Seniors and SNAP: An overview and training on how to fight senior hunger in Montana

Elizabeth Weaver, Montana Food Bank Network
Montana Food Bank Network

- The Montana Food Bank Network works to end hunger in Montana through food acquisition and distribution, education and advocacy.

- Food Distribution
  - Approximately 150 Partner Agencies across the state
    - Food pantries
    - Senior centers
    - Soup kitchens
    - Youth homes

- Advocacy, Education, Outreach
  - Local, state, and federal levels
  - Supporting public food programs and other anti-poverty policies
Senior Hunger Quick Facts

10.2M
10.2 MILLION SENIORS (THAT’S NEARLY 1 IN 6) FACE THE THREAT OF FOOD INSECURITY

2X
THE NUMBER OF SENIORS FACING THE THREAT OF FOOD INSECURITY MORE THAN DOUBLED FROM 2001-2014

10,000
BABY BOOMERS WILL TURN 65 EVERY DAY UNTIL 2030

2025
BY 2025, SENIORS ARE PROJECTED TO COMPRISE MORE THAN 30% OF THE POPULATION IN 42 MONTANA COUNTIES
Food Insecurity and Health

Food insecure seniors are more likely to experience a variety of physical and mental health challenges:

- Lower cognitive functioning
- Weight loss
- Chronic disease
- Depression
- Loss of bone mass and muscle tissue
- Increased risk of hospitalization
- Weakened immune system

• Increased health problems lead to higher medical costs
  - Negatively impacts the ability of seniors to care for themselves and live independently
  - Higher medical costs further reduce the ability of seniors to afford adequate, nutritious foods
What is SNAP?

The Supplemental Nutrition Assistance Program is the nation’s most important anti-hunger program.

- SNAP is a federally funded nutrition program that provides eligible individuals and families with a monthly benefit that they can use to buy food.

- SNAP is a program of the US Department of Agriculture, but is administered at the state level.

- Previously known as the Food Stamp Program.
Why SNAP?

• SNAP improves overall financial security
• SNAP frees up money for other expenses
• SNAP improves food security, health status, and nutritional outcomes
<table>
<thead>
<tr>
<th>Quick SNAP Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>$113</td>
</tr>
<tr>
<td>Average SNAP benefit for senior living alone in 2015</td>
</tr>
<tr>
<td>15.3%</td>
</tr>
<tr>
<td>Percent of elderly SNAP households which received the minimum benefit in 2015 ($16 per month)</td>
</tr>
<tr>
<td>9.3%</td>
</tr>
<tr>
<td>Proportion of all SNAP households with at least one person age 60 or older</td>
</tr>
<tr>
<td>$171 million</td>
</tr>
<tr>
<td>Amount of revenue pumped into Montana’s economy by SNAP participation in 2015</td>
</tr>
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</table>
Low Participation Rates

SNAP Participation increased dramatically both across the U.S. and in Montana during the economic recession. In 2016, 120,000 Montanans received SNAP.

Less than 30% of eligible seniors age 60 or older are enrolled in SNAP.

This is much lower than the total state SNAP participation rate of 77%
Important Messages for Seniors:

• There are enough SNAP benefits for everyone who qualifies – you are not taking benefits away from anyone else.

• You have paid taxes to support SNAP, now you can utilize the benefits you’ve paid for.
  – By not signing up, you are leaving tax dollars on the table.

• You can receive SNAP and still go to a food pantry, receive senior commodities, or participate in other food programs.

• Using the debit card is easy and discreet.

• Most seniors qualify for more than the minimum amount.
  – Benefits roll over from month to month.

• You don’t have to fill out the application on your own or at the OPI office
  – In-person and over-the-phone application assistance is available
  – Prefer face to face? You can still go in to an office for assistance (where available).

• You can be working and still be eligible for SNAP. In fact, 44% SNAP households in MT are employed.
Who is Eligible?

RESOURCES:
For most applicants, there is no longer a resource limit.

INCOME:
To qualify for SNAP, you need to meet two income guidelines, the Gross and the Net:
1. The first step is meeting the Gross Guideline. If you meet this guideline, submit an application to see if you also meet the Net Guideline.
2. When you apply, your case worker will deduct a portion of your living expenses from your income to see if you meet the Net Guideline. **You cannot calculate Net Income for SNAP without the help of a case worker.**

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Gross Monthly Income Limit*</th>
<th>Net Monthly Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,980</td>
<td>$990</td>
</tr>
<tr>
<td>2</td>
<td>$2,670</td>
<td>$1,335</td>
</tr>
<tr>
<td>3</td>
<td>$3,360</td>
<td>$1,680</td>
</tr>
<tr>
<td>Each Add’l Member</td>
<td>+ $690</td>
<td>+ $345</td>
</tr>
</tbody>
</table>

*Some households with a previously disqualified member will need to meet a lower Gross Income Limit and be subject to resource limits.
Online application: www.apply.mt.gov

Clients will need information for all household members regarding:

- Income (earned and unearned)
- Resources (property and accounts)
- Expenses (including rent/mortgage, utilities, child or dependent care, medical costs if disabled or over 60)
Client will need an **ePass Montana** account to apply for SNAP online:

- Create a username and password; if needed create an e-mail
- Select security questions and create answers
- Login info will be needed to complete a saved application or check on application status online
Before getting started.....

If applying only for SNAP, the client has the right to submit application after filling out name, address, and signature of responsible household member.

HOWEVER, it is in the client’s best interest to fill out AS MUCH AS POSSIBLE before submitting.
Getting Started...

Hello, Lorianne. You are logged in.

<table>
<thead>
<tr>
<th>Get Started</th>
<th>Resources</th>
<th>Income</th>
<th>Bills</th>
<th>Finish &amp; Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Screens</td>
<td>People</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Completing this Application**

Please tell us who is completing this application. Need more help? Click the Help button.

- Self
- Friend
- Family Member
- Staff Person or Volunteer at an agency
- Authorized Representative
- Legal Guardian
- Power of Attorney
Apply for Multiple Programs

Hello, Lorianne. You are logged in.

- **Get Started** - Resources - Income - Bills - Finish & Submit

  **Beginning Screens**

  **People**

  **For Which Assistance Would You Like to Apply?**

  Please select the type(s) of assistance you would like to apply for. Then click the NEXT button at the bottom of this page.

  - **Health Coverage Assistance**
    
    Health Coverage Assistance provides medical coverage for eligible adults, children, pregnant women, elderly and disabled people. Health Coverage may help pay medical bills, doctors’ visits and Medicare premiums.

  - **SNAP (Food Assistance)**
    
    The Supplemental Nutrition Assistance Program (SNAP) helps eligible low-income households by providing an electronic benefits transfer card (EBT) that is used at grocery stores to increase food purchasing power, reduce hunger, increase food safety and provide nutritious diets.

  - **TANF (Cash Assistance)**
    
    The Temporary Assistance for Needy Families (TANF) program provides eligible low-income families with minor children with a monthly cash payment to meet their basic needs.

  

**Avoid filling out multiple applications! Encourage clients to use the online pre-screening tool before applying in order to best determine which programs they may be eligible for.**
Even if clients do not have a permanent address, it is necessary to have a **mailing address** in order to receive notices.

Clients may use the address of a friend, family member, general delivery at the Post Office, or any location they have arranged to get their mail.
Expedited Service

Getting Faster Service for SNAP Benefits

Some households may qualify for emergency (expedited) benefits. Expedited benefits are received within seven days. The questions below will help determine if your household can receive expedited benefits. If you are unsure of an exact amount, please provide your best estimate.

**Income**

- Please tell us the total money expected this month before deductions for your household.
- Please be sure to count all income from jobs and sources other than jobs, such as:
  - Social Security
  - Unemployment
  - Child Support

Be sure to count all income that comes in during this calendar month, even if the source of the income (like a job or benefit payment) has stopped.

**Resources**

- How much money does your household have?
  - This includes cash you have at home, in checking/savings accounts and in CDs.

**Expenses**

- How much will the people in your home pay for rent or mortgage this month?

Which utilities do you pay?

- Heat
- Electricity
- Telephone
- Electricity for Air Conditioning
- Water
- Sewer
- Garbage
- Other

- How much will the people in your home pay for utilities this month?

**Migrant or Seasonal Farm Worker**

- Is anyone in your home a migrant or seasonal farm worker?
  - Yes
  - No

All applications are screened for expedited processing. Clients may be able to qualify for Expedited Service if:

- Their income is less than $150 and have no more than $100 in cash and savings,
- Their combined income and resources are less than rent/mortgage and utilities, OR
- They are a destitute migrant or seasonal farm worker with liquid resources not exceeding $100.

Clients qualifying for Expedited Service will receive their benefits in 7 days (rather than up to 30)
Definition of a Household (for the purposes of SNAP):

People who live together, purchase, and prepare food together.

- A SNAP household must include spouses and children under 22 living in the home.
- Roommates do not need to apply together (if purchase and prepare food separately).
Earned Income

Progress bar allows client to see how far they are; applications can be saved and completed later, if necessary.
**Earned Income**

More About Lorianne’s Current Jobs

You have told us that Lorianne has a job (or is self-employed) or is expected to start a job. Please answer the questions below to tell us more about this job.

Self Employed: If you are self employed, enter ‘Self Employed’ for Name of Employer. Please select ‘Full Time’ for Employment Type.

**Employer**

Employer Name:  
Employment Type: Part Time Job

Have Lorianne’s hours been reduced in the last 90 days?  
- Yes
- No

Is this person on strike?  
- Yes
- No

Please select how Lorianne gets paid:  
- <click here to choose>

**Bonus, Commission, or Overtime Pay**

If Lorianne gets bonus, commission, or overtime pay beyond what was already entered for this job, please tell us the monthly amount. If the amount is not regular, try to estimate the average monthly amount that Lorianne gets.

<table>
<thead>
<tr>
<th>Type of Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Does Lorianne have another job?  
- Yes
- No

*Earned income must be verified*

Prefer past 2 months of pay-stubs but if pay-stubs are unavailable, the client can discuss other options with case worker.

If client is self employed, they will need business records, tax information, etc. to verify income.
Unearned Income

Money From Other Sources

Next, please tell us about the money that the people in your home receive or are expected to receive from sources other than a job or self-employment. If you're not sure about a source of income, click on Help for more information.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying. We may need this information to approve your application.

Child Support, Alimony

Which one of these persons is getting or will get Child Support and/or Alimony income?

- Lorraine
- Jane

Supplemental Security Income (SSI)

Please check the box for anyone who is receiving or will receive Supplemental Security Income (SSI).

- Lorraine
- Jane

Social Security Benefits

Please check the box for anyone who is receiving or will receive any Social Security benefits.

- Lorraine
- Jane

Other Types of Income

Please check the box for anyone who is receiving or will receive any type of income or payments from a source other than a job, child support or Social Security. By Other Income, we mean Tribal Income, Unemployment Benefits, Veteran Benefits, Workers Compensation, Pension or Retirement, etc.

- Lorraine
- Jane

Unearned income includes any household income from a source other than employment.

Most common:
- Social Security
- Disability
- Unemployment
- Workers’ Comp

*Client must provide verification
Expenses

Clients receive deductions for eligible expenses. These deductions help the client meet the Net Income Guideline and determine benefit amount.

*Expenses must be verified to count as deductions.*

The most common expenses that qualify as deductions:
- Rent/Mortgage
- Utility Expenses
- Child Care
- Medical Expenses for clients over 60 or disabled
Utility deductions are standardized amounts based on which utilities a client pays, rather than the amount of the expense.

Clients who pay heating/cooling separate from rent receive the largest standard deduction.

Clients who do not pay heating are still eligible for smaller utility deductions.

Utilities

Lorriane's Utility Payments

You have told us that Lorriane pays for utilities. Please fill in the table below to tell us more about these payments. Do not enter any utilities that are already included in your rent.

<table>
<thead>
<tr>
<th>Utility Type</th>
<th>Total Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>$</td>
</tr>
<tr>
<td>Natural Gas, Propane</td>
<td>$</td>
</tr>
<tr>
<td>Gas</td>
<td>$</td>
</tr>
<tr>
<td>Oil</td>
<td>$</td>
</tr>
<tr>
<td>Wood</td>
<td>$</td>
</tr>
<tr>
<td>Water/Sewer</td>
<td>$</td>
</tr>
<tr>
<td>Garbage</td>
<td>$</td>
</tr>
<tr>
<td>Utility Installation Fee</td>
<td>$</td>
</tr>
<tr>
<td>Basic Phone Rate</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
</tbody>
</table>

Are utilities included in your rent?  
- Yes  
- No

Does someone else help Lorriane pay these bills?  
- Yes  
- No

Lorriane's Rent or Mortgage Payment

You've told us that Lorriane makes Rent or Mortgage payments. Please answer the questions below to tell us more about this payment.

How much is Lorriane supposed to pay monthly for Rent or Mortgage?  
$  

Does someone else help Lorriane pay this bill?  
- Yes  
- No

Does any agency help you in paying your shelter costs?  
- Yes  
- No

Is Lorriane responsible for any other Rent or Mortgage payments?  
- Yes  
- No
Expenses

Other examples of expenses that qualify as deductions:

- **Dependent care** bills (care for a child, an adult with a disability, or for an elderly person living in the home)
- IF anyone is a senior (60+) or disabled: **Medical expenses** are deductible (including co-pays, premiums, prescriptions, hospital/doctor bills, travel required for medical treatment, etc.)

Your Other Bills

Next, please tell us about some of your other bills.

Legally Obligated Child Support Payments

Please check the box for anyone who pays legally obligated child support to someone not living in the household.

- [ ] Lorraine
- [ ] Jane

Dependent Care Bills

Please check the box for anyone who pays someone to care for a child, for an adult with a disability or for an elderly person living in your home.

- [ ] Lorraine
- [ ] Jane

Medicare Part A or Part B or Advantage Plan or Drug Plan

Please check the box for anyone who is getting Medicare Part A or Part B or Advantage Plan or Drug Plan or who is entitled to Part A or Part B or Advantage Plan or Drug Plan. By entitled, we mean you are able to receive the benefits, even if you aren’t actually receiving them.

- [ ] Lorraine
- [ ] Jane
Authorized Representative

Clients can select an authorized representative to help with their case. May be a friend, family member, etc.

Client selects level of involvement for authorized representative.

*Especially helpful for homebound clients or those with limited mobility/transportation
Final Steps

Before You Submit the Application

We have found that there are a few things missing from your application. You do not have to answer all of the questions before you submit your application, but in most cases, you will have to answer them in order to get benefits.

<table>
<thead>
<tr>
<th>Section</th>
<th>Go Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Screens</td>
<td>Go Back to Beginning Screens</td>
</tr>
<tr>
<td>Getting Started</td>
<td>Go Back to Getting Started</td>
</tr>
</tbody>
</table>

Signing Your Application

You're just a few minutes away from submitting your application. To do so, you'll need to:
- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your application.
- Save & Exit if you are not ready to submit your application. However, your application will be deleted in 60 days if it is not submitted.

Responsibilities, Rights, and Penalties

1. Information, this would delay a decision on your application.

2. For SNAP benefits, TANF cash assistance and Refugee programs, if you cannot keep your appointment (if needed), you must schedule another appointment within 30 days of the application date. If you do not schedule another appointment, your application will be denied.

3. If you are not able to appear for an interview or you are unable to find someone to represent you, call your County Office of Public Assistance to schedule a phone interview: [http://www.dhhs.mt.gov/contactus/humancommunityservices.shtml](http://www.dhhs.mt.gov/contactus/humancommunityservices.shtml)

TO GET SNAP BENEFITS WITHIN 7 DAYS (EXPEDITED SERVICE):

You may be entitled to expedited services if your income and resources are not enough to cover your monthly rent/mortgage and utilities, or you have very little income or resources, or your household includes a migrant or
Final Steps

*The application should save to the client's ePass account but may want to also print or email

Opportunity to add any other relevant info, not included elsewhere
Finish!

Signature Declaration

BY MY SIGNATURE, I DECLARE:

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted.

I have been informed my household is authorized to receive TANF Cash Assistance Information and Referral services. I have been given the TANF Cash Assistance Information and Referral Service Brochure that has information about these services.

For SNAP the signature of the primary information person, other adult in the household, or an authorized representative on this application constitutes certifying for work of all non-exempt household members.

Electronic Signature

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically signing my application.

First Name: [Field]  Middle Initial: [Field]  Last Name: [Field]  Suffix: [Field]

Application is sent electronically to the appropriate Office of Public Assistance for processing

*The client will still need to submit all verifications and complete the interview
Follow-Up & Recertification

• After submitting the application, clients have to have an interview with DPHHS for verification and approval. This will be done by phone. Clients can follow up by calling 1-888-706-1535.

• Once enrolled in SNAP, senior and disabled households with no earned income are certified for 2 years, with change reporting requirements
  • Required to immediately report a change in income that brings income above 130% of poverty

• Households can update their case at any time if their income went down, expenses went up, etc.
  • Changes require verification
What’s Next...

- Provide outreach materials, answer questions, and refer to Montana Food Bank Network for assistance!

- **Offer SNAP Application Assistance at your office**

- Sign a Program Agreement, report monthly totals for completed SNAP applications to MFBN, and show how our SNAP Outreach effort is doing!
Clients can check their SNAP balance and view recent transactions at www.ebt.mt.gov or (866) 850-1556.

Not sure where clients can use SNAP in your area?
•  SNAP retailer locator: www.snapretailerlocator.com

Many farmers’ markets now accept SNAP!
•  www.farmersmarkets.mt.gov

Great Resource for all things SNAP: https://www.snaptohealth.org/

DPHHS Office of Fair Hearings:
  406-444-2470
  hhsofh@mt.gov

All Mailed SNAP Applications:
  Human and Community Services
  PO Box 202925
  Helena, MT 59620
  Fax: (877) 418-4533
Questions? Comments?

Contact:
Elizabeth Weaver, SNAP Outreach Coordinator, at eweaver@mfbn.org or 406-215-1752
Lorianne Burhop, Chief Policy Officer, at lburhop@mfbn.org or 406-215-1773

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