What is simplified reporting for ABAWDs?
You or a member of your household have been identified as an ABAWD. An ABAWD is an individual aged 18 thru 49 with no one under 18 in their filing group for SNAP. The Simplified Reporting System (SRS) is a way for some Supplemental Nutrition Assistance Program (SNAP) clients to report changes. In SRS, you must report changes every six months answering the questions on the Interim Change Report (DHS 0852) that is sent to you. You may also need to report other changes during that six month period.

What to report?
For SNAP, report when:

• The total gross income for a month is more than the limits to the right. (Gross income is the amount before deductions, such as taxes.)

• Anyone in the household has lottery or gambling gross winnings of $3,500 or more.

These changes must be reported by the 10th day of the month after the change happens.

• Work hours (paid or unpaid) go below 20 hours per week. This change must be reported within 10 days.

You do not need to report any other changes. But you may want to report changes that will give you more benefits. For example, if your income goes down, your rent goes up, someone moves into your home, you have out of pocket dependent care costs or medical expenses for elderly or disabled individuals. You must continue to report changes for other program benefits.

How to use this form.

• Use this form to report changes for SNAP food benefits.

• Attach proof of income changes.

• Complete only parts that describe your changes.

• Sign and date the form.

If a change affects your benefits, the Department of Human Services (DHS) will send you a notice. We usually make changes the month after you report them. Mail this form, bring it to the office or report changes by calling your worker.

The Department of Human Services (DHS) will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs or disability.

You may file a complaint if you believe DHS treated you differently for any of these reasons.
To file a complaint with the state, you can call the Governor’s Advocacy Office at: 1-800-442-5238 (TTY 711) or write to their office at: Governor’s Advocacy Office 500 Summer Street NE, E17 Salem, OR 97301 Fax: 503-378-6532 or Email: DHS.info@state.or.us

“Equal opportunity is the law!”

To file a complaint with USDA, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Penalties in the Supplemental Nutrition Assistance Program

<table>
<thead>
<tr>
<th>You do the following…</th>
<th>You will lose food benefits…</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Hide information or make false statements;</td>
<td>· 12 months for the first offense;</td>
</tr>
<tr>
<td>· Use Electronic Benefits Transfer (EBT) cards that belong to someone else;</td>
<td>· 24 months for the second offense;</td>
</tr>
<tr>
<td>· Use food benefits to buy alcohol or tobacco;</td>
<td>· Permanently for the third offense.</td>
</tr>
<tr>
<td>· Trade or sell benefits or EBT cards;</td>
<td></td>
</tr>
<tr>
<td>· Dump containers only for the cash redemption value;</td>
<td></td>
</tr>
<tr>
<td>· Resell food bought with food benefits for cash.</td>
<td></td>
</tr>
<tr>
<td>· Trading food benefits for controlled substance such as drugs.</td>
<td>· 24 months for the first offense;</td>
</tr>
<tr>
<td></td>
<td>· Permanently the second offense.</td>
</tr>
<tr>
<td>· Trading food benefits for firearms, ammunition or explosives.</td>
<td>· Permanently.</td>
</tr>
<tr>
<td>· Trading, buying or selling food benefits of $500 or more.</td>
<td>· Permanently.</td>
</tr>
<tr>
<td>· Giving false information about who you are or where you live so you can get extra food benefits.</td>
<td>· 10 years for each offense.</td>
</tr>
</tbody>
</table>

You also can be fined up to $250,000, put in prison for up to 20 years or both. You may go to court under other federal laws.

<table>
<thead>
<tr>
<th>If you knowingly do the following…</th>
<th>You may be…</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Use EBT cards which are not yours;</td>
<td>· Guilty of a felony or misdemeanor;</td>
</tr>
<tr>
<td>· Transfer your EBT cards to other people;</td>
<td>· Fined;</td>
</tr>
<tr>
<td>· Acquire or possess EBT cards which are not yours.</td>
<td>· Put in prison;</td>
</tr>
<tr>
<td></td>
<td>· Ineligible for food benefits for a period of time.</td>
</tr>
</tbody>
</table>
Simplified Change Report for Able-Bodied Adults Without Dependents (ABAWD)

What you must report.
• When your gross monthly income is above the amounts under “Household size” to the right, use the figure in the column. (Gross income is the amount before deductions, such as taxes.)
• When anyone in the household has lottery or gambling gross winnings of $3,500 or more.

These changes must be reported by the 10th day of the month after the change happens.
• Work hours (paid or unpaid) go below 20 hours per week. This change must be reported within 10 days.

Keep this form until you have a change to report. If you can’t mail this form or bring it to the office, you can report the change by calling us at: ________________________

You may call collect, if needed.

I want to report:
☐ My total household gross income last month was more than the amount shown above.
   The income totaled: $ ____________________ (attach proof of income)
   The income went up because: ____________________________
   The income is expected to be the same this month. ☐ Yes ☐ No

☐ An ABAWD in the household has work hours (paid or unpaid) that have gone below 20 hours per week.
   Person: ____________________ Employer: _______________________________ Hours: _________

☐ Someone in my household has lottery or gambling gross winnings of $3,500 or more.
   The winnings received by ______________________________, totaled: $ ________________.

☐ Something else happened (you do not have to fill this in). You can report changes that could give you more benefits. Some examples are: your shelter costs went up, someone moved into your home, you have out of pocket dependent care costs or medical expenses for elderly or disabled individuals:
________________________________________________________________________________

By signing this form, I affirm under penalty of perjury I have given true and complete information. I realize that making false statements or hiding information may subject me to state and federal penalties. I have read this form and understand it. This is legally binding.

Full legal signature of primary person

Date

Branch: Case number: Worker ID:

Case name:

Household size Amount
1 _____________ $1,354
2 _____________ $1,832
3 _____________ $2,311
4 _____________ $2,790
5 _____________ $3,269
6 _____________ $3,748
7 _____________ $4,227
8 _____________ $4,705
If more than 8, add $479 for each additional person.