	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

I. STATEMENT OF POLICY

C-821-SNAP - PO ACTION ON REPORTED CHANGES

CHANGES REPORTED AFTER THE APPLICATION INTERVIEW OR THE REDETERMINATION INTERVIEW OR AFTER A COMPLETE SIMPLIFIED REPORT IS RECEIVED, ARE CONSIDERED CHANGES OUTSIDE OF THE SIMPLIFIED REPORTING PROCESS.

CHANGES ARE CONSIDERED VERIFIED UPON RECEIPT IF:


- THE CHANGE IS REPORTED BY OR RECEIVED DIRECTLY FROM THE SOURCE OF THE INFORMATION, AND
- THE INFORMATION IS NOT QUESTIONABLE AND DOES NOT REQUIRE FURTHER INFORMATION OR VERIFICATION.

EXAMPLES OF PRIMARY SOURCE OF THE INFORMATION INCLUDE:

- BENDEX OR SDX FROM THE SOCIAL SECURITY ADMINISTRATION (SSA)

NOTE: ACTION ON INFORMATION FROM BENDEX OR SDX SHOULD BE TAKEN ONLY IF SSA IS THE PRIMARY SOURCE OF THE INFORMATION. (FOR EXAMPLE, INFORMATION REGARDING VA BENEFITS OR EARNED INCOME SHOWN ON SOLQ WOULD NOT BE CONSIDERED VERIFIED UPON RECEIPT SINCE THE INCOME SOURCE IS OTHER THAN SSA. INFORMATION ABOUT SSI FROM BENDEX OR SDX WOULD BE CONSIDERED VERIFIED UPON RECEIPT SINCE SSA IS THE SOURCE OF THIS INCOME.)

- SAVE FROM THE BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES (USCIS)
- UNEMPLOYMENT COMPENSATION BENEFITS VERIFIED BY THE LOUISIANA WORKFORCE COMMISSION (LWC) RECORDS
- LASES
- E&T NON-COMPLIANCE INFORMATION IS RECEIVED REGARDING ABAWD PARTICIPATION
- INTENTIONAL PROGRAM VIOLATION (IPV) DISQUALIFICATION DECISION RECEIVED FROM FRAUD AND RECOVERY
- Notice of non-cooperation with Quality Control (QC) received from QC

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

- NOTICE THAT THE HOUSEHOLD HAS APPLIED FOR ASSISTANCE IN ANOTHER STATE RECEIVED FROM THE OTHER STATE DEPARTMENT
- A change in household composition reported by a responsible household member or authorized representative
- A CHANGE IN DEPENDENT CARE EXPENSE, WHICH IS \$500 OR LESS, or shelter expense reported by a responsible household member or authorized representative and the expense is not questionable
- CURRENT CHECK STUBS OR OTHER WAGE VERIFICATION including Experian, AS REQUIRED IN [B-661-1 FITAP/SNAP](#)
- CHANGES VERIFIED FOR ANOTHER ES PROGRAM
- A REPORT OF DEATH RECEIVED FROM THE LOUISIANA DEPARTMENT OF HEALTH (LDH), LOUISIANA VITAL RECORDS DIVISION
- A REPORT OF AN INCARCERATION FROM THE DEPARTMENT OF CORRECTIONS (DOC)

IF THE INFORMATION IS QUESTIONABLE, IT IS NOT CONSIDERED VERIFIED UPON RECEIPT.

C-822-SNAP - PO ADDRESS/NAME CHANGES

(FOLLOW PROCEDURES IN C-822-SNAP - PR ADDRESS/NAME CHANGES.)

*** C-822-1-SNAP - PO RETURNED MAIL**

(FOLLOW PROCEDURES IN C-822-1-SNAP - PR RETURNED MAIL)

C-822-2-SNAP - PO SHELTER EXPENSE CHANGES


When a household reports a change in their residential address, the report must be investigated and action taken on all resulting changes in shelter costs. **

C-823-SNAP - PO INCOME CHANGES

(Follow procedures in C-823-SNAP - PR Income Changes.)

C-824-SNAP - PO MULTIPLE CHANGES

(Follow procedures in C-824-SNAP - PR Multiple Changes.)

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

C-825-SNAP - PO CHANGES REPORTED/MATCHES FROM OTHER ENTITIES

(Follow procedures in C-825-SNAP - PR Changes Reported/Matches from Other Entities.)

C-826-SNAP - PO RESOURCE CHANGES

(Follow procedures in C-826-SNAP - PR Resource Changes.)

C-827-SNAP - PO HOUSEHOLD ELIGIBLE FOR 36-MONTH CERTIFICATION PERIOD REPORTS A CHANGE IN CIRCUMSTANCES

If a household assigned a 36-month certification period under Elderly Simplified Application Project (ESAP) rules has a change in circumstances, the certification period must not be shortened. The case will remain open and a Simplified Report (SR) will be due every six months until the end of the certification period. The case will be flagged to indicate the case is not eligible for a waived interview.

C-828-SNAP - PO CHANGES LEARNED OUTSIDE COURSE OF EMPLOYMENT


(FOLLOW PROCEDURES IN C-828-SNAP - PR CHANGES LEARNED OUTSIDE COURSE OF EMPLOYMENT.)

C-829-SNAP - PO MASS CHANGES

THE STATE OR FEDERAL GOVERNMENT INITIATES CHANGES THAT CAN AFFECT ALL OR A LARGE NUMBER OF CLIENTS.

MASS CHANGES WILL BE MADE WHEN THERE ARE CHANGES IN:

- COST-OF-LIVING ADJUSTMENTS FOR SOCIAL SECURITY, SSI, AND OTHER FEDERAL BENEFITS.
- ELIGIBILITY CRITERIA BASED ON LEGISLATIVE OR REGULATORY ACTIONS.
- the earned income, shelter, and dependent care deductions.
- the Thrifty Food Plan (allotment amounts).
- the standard deduction.
- the utility standard.
- Public Assistance grants (FITAP and KCSP).

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

II. PROCEDURES

C-821-SNAP - PR ACTION ON REPORTED CHANGES

For changes reported on LaCAP cases, follow procedures in [K-510-LaCAP](#).


THE FOLLOWING ACTIONS MUST BE TAKEN WITHIN 10 DAYS WHEN CHANGES ARE REPORTED BY THE CLIENT, ANOTHER DEPARTMENT, ANOTHER PERSON, THE FRAUD HOTLINE, OR ANOTHER ENTITY WITHIN DCFS OUTSIDE THE SIMPLIFIED REPORTING PROCESS (SEE [S-110-SNAP/FITAP](#), REGARDING THE SIMPLIFIED REPORTING PROCESS):

- DOCUMENT THE REPORTED CHANGE AND THE DATE OF THE REPORT.
- DETERMINE THE EFFECT OF THE REPORTED CHANGE ON THE HOUSEHOLD'S ELIGIBILITY AND BENEFITS BASED ON THE STATEMENT RECEIVED.

Do not ask questions about other changes that were not reported. Do not clear information on SIEVS, BENDEX, LWC or Experian based on the reported change. Do not request verification unless it is needed to increase benefits.

If it is not obvious whether the reported change will result in an increase or decrease, a manual budget will be necessary. The form [SNAP 1W](#), SNAP Application Worksheet, and the Basis of Issuance Tables in Chapter 4, Section J, can be used for this process. A copy of the budget calculations must be retained in OnBase as documentation of the action taken on the change.

- IF THE REPORTED CHANGE RESULTS IN AN INCREASE IN BENEFITS, FOLLOW PROCEDURES IN C-821-2-SNAP-PR.
- IF THE REPORTED CHANGE RESULTS IN A DECREASE IN BENEFITS do not request verification or take action to reduce benefits unless:
 - An ABAWD, subject to the SNAP time limit, is no longer meeting the ABAWD work requirement and/or no longer eligible to receive benefits;
 - The change is required by policy, which is limited to disqualifying a member of the household or changes to FITAP or KCSP Grant;
 - The household has voluntarily requested closure;
 - Sufficient verification is provided;
 - The change meets the definition of verified upon receipt. Refer to C-821-SNAP-PO.
 - The household received substantial lottery or gambling winnings.
- If the change does not affect the household's eligibility or benefits, notify the household that the change did not affect the allotment. If the household did not report the change a notice to the household is not required.

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

- WHEN A HOUSEHOLD REPORTS A CHANGE IN HOUSEHOLD COMPOSITION, REFER TO [C-840-SNAP](#).
- WHEN A HOUSEHOLD REPORTS A HOUSEHOLD MEMBER IS NOT DECEASED OR INCARCERATED, THAT HOUSEHOLD MEMBER MUST APPEAR IN PERSON AT A LOCAL DCFS OFFICE WITH VALID IDENTIFICATION TO PROVE THEY ARE NOT DECEASED OR INCARCERATED.

C-821-1-SNAP - PR Changes Resulting in Ineligibility

IF THE REPORTED CHANGE RESULTS IN INELIGIBILITY DUE TO INCOME EXCEEDING 130% OF THE FEDERAL POVERTY LEVEL FOR THE HOUSEHOLD'S SIZE, VERIFICATION OF THE HOUSEHOLD'S INCOME MUST BE REQUESTED IN WRITING AND RECEIVED BEFORE AN ELIGIBILITY DECISION CAN BE MADE ON THE CASE. SEND A REQUEST FOR VERIFICATION ALLOWING THE HOUSEHOLD 10 DAYS TO PROVIDE THE REQUESTED VERIFICATION.


IF THE VERIFICATION IS NOT PROVIDED BY THE DUE DATE, THE APPLICATION MUST BE DENIED OR CASE CLOSED FOR FAILURE TO PROVIDE VERIFICATION. A NOTICE OF DECISION MUST BE SENT ADVISING THE HOUSEHOLD THAT THEIR SNAP APPLICATION WAS DENIED OR CASE CLOSED FOR FAILURE TO PROVIDE VERIFICATION.

IF THE VERIFICATION IS PROVIDED, BUDGET THE INCOME AND PROCESS THE CASE. IF THE INCOME EXCEEDS 130% OF THE FEDERAL POVERTY LEVEL FOR THE HOUSEHOLD'S SIZE, THE APPLICATION WILL BE DENIED OR THE CASE WILL BE CLOSED FOR REASON CODE "FAILED GROSS INCOME TEST". THE HOUSEHOLD MAY BE VERBALLY INFORMED THAT THE HOUSEHOLD'S REPORTED INCOME EXCEEDS 130% OF THE FEDERAL POVERTY LIMIT FOR THE HOUSEHOLD'S SIZE AND VERIFICATION OF THE INCOME MUST BE REQUESTED AND PROVIDED. IF THE HOUSEHOLD WISHES TO WITHDRAW THEIR APPLICATION, THE APPLICATION MUST BE DENIED WITH REASON CODE, "APPLICATION WITHDRAWN".

DOCUMENT THE CASE WITH A CASE NOTE INDICATING THAT THE HOUSEHOLD REQUESTED WITHDRAWAL OF THE APPLICATION AND ALL OTHER CASE ACTIVITY.

If the reported change results in disqualification due receipt of lottery or gambling winnings of \$4500 or more won in a single game or before taxes or other withholdings, the case must be closed. LITE will send Advance Notice of Adverse Action informing the household the case will close due to substantial lottery or gambling winnings.

For cases in LITE, the worker must enter the amount of the winnings as a resource so that LITE will close the SNAP case and send a Notice of Decision.

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

An automatic case note will be created by LITE explaining that the case closed due to receipt of the substantial lottery or gambling winnings.

Example 1: Johnny wins a jackpot at the casino in the amount of \$10,000 before taxes on March 1. The casino took \$1000 in taxes before giving Johnny \$9000. Johnny purchases a vehicle with the \$9000. Johnny reported the winnings on April 10, which is the date he is required to report. Even though Johnny no longer has the \$9000, his SNAP case must be disqualified. The worker would enter \$10,000 on the resource screen for Johnny so that the household is disqualified.


Example 2: Johnny wins a jackpot at the casino in the amount of \$5,000 before taxes or other withholdings on March 1. The casino took \$500 for taxes and \$2500 due to a child support garnishment giving Johnny \$2000. Johnny reported the winnings on April 10, which is the date he is required to report. Johnny put the remaining \$2000 in his savings account. Even though Johnny has only \$2000 remaining and is below the resource limit, his SNAP case must be disqualified because his winnings before taxes and other withholdings was \$5000.

C-821-2-SNAP - PR Increasing Benefits

IF THE REPORTED CHANGE RESULTS IN AN INCREASE IN BENEFITS, REQUEST VERIFICATION, IF NECESSARY. ALLOW THE HOUSEHOLD 10 DAYS TO PROVIDE THE REQUIRED VERIFICATION. IF THE 10TH DAY FALLS ON A WEEKEND OR HOLIDAY, THE DUE DATE BECOMES THE FOLLOWING WORKDAY.

- IF THE VERIFICATION IS RECEIVED BY THE DUE DATE GIVEN ON THE REQUEST FOR VERIFICATION, INCREASE BENEFITS EFFECTIVE THE MONTH AFTER THE CHANGE WAS REPORTED. AUTHORIZE SUPPLEMENTAL BENEFITS IF NECESSARY. SEND CONCURRENT NOTICE.
- IF VERIFICATION IS NOT RECEIVED BY THE DUE DATE, BUT IS LATER PROVIDED, INCREASE BENEFITS EFFECTIVE THE MONTH AFTER THE VERIFICATION IS RECEIVED. SEND CONCURRENT NOTICE.
- IF THE HOUSEHOLD DOES NOT PROVIDE VERIFICATION, DO NOT TAKE ACTION TO INCREASE BENEFITS. NO FURTHER ACTION WILL BE REQUIRED.
- A NOTE SHOULD BE INCLUDED IN THE REQUEST FOR VERIFICATION, THAT BENEFITS CANNOT BE INCREASED UNTIL THE VERIFICATION HAS BEEN PROVIDED.

IF THE REPORTED CHANGE RESULTS IN AN INCREASE IN BENEFITS AND IS REPORTED ON THE SIMPLIFIED REPORT IN THE MONTH PRIOR TO THE REPORT MONTH, INCREASE BENEFITS EFFECTIVE THE MONTH AFTER THE CHANGE IS REPORTED IF THE VERIFICATION IS RECEIVED BY THE DUE DATE GIVEN ON THE REQUEST FOR VERIFICATION. AUTHORIZE SUPPLEMENTAL BENEFITS, IF NECESSARY.

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

(SEE [C-850-SNAP/FITAP](#) FOR PROCEDURES TO DETERMINE IF THE FIRST MONTH BENEFITS ARE AFFECTED).

AN [OFS 18C](#) SHOULD NOT BE SENT TO REQUEST VERIFICATION FOR INFORMATION REPORTED ON THE SIMPLIFIED REPORT. THE SIMPLIFIED REPORT IS CONSIDERED THE REQUEST FOR VERIFICATION AT SIMPLIFIED REPORT. THE 5TH OF THE SR MONTH IS THE DUE DATE FOR THE REQUESTED VERIFICATION.


EXAMPLE: A JUNE SIMPLIFIED REPORT IS RECEIVED IN THE OFFICE ON MAY 30. THE CLIENT REPORTS THAT PREVIOUSLY VERIFIED CONTRIBUTIONS HAVE DECREASED FROM \$350 PER MONTH TO \$100 PER MONTH. NO VERIFICATION IS PROVIDED.

- IF THE SIMPLIFIED REPORT IS RECEIVED IN MAY AND VERIFICATION IS PROVIDED IN MAY OR NO LATER THAN JUNE 5TH, INCREASE BENEFITS EFFECTIVE JULY. ISSUE SUPPLEMENTAL BENEFITS FOR JUNE.
- IF THE SIMPLIFIED REPORT IS RECEIVED IN MAY AND VERIFICATION IS PROVIDED IN JUNE, BUT AFTER THE 5TH OF THE MONTH, INCREASE BENEFITS EFFECTIVE JULY. NO SUPPLEMENTAL BENEFITS ARE ISSUED FOR JUNE.
- IF THE SIMPLIFIED REPORT IS RECEIVED IN MAY AND VERIFICATION IS NOT PROVIDED, DO NOT REQUEST VERIFICATION. THE \$350 CONTRIBUTIONS WILL CONTINUE TO BE BUDGETED.

IF THE REPORTED CHANGE RESULTS IN AN INCREASE IN BENEFITS AND IS REPORTED ON THE REDETERMINATION APPLICATION IN THE MONTH PRIOR TO THE REDETERMINATION MONTH, INCREASE BENEFITS EFFECTIVE THE REDETERMINATION MONTH IF THE VERIFICATION IS RECEIVED BY THE DUE DATE GIVEN ON THE REQUEST FOR VERIFICATION. AUTHORIZE SUPPLEMENTAL BENEFITS, IF NECESSARY. (SEE DOCUMENT [C-850-SNAP/FITAP](#) FOR PROCEDURES TO DETERMINE THE FIRST MONTH BENEFITS ARE AFFECTED.)

EXAMPLE 1: MAY REDET APPLICATION IS RECEIVED IN THE OFFICE ON APRIL 20 REPORTING A CHANGE THAT WILL RESULT IN AN INCREASE IN BENEFITS. VERIFICATION IS REQUESTED AND RECEIVED TIMELY. THE WORKER PROCESSES THE CASE ON APRIL 26. THE BENEFIT INCREASE WOULD BE EFFECTIVE FOR MAY. THE CASE IS RECERTIFIED EFFECTIVE JUNE.

EXAMPLE 2: A MAY REDETERMINATION APPLICATION IS RECEIVED IN THE OFFICE ON APRIL 20 REPORTING A CHANGE THAT WILL RESULT IN AN INCREASE IN BENEFITS. VERIFICATION IS REQUESTED AND RECEIVED TIMELY. THE WORKER PROCESSES THE CASE ON MAY 15. THE CHANGE RESULTS IN AN INCREASE IN BENEFITS THAT SHOULD

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

HAVE BEEN EFFECTIVE MAY. A SUPPLEMENT MUST BE ISSUED FOR MAY AND THE CASE RECERTIFIED EFFECTIVE JUNE.

EXAMPLE 3: A MAY REDETERMINATION APPLICATION IS RECEIVED IN THE OFFICE ON APRIL 20 REPORTING A CHANGE THAT WILL RESULT IN AN INCREASE IN BENEFITS. THE WORKER REQUESTS VERIFICATION ON APRIL 20. VERIFICATION IS RECEIVED ON MAY 10. THE CHANGE IS EFFECTIVE JUNE SINCE THE VERIFICATION WAS NOT RECEIVED TIMELY. THE CASE IS RECERTIFIED EFFECTIVE JUNE.

EXAMPLE 4: A MAY REDETERMINATION APPLICATION IS RECEIVED IN THE OFFICE ON APRIL 11 REPORTING A CHANGE THAT WILL RESULT IN A DECREASE IN BENEFITS (THE CLIENT'S SON HAS MOVED OUT OF THE HOME). THE WORKER PROCESSES THE CASE ON APRIL 11 AND SENDS A NOTICE OF ADVERSE ACTION. THE BENEFITS WILL DECREASE EFFECTIVE MAY. THE CASE IS RECERTIFIED EFFECTIVE JUNE.

EXAMPLE 5: A MAY REDETERMINATION APPLICATION IS RECEIVED IN THE OFFICE ON APRIL 26 REPORTING A CHANGE THAT WILL RESULT IN A DECREASE IN BENEFITS. THE WORKER PROCESSES THE CASE IN THE REDETERMINATION MONTH ON MAY 15. THE CHANGE IS EFFECTIVE JUNE AND THE CASE IS RECERTIFIED EFFECTIVE JUNE.

C-821-3-SNAP - PR Information Insufficient to Determine Eligibility and Benefit Level


IF THE REPORTED INFORMATION IS INSUFFICIENT TO DETERMINE ELIGIBILITY AND BENEFIT LEVEL, DO **NOT** CLEAR INFORMATION ON SIEVS, LDET, Experian, OR BENDEX. CONTACT THE HOUSEHOLD BY TELEPHONE TO DISCUSS THE REPORTED CHANGE. IF THE HOUSEHOLD CANNOT BE REACHED, SEND A SEMI-AUTOMATED FFCCL - CLIENT CONTACT LETTER, (18C-FF) IN LITE, REQUESTING THAT THE HOUSEHOLD CONTACT THE DEPARTMENT TO DISCUSS THE REPORTED CHANGE. ALLOW TEN CALENDAR DAYS FOR THE HOUSEHOLD TO CONTACT THE DEPARTMENT. IF THE 10th DAY FALLS ON A WEEKEND OR HOLIDAY, THE DUE DATE BECOMES THE FOLLOWING WORKDAY.

IF THE HOUSEHOLD CONTACTS THE DEPARTMENT, OBTAIN THE INFORMATION NECESSARY TO DETERMINE THE EFFECT OF THE CHANGE ON THE BENEFITS.

IF THE HOUSEHOLD FAILS TO RESPOND TO THE SEMI-AUTOMATED FFCCL – CLIENT CONTACT LETTER (18C-FF) OR REFUSED TO PROVIDE SUFFICIENT INFORMATION TO DETERMINE ELIGIBILITY OR BENEFIT LEVEL, SEND ADVANCE NOTICE OF ADVERSE ACTION TO CLOSE THE CASE.

C-822-SNAP - PR ADDRESS/NAME CHANGES

IF THE HOUSEHOLD REPORTS A CHANGE OF ADDRESS OR NAME IN PERSON OR BY PHONE, ASK “DO YOU WANT YOUR CHANGE OF ADDRESS/NAME TO BE USED FOR VOTER REGISTRATION PURPOSES?”

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

IF A CLIENT REPORTS THE CHANGE IN PERSON, PROVIDE THE VOTER REGISTRATION DECLARATION STATEMENT - CHANGE OF ADDRESS/NAME ([OFS 1VR](#)) ALONG WITH THE ATTACHED LOUISIANA VOTER REGISTRATION APPLICATION FOR THE CLIENT TO COMPLETE. IF THE OFS 1VR AND LOUISIANA VOTER REGISTRATION APPLICATION ARE COMPLETED IN PERSON, ACCEPT THE COMPLETED FORMS. IF THE CLIENT RETURNS THE OFS 1VR INDICATING “YES” THEY WOULD LIKE ASSISTANCE WITH COMPLETING THE LOUISIANA VOTER REGISTRATION APPLICATION, A WORKER SHALL ASSIST THE CLIENT WITH COMPLETING THE FORM UNLESS ASSISTANCE IS REFUSED. FILE ALL COMPLETED OFS 1VRs IN ONBASE AND RETAIN FOR AT LEAST 36 MONTHS. PROCESS THE LOUISIANA VOTER REGISTRATION APPLICATION IN ACCORDANCE WITH CHAPTER 7, [C-200](#).

IF, IN PERSON OR ON THE PHONE, THE CLIENT STATES “NO” THEY WOULD NOT LIKE TO CHANGE THEIR NAME OR ADDRESS FOR VOTER REGISTRATION PURPOSES, PROVIDE THE OFS 1VR ALONG WITH THE ATTACHED LOUISIANA VOTER REGISTRATION APPLICATION TO THE CLIENT. HAVE THE CLIENT COMPLETE OFS 1VR. IF THE OFS 1VR IS RETURNED, FILE THE FORM IN ONBASE.


IF THE CHANGE OF ADDRESS OR NAME WAS PROVIDED THROUGH CAFÉ, BY PHONE, MAIL, FAX, OR EMAIL, PROVIDE THE OFS 1VR ALONG WITH THE ATTACHED LOUISIANA VOTER REGISTRATION APPLICATION TO THE CLIENT. IF THE CLIENT RETURNS THE OFS 1VR INDICATING “YES” THEY NEED ASSISTANCE IN COMPLETING THE LOUISIANA VOTER REGISTRATION APPLICATION, THE WORKER SHALL CONTACT THE CLIENT BY TELEPHONE AND PROVIDE THE REQUESTED ASSISTANCE. UPON RECEIPT, FILE ALL COMPLETED OFS 1VRs IN ONBASE AND RETAIN FOR AT LEAST 36 MONTHS. PROCESS THE LOUISIANA VOTER REGISTRATION APPLICATION IN ACCORDANCE WITH CHAPTER 7, C-200.

IF THE PERSON DOES NOT WISH TO REGISTER OR DOES NOT CHECK A BOX ON THE [OFS 1VR](#), THE PERSON IS CONSIDERED TO HAVE DECLINED TO REGISTER TO VOTE. IF A PERSON DOES NOT SIGN THE OFS 1VR, IT STILL MAY BE PROCESSED. THE WORKER MUST INDICATE IN THE COMMENTS/REMARKS SECTION THAT THE PERSON REFUSED TO SIGN THE FORM. THE WORKER MUST DOCUMENT IN CAFÉ THAT THE DECLARATION FORM WAS PROVIDED.

REFER TO CHAPTER 7, C-200 FOR MORE INFORMATION ON VOTER REGISTRATION.

C-822-1-SNAP - PR Returned Mail

IF MAIL IS RETURNED FROM THE U.S. POSTAL SERVICE AS UNDELIVERABLE THAT INCLUDES A FORWARDING ADDRESS, CONTACT THE HOUSEHOLD TO CONFIRM THAT THE MAILING ADDRESS ON THE RETURNED MAIL IS CORRECT. NO OTHER QUESTIONS MUST BE ASKED. UPDATE LITE WITH THE CORRECT MAILING ADDRESS. IF THE HOUSEHOLD CANNOT BE REACHED BY TELEPHONE, MAIL A SEMI-AUTOMATED FFCCL – CLIENT

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

CONTACT LETTER, (18C-FF), TO THE FORWARDING ADDRESS REQUESTING THAT THE HOUSEHOLD CONTACT THE DEPARTMENT WITHIN 10 DAYS REGARDING THE RETURNED MAIL. IF THE HOUSEHOLD FAILS TO RESPOND BY THE DUE DATE AND THE SEMI-AUTOMATED FFCCL – CLIENT CONTACT LETTER (18C-FF) IS NOT RETURNED, UPDATE LITE WITH THE NEW FORWARDING MAILING ADDRESS. FOLLOW UP WITH THE HOUSEHOLD AT THE NEXT SR OR REDETERMINATION.

IF MAIL IS RETURNED FROM THE U.S. POSTAL SERVICE AS UNDELIVERABLE WITH NO FORWARDING ADDRESS, DOUBLE CHECK TO BE SURE THE ADDRESS IS CORRECT. IF THE ADDRESS IS CORRECT, NO ACTION IS REQUIRED. DO NOT CONTACT THE HOUSEHOLD REGARDING THE RETURNED MAIL. FOLLOW UP WITH THE HOUSEHOLD AT THE NEXT SR OR REDETERMINATION.

NOTE: FOR RETURNED [OFS 18MR](#), REFER TO [C-710-SNAP](#)

*** C-822-2-SNAP – PR SHELTER EXPENSE CHANGES**

When a residential address is updated in LITE and eligibility is run, a Free Form Client Contact Letter (FFCCL) is automatically generated and sent to the household requesting new shelter expense information and allowing the household 10 days to provide the information. If the 10th day falls on a weekend or holiday, the due date becomes the following workday.

A pending shelter cost task is automatically generated with a due date of 10 days. The task documents that new shelter costs information has been requested resulting from a residential address change.


If the household provides the requested shelter expense information:

- click start work item on the task to proceed to data collection,
- navigate to shelter expenses,
- end the current shelter expenses,
- add the new shelter expenses, run eligibility and authorize the case.

If the household does not provide the requested information:

- click start work item on the task to proceed to Data Collection,
- navigate to shelter expenses,
- end all current shelter expenses budgeted, run eligibility and authorize the case.

If benefits are reduced or ended resulting from changes in shelter costs, a Notice of Adverse Action (NOAA) will be generated and sent to the household. **

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

C-823-SNAP - PR INCOME CHANGES

1. Household reports a change which would not increase benefits.

If a household reports a change in employers and the effect on the benefits is not obvious, complete a manual budget based on the client's statement of his new wages. If the household income has increased but remains below 130% of the federal poverty level for the household size limit for the household size and benefits would decrease, do not take action to reduce benefits. Document in CAFÉ that the change was reported and the household remained eligible. A copy of the manual budget should be saved in OnBase.

2. One check stub was received to report new income or a new hourly wage.


- Contact the household to discuss the anticipated wages.
- Determine whether the household's anticipated income exceeds 130% of the federal poverty level for the household size for the household size based upon the client's statement.
- If the income exceeds 130% of the federal poverty level for the household size , close the case upon expiration of NOAA.
- If the income does not exceed the 130% of the federal poverty level for the household size, determine whether the change will result in an increase or decrease.
- If the change results in an increase, request verification and take action.
- Action is not taken if the change would result in decreased benefits. The information is not considered verified upon receipt since additional information would be required.

3. A client who was certified as an eligible student reports that she is no longer working and therefore would no longer be considered an eligible student.

- The worker must determine the effect of the change. A change in student status is not a reportable change.
- If the client meets another exemption to student policy, the wages should be removed since this would result in an increase.
- If the loss of wages would result in the client being an ineligible student and would result in a decrease in benefits, no action is taken unless the client provides verification of termination at the time of the reported change.

4. A client begins receiving SSI and sends a copy of the award letter. Since the award letter originated from SSA, it would be considered verified upon receipt. Action should be taken on the SNAP case and the income budgeted after expiration of NOAA.

5. A client reports that he has begun receiving SSI. No verification from SSA has been received. The increase in income would not be considered verified upon receipt since the information did not come from the primary source. If the reported income does not exceed the applicable gross

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

income limit, the change should be documented and no action should be taken on the case. Verification of the income should not be requested.

C-824-SNAP - PR MULTIPLE CHANGES


Multiple changes are reported.

The worker must determine the effect of each change when it is reported. If multiple changes result in an increase in benefits, verification must be requested, if necessary, received for all changes, and all changes must be acted upon.

1. A household is certified from January through December. In February, the household reports a new source of income that was not required to be reported. It is determined that the change would cause the benefits to decrease but the total household income does not exceed the gross income limit. The worker **must** document the change. In April, the household reports she has had a baby. The impact of this change is determined by considering the new source of income that was reported in February while adding a person to the SNAP household. If the cumulative effect of the change is an increase in benefits, request verification of income available as of the date of the second reported change. Once verification is received, both changes are acted upon. If the cumulative effect of the change in this situation is a decrease in benefits, the actions are disregarded.
2. Mr. Jones reports that he started to receive Unemployment Benefits (UCB). The worker determines that the UCB does not put the household over the gross income limit; therefore, no action is taken. Mr. Jones reports the following month that his wife's UCB has ended. The worker must determine the impact of **both** changes and decide whether action is required. Take action to increase the benefits by removing the wife's terminated UCB and adding Mr. Jones' UCB only if it results in a benefit increase.
3. A household reports that she moved and had a change in rental and utility expenses, as well as a change in household composition. The effect of all reported changes must be determined. If the benefits would increase based on all reported changes, the changes must be documented and action taken on all of the changes reported. The change in household composition is considered verified upon receipt. Shelter costs are not required to be verified unless questionable. If the shelter expense is questionable and verification was not provided and benefits would decrease, do not take action on the changes since all questionable changes were not verified. Document the changes reported and reason for not taking action. If the shelter expense is not questionable, the change is considered verified upon receipt; therefore, action must be taken on all reported changes.

C-825-SNAP - PR CHANGES REPORTED/MATCHES FROM OTHER ENTITIES

C-825-1-SNAP - PR Reserved

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025


C-825-2-SNAP - PR Department of Corrections (DOC)

A MATCH WILL BE PERFORMED WITH THE DEPARTMENT OF CORRECTIONS THAT WILL IDENTIFY HOUSEHOLD MEMBERS WHO ARE INCARCERATED AND WHO ARE INCLUDED IN A SNAP CASE AND THE ASSOCIATED FITAP OR KCSP CASE. THIS WILL BE COMPLETED IN A WEEKLY BATCH PROCESS. INFORMATION RECEIVED FROM THE DOC MATCH IS CONSIDERED VERIFIED UPON RECEIPT.

LITE

IF A MEMBER HAS BEEN IDENTIFIED BY THE DOC MATCH AS BEING INCARCERATED, AN INTERFACE TASK WILL BE GENERATED. STAFF MUST ATTEMPT TO CONTACT THE CLIENT BY PHONE TO DISCUSS THE INCARCERATION TASK

- IF THE WORKER IS ABLE TO REACH THE CLIENT:
 - STEP 1 - OBTAIN THE FACILITY NAME, FACILITY PHONE NUMBER, INCARCERATION DATE AND RELEASE DATE,
 - STEP 2 - CONTACT THE FACILITY TO CONFIRM THE DATES PROVIDED BY THE CLIENT AND VERIFY THEY ARE NO LONGER INCARCERATED,
 - STEP 3 - MAKE A DETAILED CASE NOTE INCLUDING ALL THE INFORMATION OBTAINED AS WELL AS THE NAME OF THE PERSON SPOKEN TO, ETC,
 - STEP 4 - ONCE VERIFIED WITH THE FACILITY, UPDATE THE WORK ITEM FOR THE INTERFACE TASK TO A STATUS OF 'COMPLETE' IN LITE.
- IF THE WORKER IS UNABLE TO REACH THE CLIENT BY TELEPHONE:
 - GENERATE A SEMI-AUTOMATED FFCCL (FREE FORM CLIENT CONTACT LETTER) IN THE CORRESPONDENCE MODULE OF LITE AND REQUEST THE CLIENT TO CONTACT THE AGENCY TO DISCUSS THEIR CASE WITHIN 10 DAYS.
 - IF THE CLIENT CONTACTS THE AGENCY, FOLLOW STEPS 1-4 LISTED ABOVE.
- IF THE CLIENT DOES NOT CONTACT THE AGENCY BY THE DATE LISTED ON THE FFCCL, THE WORKER SHOULD RETURN TO THE WORK ITEM FOR THE INTERFACE TASK AND SELECT "START WORK ITEM":
 - ENSURE "CASE CHANGE / CHANGE REPORT" IS LISTED IN THE "WHAT ACTION DO YOU WANT TO PERFORM?" FIELD WHEN THE INITIATE DATA COLLECTION PAGE DISPLAYS.
 - NAVIGATE THROUGH DATA COLLECTIONS TO THE "PERSONS IN HOME" SCREEN.

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

- SELECT THE EDIT PENCIL, CLICK 'NEXT' TO NAVIGATE TO THE “PERSON HOUSEHOLD STATUS” SCREEN, AND UPDATE THE FOLLOWING FIELDS:
 - HOUSEHOLD STATUS: “OUT OF THE HOUSEHOLD,”
 - ABSENCE REASON: “INCARCERATED,” AND
 - ABSENCE VERIFICATION: “COLLATERAL CONTACT”.
- CLICK 'NEXT' AND NAVIGATE TO THE “LIVING ARRANGEMENT SUMMARY” SCREEN.
- SELECT THE EDIT PENCIL, NAVIGATE TO THE “LIVING ARRANGEMENT DETAILS” SCREEN, AND UPDATE THE FOLLOWING FIELDS:
 - LIVING ARRANGEMENT TYPE: “INCARCERATED,”
 - LIVING ARRANGEMENT VERIFICATION: “COLLATERAL CONTACT,”
 - DOES THIS LIVING ARRANGEMENT APPLY TO EVERYONE IN HOUSEHOLD? “NO.”
- NAVIGATE TO THE “WRAP UP” SECTION, RUN EDBC, AND THEN AUTHORIZE THE CASE.

Since all SNAP households are subject to Simplified Reporting, SNAP recipients are not required to report when a member becomes incarcerated as an interim change. Incarceration of a household member must be reported at application, at the Simplified Report, and at redetermination since the household member is no longer in the home.

REFER TO CHAPTER 4 [C-140-FITAP/SNAP](#) AND [E-222-1-SNAP - PO](#).

IF RECOVERY IS REQUIRED, A REPORT OF CLAIM DETERMINATION [OFS 20CD](#) MUST BE SUBMITTED TO THE FRAUD AND RECOVERY UNIT NO LATER THAN 45 DAYS AFTER THE END OF THE QUARTER THAT THE OVERPAYMENT IS DISCOVERED. REFER TO POLICY F-100 FITAP-SNAP CLAIMS.


C-825-3-SNAP - PR Grant Reviews

WHEN A FITAP CASE IS REVIEWED BECAUSE OF A GRANT REVIEW AND CHILD SUPPORT INCOME IS VERIFIED THROUGH LASES, THIS IS VERIFIED UPON RECEIPT AND MUST BE BUDGETED IN THE SNAP CASE. REFER TO CHAPTER 4, POLICIES [B-1270](#) AND [B-620-8-2](#).

C-825-4-SNAP - PR Information Reported by Quality Control (QC)

1. Quality Control (QC) notifies the local office that a household has refused to cooperate with the QC review process by sending the Quality Control Refusal to Cooperate Notification ([QC 9RTC](#)).

A report of non-cooperation received from QC is considered a change that is verified upon receipt. Follow policy in [C-1313-SNAP](#) and send advance notice of adverse action informing the household their case will be closed on the expiration of the advance notice of adverse action

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

unless they cooperate with QC. The worker must complete the “TO BE COMPLETED BY THE PARISH OFFICE” section of the QC 9RTC originally sent by QC and return to the QC reviewer the same day the case action is completed. If during the advance notice of adverse action period the client indicates willingness to cooperate, contact the QC reviewer immediately or before the expiration of the advance notice of adverse action. If the expiration of the advance notice of adverse action falls on a weekend or holiday, treat the following workday as the expiration day.

- QC notifies the local office that a household has failed to cooperate with the QC review process by sending the Quality Control Failure to Cooperate Notification ([QC 9FTC](#)). The QC 9FTC informs the local office that QC’s attempts to contact/locate the client were unsuccessful and requests assistance in contacting/locating the client.

Upon receipt of the QC 9FTC, the worker must contact the household by telephone within 5 days and advise the household that they must cooperate with QC. If the household cannot be reached by telephone, send a Client Contact Letter ([OFS 18C](#)), advising the household to contact the local office within 10 days to discuss cooperating with the QC review process.

- If the worker, speaks to the client or a responsible household member and informs the household of the requirement to cooperate with QC, the worker must complete the “TO BE COMPLETED BY THE PARISH OFFICE” section of the QC 9FTC originally sent by QC. The worker must return the form to the QC reviewer the same day contact is made with the household.
- If the household fails to respond to the OFS 18C request for contact to discuss cooperating with the QC review process, no action is needed. The client’s failure to respond will continue to be considered a failure to cooperate with QC and will not result in case closure.


- QC reports a change in income discovered during the QC review.

Action should only be taken if the change results in a benefit increase or the income exceeds the gross income limit. Action is not taken if the change would result in decreased benefits. The information is not considered verified upon receipt since additional information would be required.

The worker must enter a case note documenting all activities.

C-825-5-SNAP - PR Fraud Hotline Reports

INFORMATION RECEIVED FROM THE FRAUD HOTLINE MUST BE INVESTIGATED. THE WORKER SHOULD CONTACT THE CLIENT REGARDING THE FRAUD HOTLINE REPORT. THIS SHOULD BE TREATED AS IF THE CLIENT HAD REPORTED THE CHANGE. A DECISION MUST BE MADE BASED UPON THE CLIENT’S STATEMENT AS THIS INFORMATION IS NOT CONSIDERED VERIFIED AT THIS POINT.

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

C-825-6-SNAP - PR Failure to Comply

IF THE REPORTED CHANGE IS A DECREASE, SUSPENSION, OR TERMINATION OF FITAP, KCSP, OR SSI BENEFITS DUE TO FAILURE TO COMPLY WITH THAT PROGRAM'S REQUIREMENTS, DO NOT INCREASE SNAP BENEFITS. (SEE CHAPTER 4, [E-400 SNAP](#) FOR PROCEDURES RELATED TO FAILURE TO COMPLY).

C-825-7-SNAP - PR Louisiana Department of Health (LDH)

THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) RECEIVES DAILY FILES FROM THE LOUISIANA DEPARTMENT OF HEALTH (LDH), LOUISIANA VITAL RECORDS REGISTRY (VRR) OF DECEASED INDIVIDUALS VIA LITE. DCFS RUNS A MATCH BETWEEN DECEASED INDIVIDUALS AND INDIVIDUALS WHO RECEIVE SNAP AND THE ASSOCIATED FITAP OR KCSP.

LITE WILL AUTOMATICALLY UPDATE THE CASE OF EACH DECEASED INDIVIDUAL REPORTED THROUGH THE MATCH, EXCLUDE THE MEMBER SEND THE APPROPRIATE NOTICE TO THE HOUSEHOLD, IF REQUIRED, AND GENERATE AN AUTOMATED CASE NOTE IN LITE. However, a notice will not be generated for SNAP single person household cases since a notice is not required when all household members are deceased.

C-826-SNAP - PR RESOURCE CHANGES

Example:


A client reports receipt of a large lump sum payment from Worker's Compensation. The payment puts her well over the resource limit.

- If the client provides verification of the resource, the change must be acted upon if the household is not categorically eligible.
- If verification is not provided, no action is taken. Document the report including the reason the change was not acted upon, but take no further action. Receipt of a resource is not a reportable change.

C-827-SNAP - PR HOUSEHOLD ELIGIBLE FOR 36-MONTH CERTIFICATION PERIOD REPORTS A CHANGE

THERE ARE NO PROCEDURES ASSOCIATED WITH THIS POLICY.

C-828-SNAP - PR CHANGES LEARNED OUTSIDE COURSE OF EMPLOYMENT

	Division/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	C – Case Processing
	Section No./Name	C-800-FITAP-SNAP Changes
	Document No./Name	C-820-SNAP Actions On Changes
	Effective Date	July 1, 2025

DO NOT INVESTIGATE OR ACT UPON A CHANGE LEARNED OUTSIDE THE COURSE OF EMPLOYMENT. A TASK SHOULD BE SET TO MAKE SURE THAT THE HOUSEHOLD REPORTS THE CHANGE AT THE NEXT SR OR REDETERMINATION.

EXAMPLE: OBSERVE HOUSEHOLD MEMBER WORKING AT A NEW JOB OR LEARN OF THE BIRTH OF A HOUSEHOLD MEMBER.

C-829-SNAP - PR MASS CHANGES

THE FOLLOWING PROCEDURES SHOULD BE FOLLOWED WHEN MASS CHANGES ARE MADE:

- THE AFFECTED HOUSEHOLD MUST BE SENT A CONCURRENT NOTICE.
- IF THE CLIENT APPEALS WITHIN 13 DAYS OF THIS NOTICE, BENEFITS ARE REINSTATED ONLY IF THE ISSUE IN THE APPEAL IS INDIVIDUAL ELIGIBILITY OR BENEFITS WERE IMPROPERLY COMPUTED.
- WHEN SUCH CHANGES OCCUR, THE DEPARTMENT MAY AUTOMATICALLY ADJUST ELIGIBILITY OR BENEFITS FOR CLIENTS. IN THIS SITUATION, NOTICES WILL BE SENT FROM STATE OFFICE.

III. FORMS AND INSTRUCTIONS

[Louisiana Voter Registration Application](#)

[OFS 1VR Form](#) / [Instructions](#) Voter Registration Declaration Statement

[OFS 18MR Form](#) / [Instructions](#) Notice of Expiration

[OFS 20CD Form](#) / [Instructions](#) Report of Claim Determination

[QC 9RTC Form](#) / [Instructions](#) Quality Control Refusal to Cooperate Notification

[QC 9FTC Form](#) / [Instructions](#) Quality Control Failure to Cooperate Notification

[SNAP 1W Form](#) / [Instructions](#) SNAP Budget Worksheet

IV. REFERENCES

[7CFR 273.12](#)

[LAC 67:III](#): Subpart 3, Supplemental Nutrition Assistance Program (SNAP), Chapter 19, Subchapter L.

[The National Voter Registration Act of 1993](#)