



Administrative Policies and Procedures: 24.00

Subject Supplemental Nutrition Assistance Program Rights and Responsibilities of Applicants/Participants

Approved by

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Authority

7 U.S.C. § 2011 et seq.
The Age Discrimination Act of 1975, 42 U.S.C. § 6101;
The Rehabilitation Act of 1973, 29 U.S.C. § 701;
Title VI of the Civil Rights Act of 1964, 42 U.S.C. sec. 2000d et seq.

Application

All TDHS Employees and Contractors

Policy Statement

The Tennessee Department of Human Services (TDHS) is required to meet federal and state guidelines regarding the rights and responsibilities for both the state agency and the applicant/participant's right to apply and receive Supplemental Nutrition Assistance Program (SNAP) benefits and adhere to the procedures for determining eligibility and addressing any issues which may arise.

Purpose

This policy was developed to provide an explanation of the rights and responsibilities associated with applying for and receiving Supplemental Nutrition Assistance Program (SNAP) benefits along with the procedures for filing a complaint if deemed necessary.

Procedures

A. Customer Right to Apply

1. Any person wishing to apply for Supplemental Nutrition Assistance Program (SNAP) shall have the opportunity to apply.
2. Information about the programs of assistance administered by the Tennessee Department of Human Services (TDHS) shall be provided to any person requesting the information.

3. Applications must be filed in person at a TDHS Office or [online](#). The application must be filed by the applicant themselves, her/his authorized representative, or designated agent, or someone acting responsibly for her/him.
4. An applicant may be assisted by any individual of her/his choosing in the various aspects of the application/redetermination of eligibility process. However, it is unlawful for any person/agency to charge or receive anything of value, either directly or indirectly, for providing such assistance to a person requesting aid.
5. Eligibility is not required of a person prior to her/his filing an application.
6. The right to file an application shall not be denied to any person even though it is apparent to the eligibility counselor that eligibility for SNAP benefits does not exist. A full determination must be completed before an eligibility decision can be made.

B. Assistance Groups (AG) and Households (HH)

1. SNAP benefits may be provided to an individual or to a group of people.
2. The people applying for or receiving SNAP are referred to as a household (HH).
3. SNAP applicants and/or benefit recipients have been abbreviated as HH (household) throughout this policy.

C. Nondiscrimination

1. TDHS employees, at all administrative levels, shall not discriminate against any applicant or participant, in any program aspect, for reasons of age, race, color, sex, handicap, religious creed, national origin, political beliefs, or reprisal or retaliation for prior civil rights activity in any program conducted or funded by United States Department of Agriculture (USDA).
2. Discrimination in any aspect of program administration is prohibited and enforcement may be brought under any applicable federal law.
3. All TDHS employees must complete all required trainings, including but not limited to Civil Rights Law training and Interpreter Services training, at least once every state fiscal year.
4. County offices and other sub-recipients that provide SNAP services must post the non-discrimination statement (NDS) in a prominent place within its offices.
5. Refer to the [USDA Nondiscrimination Statement](#). The statement and the In Justice for All Poster will be utilized in accordance with [FNS Instruction 113-1](#) and any additional FNS guidance and directives regarding the USDA Nondiscrimination Statement.
6. Refer to the Administrative Policies and Procedures: 1.04 TDHS Limited English Proficiency (LEP) Guidelines and [Policy 1.05 Reasonable Modifications](#).

D. Filing an Applicant/Participant Complaint

1. Individuals who believe that they have been subjected to discrimination for reasons of age, race, color, sex, disability, religious creed, national origin, or political beliefs, may file a program complaint of discrimination online at: http://www.ascr.usda.gov/complaint_filing_cust.html, or submit a written complaint via mail to:

United State Department of Agriculture (USDA),

Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue, SW,
Washington, D.C. 20250-9410;

via fax to (202) 690-7442; or
via email at program.intake@usda.gov.

2. Persons with disabilities who require alternative means for communication should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).
3. TDHS staff members should explain the Food and Nutrition Services (FNS) complaint system to each individual who expresses an interest in filing a discrimination complaint and advise the individual of his/her right to file either in the federal or the state system or in both systems.

FNS Discrimination Requirements - The complaint must contain the following information in order to facilitate the investigation:
 - a. The name, address, and telephone number or other means of contacting the person alleging discrimination;
 - b. The location and name of the organization or office, which is accused of discriminatory practices;
 - c. The nature of the incident or action or the aspect of program administration that led the person to allege discrimination;
 - d. The reason for the alleged discrimination (age, race, color, etc.);
 - e. The names and titles (if appropriate), and the addresses of persons who may have knowledge of the alleged discriminatory acts; and
 - f. The dates, or date on which the alleged discriminatory action occurred.
4. Reference [Policy 1.01 Civil Rights Complaints](#) for the State Requirements for Discrimination Complaints in SNAP.

E. Filing a Program Complaint

1. Federal Level Responsibility – Persons or agencies desiring program information or wishing to file a complaint may contact the FNS Regional Office at this address:

United States Department of Agriculture
Southeast Regional Office, Food and Nutrition Services
61 Forsyth Street, SW Suite 8T36
Atlanta, GA 30303-3427

2. State Level Responsibility
 - a. TDHS will provide a fair hearing to any person or HH aggrieved by any action, which affects their eligibility, level of benefit, or participation in the Family Assistance Programs.
 - b. TDHS will allow informal complaints.
 - c. Persons or agencies desiring program information or wishing to file a complaint may contact any or all of the following:
 - i. The Field Management Director of the local county office of TDHS. Telephone number and address may be found in the telephone directory for the town designated as county seat.
 - ii. The Family Assistance Service Center

TDHS
James K. Polk Building
505 Deaderick Street
Nashville, Tennessee 37243
1(866)311-4287 (toll-free number)

- iii. Family Assistance Director of Operations
TDHS
James K. Polk Building
505 Deaderick Street
Nashville, Tennessee 37243
- iv. Commissioner
TDHS
James K. Polk Building
505 Deaderick Street
Nashville, Tennessee 37243

**F. Civil Rights
Compliance Review
and Resolution of Non-
compliance**

1. Quality Control reviews are conducted to ensure county offices are in compliance with Civil Rights. Staff shall refer to the Language Access/Disability Access and Civil Right Review Questionnaire.
2. When noncompliance is determined, steps will be taken immediately to obtain voluntary compliance. The effective date of the finding of noncompliance is the date of the written notice of noncompliance to the State agency, local agency, or other subrecipient. After a finding of noncompliance, the following action must be taken:
 - a. Immediate written notice will be provided to the local agency or other subrecipient indicating the areas of noncompliance and the action required to correct the situation.
 - b. Negotiation will occur with the local agency or other subrecipient to achieve compliance.
 - c. Findings of Noncompliance in letter format on all cases where corrective action has not been completed within sixty (60) days of the finding will be submitted to the Regional Civil Rights Officer. The attached documentation will include the following:
 - i. A brief statement of the allegations of noncompliance that can be factually supported,
 - ii. A statement of all actions taken to achieve voluntary compliance,
 - iii. A list of available witnesses, their addresses, and official titles, with a brief statement of the matter about which they can testify,
 - iv. Relevant contracts, assurances, and agreements between the State agency, local agency, and other subrecipient,
 - v. List of names, titles, office mailing addresses, and office telephone numbers of parties involved, including the chief local agency or other subrecipient official and the State administrative official responsible for the program,
 - vi. A report of the specific amount of assistance provided during the last three (3) fiscal years and the program authorities under which the assistance is extended,

- vii. Letters from the State agency advising the local agency or other subrecipient of failure to comply,
 - viii. A statement of the defenses the local agency or other subrecipient may be expected to raise, and
 - ix. Recommendation for enforcement proceeding or for permission to pursue voluntary compliance efforts.
3. TDHS staff will be trained annually on Civil Rights, Language Assistance Services, and Reasonable Modifications.

G. Availability of Information

1. Public Information
 - a. SNAP Policy is available for use by TDHS staff and the general public. The policy is accessible via the internet at <http://www.tn.gov/humanservices/topic/supplemental-nutrition-assistance-program-snap> on the SNAP web page under Reports and Information.
 - b. Copies of the SNAP Policy may be requested by public custodians, at their own expense, who:
 - i. request the policy for use by the public;
 - ii. are centrally located and publicly accessible to a substantial number of the recipient population; and
 - iii. agree to accept responsibility for filing all amendments and changes forwarded to them by TDHS.
 - c. Other groups, agencies or individuals serving a substantial recipient population who wish to copy the policy, agree to file all amendments and changes forwarded to them by TDHS, and who commit themselves to using the policy for informational purposes (i.e. not attempting to determine an individual's eligibility for assistance or determining appropriate action for TDHS) may do so at the discretion of the Commissioner or his/her designee at their own expense.
 - d. Upon request, specific policy materials necessary for an applicant/recipient, or his/her representative, to determine whether a fair hearing should be requested, or to prepare for a hearing will be made available to the applicant/recipient, and/or his/her representative without charge.
 - e. Copies of portions of the manual will be made available electronically to students, researchers, and other agencies upon request.
 - f. Regulations, plans of operation, and federal procedures which affect the public shall be maintained in the local and state offices. In addition, copies of the aforementioned may be obtained by writing or contacting the Superintendent of Documents, United States Government Publishing Office, Washington, D.C. 20401, or by calling toll free, (866) 512-1800 or on the internet at <http://www.gpo.gov>.
 - g. TDHS will provide other printed materials, such as brochures, pamphlets, leaflets, etc. that clearly describe basic financial and nonfinancial eligibility criteria, the application process, and participants' rights and responsibilities. This written information shall be made available to local Social Security offices, Department of Labor and Workforce Development offices, and other agencies and organizations

assisting in the State Outreach Program.

2. Family Assistance Service Center

- a. TDHS will operate a Family Assistance toll-free helpline service, which will provide the following:
 - i. Information about program requirements and procedures;
 - ii. Information about complaint and fair hearing procedures;
 - iii. Completing the necessary complaint forms;
 - iv. Telephone numbers and addresses of the local county TDHS offices; and
 - v. Application forms and informational pamphlets, upon request.
- b. The Family Assistance Service Center number (1-866-311-4287) will be posted in all TDHS offices, included on printed material and made available online.

Forms

[Application for Assistance, HS-0169 \(instructions\)](#)

Collateral Documents

[History of the Supplemental Nutrition Assistance Program \(SNAP\)](#)
[Policy 24.06 SNAP Special Living Arrangements](#)
[Policy 1.01 Civil Rights Complaints](#)
[USDA Nondiscrimination Statement](#)
[Language Access/Disability Access and Civil Right Review Questionnaire](#)
[Administrative Policies and Procedures: 1.04 TDHS Limited English Proficiency \(LEP\) Guidelines](#)
[Policy 1.05 Reasonable Modifications](#)
[FNS Instruction 113-1](#)

Additional Resources

tn.gov/applying-for-benefits

Retention of Records

[RDA Summary for Policy 24.00 Rights and Responsibilities of SNAP Applicants/Participants](#) (For internal use)

Glossary

Term

Definition

Application or Application Form	An application is a form prescribed by Tennessee Department of Human Services (TDHS) and/or approved by FNS containing prescribed information which is submitted to the County Office of the TDHS by a person requesting assistance, or by the person's legally appointed guardian, designated agent or authorized representative. For Supplemental Nutrition Assistance Program (SNAP) purposes, an initial application is the first month for which the HH applies for participation, following any period during which the HH was not certified for participation in SNAP.
Applicant	<ol style="list-style-type: none">1. An applicant is a person who has submitted a completed and signed document prescribed by TDHS requesting SNAP, and/or a form approved by Food and Nutrition Service (FNS) containing at least a legible name, address and a signature to request SNAP for the HH of which he/she is a member.2. An authorized representative or designated agent may actually file the application provided they have been authorized to do so by the head of the HH, spouse, or other responsible HH member.
Authorized Representative	An authorized representative is the person designated by the head of the HH, spouse, or other responsible HH member for making application for SNAP including participation in the interview. Also, an authorized representative may be an employee of a private treatment and rehabilitation program which must be certified by the designated state agency. This employee shall act in the treatment center patient's behalf of making application for SNAP, receiving and/or spending the coupons.
Complainant	A complainant is an applicant or recipient, or individual acting in behalf of the applicant or recipient, who initiates expressed dissatisfaction with action taken by TDHS staff in relation to assistance for which the client has applied or which he is receiving and it does not need to be on a prescribed form.
Fair Hearing	A procedure whereby an appeal may be made by persons whose applications are denied, not acted upon with reasonable promptness, or who are otherwise aggrieved by the agency's interpretation of any provision of the SNAP laws and regulations as it affects their situations.
Food and Nutrition Service (FNS)	The division of the United States Department of Agriculture which supervises the SNAP Program at the federal level.
Household (HH)	<p>A HH is a social unit comprised of varying numbers of individuals who live together in the same dwelling. It is also the concept used to determine the food purchasing and preparation patterns of all individuals with common living quarters.</p> <p>For SNAP purposes, a group of people who customarily purchase and prepare food together for home consumption. For program purposes, an individual living alone may be a HH.</p>
Income	A recurring gain or benefit measured in money amounts.
Noncompliance	A finding of noncompliance may be the result of a routine management evaluation review, a special review, or an investigation. Noncompliance is a

factual finding that any Civil Rights requirement, as provided by law, regulation, policy, instruction, or guidelines, is not being adhered to by a State agency, local agency, or subrecipient.

State Agency

The agency of State Government which has the responsibility for the administration of SNAP. In Tennessee, this is the Tennessee Department of Human Services.

Subrecipient

A non-Federal entity that expends Federal awards received from a pass-through entity to carry out a Federal program, but does not include an individual that is a beneficiary of such a program.

United States Department of Agriculture (USDA)

The agency of the Federal Government authorized by the United States Congress to administer SNAP.

Acronyms**Abbreviation****Expansion****FNS**

Food and Nutrition Service

HH

Household

NDS

Non-Discrimination Statement

SNAP

Supplemental Nutrition Assistance Program

TDHS

Tennessee Department of Human Services

USDA

United States Department of Agriculture