

Department of Public Health
and Human Services

Section:
FORMS

SUPPLEMENTAL NUTRITION ASSISTANCE
PROGRAM (SNAP)

Subject:
Forms List

Supersedes: SNAP 1600 (04/01/10)

Introduction: Listed below are the forms that are currently used in the Supplemental Nutrition Assistance Program (SNAP)

FORM #	REVISION DATE	TITLE	MANUAL LOCATION
FD-002 (Food Distribution Form)	02/07	Inter-Agency Notice of Certification/Change of Program	SNAP-201-9
HCS/FS-001	03/05	Referral Form Food Stamp Employment & Training	SNAP-700
HCS/FS-004	01/09	Request of Offset Supplemental Nutrition Assistance Program (SNAP) Debt with Electronic Benefit Balance	SNAP-1504-1
HCS-005	07/09	Fair Hearing Pamphlet	SNAP-1506-1
HCS/FS-006	04/06	Using Your Montana Access Card	
▶ DPHHS-LS-007	06/11	Administrative Review Report	SNAP-1506-2
HCS/FS-008	02/09	Supplemental Nutrition Assistance Program (SNAP) Six-Month Report	SNAP-1501-3
▶ HCS/FS-009	07/09	Food Stamp Employment & Training Contractual Agreement	
HCS-009	08/03	Tips for Finding the Right Job	
HCS/FS-011	12/03	Food Stamp Employment & Training Employability Plan	
HCS/FS-013	04/05	FSET Assessment Summary	
HCS-018	01/07	Making Sense of Public Assistance	SNAP-101-1
▶ HCS-101	09/07	Authorization to Release Information	SNAP-101-1
HCS-102	07/09	One Time Only Authorization to Release Information	SNAP-101-1

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HCS-103	08/00	Inter-Agency Authorization to Release Information	SNAP-101-1
HCS-130	02/04	Rent Verification	SNAP-602-4
HCS-208	11/03	Request for Medical Evaluation	SNAP-701-1
HCS-214	06/07	Overpayment Log	SNAP-1504-1
▶ HCS-220	09/09	Rights and Responsibilities Form	SNAP-103-3
▶ HCS-242	11/10	Report of Employment Income	SNAP-500
▶ HCS-250	06/11	Application for Assistance	SNAP-103-1
HCS-252	10/08	Supplemental Nutrition Assistance Program (SNAP) Application	SNAP-103-1
▶ HCS-260B	04/10	Supplemental Nutrition Assistance Program (SNAP) Change Report Form	SNAP-1501-1
▶ HCS-261B	12/10	Adding A New Food Stamp Household Member	SNAP-1501-5
▶ HCS-272	12/10	Redetermination/Recertification Report	SNAP-1502-1
HCS-451	10/01	List of Medical Expenses	SNAP-602-3
HCS-516	04/00	Farm Self-Employment Questionnaire	SNAP-503-1
HCS-517	04/00	Self-Employment Questionnaire for Dependent Care	SNAP-503-1
HCS-518	04/00	Self-Employment Questionnaire for Business Other than Farming or Dependent Care	SNAP-503-1
HCS-519	04/00	Checklist for Determination of Self-Employment Budgeting	SNAP-503-1
HCS-520	04/00	Food Stamp Self-Employment Worksheet	SNAP-503-1
HCS-521	03/06	Food Stamp Computation Worksheet	SNAP-601-1 SNAP-602-1
FA-522	07/99	Food Stamp Resource Worksheet	SNAP-400
FA-524	08/02	Civil Rights Requirements Food Stamp Employment & Training Program	SNAP-700
HCS-536	04/05	Authorized Representative (Group Home) Responsibilities & Liabilities	SNAP-201-6
HCS-540	04/00	Student Income & Expense Statement	SNAP-504-1

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HCS-542	07/09	Self-Employment Record	SNAP-503-1
▶ HCS-543A	06/10	Food Stamp Program Work Registration- Understanding & Agreement Form	SNAP-700
HCS-545	09/03	Able-Bodied Adults Without Dependents Time Limit Exemptions List	SNAP-801-1
▶ HCS-549	04/10	Food Stamp Employment & Training Program Supportive Service Request	
▶ HCS-552	11/10	Request for Verification to Remove Disqualification for Benefits	SNAP-201-1
HCS-562	02/04	OPA Program Payments (Cash Management Form)	SNAP-1504-3

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