

Soo sheegida Isbeddelada

Soo sheegida isbeddelada dakhligaaga ama qoyskaagu waxay gacan ka geystaan sidii loo xaqiijin lahaa in aad heli karto qaddarka saxda ah ee gargaarada hadda iyo in aad iska ilaaliso in aad waqti dambe lacag dib u bixiso.

Marka lagu oggolaado gargaarada SNAP, isbeddelada aad u baahan tahay in aad soo sheegto waxay ku qoran yihiin bogga Ogeysiintaada U qalmida.

Xadka u yaala dakhliga ee aad u baahan tahay in aad soo sheegto wuu kala duwan yahay marka la eego qoys kasta. Fiiri Ogeysiintaada U qalmida (NOE) si aad u aragto waxa ku khuseeya.

Changes you must report for SNAP
Have any of the following changed in your household?

Your household gross monthly income (before taxes or deductions) goes over **\$2,798.00***

Someone in your household wins \$4,500 or more from lottery or gambling

* When you report a change to income, you may receive a separate letter requesting the proof.

Changes you may want to report for SNAP
Have any of the following changed in your household?

Your household has a reduction in gross monthly income (before taxes or deductions)

Your household has more expenses

Someone has moved or has a new mailing address

Someone no longer lives with you or someone new lives with you



Hubi in aad si joogta ah u fiiriso sanduuqaaga boostada iyo Koontadaada Dhanka Internet-ka ee ONE wixii ogeysiisyo iyo codsiyo ah ee cusub.

Marka ugu horreysa ee aad gaarto meeshaada macluumaadka laga helo 'dashboard', raadi Codsiyada Macluumaadka ee tilmaamaya in aan raadinayno macluumaad dheeraad ah ama macluumaad cusub oo kaa socda.

My Dashboard My Actions Change My Medical Plan Messages Community Partner Info Authorized Rep Settings

Case Number:
[View My Other Cases](#)

Actions

Apply Now

Report a Change

Update Contact Information

Close My Benefits

Request For Information

Below is a list of items that we have requested for you to provide.
Remember: These requests are time sensitive. The request will no longer display after the time to respond has passed.

	Program	Type of Information	Name of Person	Date Needed
!	SNAP	Proof you applied for a Social Security number		11/30/2025

! An exclamation means you still need to attach a document.

✓ A checkmark means you have already attached this document.

Upload Now

My Dashboard My Actions Change My Medical Plan Messages Community Partner Info Authorized Rep Settings

Message Center

Past year

Subject	From	Received	Program
We need more information or proof	Oregon Eligibility (ONE)	01/24/2025 08:50 PM	Combined
SNAP Eligibility Decision	Oregon Eligibility (ONE)	12/13/2024 08:00 PM	SNAP

Waxaad sidoo kale heli kartaa codsiyadii ama ogeysiisyadii u dambeeyay oo ku jira Xarunta Farriinta, oo laga heli karo: <https://www.oregon.gov/odhs/benefits/pages/contact.aspx#messagecenter>



La socodsii ODHS haddii nolashaadu isbeddesho



Website-ka benefits.oregon.gov



Wicitaanada Gudbinta Waa la soo dhaweynayaa 800-699-9075



U soo booqo Shakhsi ahaan



Soo helaha Xafiiska

Waxaad heli kartaa foomkani oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee braille ama qaabka aad doorbidayso oo lacag la'aan ah. Xarunta Adeega Macmiilka ee ONE ka wac 1-800-699-9075. Wicitaanada gudbinta waa la soo dhaweynayaa.