
Water and sewage					
Phone					
Loans					
Home insurance					
Child support anyone pays					
Other					

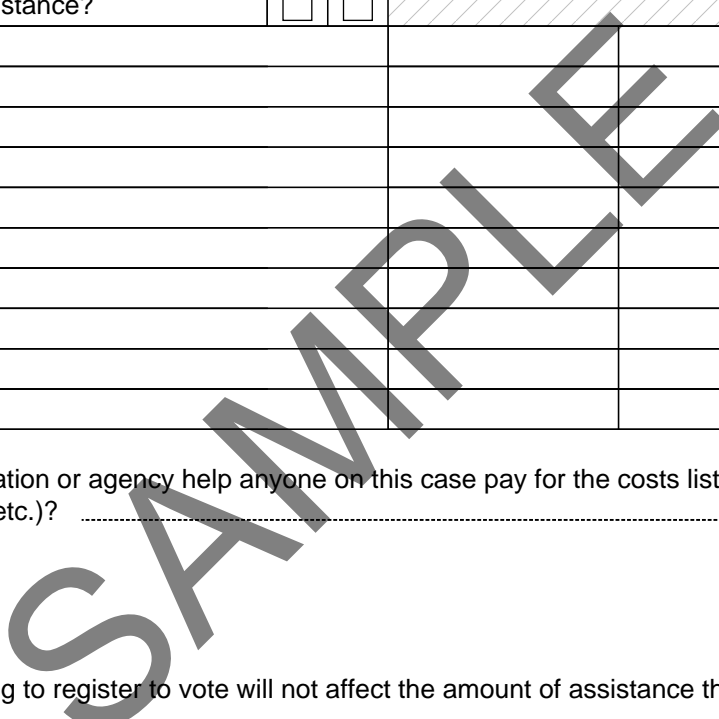
15. Does any person, organization or agency help anyone on this case pay for the costs listed above (friends, relatives, churches, etc.)?  Yes  No  
**If yes, send proof.**

**16. Signing up to vote:**

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

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

By not checking either box, you are stating your decision to not register to vote now. If you would like help filling out the voter registration form, we will help you. The decision to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party, you may file a complaint with the Elections Division, Secretary of State, P.O. Box 12060, Austin, TX 78711. Phone: 800-252-8683





### Agency Use Only: Voter Registration Status

Already registered  Client declined  Agency transmitted  Client to mail  Mailed to client  Other: \_\_\_\_\_

\_\_\_\_\_  
Signature - Agency staff signature

\_\_\_\_\_  
Date

### Legal Information

#### Your right to be treated fairly:

This institution is prohibited from discriminating based on race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

People with disabilities who require alternate means of communication for program information (e.g. Braille, large print, audiotape, or American Sign Language, etc.), should contact the agency(state or local) where they applied for benefits. People who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339.

Additionally, program information may be made available in languages other than English.

#### Supplemental Nutrition Assistance Program (SNAP)

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, AD-3027, found online](#) and at any USDA office. You may also write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: 202-690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, people should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish.

[A listing of hotline numbers by state is found online.](#)

#### Citizenship and Immigration Status

You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only must give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps immigrants with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.





### Social Security Numbers

You only need to give the Social Security numbers (SSNs) for people who want benefits. Giving the SSN of each household member is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each person that does not provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members. If you don't have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have an SSN and you don't. We will not give SSNs to the Bureau of Immigration and Customs Enforcement. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. The collection of the SSN of each household member is authorized under the Food and Nutrition Act of 2008. (7 C.F.R 273.6 for food benefits, 45 C.F.R 205.52 for TANF and 42 C.F.R 435.910 for health care.)

## Statement of understanding

### Facts HHSC Has About Me

HHSC uses facts about people applying for benefits to decide: (1) who can get benefits, and (2) the amount of benefits. HHSC checks facts with the federal Income and Eligibility Verification System. If any facts don't match, HHSC will check other sources (banks and employers, etc.). If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Services' (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources, such as medical records, and employment records. I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

### Keeping My Facts Private

HHSC will keep my facts private if they were collected:

- By HHSC staff or contracted provider staff.
- To find out if I can get state benefits.

HHSC can share facts about me:

- When needed for me to get state health care benefits.
- With phone and utility companies. They will find out if my bill amount can be lowered. HHSC will give them my name, address, and phone number.

### Telling the Truth

I know that anyone who applies for or gets SNAP must:

- Tell the truth.
- Never trade or sell SNAP benefits, Lone Star Cards or other devices that allow people to get SNAP.
- Never use or have Lone Star Cards or other devices if they don't belong to them

### Any member of your household who intentionally breaks the rules might:

- Not get SNAP for a year or more for the first offense, two years for the second offense, and permanently for the third offense.
- Be fined up to \$250,000, jailed up to 20 years, or both.
- Lose income tax refunds.
- May be subject to prosecution under other applicable federal and state laws.
- May be barred from the SNAP for an additional 18 months if court ordered.
- Have to repay benefits.

The same is true if anyone lets someone else use their Lone Star Card.





## Civil and criminal provisions for the Food and Nutrition Act of 2008

### Controlled substances

If a court of law finds you guilty of using or receiving benefits in a transaction that involves the sale of a controlled substance, you will be not be eligible for benefits for two years for the first offense, and permanently for the second offense.

### Sale of firearms, ammunition, or explosives

If a court of law finds you guilty of using or receiving benefits in a transaction that involves the sale of firearms, ammunition or explosives, you will be permanently ineligible to participate in the program from the first violation.

### Trafficking benefits

If a court of law finds you guilty of having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to participate in the Program from the first violation.

### **Reporting changes to my case:**

I know that I must report all changes to my case within 10 days of knowing about the change. Changes that must be reported include: (1) lottery and gambling winnings and (2) money anyone on my case gets (income)

### **Facts Anyone Tells or Gives HHSC**

HHSC uses the facts anyone tells or gives HHSC, including Social Security numbers to:

- Check if that person can get benefits.
- Check that person's facts with computer matching programs and credit reporting agencies.
- Make sure that person is following benefit program rules.
- Help other agencies check if that person can get other benefits.
- Recover benefits that person wasn't supposed to get.
- Share facts about that person with:
  - Other state and federal agencies. For example, the Texas Workforce Commission, the Social Security Administration, and the Internal Revenue Service;
  - Law enforcement officials so they can find people on that person's benefits case (the household) who are wanted for fleeing the law; and
  - Federal, state, and private claims collecting agencies for food benefit overpayment claims collection action.

(Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.)







By signing below, I agree:

- To let HHSC and other state, federal and local agencies check, share and get facts about anyone on my benefits case (the household).
- To let other people, businesses and organizations share facts they have about anyone on my benefits case (the household) with HHSC.
- The facts to be checked and shared include anything that helps decide:
  - who can get benefits; and
  - the amount of benefits.

I certify under penalty of perjury that the information I have provided on this renewal is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

\_\_\_\_\_  
Person applying signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature (This is needed only if the main contact signed with an X.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person helping with this case (authorized representative) signature

\_\_\_\_\_  
Date

**Submit by mail to:**  
**Texas Health and Human Services Commission**  
**P.O. Box 149024**  
**Austin, TX 78714-9968**  
 or  
**Fax to:**  
**877-447-2839**

SAMPLE

