



SNAP 102-1

APPLICATION PROCESSING

Civil Rights

Supersedes: SNAP 102-1 (09/19/2016)

References: 7 CFR 272.4, 7 CFR 272.5, 7 CFR 272.6

Overview: The State of Montana administers all aspects of the Supplemental Nutrition Assistance Program in compliance with the following USDA Nondiscrimination Statement. Discrimination in any aspect of program administration is prohibited by these regulations, the Food and Nutrition Act of 2008, the Age Discrimination Act of 1975 (Pub. L. 94-135), the Rehabilitation Act of 1973 (Pub. L. 93-112, section 504), Americans with Disabilities Act of 1990 (42 U.S.C. 12101) and title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d). Enforcement action may be brought under any applicable Federal law.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> [usda.gov] (ENGLISH) or

https://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf [gcc02.safelinks.protection.outlook.com] (SPANISH) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

RIGHT TO FILE A COMPLAINT

Individuals who believe that they have been subject to discrimination as specified above in the USDA Nondiscrimination Statement may file a complaint as described in that Statement and/or with the State agency. The State agency shall explain both the FNS and, if applicable, the State agency complaint system to each individual who expresses an interest in filing a discrimination complaint and shall advise the individual of the right to file a complaint in either or both systems.

A complaint filed with the State of Montana can be made by mail or telephone at:

Civil Rights Coordinator
Human & Community Services
DPHHS
P.O. Box 202925
Helena, MT 59620-2925
Call (406) 444-1788

COMPLAINT REQUIREMENTS

Any individual wanting to file a discrimination complaint shall be advised immediately of their right to do so and shall be given the necessary information (listed below) to file the complaint. When an individual asks for assistance with the complaint filing process, DPHHS staff shall assist the individual.

A complaint must be filed no later than 180 days from the date of the alleged discrimination. All complaints shall contain the following information:

1. The name, address and telephone number or other means of contacting the person filing the complaint;
2. The name and location of the organization or office accused of the discriminatory practice;
3. A description of the alleged discrimination incident;

4. The reason for the alleged discrimination (race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity);
5. The names, titles (if appropriate) and addresses of individuals who may have knowledge of the alleged discriminatory acts; and,
6. The date(s) the alleged discriminatory action(s) happened.

If a complainant makes allegations verbally and is unable or is reluctant to put the allegations in writing, the State employee to whom the allegations are made shall document the complaint in writing. Every effort shall be made by the individual accepting the complaint to have the complainant provide the information specified in 1-6 above.

OFFICE OF PUBLIC ASSISTANCE (OPA) RESPONSIBILITIES

1. Inform individuals of their right to file a civil rights complaint with DPHHS or the Food and Nutrition Service (FNS) using materials provided by Human and Community Services Division or developed by the OPA;
2. Describe the process to each individual expressing an interest in filing a complaint;
3. Advise individuals of their right to file a complaint and any complaint filed with the State Office is forwarded to the appropriate Federal Office for investigation;
4. Document the complaint in writing if the individual makes verbal allegations and is reluctant to put it in writing;
5. Assure all complaints meet the requirements stated above and are forwarded within five days of receipt to the DPHHS Civil Rights Coordinator. The Civil Rights Coordinator makes copies and sends to the Regional Director in Denver.
6. Respond to requests for information regarding nondiscrimination statutes and policies, complaint procedures, and rights of participating households within 10 days of the date of request;
7. Maintain a file of all discrimination and general complaints for review by federal and state reviewers;
8. Inform households and grassroots SNAP organizations of program changes;
9. Provide bilingual SNAP services in areas with a significant proportion of non-English or limited English speaking persons; and,
10. Train all staff involved with administering SNAP on an ongoing basis about civil rights requirements.

STATE RESPONSIBILITIES

The State Central Office shall:

1. Publicize the federal procedures for filing a complaint regarding discrimination;
2. Ensure all offices involved in determining eligibility or issuing SNAP benefits display nondiscrimination posters approved or provided by FNS;

3. Respond to requests for information regarding nondiscrimination statutes and policies, complaint procedures, and the rights of clients within 10 days of the date of the request;
4. Include a nondiscrimination statement on all program informational material;
5. Ensure all graphics for SNAP information convey the message of equal opportunity by displaying clients of different races, colors, sexes and national origins;
6. Train all staff involved with administering SNAP on an ongoing basis about civil rights requirements;
7. Acknowledge receipt of any civil rights complaints received within five days and advise the complainant of the action(s) planned with a copy (cc) to the Office of Public Assistance (OPA);
8. Refer all complaints to the FNS Regional Office for Civil Rights within five days of receipt; and,
9. Maintain a log of all complaints received including complainant's name, date of incident, date of complaint, basis of complaint, and the resolution of the complaint including the date of resolution. Forward the associated records to FNS prior to issuing a final disposition of the complaint.

RACIAL/ETHNIC DATA COLLECTION

DPHHS obtains data on SNAP recipients by racial/ethnic category. Applicants are requested to voluntarily provide their race or ethnicity on application forms. The application form must clearly indicate that the information is voluntary, that it will not affect the eligibility or the level of benefits, and that the reason for the information is to assure that program benefits are distributed without regard to race, color, or national origin. The State agency must develop alternative means of collecting the ethnic and racial data on households, such as by observation during the interview, when the information is not provided voluntarily by the household on the application form.

EFFECTIVE DATE: October 01, 2020