

Montana Department of Public Health & Human Services Child and Adult Care Food Program	Policy
	SH CACFP 2005-1 Rev 5
	Section: All institutions Subject: SNAP Notification
	Date Revised: 10/1/2010

SNAP NOTIFICATION

Each year, Sponsoring Organizations of day care homes must submit to the State agency a list of Providers receiving Tier I benefits based on the Provider's participation in the Supplemental Nutrition Assistance Program (SNAP), formally called the Food Stamp Program. This reporting is part of their Sponsor Management Plan, Attachment I, due annually on September 15th.

Once received, the State agency will list on a spreadsheet [I:\CNP\SNAP] the Providers who are Tier I by SNAP. A new spreadsheet will be created each year for recording this information. A memo and the spreadsheet will be sent to the SNAP Authority which is the DPHHS Public Assistance Bureau [PAB] for verification no later than October 15th of each year.

The CACFP Program Manager or staff designee is responsible to ensure the information is, annually:

1. Recorded on the spreadsheet, including the provider's sponsor name;
2. Delivered securely and in a confidential matter to the PAB, and
3. A copy of all steps in the verification process is placed in the SNAP Verification file in the CACFP.

The PAB will review the information within thirty (30) days and provide verification of the Provider's eligibility for the SNAP Program.

The CACFP Program Manager or staff designee will record the results received from the Public Assistance Bureau on the SNAP tracking spreadsheet.

If the PAB finds that a Provider is not qualified for SNAP, the CACFP Program Manager or staff designee will notify the appropriate Sponsoring Organization immediately and within ten (10) days advise them of the non-qualifying Provider(s) for Tier I by SNAP. The Sponsoring Organization must provide documentation to the CACFP staff that the Provider has been re-tiered. Such re-tiering and notification to the State agency must occur immediately and within ten (10) days of the State agency's request for re-tiering of that Provider.