

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office for Family Independence
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 624-4168; Toll-Free: (800) 442-6003
TTY: Dial 711 (Maine Relay); Fax: (207) 287-3455

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 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, audiotape, 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/ad-3027.pdf>, 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:

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. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.