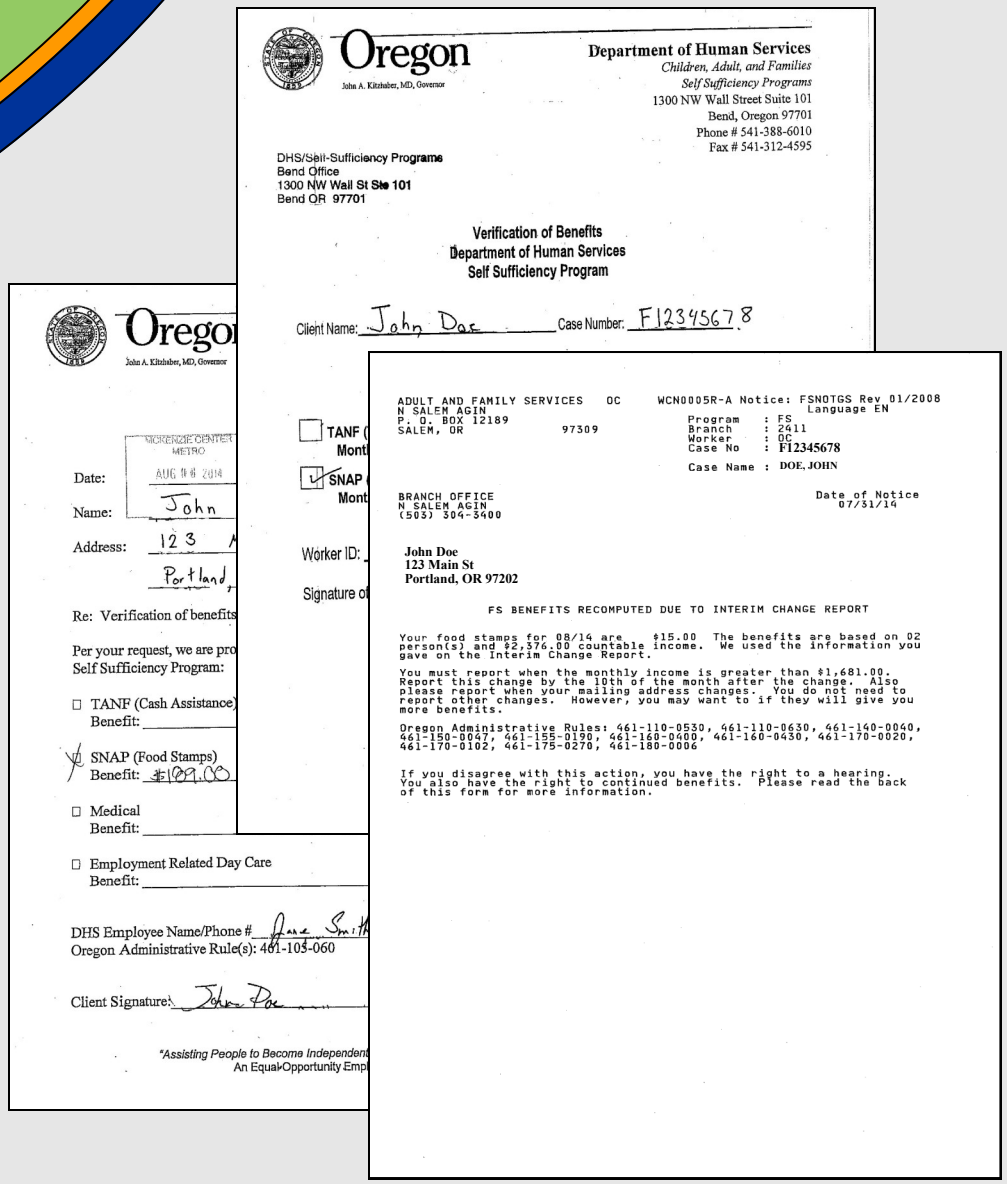
Examples of SNAP Reduced Fee Proof

To qualify for the SNAP reduced application fee of $60, a Patient must submit a photocopy of current Verification of Benefits Letter.



Oregon
John A. Kitzhaber, MD, Governor

Department of Human Services
Children, Adult, and Families
Self Sufficiency Programs
1300 NW Wall Street Suite 101
Bend, Oregon 97701
Phone # 541-388-6010
Fax # 541-312-4595

DHS/Self-Sufficiency Programs
Bend Office
1300 NW Wall St Ste 101
Bend OR 97701

Verification of Benefits
Department of Human Services
Self Sufficiency Program

Client Name: John Doe Case Number: F12345678

☐ TANF (
Mont

☑ SNAP (
Mont

Worker ID:

Signature of

Oregon
John A. Kitzhaber, MD, Governor

MCKENZIE CENTER
METRO
AUG 06 2014

Date:

Name: John

Address: 123

Portland

Re: Verification of benefits

Per your request, we are pro
Self Sufficiency Program:

☐ TANF (Cash Assistance)
Benefit:

☑ SNAP (Food Stamps)
Benefit: $109.00

☐ Medical
Benefit:

☐ Employment Related Day Care
Benefit:

DHS Employee Name/Phone # Jane Smith
Oregon Administrative Rule(s): 461-105-060

Client Signature: John Doe

*Assisting People to Become Independent
An Equal Opportunity Emp

ADULT AND FAMILY SERVICES OC
N SALEM AGIN
P. O. BOX 12189
SALEM, OR 97309

WCN0005R-A Notice: FSNOTGS Rev 01/2008
Language EN

Program : FS
Branch : 2411
Worker : OC
Case No : F12345678

Case Name : DOE, JOHN

BRANCH OFFICE
N SALEM AGIN
(503) 304-3400

Date of Notice
07/31/14

John Doe
123 Main St
Portland, OR 97202

FS BENEFITS RECOMPUTED DUE TO INTERIM CHANGE REPORT

Your food stamps for 08/14 are $15.00. The benefits are based on 02 person(s) and $2,376.00 countable income. We used the information you gave on the Interim Change Report.

You must report when the monthly income is greater than $1,681.00. Report this change by the 10th of the month after the change. Also please report when your mailing address changes. You do not need to report other changes. However, you may want to if they will give you more benefits.

Oregon Administrative Rules: 461-110-0530, 461-110-0630, 461-140-0040, 461-150-0047, 461-155-0190, 461-160-0400, 461-160-0430, 461-170-0020, 461-170-0102, 461-175-0270, 461-180-0006

If you disagree with this action, you have the right to a hearing. You also have the right to continued benefits. Please read the back of this form for more information.