	District/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	Y – Forms and Forms Instructions
	Section No./Name	Y-3010 SNAP Forms and Forms Instructions (Forms 10 – 19)
	Document No./Name	SNAP 13A Ins Action Taken on Your Supplemental Nutrition Assistance Case
	Effective Date	March 12, 2026

CURRENT VERSION OF FORM: **03/26** REPLACING: **12/24** Issue Obsolete

STOCKED: When issued manually, copy as needed/On-Line Policy Management System

UNIT OF ISSUE: N/A (8 ½" x 11", 3 pages)

➤ PURPOSE

Used by the worker to inform the household of any action or proposed action to be taken on the Supplemental Nutrition Assistance Program case.

➤ PREPARATION

Complete in duplicate.


Check the appropriate blocks and explain the action in the reason section.

Complete all applicable identifying items (top of form). The Advance Notice of Adverse Action block must be checked “yes” or “no”. If checked “yes” the Notice Expiration Date must be completed. If checked “no”, leave the Notice Expiration Date blank.

Item 1 – use to indicate the period of certification (months and year) at initial certification, redetermination, or at any time the certification period is being changed.

- Item 1, first block – use to show the allotment and the months it covers for retroactive benefits, simultaneous issuance, one-month certifications, and when the allotment for first month of the certification differs from the allotment for the remainder of the certification period. In the first and third blanks, show month(s) and year, and in the second blank show allotment.
- Item 1, second block – use to show the monthly allotment at the time of certification, subsequent certification, or changes resulting in an increase in benefits or in a decrease in benefits. For a decrease in benefits requiring an advance notice of adverse action, the advance notice of adverse action block must be checked “yes” and the Notice Expiration Date must be completed. Indicate the month and year in the first blank and allotment in the second blank.
- Item 1, third block – use for certifications when the household applied for SNAP and public assistance simultaneously if the SNAP case has been certified and the public assistance application is still pending.

Item 2 – complete only when certifying a case for expedited service with postponed verifications. Item 1 must also be completed. Enter the 30th day (month, day, year) from the application date in the blank. List postponed verifications in the “Reason” section.

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Item 3 – use to notify the household that it has been determined ineligible for SNAP. Explain fully the reason for denial in the “Reason” section. In the “Reason” section, confirm instances of withdrawal of an application with an explanation. Include who contacted the agency with the request for withdrawal and the reason given for withdrawal of the application. Also, inform the household that they can reapply during the next 30 days without completing a new application form if the application was withdrawn.


Item 4 – use to notify households whose cases have been denied/closed for failure to provide verification. List the missing verification in the “Reason” section.

- Item 4, first block – use to notify those households whose applications were denied after 10 days from the request for verification. Enter the 30th day from the application date in the blank. The second block of Item 4 must be completed also.
- Item 4, second block – use this block for all cases denied/closed for failure to provide verification. For denied applications enter the 30th day from the application date in the first blank and the 60th day from the application date in the second blank. For closed redeterminations, enter the date of the notice in the first blank and 30 days from the end of the certification period in the second blank.
- The last blank in Item 4 must be completed for all cases denied/closed for failure to provide verification. For closed redeterminations, enter the 60th day from the application date in the blank. For denied redeterminations, enter 30 days from the end of the certification period in the blank.

Item 5 – use to notify households whose application/reapplications were denied on the 30th day from the application date for failure to keep the scheduled application/reapplication interview appointments. The date will be the 60th day (month, day and year) from the application date.

Item 6 – use when a determination has not been made on the application within 30 days. List the reasons in the “Reason” section.

- Item 6, first block – use to notify the household that it has been 30 days since their application and a decision has not been made regarding their SNAP eligibility.
- Item 6, second block – use when the delay in determining eligibility is the fault of the agency.
- Item 6, third block – use when the delay in determining eligibility is the fault of the household, to notify the household that if the required verification is provided by the due date and the case is certified, benefits will be prorated from the date verification is provided.

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Item 7 – use for all closures. Fill in the month and year the closure is effective. For closures requiring an advance notice of adverse action, the advance notice of adverse action block must be checked “yes” and the Notice Expiration Date must be completed.

Item 8 – use to inform the applicant that receipt of a Louisiana Purchase Automated Benefit Card does not mean that they have been determined eligible for benefits. This item should be checked when the application is denied.

Item 9 – use at application/redetermination and interim change. Enter the gross income limit for the household in the blank.

Item 10 – use to notify households of free school meal benefits.

Use the “Reason” section to fully explain any activities necessitating the use of this form. Always complete in full when a case is closed or reduced upon written notification from the household. Use the Reason section to inform the household that a member failed to comply with work registration or employment and training requirements. Refer to the form [SNAP 13D](#) which is to be completed and attached to the form [SNAP 13A](#) when the household or a household member is being disqualified in accordance with work registration or employment and training requirements.

The worker or a person in a higher administrative position will sign the form if a manual form is used. Enter the appropriate telephone number in the space provided.

Fair Hearing Explanation

Enter the appropriate legal aid telephone number in the space provided.

Enter the name and mailing address of local DCFS office in the space provided.

➤ DISPOSITION

Mail the original to the household on the same day that the form is dated.

File the copy in FileNet.

Make a case note that form SNAP 13A has been sent.