

Department of Public Health  
and Human Services

Section:  
HOUSEHOLD COMPOSITION

SUPPLEMENTAL NUTRITION ASSISTANCE  
PROGRAM (SNAP)

Subject:  
Group Homes

**Supersedes:** FS 201-6 (04/01/2012)

**References:** 7 CFR 273.1(b), 273.11(f)

GENERAL RULE -- Residents of group homes who are **blind or disabled** (see glossary) may be eligible to receive SNAP benefits. The group home must be a public or private nonprofit residential setting that serves no more than 16 residents.

In order to certify residents of a group home to receive SNAP benefits the facility must provide evidence it is either:

1. Authorized by FNS; or,
2. Certified by the appropriate State agency, including the center is a non-profit organization; and,
3. In compliance with SNAP regulations regarding authorized representative; and,
4. Serves no more than 16 residents.

**GROUP HOME  
HOUSEHOLD  
COMPOSITION**

Residents of group homes may apply either:

1. On their own behalf (household size can include one or more members); or,
2. With an authorized representative employed by and designated by the group home or chosen by the resident (household size is one).

**GROUP HOME  
RESPONSIBILITIES**

1. The group home staff determines when a resident requires an authorized representative. The determination is based on the resident's physical and mental ability to handle his/her affairs.
2. The group home, acting as the authorized representative for a resident who cannot apply on their own behalf, is responsible and liable for:

- a. reporting a change according to the resident's reporting requirements;
  - b. any misrepresentation of information or intentional program violation knowingly committed in regard to the resident's eligibility;
  - c. loss or misuse of the resident's SNAP benefits; and,
  - d. all over-issuances occurring while serving as the resident's authorized representative.
3. Sign the "SNAP Authorized Representative Form for Group Homes and Drug & Alcohol Treatment Center" for each resident and return it to the OPA.
  4. The group home must provide the Human and Community Services Division (HCSD) Central Office designee with a **quarterly** list of currently participating residents signed by a group home official. This list needs to include a statement signed by a responsible center official attesting to the validity of the list.  
Mail to: PO Box 202925, Helena, MT 59620 or FAX to 406-444-0617 Attn: SNAP Facility Report
  5. When a resident leaves the group home, the group home must provide the discharged resident with:
    - a. their Montana Access EBT card and personal identification number (PIN); and
    - b. the full monthly SNAP benefit (if no benefits were spent on the resident's behalf) regardless of when the resident leaves the facility during the month; or
    - c. one-half of the resident's monthly SNAP benefit amount (if the benefits were not spent) and the resident leaves before the 16<sup>th</sup> of the month; or
    - d. any remaining benefits not spent on the resident's behalf at the time he/she leaves the facility after the 16<sup>th</sup> of the month; and,
    - e. when possible, a 'Change Report' form, (HCS-260), with instructions to report changes to HCSD according to the resident's reporting requirements.

**NOTE:** The group home authorized representative must return the resident's Montana Access Card to HCSD since, as of the discharge, the facility representative is no longer the authorized representative.

**Return the card to the local OPA office or  
Mail to: HCSD Centralized Scanning Unit,  
P O Box 202952, Helena, MT 59620-2925**

## **SHELTER EXPENSE**

1. If the group home acts as the authorized representative it is responsible to provide verification of the resident's current shelter expense. If the resident applies on their own, they are responsible to provide verification.
2. The group home **room** expense that can be separately identified from other charges for meals or medical is the allowable shelter expense.
3. If the group home room and meal expense cannot be separately identified, the amount of the payment which exceeds the maximum SNAP allotment for the number of persons in the household (Thrifty Food Plan -TFP) is the shelter expense.
4. If the resident has earnings from a sheltered workshop applied to the payment of the room, 20 percent (0.2) of the portion of earnings applied to room and board is deducted to determine the shelter expense.
5. If a group home resident makes a single payment to the Group Home, expenses for room, meals and medical should be separately identified to the extent possible. If the expenses cannot be separately identified, the shelter expense is determined by deducting the following from the single payment made to the group home:
  - a. Any identifiable medical expenses (this amount allowed as a medical deduction);
  - b. Any amount returned to the resident for personal use;
  - c. 20% (.2) of the portion of earnings that are applied to the room expenses; and,

- d. The maximum SNAP allotment for the number of persons in the household.

**UTILITY  
DEDUCTION**

Households residing in a group home are not entitled to the Standard Utility Allowance (SUA). However, if telephone charges are separately identifiable from other charges, the resident may claim the expense as a shelter cost.