

## Minnesota ABAWD Message Testing Protocol

Participant ID: \_\_\_\_\_ Interviewer initials: \_\_\_\_\_

Interview Date: \_\_\_\_ / \_\_\_\_ / 2023 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

READ OR PARAPHRASE THE FOLLOWING INTRO TEXT:

Hello. My name is \_\_\_\_\_, and I work for the Census Bureau. Thank you for agreeing to participate in our study.

Today we are talking to people about the information they receive from the SNAP food assistance program. The information should be clear and easy to understand, so people who are eligible receive their benefits and know about rules and requirements to continue participating in SNAP. We have found that the best way to test letters and messages is to meet with people in person and get their feedback as they read the materials. You will be helping us test messages and communications that some SNAP recipients have received in the past.

[HAND PARTICIPANT CONSENT FORM]

This is a consent form. It tells you a little bit about the study and gives me permission to audio record this interview. Our session today is completely confidential. Your participation in this study is completely voluntary. You may decline to answer any particular question and you may stop the interview at any time. We do not share information with anyone. Only the people on the project have access to the recording and we do not use any names in our reports. Take a look and let me know if you have any questions. Please sign it when you are finished, and then I will also sign it.

[SIGN CONSENT FORM AFTER PARTICIPANT SIGNS]

Think Aloud: As you read the materials today, I am interested in the thoughts and reactions that go through your mind as you process the messages. So I would like you to tell me everything that you are thinking and feeling as we go through these materials.

Practice: Lets practice before we start. [SHOW PARTICIPANT PRACTICE PARAGRAPH]

Please read this short paragraph and say what comes into your mind as you're reading it.

Practice probes: In your own words, can you tell me what this paragraph is saying?

Did you find any part of it difficult to understand?

Thanks, that was great. So as we go through the SNAP materials, I will ask you questions like these. I really want to hear your opinions and reactions, so don't hesitate to speak up whenever something is unclear, or not easy to understand. We are going to look at five letters and I'm going to ask you to read each one first while you think aloud. And then I will

ask you questions about each letter after you are done reading it. Do you have any questions before we begin? [TURN ON RECORDER. CHECK BATTERY LEVEL.]

## Letter 1 – Notice of Decision

Here is a letter that someone might receive after applying for benefits. Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to think aloud as you read.

[SHOW RESPONDENT “NOTICE OF DECISION” LETTER]

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: Which parts were difficult?

What would you expect to happen after receiving this letter?

In your opinion, what is the most important information you saw in this letter, if any?

Was there anything that you expected to see in this letter that was not here?

[POINT TO OR HIGHLIGHT PARAGRAPH AT BOTTOM THAT BEGINS WITH “The household member(s) listed below...” NOTE THAT IT CONTINUES ON PG 2.] **Let’s take a look at this paragraph.**

[NOTE WHETHER P SEES REFERENCE TO ATTACHMENT AND FAQ’S ON WEBSITE.]

Can you tell me in your own words what this section is saying?

In your opinion, is this section clear?

If no: What about this section is unclear?

This paragraph mentions “SNAP work rules.” Have you heard of that before?

What does “SNAP work rules” mean to you?

[POINT TO OR HIGHLIGHT SENTENCE STARTING WITH “If the people listed below do not follow SNAP work rules...”] **What does this sentence mean to you?**

[POINT TO OR HIGHLIGHT SENTENCE STARTING WITH “Different household members...”] **And how about this sentence, what does that mean to you?**

What would you do if you received this letter?

Thank you for sharing your thoughts on that letter. Now let’s take a look at another one.

## Letter 2 – Work Rules Notice

[SHOW RESPONDENT “WORK RULES NOTICE” LETTER]

Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to think aloud as you read.

In your own words, can you tell me what this letter is saying?

Did you find any part of it difficult to understand?

If yes: Which parts were difficult?

Was there anything you expected to see in this letter that was not here?

In your opinion, what is the most important information you saw in this letter, if any?

What would you expect to happen after receiving this letter?

(if needed) What does the recipient of the letter need to do, if anything?

[POINT TO OR HIGHLIGHT “Does everyone need to follow these work rules?” SECTION ON PAGE 1.] What do you think is the point of this section?

Please go through the list and tell me in your own words what each of these points means.

[WHEN R REACHES SEVENTH BULLET “Attending a school, college, or training program at least half-time...” ASK IF NEEDED] What does “attending at least half-time” mean to you?

[WHEN R REACHES NEXT-TO-LAST BULLET “Meeting work rules for another employment program...” ASK IF NEEDED] Have you ever heard of the Minnesota Family Investments Program or MFIP? How about the Diversionary Work Program or DWP? In your opinion is it useful or not useful to include those in this list?

[POINT TO OR HIGHLIGHT “What should you do if...?” SECTION AT BOTTOM OF PAGE 1.]

Thanks. How about this section?

[NOTE WHETHER R UNDERSTANDS THE RECIPIENT DOES NOT NEED TO FOLLOW THE GENERAL WORK RULES IF ANY OF THE REASONS APPLY TO THEM.]

In your opinion, is this section clear or not clear? (if not clear)  
Why do you say that?

[POINT TO OR HIGHLIGHT THE FIRST SECTION UNDER “General work rules” AT TOP OF PAGE 2.]

How about this first section on the next page, what does that mean to you?

This section talks about general work rules. Have you heard of that before? What does that mean to you?

**In your opinion, is this section clear or not clear?** (if not clear)  
**Why do you say that?**

The next two sections talk about “good reasons” for not meeting general work rules. What does “good reasons” mean to you?

Can you think of other examples of good reasons?

[POINT TO OR HIGHLIGHT “How long will you lose SNAP benefits...” ON PAGE 2.] **What does this section mean to you?**

**In your opinion, is this section clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “Time-Limited Rules” and “What do you need to do?” ON PAGE 2.]  
**How about this next section, what does this mean to you?**

This section talks about time-limited rules. What does that mean to you? Have you heard of time-limited work rules before?

This section also talks about SNAP Employment and Training, also known as SNAP E&T. Have you heard of that before? What does that mean to you?

This section also talks about participating in “another Federal, State, or local work program.” Have you heard of that before? What does that mean to you?

The last paragraph says, “To get started with SNAP E&T you can contact an employment provider.” What does that mean to you? (if needed) What does “employment provider” mean to you?

**Would you say this section clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “Does everyone need to meet these Time-Limited Rules?”] **How about this next section, what does this mean to you?**

**In your opinion, is this section clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “What if you do not follow the Time-Limited Rules?”] **How about this next section, what does this mean to you?**

(if needed) **Please tell me in your own words what the first sentence means to you.**

(if needed) **The second sentence says, “Once we have counted 3 full months...” What does that mean to you?**

(if needed) **This section also talks about a 36-month time period. What does that mean to you?**

**Is there anything about this section that is not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “What if you have a good reason for not meeting the Time-Limited Rules?”] **How about this next section, what does this mean to you?**

**In your opinion, is this section clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “If you lose your SNAP benefits, how can you get them back?”] **How about this next section, what does this mean to you?**

**Is there anything about this section that is not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “Do you want help meeting your work requirement by training or a job?”] **How about this next section, what does this mean to you?**

**Do you think this section is clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “What if you need more help?”] **How about this next section, what does this mean to you?**

**This letter describes general work rules and time-limited rules. In your opinion, is it clear why there are two different sets of work rules? Why do you say that?**

**In your opinion, what are the differences between general work rules and time-limited work rules?**

**Thank you for reviewing that letter and sharing your thoughts about it. Now let’s take a look at the next letter.**

## **Letter 3 – First Sanction Notice**

[SHOW RESPONDENT “FIRST SANCTION NOTICE” LETTER]

**Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to think aloud as you read.**

**In your own words, can you tell me what this letter is saying?**

**Did you find any part of it difficult to understand?**

If yes: **Which parts were difficult?**

**In your opinion, what is the most important information you saw in this letter, if any?**

**What would you expect to happen after receiving this letter?**

**Was there anything you expected to see in this letter that was not there?**

[POINT TO OR HIGHLIGHT FIRST TWO LINES: “Your SNAP case will be closed...” and “Jane Doe has failed to cooperate...”] **Please take a look at these first couple of lines. What do they mean to you?**

[NOTE WHETHER R UNDERSTANDS THAT THE SNAP HOUSEHOLD’S BENEFITS ARE DEPENDENT ON THE PRIMARY WAGE EARNER’S COMPLIANCE.]

**This section refers to the principal wage earner. Have you heard that term before? What does that mean to you?**

**This section also refers to the SNAP household. Have you heard that term before? What does that mean to you?**

**In your opinion, is that sentence clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “This is the FIRST time...”] **How about this next sentence, what does that mean to you?**

(if needed) **What does “first time” mean to you?**

**In your opinion, is it clear what this sentence is referring to? Why do you say that?**

[POINT TO OR HIGHLIGHT “For your SNAP household to get SNAP...”] **How about this sentence, what does that mean to you?**

(if needed) **This sentence mentions Jane having to attend an orientation. What does that mean to you? Have you heard of SNAP recipients having to attend orientations?**

**In your opinion, is this clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “If Jane Doe does NOT cooperate...”] **And how about this sentence, what does that mean to you?**

[NOTE WHETHER R UNDERSTANDS THAT IF JANE DOES NOT COMPLY BY JAN. 31 THE HOUSEHOLD WILL LOSE SNAP FOR FEB. AND MAY HAVE TO REAPPLY IN MAR.]

**In your opinion, is this clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “If you don't agree...” AND “If you miss the 10 day deadline...”] **Now let's look at this last section. What does this mean to you?**

(if needed) **This section states that if the recipient does not agree with the action taken on their case, they can appeal. What does that mean to you?**

**This section also states that Jane must appeal within 10 days or before the first day of the month when the action takes place. What does this mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

[NOTE WHETHER R ATTENDS TO “To keep your benefits until the appeal” AND INTERPRETS CORRECTLY.]

**The second paragraph says that if the recipient misses the 10 day deadline, they can appeal within 30 days from the date they get this notice or 90 days for SNAP. What does this mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

Thank you for sharing your thoughts on that letter.

## **Letter 4 – Multi-person Sanction Notice**

This next letter is addressed to two people who live together who both receive SNAP benefits. Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to think aloud as you read.

**In your own words, can you tell me what this letter is saying?**

**In your opinion, what is the most important information you saw in this letter, if any?**

**Are there any parts of this letter that are confusing or unclear?**

If yes: **Which parts?**

**In your own words, what should Jane and John do after receiving this letter?**

[POINT TO OR HIGHLIGHT “This is the SECOND time that John Doe has not cooperated with SNAP work requirements.”] **What does this sentence mean to you?**

(if needed) **In your opinion, why does the letter state that this is the second time John has not cooperated with work requirements? What is the significance of that?**

[POINT TO OR HIGHLIGHT “For John Doe to get SNAP benefits again...”] **And how about this sentence, what does that mean to you?**

**This sentence mentions John having to develop a work plan. What does that mean to you? Have you heard of SNAP recipients having to develop work plans?**

**In your opinion, is this clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “If John Doe does NOT cooperate on...”] **Now let’s look at this section. What does this mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

**Do you recall seeing the dates in which Jane and John may each reapply? (Read if necessary) It states that Jane can reapply in March and John can reapply in May. In your opinion, is it clear why Jane and John have two different dates in which they can reapply?**

[POINT TO OR HIGHLIGHT “Because Jane Doe is the Principal Wage Earner...”] **How about this section. What does this mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “If the Principle Wage Earner, Jane Doe cooperates...”] **How about this section. What does this mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT LAST PARAGRAPH ON PAGE 1, “If the Principle Wage Earner, Jane Doe cooperates...”] **How about this section. What does this mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

## **Letter 5 – Closing Notice**

**Ok, this is the last letter we’ll look at. Please take a few minutes to read the letter and then we will talk about it. If needed: Please remember to think aloud as you read.**

[POINT TO OR HIGHLIGHT FIRST TWO LINES “Beginning...” and “Starting with...”] **What do these lines mean to you?**

(if needed) **What does it mean when it says the number of eligible members in your household changed from 4 to 3.**

**In your opinion, is this clear or not clear? Why do you say that?**

[POINT TO OR HIGHLIGHT “The following person(s)...”] **And how about this section, what does that mean to you?**

(if needed) **What does it mean when it says they got SNAP for 3 months in the current 36-month period without meeting work requirements**

**In your opinion, is this clear or not clear? Why do you say that?**



[POINT TO OR HIGHLIGHT “You can re-apply...”] **And how about this sentence, what does that mean to you?**

**In your opinion, is this clear or not clear? Why do you say that?**

## **Debriefing Questions**

**Thank you. Those are all the letters we have to look at today. I just have a few more questions before we are finished.**

**Is there any other information that you think would be helpful for people who must meet the work requirement?**

**Have you ever been notified that you were required to comply with the time limit?**

[IF YES:] **How were you notified?**

[IF NEEDED:] **Tell me more about what the notice said.**

**In your opinion, was that notification clear and easy to understand?**

**Government agencies collect information when people fill out forms for programs. One example is the information given when someone fills out an application for food assistance benefits. Government agencies also collect data using surveys, like the survey that is taken every ten years about the population.**

**How would you feel if the information that agencies get from the application forms (such as the food assistance benefits) was shared with other government agencies (like the survey about the population) instead of asking the survey questions directly?**

[IF NEEDED:] **For example the SNAP application that you completed to get benefits asks a question about your date of birth. How would you feel if about your date of birth that you gave to SNAP was used by another agency that was conducting a survey, instead of the other agency asking you for your date of birth?**

**So the answer that you had given on your SNAP application would be used by the other agency. In your opinion, would that be okay or would that not be okay?**

**Tell me more about why you answered that way?**

**Is there anything else you would like to add that we didn't get a chance to talk about today?**

**How did you learn about our study? Do you remember where you saw our flyer? Or did someone you know tell you about it?**

**Thanks for your time. Please remember that nothing that we discussed today will have any impact on any benefits you may receive, and if you have any questions based on anything we discussed, please contact your SNAP caseworker.**

[ASK PARTICIPANT TO FILL OUT VOUCHER FORM. GIVE PARTICIPANT INCENTIVE]

## Testing materials

### Thinkaloud Practice Paragraph

Our solar system was formed about 4.5 billion years ago. It consists of our sun and eight main planets: Mercury, Venus, Earth, Mars, Jupiter, Saturn, Uranus and Neptune. Mercury, Venus, Earth and Mars are mostly made of rock and metal and are called “terrestrial planets.” Jupiter, Saturn, Uranus and Neptune are called “gas giants” because they are mostly composed of gas.

## Letter 1 - Notice of Decision (2 pages)

CLAY COUNTY SOCIAL SERVICES  
INCOME MAINT. UNIT  
715 11TH ST. N. #102  
MOORHEAD MN 56560-2042

FMINFO\_\_\_\_

April 13, 2023 03:56 PM

CASE NUMBER: 111111

Jane Doe  
PO BOX 101  
Minneapolis MN 55405-0203

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### IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, CLAY COUNTY ADULT TE at (218) 291-5777.
- \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- \* The back of this page lists your appeal rights and responsibilities.

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### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION

You qualified to get SNAP right away.

You have been certified for SNAP from April 13, 2023 to April 01,2024.

You will get \$303.00 in SNAP for April 13, 2023 through April 30,2023.

We gave you all of your April 2023 SNAP benefits.

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Other than at six month reporting or recertification, you are only required to report a change when:

Your SNAP unit's monthly gross income exceeds 130% of the Federal Poverty Guidelines for your unit size.

Your SNAP unit size is: 3.

For your unit size 130% of the Federal Poverty Guidelines is: \$2252.00.

Report the changes to your financial worker within 10 calendar days after the month of the change.

You will be sent a report form prior to your six month review date. This form must be returned to the county agency by the 8th day of the month prior to your six month review or your benefits may stop.

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The household member(s) listed below need to follow SNAP work rules. If the people listed below do not follow SNAP work rules, your household SNAP benefits will decrease or end. Different household members may need to follow different work rules. Read the attached packet (SNAP Work Rules Notice) to find out what you need to do.

Household members who need to follow SNAP work rules:

Jane Doe  
John Doe  
Joseph Doe

If you have questions about the SNAP work rules, call your caseworker or visit [www.dhs.gov/snap-work-rules-faq](http://www.dhs.gov/snap-work-rules-faq).

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BUDGET FOR APRIL BENEFIT

HOUSEHOLD SIZE (3)

INCOME:		ALLOWABLE EXPENSES/DEDUCTIONS:	
WAGES . . . . .	0.00	RENT/MORTGAGE .....	500.00
PA GRANTS . . . . .	0.00	HEAT/AIR .....	493.00
RSDI/SSI/RR-RTRMT . . . . .	0.00	LIGHTS . . . . .	0.00
UC. . . . .	0.00	PHONE. . . . .	0.00
COUNTED SCHOOL INCOME . . . . .	0.00	WATER/GARBAGE. . . . .	0.00
OTHER . . . . .	0.00	OTHER. . . . .	0.00
TOTAL. . . . .	0.00	MEDICAL. . . . .	0.00
		DEPENDENT CARE . . . . .	0.00
		CHILD SUPPORT. . . . .	0.00
SNAP ALLOTMENT. . . . .		505.00	
PRORATED AMOUNT . . . . .		303.00	
DRUG FELON SANCTION . . . . .		0.00	
RECOUPMENT AMOUNT . . . . .		0.00	
AMOUNT ALREADY ISSUED . . . . .		0.00	
BENEFIT AMT TO BE ISSUED. . . . .		303.00	

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\*\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*\*

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- \* Within 10 days or
- \* Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: CLAY COUNTY ADULT TE

TELEPHONE: (218) 291-5777

THIS IS THE LAST PAGE

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## Letter 2 – Work Rules Notice (3 pages)



CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

# Supplemental Nutrition Assistance Program (SNAP) Work Rules Notice

Date:

Case number:

Case name:

Worker name:

Worker phone number:

Fax number:

Worker agency:

Agency address:

To: Jane Doe  
P.O. Box 101  
Minneapolis MN 55405-0203

## Why did I get this letter?

*You or someone in your SNAP household must meet certain work rules to continue to receive SNAP.*

Dear [first and last name]:

The purpose of this letter is to tell you and others in your SNAP household about work rules for SNAP. **If you do not meet these requirements, your household's SNAP benefits may decrease or end.** Continue reading to learn the requirements for yourself and others in your household, if there are any.

### PERSON 1

FIRST NAME	LAST NAME
Jane	Doe

needs to follow ☒ General Work Rules ☒ Time-Limited Rules

**Jane Doe, you must follow General Work Rules. Keep reading to find out what to do.**

### Does everyone need to follow these work rules?

No, only certain people do. You **may not** have to follow these rules if you are:

- Younger than age 16, or age 60 or older;
- Responsible for the care of a child under age 6;
- Responsible for the care of or a person who need help caring for themselves;
- Already working at least 30 hours a week or already earning \$217.50 or more per week, before taxes or other deductions;
- Receiving unemployment benefits or you applied for unemployment benefits;
- Not able to work because of a physical or mental health reason;
- Attending a school, college, or training program at least half-time (please note that college students are subject to other eligibility rules);
- Meeting work rules for another employment program, such as Minnesota Family Investments Program (MFIP), or Diversionary Work Program (DWP);
- In a drug or alcohol addiction treatment program.

### What should you do if you think one of these reasons applies to you?

**Call us at 1-800-555-1111 as soon as possible** if you think one of these reasons applies to you. If we find that it does, you **will not** need to follow any of the work rules in this letter.

## General work rules

### What do you need to do?

You must follow these rules to keep your SNAP benefits:

1. If you are working at least 30 hours a week, do not quit or reduce your hours to below 30 hours a week. (Unless you have a good reason like illness, discrimination, or not getting paid.)
2. Accept a job offer, unless it is not suitable for you. Examples of things that may make a job unsuitable for you are: your health and safety are at risk, you can't physically do the work, or another good reason.

### What happens if you do not meet these General Work Rules?

If you do not meet the general work rules without a good reason, **you may lose your SNAP benefits.**

### What if you have a good reason for not meeting the General Work Rules?

Good reasons include things out of your control like illness, no childcare for a child under 12, or work conditions that are unreasonable. These are some, but not all of the examples of good reasons. If we determine that you have a good reason, there will be no change to your SNAP benefits. If you think you have a good reason, contact your worker, as soon as possible at .

### How long will you lose SNAP benefits if you don't meet the General Work Rules?

- The first time you do not meet the general work rules without a good reason, you are not allowed to get SNAP benefits for **one month**.
- The second time you do not meet these requirements, you cannot get SNAP benefits for **three months**.
- The third time, you cannot get SNAP benefits for **six months**.

## Time-Limited Rules

**Jane Doe, you must follow Time-Limited Rules. Keep reading to find out what to do.**

### What do you need to do?

In addition to the general work rules listed above, you must follow these time-limited rules to keep your SNAP benefits:

1. Work at least 80 hours a month. Work can be for pay, for goods or services (for something other than money), unpaid, or as a volunteer or;
2. Participate in a work program at least 80 hours a month. A work program could be SNAP Employment and Training (SNAP E&T) or another Federal, State, or local work program; or
3. Participate in a combination of work and work program hours for a total of at least 80 hours a month.

Please tell us if you are doing one of these things. To get started with SNAP E&T you can contact an employment provider directly or ask your worker for a referral to one. If your work hours drop below 80 hours a month, you must call us at .

### Does everyone need to meet these Time-Limited Rules?

You **may not** have to follow **any** of these time-limited rules if:

- You are younger than age 18, or age 50 or older;
- Someone in your house is younger than age 18;
- You are not working because of a physical or mental health reason; or
- You are pregnant.
- *Reminder: Check the General Work Rules section of this letter for other rules that apply to you.*

### What if you do not follow the Time-Limited Rules?

We will count each full month that you receive SNAP benefits, but do not meet the time-limited rules without a good reason. Once we have counted 3 full months, you will lose your benefits until you meet the requirements again or until Minnesota has reset the 36 month time period. The current 36 month time period is set to expire 12/31/2025.

**What if you have a good reason for not meeting the Time-Limited Rules?**

Good reasons include things out of your control like illness or work conditions that are unreasonable. These are some, but not all of the examples of good reasons. If DHS determines that you have a good reason, there will be no change to your SNAP benefits. **If you think you have a good reason, contact your worker as soon as possible at 1-800-555-1111.**

**If you lose your SNAP benefits, how can you get them back?**

If you start meeting the time-limited rules you can get SNAP benefits again. You can also get SNAP benefits again if something changes in your life, and there are reasons you no longer need to follow these rules. For example, you may get SNAP benefits back if you have a new physical or mental health reason for not working, or because of other reasons listed on this letter.

**Do you want help meeting your work requirement by training or a job?**

If you would like help finding or training for a job, you can ask about our SNAP Employment and Training Program (SNAP E&T). This program can make it easier for you to find and keep a job. SNAP Employment and Training can also help you get supports such as transportation, childcare, and interview clothing that you might need to be successful. You can learn more about the program by visiting the Minnesota SNAP Employment and Training website: <https://mn.gov/dhs/snap-e-and-t/>.

**What if you need more help?**

To learn more about work rules for SNAP visit <https://www.fns.usda.gov/snap/work-requirements>.

If you have questions or need more information, please call us at 1-800-555-1111, Monday through Friday,



### Letter 3 - First Sanction Notice (1 page)

CLAY COUNTY SOCIAL SERVICES  
INCOME MAINT. UNIT  
715 11TH ST. N. #102  
MOORHEAD MN 56560-2042

FMINFO\_\_\_\_

April 10, 2023 12:09 PM

CASE NUMBER: 111111

Jane Doe  
PO BOX 111  
Minneapolis, MN 55405-0203

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  - \* The back of this page lists your appeal rights and responsibilities.
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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION

Your SNAP case will be closed as of May 01, 2023 because:

Jane Doe has failed to cooperate with SNAP work requirements. Because Jane Doe is the Primary Wage Earner for SNAP, food benefits for your SNAP household will end.

This is the FIRST time that Jane Doe has not cooperated with SNAP work requirements.

For your SNAP household to get SNAP benefits again for May 1, 2023, Jane Doe must attend orientation on, or before, April 30, 2023.

If Jane Doe does NOT cooperate on, or before, April 30, 2023, your SNAP household will not be eligible for SNAP benefits for May, 2023. Your SNAP household may be eligible for SNAP benefits in June, 2023 if you reapply.

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\*\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*\*

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- \* Within 10 days or
- \* Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: CLAY COUNTY ADULT TE

TELEPHONE: (218) 291-5777

## Letter 4 - Multi-Person Sanction Notice (2 pages)

CLAY COUNTY SOCIAL SERVICES  
INCOME MAINT. UNIT  
715 11TH ST. N. #102  
MOORHEAD MN 56560-2042

FMINFO\_\_\_\_

April 10, 2023 12:09 PM

CASE NUMBER: 111111

Jane Doe  
PO BOX 111  
Minneapolis, MN 55405-0203

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IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, CLAY COUNTY ADULT TE at (218) 291-5777.
  - \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
  - \* The back of this page lists your appeal rights and responsibilities.
- 

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION

Your SNAP case will be closed as of May 01, 2023 because:

Jane Doe has failed to cooperate with SNAP work requirements. Because Jane Doe is the Primary Wage Earner for SNAP, food benefits for your SNAP household will end.

This is the FIRST time that Jane Doe has not cooperated with SNAP work requirements.

For your SNAP household to get SNAP benefits again for May 2023, Jane Doe must attend orientation on, or before, April 30, 2023.

If Jane Doe does NOT cooperate on, or before, April 30, 2023, your SNAP household will not be eligible for SNAP benefits for May, 2023. Your SNAP household may be eligible for SNAP benefits in June, 2023 if you reapply.

John Doe's food benefits will end because John Doe did not cooperate with SNAP work requirements.

This is the SECOND time that John Doe has not cooperated with SNAP work requirements.

For John Doe to get SNAP benefits again for May, 2023 John Doe must develop work plan on, or before, April 30, 2023.

If John Doe does NOT cooperate on, or before, April 30, 2023, John Doe will not be eligible for SNAP benefits for May, 2023, June, 2023, and July, 2023. John Doe may be eligible for SNAP in August, 2023 if you reapply.

Because Jane Doe is the Principal Wage Earner and is NOT cooperating with SNAP work requirements, SNAP benefits for your SNAP household will remain closed until Jane Doe's disqualification period ends or until Jane Doe cooperates with SNAP work requirements, whichever is longer.

If the Principal Wage Earner, Jane Doe cooperates with SNAP work requirements or Jane Doe's disqualification ends and John Doe is still disqualified, then John Doe will not be eligible until John Doe's disqualification ends.

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\*\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*\*

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- \* Within 10 days or
- \* Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: CLAY COUNTY ADULT TE

TELEPHONE: (218) 291-5777

## Letter 5 - Closing Notice (2 pages)

FMINFO\_\_\_\_

CLAY COUNTY SOCIAL SERVICES  
INCOME MAINT. UNIT  
715 11TH ST. N. #102  
MOORHEAD MN 56560-2042

April 10, 2023 12:09 PM

CASE NUMBER: 111111

Jane Doe  
PO BOX 111  
Minneapolis, MN 55405-0203

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IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, CLAY COUNTY ADULT TE at (218) 291-5777.
  - \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
  - \* The back of this page lists your appeal rights and responsibilities.
- 

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION

Beginning May 01, 2023, your SNAP will change from \$101.00 to \$0.00 because:

The number of eligible members in your household changed from 4 to 3.

Other than at six month reporting or recertification, you are only required to report a change when:

Your SNAP unit's monthly gross income exceeds 130% of the Federal Poverty Guidelines for your unit size.

Your SNAP unit size is: 3.

For your unit size 130% of the Federal Poverty Guidelines is: \$2252.00.

The following person(s) are not eligible because they got SNAP for 3 months in the current 36-month period without meeting work requirements. These are the consequences for not following the SNAP work rules.

Jane Doe  
John Doe  
Dee Doe

You can re-apply for SNAP benefits if the person(s) listed above starts to meet work requirements or has a good reason for not following SNAP work rules. Call your caseworker right away if this applies to the person(s) listed above.

## BUDGET FOR MAY BENEFIT

HOUSEHOLD SIZE (3)

INCOME:		ALLOWABLE EXPENSES/DEDUCTIONS:	
WAGES . . . . .	2544.00	RENT/MORTGAGE.....	500.00
PA GRANTS . . . . .	0.00	HEAT/AIR.....	493.00
RSDI/SSI/RR-RTRMT . . . . .	0.00	LIGHTS . . . . .	0.00
UC. . . . .	0.00	PHONE. . . . .	0.00
COUNTED SCHOOL INCOME . . . . .	0.00	WATER/GARBAGE. . . . .	0.00
OTHER . . . . .	0.00	OTHER. . . . .	0.00
TOTAL. . . . .	2544.00	MEDICAL. . . . .	0.00
		DEPENDENT CARE . . . . .	0.00
		CHILD SUPPORT. . . . .	0.00
SNAP ALLOTMENT .....		0.00	
PRORATED AMOUNT . . . . .		0.00	
DRUG FELON SANCTION . . . . .		0.00	
RECOUPMENT AMOUNT . . . . .		0.00	
AMOUNT ALREADY ISSUED . . . . .		0.00	
BENEFIT AMT TO BE ISSUED. . . . .		0.00	

## \*\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*\*

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- \* Within 10 days or
- \* Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: CLAY COUNTY ADULT TE

TELEPHONE: (218) 291-5777