

Date: _____

SUBJECT: Complete & send the enclosed report by _____ 5th or your benefits will end.

We are reviewing your eligibility for continued assistance through our programs and need to know about any changes in your household's situation.

Here's what you need to do:

1. Complete and sign the enclosed Interim Report.
2. Make copies of any required documents (e.g., proof of income).
3. Send your report and any other documents with the barcoded insert in the enclosed postage-paid envelope or using the online document uploader. It must be received by _____ 5th or your benefits will end.

You can send in your documents online at ahsuploader.vermont.gov. This website is only for requested documents. Please do not use the website for questions or to share documents that were not requested.

If you have any questions, please call 1-800-479-6151.

IF YOU ARE ACTIVE ON 3SquaresVT

You may be eligible for additional deductions and a higher benefit if you:

- Pay court-ordered child support
- Pay for childcare (including transportation cost)
- Have over \$35 per month in out-of-pocket medical expenses — if you are over 60 or disabled

For more details, call 1-800-479-6151.

Your Right to Appeal the Department's Decision

If you disagree with a decision, you can appeal. If you appeal, you will get a fair hearing. A fair hearing is your chance to tell your story to the Human Services Board. You can represent yourself or have a lawyer or someone else speak for you. The Human Services Board will review the facts of your case in a fair and objective manner. The Human Services Board will decide whether the department's decision should be upheld or reversed. If you want to request a fair hearing call the Benefits Service Center at 1-800-479-6151 or the Human Services Board at 1-802-828-2536. You may ask someone you trust to help you ask for a fair hearing.

After requesting a fair hearing, your benefits may continue, or you may reapply. While you are waiting for the Human Services Board to make a decision, if you requested a fair hearing before the department stops or changes your benefits, your benefits may continue at the current level (except for the seasonal fuel program), unless you tell us you do not want them to continue. If your benefits are closed, you may reapply at any time.

It is important to know that:

- If the fair hearing is not decided in your favor, you may be asked to repay any benefits you received during this time that you were not entitled to.
- If the fair hearing is decided in your favor, your benefits will be reinstated. If you did not continue to receive benefits, you will receive a retroactive payment.

Rights of People with Disabilities

Do you have a physical or mental or learning condition that makes it hard to do things we ask you to do? We can make changes to help you.

The Americans with Disabilities Act (ADA) and Vermont law say that we must make changes so people with disabilities can get public benefits. These changes are called reasonable accommodations. Here are some examples of changes we can make:

- Someone can write down your answers if you can't.
- We can give you more time or help you get the documents you need to give us.
- You can have a support person with you when you talk to us.
- We can send documents with a larger print so you can read them.
- We can meet with you in your home or by telephone so you do not have to come into the District Office.

Let a Benefit Service Center agent know if you need us to make changes so you can get the benefits you need.

Social Security Numbers (SSN)

You must provide an SSN for each person receiving benefits. You don't have to provide SSNs for people who are not receiving benefits. The collection of SSNS is required under 42 U.S.C. § 1320b-7. Some programs may waive this requirement for members of a religious organization who object to providing Social Security numbers. ESD uses SSNs to enforce child support payments, prevent individuals from receiving duplicate benefits, verify the accuracy and reliability of the information provided to ESD, and more.

3SquaresVT Fraud Penalties

If you or any adult in your household commits 3SquaresVT fraud or trafficking, you may be banned from 3SquaresVT. The ban will be one year for the first offense, two years for the second, and permanently for the third. If you or any member of your household trades for or buys illegal drugs with 3SquaresVT, the ban is two years for the first offense and permanently for second. If you get food benefits from two states at the same time, the ban is 10 years. If you or any adult in your household is found guilty of any one trafficking instance exceeding \$500 or trading fire arms, ammunition, or explosives for 3SquaresVT, the ban is permanent.

If you need interpretation services...

(Arabic) 1-855-247-3092 إذا أنت ترغب خدمات الترجمة الفورية اتصل برقم

Ako su Vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian)

စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-247-3092 သို့ ဖုန်းဆက်ခေါ်ပါ။ (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murungu 1-855-247-3092. (Kirundi)

यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा 1-855-247-3092 मा कल गर्नुहोस्। (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali)

Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-247-3092. (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese)

INTERIM REPORT

To continue getting benefits through the Economic Services Division, we need to know if there have been any changes in your household since your application or last review.

Here's what you need to do:

1. Complete, sign, and return this form (*with the enclosed barcoded page*), using the pre-paid postage envelope provided, by the date listed on the enclosed cover letter.
2. Include copies of any required documentation.
3. Call 1-800-479-6151 if you have any questions.

1. Please provide your name, date of birth and Social Security Number.

First name, middle initial, last name and suffix (Jr., Sr., III, etc.)	Date of Birth	Social Security number

2. Are you active on Reach Up or Reach Ahead? ☐ Yes ☐ No

If YES, answer below.	If NO, move to question 3.
QUESTION	IF YES, FOLLOW THESE INSTRUCTIONS
Does anyone in your household have income from self-employment or a paid job (not work experience or community service)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Send proof of paid hours worked & income received in the past 30 days (<i>e.g., a written statement from an employer or paystubs</i>). <i>You must send this proof even if your income has not changed. If you don't, your Reach Up or Reach Ahead benefits will close.</i>

3. Are you active on 3SquaresVT? ☐ Yes ☐ No

If YES, answer all the questions on pages 2 to 4.	If NO, go directly to the signature section at the bottom of page 4.
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QUESTIONS FOR 3SQUARESVT

- ⇒ Complete the remaining questions for ALL household members.
 ⇒ Answer from the date of your last 3SquaresVT application/review.

1. Did your household move? ☐ Yes ☐ No If YES, provide the details below.

New physical address <input type="checkbox"/> Check here if you are homeless	City	State	ZIP code	Phone number
Mailing address <input type="checkbox"/> Check here if the same as above	City	State	ZIP code	Message number

2. Have your housing costs changed? ☐ Yes ☐ No If YES, provide the details below.

If you rent your home, provide the details below:
 Rent is: \$_____per _____. It includes: ☐ Heat ☐ Electricity ☐ Air conditioning ☐ Hot water

If you own your home, how much do you pay for:

Mortgage <i>only</i>	Principal \$_____per _____	Interest \$_____per _____
Home equity loan	Principal \$_____per _____	Interest \$_____per _____
Condo fees \$_____per _____	Lot rent \$_____per _____	
Homeowner's Insurance (<i>dwelling only</i>)	\$_____per _____	
Property Tax	Total tax \$	State Payment \$
		Net tax due \$

If you pay your own utilities, check which ones you pay below:
☐ Heat ☐ Hot water ☐ Cooking ☐ Lights ☐ Air conditioning ☐ Phone

3. Has household membership changed since your application or last review?

☐ Yes ☐ No If YES, provide the details below.

First & last name	Moved In/Out	SSN	Relationship to you	Gender	DOB (mm/dd/yyyy)	Buy & prepare food with you?
	<input type="checkbox"/> In <input type="checkbox"/> Out When:			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> In <input type="checkbox"/> Out When:			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> In <input type="checkbox"/> Out When:			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> In <input type="checkbox"/> Out When:			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Did anyone's income change because they lost/started a job or business

(i.e., job or self-employment)? ☐ Yes ☐ No If YES, provide the details below AND send proof of all income received in the last 30 days. Use extra paper if necessary.

Person with changed income:	
When did their income change?	
Employer/other income source:	
Gross monthly income:	\$

5. Has your household's UNEARNED income changed by more than \$100/month?

☐ Yes ☐ No If YES, provide the details below. *(Unearned income could include child support, disability benefits, money from relatives, retirement benefits, SSI/AABD & Veteran's benefits).*

First name, middle initial	Type of income	Gross amount & frequency
		\$ per
		\$ per
		\$ per
		\$ per

6. Did household monthly gross income (combined earned and unearned income) increase above 130% of the Federal Poverty Limit (FPL) for your household size? ☐ Yes ☐ No

If YES, send proof of all income received in the last 30 days. If NO or your income was above 130% at the time of certification, then proof of all income is NOT required.

Household Size	130% FPL	Household Size	130% FPL
1	\$1632	5	\$3963
2	\$2215	6	\$4546
3	\$2798	7	\$5129
4	\$3380	8	\$5712
Add \$583 for each additional household member			

7. Did anyone get a vehicle? ☐ Yes ☐ No If YES, provide the details below

Vehicle Year	Vehicle Make	Vehicle Model

8. Does your household have more than \$3,000 in liquid assets? ☐ Yes ☐ No

If YES, provide the details below. *(e.g., cash on hand, money in bank, stocks, bonds & other assets).*

Resource Type	Current Balance
	\$
	\$

9. Does anyone pay court-ordered child support? ☐ Yes ☐ No

If YES, provide the details below AND send proof of payment.

Person Who Pays Child Support	Monthly Court-Ordered Child Support
	\$
	\$

10. Does anyone have to meet a work requirement because they are able to work, are 18 to 55 years old and have no children under 18 in the home? ☐ Yes ☐ No

If YES, answer the question below.

Person's Name:
Have their weekly work hours fallen below 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain why:

CHECKLIST OF DOCUMENTS YOU NEED TO SEND:

- ☐ Completed Interim Report
- ☐ Barcoded insert included in this packet
- ☐ If anyone pays child support — send proof of payments
- ☐ If you get Reach Up or Reach Ahead — send proof of hours worked & income received in the past 30 days (e.g., a written statement from an employer or paystubs).
- ☐ If anyone's income changed because they lost/started a job or business — send proof of all income received in the last 30 days.

YOU MUST SIGN BELOW

By signing below, I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief.

Print Name: _____ Date of Birth: _____

Signature: _____ Date: _____