



# Food Assistance Programs in Washington State

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# Before we begin....

- Remember that public benefits laws and policies are steeped in systemic racism.
  - <http://theconversation.com/how-racism-has-shaped-welfare-policy-in-america-since-1935-63574>
  - <https://slate.com/human-interest/2018/06/trump-administrations-fixation-on-work-requirements-for-snap-benefits-is-part-of-a-long-racist-policy-history.html>
- Be aware of the impact of racism and stereotypes when speaking about recipients of public assistance.
  - <https://www.npr.org/sections/codeswitch/2018/06/08/616684259/why-more-white-americans-are-opposing-government-welfare-programs>
  - [https://www.huffingtonpost.com/entry/americans-welfare-perceptions-survey\\_us\\_5a7880cde4b0d3df1d13f60b](https://www.huffingtonpost.com/entry/americans-welfare-perceptions-survey_us_5a7880cde4b0d3df1d13f60b)

# Ask a Lawyer Program

- Have a question about the application process?
- Have a question about qualifying for a ABAWD exemption?
- Have a question about the calculation of benefits?
- Email questions or real-life scenarios to [benefitslegalhelp@solid-ground.org](mailto:benefitslegalhelp@solid-ground.org)
- Put “Ask a Lawyer” in the subject line and Public Benefits attorney will respond.



# Topics Covered

- Basic Food Overview
- Food Benefits for Immigrants
- Application Process
- Able Bodied Workers without Dependents – New Rules!
- Tips to Avoid Benefit Pitfalls
- Hearing and Appeals Process

# Replacement of Stolen EBT Benefits

- Starting August 23, 2023 – DSHS may replace Food Benefits stolen from skimming, cloning or other similar fraudulent activity.
- Retroactive: If EBT benefits were stolen between Oct 1, 2022 – August 22, 2023, clients must submit a replacement claim before **October 22, 2023.**
- If stolen after August 23, 2023, you must file the claim within **30 days of discovering the theft.**
- Find the reimbursement claim form here:  
<https://www.dshs.wa.gov/sites/default/files/forms/pdf/27-225.pdf>
- **NOTE:** Only applies to stolen food benefits, not cash

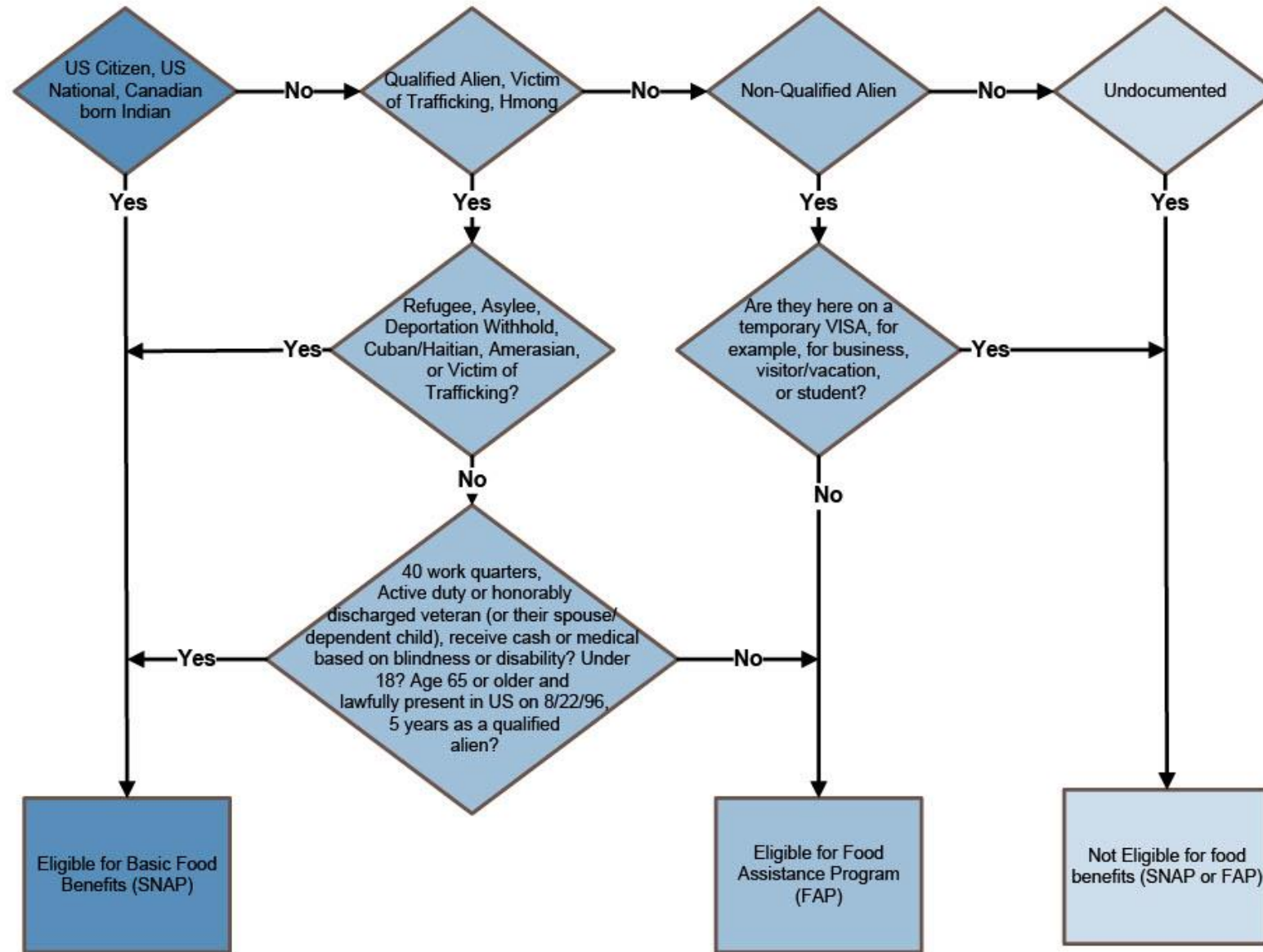
# Supplemental Nutrition Assistance Program (SNAP)

- The Supplemental Nutrition Assistance Program (SNAP), also called Washington Basic Food, provides food supplement benefits to low-income families.
- Issued on an EBT Card
- Eligibility is based on gross monthly income (before taxes), family size, and citizenship status.
- Some recipients may have work requirements.

# State Food Assistance

- State-funded Food Assistance Program (FAP) is for those who don't meet the immigration status requirements of Basic Food Assistance
- Immigrants without legal status (undocumented) are not eligible for either federally-funded Basic Food or state-funded Food Assistance
- FAP households get the same amount of food benefits they would receive if eligible for SNAP.
- Benefits are based on household income and the number of eligible people in the home.
- Households can receive a mix of FAP and SNAP benefits
- **Public Charge does not apply for Food Assistance Benefits**
- NOTE: Income from a person not eligible for SNAP or FAP might still be counted when determining household income.

# Basic Food/FAP Decision Tree based on Citizenship/Alien Status





# Public Charge

- Public charge does not apply to all immigrants. Every situation is different.
- The rule does not impact lawful permanent residents applying for U.S. citizenship or naturalization.
- The rule does not apply to people who are refugees and asylees, Amerasian immigrants, Afghan and Iraqi Special Immigrant Visa Holders, Cuban/Haitian Entrants, humanitarian parolees, victims of human trafficking (T- Visa), victims of criminal activity (U-Visa), Special Immigrant Juveniles or VAWA (Violence Against Women Act) self-petitioners.
- It may impact those applying for lawful permanent residency (“green cards”)
- The public charge rule *may* consider ongoing cash assistance programs and long-term medical institutionalization.
- USCIS will not consider the receipt of Medicaid, public housing, food assistance, WIC, school lunches, food banks, COVID-related medical care as part of the public charge rule (not exhaustive list!)
- People with questions or concerns about the impact of using public benefits on their immigration status should contact an immigration attorney.

# Food Assistance - Homeless Youth

- If a minor is homeless and is temporarily living at the residence of an adult who is not their parent **and** does not provide for them financially, they **are not** considered to be under parental control and can be their own assistance unit.
- A minor is not required to have a residence or income to be eligible for Basic Food.
- A child should not be considered "financially dependent" unless the child receives significant and sustained financial or other in-kind support from a non-parental adult.
- However, if the minor regularly buys and prepares food with others, everyone who does must be in the same assistance unit for Basic Food.

# Transitional Food Assistance

- Program for families leaving TANF due to increased income (not termination due to sanctions)
- Families must have been receiving Basic Food to get TFA
- Provides 5 additional months of Basic Food.
- Benefit amount will be same as last benefit amount regardless of new income.

# The WIC Program

- For pregnant or postpartum persons and child(ren) up to 5 years old.
- Provides additional benefits to purchase food like baby foods, formula, fruit, vegetables, and milk.
- Benefits go onto a Washington WIC Card (similar to EBT)
- Income must be at or below 185% Federal Poverty Limit
- Example: \$4,625 for a family of 4

Questions?

# Basic Food Benefit Amounts

**TIP:**

Benefit amount will vary depending on # of people in the household, income, living expenses household members pay for such as, rent or mortgage, utilities, childcare, child support.

<https://www.snapscreener.com/>

Family Size	Maximum Benefit Amount	Family Size	Maximum Benefit Amount
1	\$281	6	\$1339
2	\$516	7	\$1480
3	\$740	8	\$1691
4	\$939	9	\$1902
5	\$1116	10+ (+\$211/person over 10)	\$2113

# Basic Food Income Limits

- Income must be at or below 200% Federal Poverty Limit
- Exception:* Families exiting TANF can receive TFA for up to 5 months at last benefit amount regardless of income

TIP: If you are not sure if your client is eligible, check out [WashingtonConnections.org](http://WashingtonConnections.org). Click "[See if I qualify](#)"

Family Size	Monthly Income Limit (200% FPL)
1	\$2,430
2	\$3,287
3	\$4,143
4	\$5,000
5	\$5,857
6	\$6,713
7	\$7,570
8	\$8,427

# More about Basic Food Income and Resource

- Resources are not considered when determining eligibility except in some very specific circumstances
- Income deductions are allowed for child support paid out, housing/utility costs, out of pocket childcare expenses, and medical expenses if a family member is disabled or over 65
- You get a 20% earned income deduction
- You get a 50% Self-employment deduction: 50% of the gross self-employment even if your costs are less than this, if more than 50% will need to provide documentation



# Can I increase my benefit amount? – Maybe!

- Some types of income are not counted so the benefit amount will be higher
  - Tax Returns, Paid Child Support, some income from employment and training programs.
- If you have an **elderly or disabled** household member and they have out of pocket medical expenses more than \$35/month, they can get more benefits.
  - This is called an “income deduction”. Less countable income = higher monthly benefit.
  - Provide copies of prescriptions and proof of payment (receipts) to DSHS and ask for this income deduction!

Elderly = 60+

# How to Apply?

- Apply online at <https://www.washingtonconnection.org/home/>
  - Need to create an account, username and password
  - Need an email address to receive verification code
- Apply in person at a CSO
  - Office Locator: <https://www.dshs.wa.gov/office-locations>
- Apply over the phone: 1-877-501-2233
- You will need:
  - Your income information from the last 30 days.
  - Names, ages and income information for every adult in your household with whom you buy, prepare or share food.
  - Your household's expenses (heating and cooling costs, child support, rent or mortgage).

## Application for Food and Cash Assistance

Ask us if you need help filling out this form.

1. FIRST NAME MIDDLE INITIAL LAST NAME	SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE (REQUIRED)	2. CLIENT IDENTIFICATION NUMBER (IF KNOWN)						
3. STREET ADDRESS WHERE YOU LIVE CITY STATE ZIP CODE	4. PRIMARY PHONE NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> MESSAGE							
5. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE	6. SECONDARY PHONE NUMBER(S) <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> MESSAGE							
8. I am applying for (check all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Food <input type="checkbox"/> Child care		7. EMAIL ADDRESS						
9. I or someone in my household (check all that apply): <input type="checkbox"/> Are in a domestic violence situation <input type="checkbox"/> Have a disability <input type="checkbox"/> Can't work because of health problems <input type="checkbox"/> Are pregnant; name: _____ due date: _____								
10. How much money do you expect your household to get this month? \$ _____								
11. How much money does your household have in cash and bank accounts? \$ _____								
12. How much does your household pay for rent or mortgage? \$ _____								
13. What utilities does your household pay for? <input type="checkbox"/> Heating/cooling <input type="checkbox"/> Telephone <input type="checkbox"/> Other: _____								
14. Is anyone in your household a seasonal or migrant farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No								
15. If applying for food assistance, how many people in your household do you buy and prepare food for? _____								
16. If applying for child care, what activity do you need care for (check all that apply)? <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> WorkFirst <input type="checkbox"/> Basic Food Employment and Training (BFET)								
FOR OFFICE USE ONLY – Household eligible for expedited service: <input type="checkbox"/> Yes <input type="checkbox"/> No Screener's Initials: _____ Date: _____								
17. <input type="checkbox"/> I need an interpreter. I speak: _____ or <input type="checkbox"/> sign; translate my letters into: _____								
18. List everyone in your household even if you are not applying for them (attach additional sheets, if necessary).								
OPTIONAL FOR NON-APPLICANTS								
NAME (FIRST, MIDDLE, LAST)	GENDER	HOW IS THIS PERSON RELATED TO YOU?	DATE OF BIRTH	CHECK IF YOU WANT BENEFITS FOR THIS PERSON	SOCIAL SECURITY NUMBER	CHECK IF U.S. CITIZEN	RACE (SEE SAMPLES BELOW)	TRIBE NAME (For American Indians, Alaska Natives)
		Myself		<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
19. My ethnic background is Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Race and Ethnic background information is voluntary and will not affect eligibility or benefit amounts. This information is used to assure program benefits are distributed without regard to race, color, or national origin. For Food Assistance the USDA requires us to answer for you if no information is provided. Race examples: White, Black or African American, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, or any combination of races.								

# Tips for the Application Process

- If possible, provide proof of income with application or shortly thereafter. Applications can be delayed if DSHS is waiting for proof of income.
- If client just lost their job or stopped working for any reason, you might need a Stop Work Form (DSHS 14-438) to prove to DSHS the client lost their income.
- Advocates can go with clients to DSHS meetings! This is a good opportunity to advocate for the client if they have additional barriers.

Questions?

# Able-Bodied Adults Without Dependents (ABAWD)

- Able-Bodied Adult without Dependents (ABAWD) is:
- Ages 18 through 49\*\*
- Not getting food benefits for any children under age 18
- Able to work and have no physical or mental disabilities, injuries, or health issues that prevent you from working.
- Can received food assistance for 3 months and then must meet work requirements.
- **Work requirements were suspended during COVID but started July 1, 2023**

# What are the ABAWD work requirements?

## ABAWDs must do one of these:

- Work at least 20 hours per week averaged monthly (80 hours per month);
- Volunteer in the community through Workfare. The number of volunteer hours is determined based on the benefit amount divided by state or local city minimum wage; or
- Participate in state approved employment or training programs. Examples: LEP Pathway; Programs included in the Workforce Innovation and Opportunity Act (WIOA); AmeriCorps VISTA

**Good Cause** for not meeting work or volunteer hours/volunteer - clients should contact DSHS immediately if they miss work and they have a good reason.

**Exemptions:** There are multiple exemptions to the work requirements.

# What if I can't meet the work requirements?

- There is **Good Cause** for not meeting work or volunteer hours/volunteer - clients should contact DSHS immediately if they miss work and they have a good reason.
- Some examples of “good cause”
  - Illness or injury (self or family member)
  - Transportation broke
  - No childcare
- **Exemptions: There are multiple exemptions to the work requirements.**

**TIP:** Keep your own record of reporting or attempts to contact DSHS



# Exemptions to the ABAWD Rules

- You are not physically or mentally able to work.
- You care for someone with a disability or an incapacitated adult.
- You take part in a drug or alcohol rehab program.
- You get a disability-based benefit (SSI, SSDI, ABD, Workers' Comp, and so on).
- You are pregnant.
- You get unemployment benefits.
- You have applied for unemployment benefits.
- You are a student enrolled at least halftime in a recognized school.
- You cannot work, or find work, because you are homeless.
- You already meet the work requirements of an employment and training program for TANF.

# TIPS for ABAWDs

- If you think you should be exempt because you are unable to work, ask your doctor right away for a written statement saying that.
- If you are homeless, call DSHS right away, or have someone do it for you. Tell DSHS you are homeless and why you cannot work because of this.
- **Starting Sept 2023, those who are houseless, veterans, and individuals aging out of foster care will be able to apply for an exemption.**

TIP: Don't wait for DSHS to screen your client for an exemption. If client might meet an exemption, help gather documentation to support it

# Questions

# How to Avoid Benefits Pitfalls

## Report Changes in Circumstances

- Report required changes in household income, household size, or resources by the 10<sup>th</sup> day of the month following the change.
- Contact DSHS or BLA if you are in doubt about what needs to be reported.

## Comply with Program Requirements

- Comply with the work requirements, if required.
- OR tell DSHS why you cannot comply.

# How to Avoid Benefits Pitfalls, cont.

## Request an Equal Access Plan

DSHS must provide Necessary Supplemental Accommodations to all persons with a mental, neurological, physical or sensory impairment or other limitation that prevents them from accessing or maintaining benefits in the same way that an unimpaired person would.

## Designate an Authorized Representative

- Someone you designate to represent you when you apply for or receive benefits with DSHS.
- The individual or organization is authorized to act on behalf of the client for eligibility purposes.
- They can also receive copies of all your DSHS notices.

# What to do if something goes wrong?

If benefits are denied, reduced, or terminated:

- Request a Hearing
- How to request a hearing?
  - Call or write DSHS or the Office of Administrative Hearings.
- You have the right to be represented by an attorney
- DSHS Customer Service – 1-877-501-2233
- Office of Hearing Administration – 360-407-2700 or 800-583-8271

# Deadlines to Request a Hearing

- **90 days** to request a hearing from the adverse action (termination, denial, or change in benefits).
  - Up to **1 year** if you can show a good reason (“good cause”) for late hearing request
- **Continuing Benefits.** You can keep getting your benefits while you are waiting for you hearing.
- Ask for this within 10 days of the date on the DSHS notice.
  - If the tenth day falls on a weekend or holiday, you have until the next business day to ask for a fair hearing to get continued benefits.

# Referrals to Benefits Legal Assistance

## For General Referrals

- **Intake line: 206.694.6742** (client or advocate can leave message and we will return call within 24 hours)
- **General Email:**  
[benefitslegalhelp@solid-ground.org](mailto:benefitslegalhelp@solid-ground.org)

## To Contact us Directly with Specific Questions

- ❖ Hannah Rosenberger, Program Manager, [hannahr@solid-ground.org](mailto:hannahr@solid-ground.org)
- ❖ Will Ross, Benefits Attorney, [willr@solid-ground.org](mailto:willr@solid-ground.org)
- ❖ Brittany Lowe, Benefits Attorney, [brittanyl@solid-ground.org](mailto:brittanyl@solid-ground.org)
- ❖ April Mazur, Social Worker, [Aprilm@solid-ground.org](mailto:Aprilm@solid-ground.org)
- ❖ Janelle Stark, Legal Assistant (manages all intakes) [janelles@solid-ground.org](mailto:janelles@solid-ground.org)



# Questions