

## 3SQUARESVT IN A SNAP!

An easier way for older & disabled Vermonters to get 3SquaresVT.

### You may use this application if **EVERYONE** applying:



- ➔ Is at least 60 years old or getting disability benefits, *AND*
- ➔ Does not get income from a job or self employment, *AND*
- ➔ Buys food and makes meals together.

### HOW TO APPLY

You may use this application to apply for 3SquaresVT in a SNAP— a program that can help you put healthy, nutritious foods on your table. If you do so, you may also use it to apply for Fuel Assistance.

1. Complete pages 1 to 4 of the application.
2. Answer the questions completely and honestly. We'll verify the information you provide with federal, state and local officials.
3. Sign at the bottom of page 4.
4. Send your application to: *DCF - Economic Services Division, Application and Document Processing Center, 280 State Drive, Waterbury, VT 05671-1500.*

**OPTIONAL:** Get the ball rolling sooner by providing at least your name, address and signature. Benefits will start from the date we receive your application as long as it has these things.

### HAVE QUESTIONS? NEED HELP APPLYING?

- ➔ Call our Benefits Service Center at 1-800-479-6151.
- ➔ If you are age 60 or older, you can also call the Helpline at 1-800-642-5119.
- ➔ If you have a hearing or speech disability, dial 7-1-1 for the relay service.

#### If you need interpretation services...

إذا أنت ترغب خدمات الترجمة الفورية اتصل برقم 1-855-247-3092 (Arabic)

Ako su Vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian)

စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-247-3092 သို့ ဖုန်းဆက်ခေါ်ပါ။ (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murungo 1-855-247-3092. (Kirundi)

यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा 1-855-247-3092 मा कल गर्नुहोस्। (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali)

Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-247-3092. (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese)

# IMPORTANT FACTS TO KNOW

## RIGHTS OF PEOPLE WITH DISABILITIES

Do you have a physical, mental or learning condition that makes it hard to do things we ask you to do? If so, we can make changes to help you. The Americans with Disabilities Act (ADA) and Vermont law say that we must make changes so people with disabilities can get public benefits. These changes are called *reasonable accommodations*. Here are some examples:

- Someone can write down your answers if you can't.
- We can give you more time or help you get the documents you need to give us.
- You can have a support person with you when you talk to us.
- We can send documents with larger print so you can read them.
- We can meet in your home or by phone so you don't have to come to the district office.

If you need for us to make a change like this, please call us at 1-800-479-6151.

## IMMIGRATION STATUS

Only U.S. citizens and certain non-citizens can get benefits. If your household includes people who are not eligible because of their immigration status, you can still apply for the members who are eligible. ESD will verify the immigration status of all non-citizens who apply for benefits with the U.S. Citizenship and Immigration Services. You do not have to provide immigration information for people who are not applying for benefits, but do need to include other information such as their income and resources.

## USDA NONDISCRIMINATION STATEMENT (DO NOT SEND APPLICATIONS TO THE USDA)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR-P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, or from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. **The completed AD-3027 form or letter must be submitted to:**

**By mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; **OR**

**By fax:**

(833) 256-1665  
or  
(202) 690-7442; **OR**

**By email:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov/](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider. **DO NOT SEND APPLICATIONS TO THE USDA.**

## ASSIGNING SOMEONE AS ALTERNATE REPORTER OR PAYEE

- If you want someone else to get copies of notices related to your application and benefits, complete and submit ESD Form 139AR to assign them as your "alternate reporter".
- If you want someone else to have access to your benefits, complete and submit ESD Form 139AP to assign them as your "alternate payee".

To get a form, call 1-800-479-6151 or go to <https://dcf.vermont.gov/mybenefits/resources>.

# 3SQUARESVT IN A SNAP APPLICATION



202 3SNP  
Revised 10/2022b

Print clearly and answer questions completely and honestly. Thank you!

**APPLYING FOR:**  3SquaresVT in a SNAP  3SquaresVT in a SNAP & Fuel Assistance

## 1. Tell us about you, the applicant.

First name, middle name, last name & suffix (Jr., Sr., III, etc.)		Date of birth (mm/dd/yyyy)
Social Security number	Phone number where we can call you (     )     -	Town where you live
Mailing address (street address or PO box, city, state, zip code)		
Physical address (if different from mailing address)		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>THE QUESTIONS BELOW ARE OPTIONAL. ANSWERING WILL NOT AFFECT YOUR ELIGIBILITY OR BENEFITS.</b>		
<b>Race (check <input checked="" type="checkbox"/> all that apply):</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		<b>Ethnicity (check <input checked="" type="checkbox"/> one):</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

## 2. Now, let's see if you qualify to get benefits within 7 days. This is called expedited service. Answer the questions below for EVERYONE applying for 3SquaresVT in a SNAP.

Did anyone get food benefits this month in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone a migrant or seasonal farm worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is everyone's total gross income ( <i>before deductions are taken out</i> ) this month?	\$
How much money does everyone have in cash on hand and any bank accounts?	\$
How much is your monthly rent or mortgage payment?	\$
How much are monthly utilities (heat, air conditioning, hot water, cooking & lights)?	\$

## 3. Since September 22, 1996, has anyone applying for food benefits:

Been convicted of trading food benefits for drugs, guns, ammunition or explosives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of buying or selling food benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of fraudulently receiving duplicate food benefits in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fled prosecution or violated their parole or probation for a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. Does anyone else live in your home?**  Yes  No

If yes, provide the details below. Use extra paper if needed.

Full name (first, middle initial, last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	Social Security number
Relationship to applicant	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Buy food & make meals with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Full name (first, middle initial, last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	Social Security number
Relationship to applicant	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Buy food & make meals with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Full name (first, middle initial, last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)	Social Security number
Relationship to applicant	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Buy food & make meals with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ANSWER QUESTIONS 5 TO 7 ABOUT YOURSELF AND EVERYONE YOU BUY FOOD & MAKE MEALS WITH.**

**5. Does anyone own assets?**  Yes  No

This could include vehicles, bank accounts, cash, property and other assets. Use extra paper if needed.

Type of asset	Who owns it?	Value of asset
		\$
		\$
		\$

**6. Does anyone pay court-ordered child support?**  Yes  No

If yes, who pays? \_\_\_\_\_ Amount paid; \$ \_\_\_\_\_ per \_\_\_\_\_

**7. A. Does anyone pay over \$35 a month in medical expenses?**  Yes  No

This includes costs like co-pays, prescriptions, dental care and health insurance premiums.

**B. If you answered yes above, are the expenses over \$191 a month?**  Yes  No

**ANSWER QUESTIONS 8 TO 11 FOR EVERYONE IN THE HOME, INCLUDING YOURSELF.**

**8. Does anyone have income?**  Yes  No This could include child support, disability benefits, lottery/gambling winnings, retirement benefits, SSI/AABD & Veteran's benefits. Use extra paper if needed.

First name, middle initial	Type of income	Gross amount & how often	Due to disability?
		\$ _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____ per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Do you rent your home or a room in someone else's home?**  Yes  No

If yes, provide the details below.

Who pays the rent?	How much is paid?	What's included in your rent?
	\$ _____ per _____	<input type="checkbox"/> Room only <input type="checkbox"/> Heat <input type="checkbox"/> Utilities <input type="checkbox"/> Meals

**10. Do you own your home?**  Yes  No If yes, provide the details below.

Type of payment	Who pays?	How much is paid?	How often?
Mortgage only		Principal \$ _____ Interest \$ _____	
Home equity loan		Principal \$ _____ Interest \$ _____	
Insurance ( <i>dwelling only</i> )		\$ _____	
Lot rent		\$ _____	
Condo fees		\$ _____	
<b>ANNUAL PROPERTY TAX</b>			Who pays?
Total tax \$ _____	State payment \$ _____	Net tax due \$ _____	

**11. Do you pay for utilities?**  Yes  No If yes, provide the details below.

Who pays the utilities?	Check all that apply
	<input type="checkbox"/> Heat <input type="checkbox"/> Hot water <input type="checkbox"/> Cooking <input type="checkbox"/> Lights <input type="checkbox"/> Air conditioning <input type="checkbox"/> Phone
	<input type="checkbox"/> Heat <input type="checkbox"/> Hot water <input type="checkbox"/> Cooking <input type="checkbox"/> Lights <input type="checkbox"/> Air conditioning <input type="checkbox"/> Phone
	<input type="checkbox"/> Heat <input type="checkbox"/> Hot water <input type="checkbox"/> Cooking <input type="checkbox"/> Lights <input type="checkbox"/> Air conditioning <input type="checkbox"/> Phone



**FUEL ASSISTANCE**

If you'd also like to apply for Fuel Assistance:

- ➔ Answer questions 12 to 15, and
- ➔ Check the "3SquaresVT in a SNAP & Fuel Assistance" box at the top of page one.

**12. Provide details about the fuel you use and your home.**

MAIN type of fuel used to heat home (check one)	Number of bedrooms
<input type="checkbox"/> Coal <input type="checkbox"/> Electricity <input type="checkbox"/> Kerosene <input type="checkbox"/> Natural gas <input type="checkbox"/> Oil <input type="checkbox"/> Pellets <input type="checkbox"/> Propane gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	# _____
Details about your housing	Rental assistance, if any
<input type="checkbox"/> Apartment <input type="checkbox"/> Mobile home <input type="checkbox"/> Single-family home <input type="checkbox"/> Other _____	<input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Other _____

**13. Do you pay for fuel or electricity directly?**  Yes  No If yes, provide the details below.

<b>FUEL:</b>	Name on account		Account number
	Supplier name & address		Supplier phone number
<b>ELECTRICITY:</b>	Provider name	Name on account	Account number

**14. Does anyone live with you to provide care or services?**  Yes  No

If yes, provide the details below.

First name, initial	Type of care: <input type="checkbox"/> Medically-necessary personal care <input type="checkbox"/> Homemaker/caretaker or companionship services
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**15. Does anyone have income from a job or self employment?**  Yes  No

If yes, provide the details below.

First name, initial	Income type	Income
	<input type="checkbox"/> Job <input type="checkbox"/> Self-employment	\$ per
	<input type="checkbox"/> Job <input type="checkbox"/> Self-employment	\$ per
	<input type="checkbox"/> Job <input type="checkbox"/> Self-employment	\$ per

**Voter Registration:** If you are not registered to vote where you live now, would you like to get a voter registration application?  Yes  No

If you don't check either box, you'll be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by ESD. If you would like help in filling out the voter registration application form, we'll help you. The decision whether 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, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State's Office at 128 State Street, Montpelier, VT 05633-1101, or call 1-802-828-2363, or 1-800-439-8683 (toll free).

**REPRESENTATION & HELP**

To get a form listed below, call 1-800-479-6151 or go to <https://dcf.vermont.gov/mybenefits/resources>.

Do you want someone to represent you on this application? This would authorize them to sign this application and act for you in related matters. If YES, complete ESD Form 139REP and provide the required proof (e.g., power of attorney or court order).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you want us to share information about your application & benefits with someone who helped you complete this application? If yes, provide their contact information below: Name/agency: _____ Phone number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SIGN BELOW**

**UNSIGNED APPLICATIONS WILL BE RETURNED FOR SIGNATURE.**

*By signing below, I certify under penalty of perjury that the information in this application, including information related to the citizenship and alien status of household members applying for benefits, is correct and complete to the best of my knowledge and belief.*



\_\_\_\_\_  
Signature of applicant/authorized representative

\_\_\_\_\_  
Date

# YOUR RIGHTS AND RESPONSIBILITIES

If you need help understanding them, would like a copy (in larger print) or would like to get a copy of this application, call 1-800-479-6151.

- 1. You have the right to a fair hearing if you disagree with a decision about benefits.** Your case may be presented by you or a representative (e.g., lawyer, relative or friend). To request one:
  - Call ESD at 1-800-479-6151.
  - Write *ESD Deputy Commissioner, HC 1 South, 280 State Drive, Waterbury, VT 05671-1020.*
  - Write *Human Services Board, 14-16 Baldwin St., Second Floor, Montpelier, VT 05633-4302.*
- 2. You have the right to a timely decision.** Unless a delay is caused by you, a doctor, an unexpected emergency, or an administrative problem beyond ESD's control, you can expect a decision within 30 days of submitting your application.
- 3. You have the right to privacy and confidentiality.** ESD will not share your information unless it's connected to program administration, allowed by law or court order, or authorized by you.
- 4. You are responsible for reporting changes:**
  - Address changes.
  - *Fuel Assistance:* I agree to report changes to where I live, people who live with me, how my home is heated, who supplies my fuel, and increases or decreases in income from any source within 10 days from when they occur.
  - *3SquaresVT in a SNAP:* I agree to report changes to the people who live with me, if anyone gets a job, or starts self-employment within 10 days after the month the change occurred.
- 5. You must provide a Social Security number (SSN) for each person applying.** Federal law requires this as a condition of eligibility (42 U.S.C. §1320b-7). Some programs may waive this requirement for members of a religious organization who object to providing Social Security numbers. ESD uses SSNs to enforce child support payments, prevent individuals from receiving duplicate benefits, verify the accuracy and reliability of the information provided and more.
- 6. You must tell ESD immediately if any member of your household:**
  - Gets duplicate food benefits from another state, or
  - Has been convicted in the past 10 years for lying about where they live to get benefits from more than one state.
- 7. You must cooperate with ESD if your application is selected for a quality control review.** This includes providing proof of the required information or authorizing us to get it if you can't.
- 8. You authorize the Vermont Commissioner of Taxes to disclose information from your state income tax returns to DCF Commissioner or designee. (33 V.S.A. §112 (c)).**
- 9. If you get 3SquaresVT in a SNAP, your children's names will be sent to the Agency of Education to certify their eligibility for free school meals.** If you don't want ESD to do this, call 1-800-479-6151 right away. You can change your mind later and complete an application at the school.
- 10. You must not lie or hide information to get benefits your household should not get.** It is *fraud* to knowingly give false or misleading information to get, attempt to get, or help someone else get food or fuel benefits.

**11. You are responsible for the accuracy of the information provided in this application. We will verify the information provided with various sources, including federal, state and local officials.** This includes information about your spouse or civil union partner, children and other household members. You authorize ESD to contact employer(s) to verify employment and income information for the purpose of determining your household's eligibility for benefits. If you do not want ESD to contact employer(s), you must call the Benefits Service Center immediately at 1-800-479-6151. Information that is available through the Income and Eligibility Verification System (IEVS) will be requested, used and may be verified through collateral contacts when ESD finds discrepancies. If the information you provide is not accurate, benefits may be reduced, you may be asked to repay benefits, you may be denied benefits, and may be subject to an administrative disqualification hearing and criminal prosecution.

**12. You must not misuse your food benefits in any of the following ways as it's considered trafficking:**

- Sell your food benefits.
- Trade your food benefits for — or use your food benefits to buy — non-food items, alcohol, tobacco products, illegal drugs, firearms, ammunition or explosives.
- Let anyone use your EBT card, other than to buy food for your household.
- Use, or have in your possession, someone else's EBT card(s), unless you are buying food for their household.
- If you purchase food on credit, use your food benefits to pay off that credit, even if you charged food only.

**13. You or any adult in the household may be investigated for fraud, trafficking, or both and could be subject to an administrative disqualification hearing and/or criminal prosecution.** If you or any adult in the household is found guilty of 3SquaresVT in a SNAP or Fuel Assistance fraud in a court, the penalty may be **up to three years in jail and a fine of up to \$1,000**. It is also possible to be fined **up to \$250,000, imprisoned up to 20 years, or both**, if found guilty of 3SquaresVT trafficking in a court. If you or any adult in the household is found guilty of 3SquaresVT fraud or trafficking, either by an administrative body or court, the ban from 3SquaresVT will be **one year for the first offense, two years for the second, and permanently for the third**. If you or any member of the household is found guilty of trading for or buying illegal drugs with 3SquaresVT, the ban is **two years for the first offense and permanently for second**. If you get food benefits from two states at the same time, the ban is 10 years. If you or any adult in the household is found guilty of any one trafficking instance exceeding \$500 or trading fire arms, ammunition, or explosives for 3SquaresVT, the ban is **permanent**. As per the Food and Nutrition Act of 2008, 7 C.F.R Section 273.16b, 42 U.S.C Sections 1320a-7b and 33 V.S.A Sections 141, 143 these and other federal and state penalties may also apply.

**14. You must accept free weatherization services if you get Fuel Assistance.**

In addition, you must also authorize:

- Your energy company or companies to provide ESD with data about your annual energy consumption, cost, usage, utility charges, payment history and other account information.
- ESD to get and share this data.