



**Community**

Legal Services

Advocate. Litigate. Educate.

# Nutrition Assistance in Arizona During Covid-19

Dina Norwood

Managing Attorney

Health & Economic Stability Unit

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# What is Community Legal Services?

**Community Legal Services** (CLS) is a non-profit law firm that provides legal assistance and education to Arizona's most underserved communities.

## Program Legal Areas

-  Consumer
-  Education
-  Employment (Unemployment & Farmworker Rights)
-  Family
-  Housing
-  Healthcare & Economic Benefits
-  Tax






## Website

[clsaz.org](http://clsaz.org)

## Follow Us



# What will this Zoominar Cover?

-  **Overview** of the Supplemental Nutrition Assistance Program (SNAP)
-  Explanation of the **“emergency expansion” waivers** that have been **approved** or are still **pending** for SNAP in Arizona
-  Inform on how income from **Coronavirus Aid, Relief, and Economic Security (CARES) Act** is counted when determining eligibility for SNAP
-  **How to apply** for SNAP
-  **How to appeal** SNAP decisions you don't agree with

# What is the Nutrition Assistance (NA) Program?

 Used to be called **Food Stamps** before 2008

 Also called **Supplemental Nutrition Assistance Program (SNAP)**

 Monthly funds received in an **EBT Card** that can **only** be used to buy **food** items

 Households must meet **citizenship**, **income**, and **resource** eligibility requirements

**\*\*\*Note:** *only allowed for those deemed disabled, elderly (over 60) or homeless.*

## Allowed

## Not Allowed



# What is the SNAP “Emergency Expansion”?



CORONAVIRUS  
EMERGENCY

Federal government authorization under the **Families First Coronavirus Response Act** (FFCRA) to allow states like Arizona to have **more flexible SNAP rules** in order to alleviate economic stress from Covid-19 to SNAP recipients through the **approval of state waiver requests**.

Granting on a **month-to-month** basis

**Waiver approvals** have allowed for:

- ⚖️ Increased SNAP benefit amounts
- ⚖️ More people to qualify and continue receiving SNAP
- ⚖️ A simplified application process
- ⚖️ Pandemic-EBT

# What waivers have been approved for Arizona?

## Emergency Allotment

 **Increases** SNAP benefit amount to the **“maximum”** monthly benefit amount for **all** households in April & May. Increases will be posted automatically on EBT cards.

 SNAP recipients already receiving the “maximum” allotment **will not** receive increases

 Households approved under **“eligible-no pay status”** **will not** qualify for emergency allotment

Household Size	“Maximum” Allotment
1	\$194
2	\$355
3	\$509
4	\$646
5	\$768
6	\$921
7	\$1,018
8	\$1,164

# What waivers have been approved for Arizona?

## Suspension of ABAWD Work Requirements

 **Able-bodied Adults without Dependents** (ABAWD) are generally limited to **3 months** of assistance without meeting work requirements. These **work** requirements have been suspended.

 SNAP benefits will **not** be terminated for:

 **Failure** to comply with **employment & training requirements**

 **Voluntary quit** or **reduced work effort**

 Beginning **April 15, 2020**, the Department of Economic Security (DES) will **send notices** to households whose SNAP applications were **denied** or **closed** between **April 1, 2019** to **March 10, 2020** due to reaching the **3 month time limit**. The notices **inform** participants that they **may be eligible** to receive SNAP benefits during the **state of emergency** and they will need to **submit** a **new application**.

 **Note: Students** who **do not** meet any of the non-work exceptions are **still required** to meet work requirement. Please contact CLS for specific case advice on student exceptions, if needed.

# What waivers have been approved for Arizona?

## Extension of Certification Period

 Certification period will be **extended** by **6 months** for recipients due to renew benefits

 For **combination cases** (NA & CA) the renewal period will be adjusted **according** to the **NA renewal period**

Renewal Due	Extended Renewal Date
March 2020	September 2020
April 2020	October 2020
May 2020	November 2020
June 2020	December 2020



# What waivers have been approved for Arizona?

## Simplification of Application Process

### Acceptance of Telephonic Signature

Applies to all applications dated March 1, 2020 through May 31, 2020

DES agent must document **all** information the applicant **verbally attested** to on application in case file. **Make sure to have the DES agent repeat all information that you provided for your application!**

### Waiving Interview Requirement

Applies to all determinations made between April 6, 2020 and May 31, 2020, **unless** more information is needed from the applicant.

**Make sure answer ALL questions on application to avoid unnecessary delays!**

**Note:** Interviews can only be waived if mandatory information has been previously verified by DES or other government agencies that exchange information with DES.

Do you need help with this application? Visit [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov) or call 1-855-HEA-PLUS (432-7587).

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Family Assistance Administration  
Arizona Health Care Cost Containment System (AHCCCS)

#### APPLICATION FOR BENEFITS

Tear off and keep pages A through L for your records.

##### What is this application for?

Use this application to see if you and members of your household qualify for:

- Free or low-cost insurance from AHCCCS
- Help with your Medicare costs
- Nutrition Assistance
- Cash Assistance/Temporary Assistance for Needy Families (TANF)
- Tuberculosis Control
- A new tax credit that can help pay your health insurance premiums

See pages B and C for a description of each program.

##### Who can use this application?

An application may be completed by you or anyone you choose who knows or can get the information needed to complete the application for you and your household members. You can use this application to apply for anyone in your household, even if they already have benefits, including health insurance.

Your household includes:

- Your spouse, if married
- Your children under age 22 who live with you
- Your partner who lives with you (but only if you have a child together who needs health insurance or Cash Assistance)
- People you claim on your income tax return even if they do not live with you
- Relatives in your care who are under the age of 19 and live with you
- People who you live with that purchase and prepare food with you

If you want to select a representative to complete your application, complete the Authorized Representative form on page 1 and 2 of the application.

##### Where else can I apply?

You can apply faster online at [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov).

You can also apply in person at any local Department of Economic Security (DES)/Family Assistance Administration (FAA) office.

You can find a list of local FAA offices at <https://des.az.gov/> or call our 24 hour Interactive Voice Response system at 1-855-HEAPLUS (432-7587).

##### What if I need help?

If you need help filling out this application, please tell us. If you need a language interpreter or accommodations for a disability, please check the kind of help you need on page 1 of the application.

Online: [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)

Phone: 1-855-HEA-PLUS (432-7587)

In person: Visit [www.des.az.gov](http://www.des.az.gov) to find the office closest to you.

# What waivers have been approved for Arizona?

## Pandemic-EBT (P-EBT)

*Provides food funds for households that have school-age children that would otherwise be receiving free school breakfast and lunch.*

**No application** is necessary. DES will work with the Arizona Department of Education (DOE) to identify households with children who were in the school breakfast and lunch program.

**Retroactive** benefit from March 16, 2020 through May 31, 2020

Will be **deposited\*\***:

On **SNAP EBT card** for households **currently receiving SNAP** benefits based on **parent/guardian's first letter** of **last name** (see [here](#) for date chart).

On **P-EBT card** for households **not receiving SNAP** benefits to be **mailed** to household's last address of record with DOE in **mid-May 2020**. **Make sure to update address ASAP with DOE if it has changed!**

**\*\****All deposits will include benefits for March, April & May*

P-EBT for Each Child	
March	\$69
April	\$126
May	\$120

# What waivers have been approved for Arizona?

## Online Purchases

Allows SNAP recipients to purchase food online from approved vendors

Walmart 

amazon 



# What waivers are still pending for Arizona?

## Expansion of SNAP Use

**If approved**, it would allow participants to purchase **hot** and **prepared food** sold in **grocery** stores (which is currently not permitted under SNAP).

**Note:** This **would not** include **restaurant** food purchases **unless** *disabled, elderly (over 60), or homeless.*



# How is income from the CARES Act Counted?

**Recovery Rebates** (Stimulus Payments) **do not** count as **income**.

However, payment **may** count as a **resource**.

**Note:** *SNAP resource limits: (\$2250 individual; \$3500 if you are over 60 or disabled)*

**Federal Pandemic Unemployment Compensation** (FPUC) **does** count as **income** when FPUC is actually received by the household.

 Applicants **should report** that they have **applied** for **FPUC** on SNAP application but that **FPUC** decision is still **pending**.

 **FPUC** income must be reported to DES by the 10<sup>th</sup> day of the month following the month it was received.

**Example:** If FPUC is received on May 5<sup>th</sup>, households would have until June 10<sup>th</sup> to timely report the change of income.

# How to Apply for SNAP during Covid-19?

**Online:** [healthearizonaplus.gov](http://healthearizonaplus.gov)

**Telephone:** (855) HEA-PLUS (432-7587), Monday through Friday 7:00AM-6:00PM

**Fax:** Download paper application here: [des.az.gov/file/8269/download](http://des.az.gov/file/8269/download), print, and look up local DES office fax number at [des.az.gov/find-your-local-office](http://des.az.gov/find-your-local-office).

**In-person:** Available only when absolutely necessary, at limited locations, for those without phone or internet access. Check: [des.az.gov/find-your-local-office](http://des.az.gov/find-your-local-office) for more information.

# What to Do If SNAP is Denied, Reduced or Terminated ?

## Right to Appeal

**90** day appeal deadline from date of notice

**10** day deadline, **if** requesting continuing benefits

## Ways to Appeal

**Telephone\*** appeals can be submitted to the:

DES Office of Appeals at (602) 514-4600

*\*Please remember to document the date and time you call and name of DES agent who accepted your appeal*

**Fax\*\*** appeals can be submitted to the:

DES Office of Appeals at (602) 257-7055

*\*\*Please remember to keep the fax receipt of your appeal request for your records.*

Click [here](#) for more detailed appeal instructions.

**Contact**  **Community** Legal Services for possible legal assistance

**Telephone** (602) 258-3434, 8:00AM-3:00PM

**Online** [clsaz.org/apply-for-services/](https://clsaz.org/apply-for-services/)

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Family Assistance Administration

**APPEAL REQUEST**

Toll-free number: 1-877-528-3330  
Appeals Processing Unit (APU):  
Phone: 602-774-9279  
Fax: 602-257-7058  
Office of Appeals:  
Phone: 602-771-9019  
Fax: 602-257-7056 Phoenix  
602-257-7055 Tucson

Complete the following **ONLY** when requesting an Appeal and FAX the completed form to any of the FAX numbers on the right-hand side

**CUSTOMER INFORMATION**

Name (Last, First, M.I.): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Address (No., Street): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone Number (Include area code): \_\_\_\_\_

I want an Appeal for the following programs: (Check box)  
 Cash Assistance  Nutrition Assistance  AHCCCS Health Insurance  Tuberculosis Control

I want an Appeal because I do not agree with: (Check box)  
 End of Benefits  Amount of Benefits  Denial of Application  Overpayment  
 Other (Explain): \_\_\_\_\_

Reason(s) why I don't agree with your decision: \_\_\_\_\_

Date of Notice I do not agree with: \_\_\_\_\_  
I need an interpreter:  Yes  No (If Yes, what language?) \_\_\_\_\_  
I need an accommodation for a disability:  Yes  No (If Yes, explain) \_\_\_\_\_

**IMPORTANT:** Read your Appeal rights on page 2 of this form before filling out this section about continued benefits.

**CONTINUED BENEFITS**

Check one of the boxes below if the benefits the participant is appealing is being decreased or stopped.  
 I DO want to keep getting benefits during my Appeal.  
 I DO NOT want to keep getting benefits during my Appeal.

**NOTE:** When none of the options for continued benefits are selected, benefits may continue automatically. You may be required to pay back any amount you are not eligible for.

Name (Print or Type): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See page 3 for USDA/EQE/ADA/LEP/GINA disclosures

**Appeal Request** form should arrive with your denial notice, if not, it can be downloaded [here](#).

# Questions?

