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Governor

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Commissioner



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SNAP Group Home Screening Form and Fact Sheet

Administering Agency: _____

I. Locations

Is each location run by a non-profit (501c3) organization?

- If NO, then the location is not eligible for this program
- If YES, complete the following table with information about each eligible location:

Name and Address of Location	16 beds or less? (Y/N)	Are a majority of residents eligible for or receiving SSI? (Y/N)	Is this a licensed facility? If yes, provide a copy of the license.	If not licensed, does it meet licensing criteria? Provide signed confirmation from local resource coordinator.
1.				
2.				
3.				
4.				
5.				
6.				

If a location meets the program criteria then residents of that location may apply for SNAP benefits. Eligibility to apply for SNAP benefits for each location will be confirmed via email from the Senior Program Manager — SNAP, Ian Miller, upon review of this form. **NOTE: Facilities licensed by the State as ICF/MR (nursing home) facilities are not eligible to apply.**

Person Completing Form: _____

Title: _____

Date: _____

Email Address: _____

Phone Number: _____

II. Licensure

The license of the facility must be verified by faxing a copy to 207-287-3455 or emailing a scanned copy along with this form to the Senior Program Manager — SNAP at ian.miller@maine.gov

- a. For unlicensed facilities: a form has been developed and shared with OADS. Please fax or email a scanned copy of that completed form to the same number or email address along with this form.

III. SNAP application information for residents:

- a. Countable Income includes all income being provided for the group home resident, not just the amount they actually receive (e.g. if OACPDS is managing the resident's income, it is the total income the rep payee receives not just the amount passed on to the group home or the resident)
- b. When applying, report any assets the group home resident may have (trusts, savings, property, vehicles, cash, savings, etc.)
- c. When applying, report medical expenses that are paid out of the resident's own pocket as any amount in excess of \$35 per month is allowed as a deduction
- d. When reporting rent on the application, you should either: list the entire payment made to the group home and designate this as "room and board" OR if the group home has broken out within its books the portion that is for meals only, subtract this amount from the entire payment and list only the difference designated as "room only"
 - i. If the rent payment is listed as "room and board", SNAP will deduct a standard amount to determine the correct rent expense to allow in the budget

IV. Department contact information:

Group homes can contact the Department to apply for SNAP benefits for individual residents:

- a. **Contact the Statewide Call Center:** 1-855-797-4357
- b. **Apply Online at MyMaineConnection:** <https://www.maine.gov/mymaineconnection>
- c. **Download applications and important forms:** <https://www.maine.gov/dhhs/ofi/applications-forms>
- d. **Find DHHS office locations:** https://gateway.maine.gov/dhhs-apps/office_finder/

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on 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 in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the [Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) (found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> and at any USDA office) or write a letter addressed to USDA and provide in the letter all of 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:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: <https://www.fns.usda.gov/snap/state-directory>

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Need an Interpreter?

We will pay for an interpreter if you need one. Please let us know.