



Supplemental Nutrition Assistance Program (SNAP) Interim Report Form

Please return this form by the 10th day of next month or your benefits will stop.

We need the following information to determine if you are still eligible for Supplemental Nutrition Assistance Program (SNAP) benefits. Please complete and return this entire form to us by the 10th of next month. If you do not complete and return this entire form, your SNAP case will close.

Use extra paper if needed to answer all the questions.

If you have questions or need help completing the Interim Report form, contact us at 1-800-478-7778

1. Have you moved? No ☐ Yes ☐

If yes, answer the following questions:

- a. Your new address: _____
- b. Date moved: _____
- c. Landlord name, address, and phone _____
- d. Rent/mortgage amount: _____
- e. Property taxes not included in mortgage (if applicable) _____
- f. Homeowners insurance not included in mortgage (if applicable) _____
- g. Do you pay for the heating expenses at your new address? ☐ No ☐ Yes

If yes, please provide proof of your utility obligations.

**You have the right to claim actual utility costs if your costs exceed the standard deduction*

2. Have any persons moved in or out of your home since you last reported? No ☐ Yes ☐

If yes, list the name and date of birth and mark whether they moved in or moved out of your home below.

Name

Date of Birth

_____ (check one) Moved In ☐ Moved Out ☐

_____ (check one) Moved In ☐ Moved Out ☐

_____ (check one) Moved In ☐ Moved Out ☐

_____ (check one) Moved In ☐ Moved Out ☐

3. Has anyone had lottery or gambling winnings of \$4,250 or more in a single game? No ☐ Yes ☐

4. Has the amount of cash on hand, stocks, bonds or money in a bank account or savings institution reached or gone over \$2,750, or \$4,250 if your SNAP household contains an individual who is blind, disabled, or age 60 or older? No ☐ Yes ☐

If yes, explain: _____

5. Has a household member subject to able-bodied adult without dependents (ABAWD) requirements stopped working less than 20 hours per week, averaged monthly? No ☐ Yes ☐

If yes, enter name: _____

Continue to page 2



Alaska Department of Health
Division of Public Assistance

6. For all persons in your home who are working, answer the following questions:
- a. Has anyone changed employers since last reported? No ☐ Yes ☐
- If yes, enter name _____ and complete the following. If no, go to item b below.
- Name of Employer _____ Phone Number _____
- Hours Worked Per Week _____ Hourly Rate or Salary _____
- Day of Week Paid _____ How Often Paid _____ Date of First Pay _____
- If anyone has changed employers, please provide the most recent 30 days of paystubs.**
- b. If anyone is still with the same employer, has there been a change in the wage rate, salary, or full-time or part-time employment status since you last reported? No ☐ Yes ☐
- If yes, enter name _____ and complete the following:
- Hours Worked Per Week _____ Hourly Rate or Salary _____
- Explain: _____
- If the income has changed, please provide the most recent 30 days of paystubs.**
7. Has anyone started a job since last reported? No ☐ Yes ☐
- If yes, enter name _____ and complete the following:
- Name of Employer _____ Phone Number _____
- Hours Worked Per Week _____ Hourly Rate or Salary _____
- Day of Week Paid _____ How Often Paid _____ Date of First Pay _____
- If anyone has started a job, please provide the most recent 30 days of paystubs.**
8. Has anyone stopped a job since last reported? No ☐ Yes ☐
- If yes, explain: _____
9. For all persons in your home that are getting other income (child support, Social Security, SSI, VA, Unemployment Benefits, etc.), has that income changed by more than \$125? No ☐ Yes ☐
- If yes, explain: _____
10. For all persons in your home that have a legal obligation to pay child support, have there been any changes in the legal obligation to pay child support (court ordered amount increased or decreased)? No ☐ Yes ☐
- If yes, explain: _____
- If yes, please provide proof of the change in your legal obligation to pay child support.**
11. By signing page 3 of this form, I understand and agree that:
- **I must return this information to get benefits.**
 - **I can talk to a DPA caseworker** if I have questions about this form.
 - **My answers on this form will affect my benefits.** This information may cause my benefits to go up, down or stop. I will get a notice explaining how my answers on this form will affect my benefits and how to ask for a fair hearing.
 - **If I quit a job without a good reason,** I may lose SNAP benefits for myself.
 - **There are penalties in the SNAP program for doing any of the following:**

Continue to page 3



Alaska Department of Health
Division of Public Assistance

If you do the following...	You may lose SNAP benefits...
Commit an intentional program violation as defined in 7 CFR 273.16 or any of the following: <ul style="list-style-type: none">• Hide information or make false statements• Use Electronic Benefit Transfer (EBT) cards that belong to someone else• Use food benefits to buy alcohol or tobacco• Trade or sell benefits or EBT cards	<ul style="list-style-type: none">• 12 months for the first offense• 24 months for the second offense• Permanently for the third offense
<ul style="list-style-type: none">• Trade SNAP benefits for controlled substances such as drugs	<ul style="list-style-type: none">• 24 months for the first offense• Permanently for the second offense
<ul style="list-style-type: none">• Trade SNAP benefits for firearms, ammunition, or explosives	<ul style="list-style-type: none">• Permanently
<ul style="list-style-type: none">• Trade, buy, or sell SNAP benefits of \$500 or more	<ul style="list-style-type: none">• Permanently
<ul style="list-style-type: none">• Give false information about who you are or where you live so you can get extra SNAP benefits	<ul style="list-style-type: none">• 10 years for each offense
You can also be fined up to \$250,000 or put in prison for up to 20 years, or both, for doing these things. You may also be charged under other Federal laws.	
If you knowingly do the following...	You may be...
<ul style="list-style-type: none">• Use EBT cards which are not yours• Transfer your EBT cards to other people• Acquire or possess EBT cards which are not yours	<ul style="list-style-type: none">• Guilty of a felony or misdemeanor• Fined• Put in prison• Ineligible for food benefits for a period of time

Read and sign: Under penalty of perjury, I certify that all information given by me on this form is true and correct to the best of my knowledge.

Printed name of person completing this form:	Phone:	Date:
Signature of person completing this form:	Case Number:	