

List of Resident Participants in the Supplemental Nutrition Assistance Program (SNAP)

Month and Year	Name of Facility
----------------	------------------

Name of Resident	Date of Birth	EDG Number	Date Entered Facility	Date Departed Facility	Departure Announced				Departure Unannounced				
					Card Ret'd?	Returned Benefits	Report Form?	Date Action Taken	Card Ret'd?	Returned Benefits	Report Form?	Date Action Taken	

WARNING! The facility is liable for losses or misuse of SNAP food benefits held on behalf of the resident, or overissuances which occur during the individual's residency. The facility may be penalized or disqualified for failure to return Lone Star Cards or benefits after the individual leaves the facility, for misrepresenting or fraudulently presenting incorrect information during the certification process, or for using SNAP food benefits to provide meals for an uncertified resident.

Signature	Date
Title	

Instructions for Form H1852

Month and Year

Enter the month and year being reported.

Name of Facility

Enter the name of the drug and alcohol treatment center or group living arrangement facility.

Name of Resident

Enter the names of the residents certified to participate for the month being reported, as the names appear on Texas Health and Human Services Commission (HHSC) SNAP notices and records for the individuals.

Date of Birth

Enter the resident's date of birth.

EDG Number

Enter the SNAP Eligibility Determination Group (EDG) number. This number can be found on the individual's certification notice. The last number of a case's SNAP EDG number determines when benefits are issued to the associated SNAP food account. See Form H1184, Benefit Issuance Schedule, for exact dates.

Date Entered Facility

Enter the date the resident entered the facility.

Date Departed Facility

Enter the date the resident left the facility.

Departure Announced

Make the appropriate entries if the resident's departure from the facility was announced:

Card Ret'd? – Did the facility return the Lone Star Card to the local HHSC benefits office? Enter Y or N.

Returned Benefits – Enter the dollar amount of SNAP food benefits returned to the resident (that is, amount of food account balance).

Report Form? – Did the facility give Form H1019, Report of Change, or Form H1019-S, Report of Change (Spanish), to the resident? Enter Y or N.

Date Action Taken – Enter the date the facility took the preceding action.

Departure Unannounced

Make the appropriate entries if the resident's departure from the center was unannounced:

Card Ret'd? – Did the facility return the Lone Star Card to the local HHSC benefits office? Enter Y or N.

Returned Benefits – Enter the dollar amount of SNAP food benefits returned to the resident (that is, amount of food account balance).

Report Form? – Did the facility give Form H1019 or Form H1019-S to the resident? Enter Y or N.

Date Action Taken – Enter the date the facility took the preceding action.

Signature

Signature of facility employee authorized to make this report.

Date

Date signed.

Title

Title of employee making this report.