



# 3SquaresVT

**Basic Training  
Spring 2020**

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Food Security Team



# Hunger in Vermont

- 1 in 10 Vermonters (10%) are considered “food insecure,” meaning they lack consistent access to enough food. This includes 1 in 7 children.
- Many factors contribute, including issues of income, education, and health.
- Many consequences - physical, social and economic - result for the individual and society.
- 3SquaresVT helps decrease hunger and food insecurity.



# Agenda

1. What is 3SquaresVT?
2. Know who is eligible
3. Utilize and maximize deductions
4. Assist in navigating the application process
5. Closing & Questions





**Section 1:**

# What is 3SquaresVT?

# What is 3SquaresVT?

(page 1 of training manual)

A nutrition program of the US Department of Agriculture, originally piloted in 1939 and designed to alleviate hunger.

Nationally known as the **Supplemental Nutrition Assistance Program or SNAP.**



The VT Department for Children and Families Economic Services Division processes applications and issues benefits.

3SquaresVT is a federal entitlement program. Everyone eligible is entitled to its benefits.



# Who is 3SquaresVT for?

Families, individuals, children, older adults, people with disabilities, working, unemployed, New Americans, college students, and more

3SquaresVT is an entitlement program; **everyone eligible is entitled to its benefits.**



# How does it work?

The program works using an Electronic Benefits Transfer (EBT) debit-like card – more efficient & anonymous

- Benefits are no longer distributed as food stamps.



Automatic monthly deposit onto card on 1<sup>st</sup> of month

- Benefits remain on card up to 1 year
- To be used anywhere EBT is accepted in USA - 600+ retailers in VT, 40+ farmers' markets and farm stands
- Important: card may contain other benefits like Reach Up or General Assistance
- Households where all members are seniors 65+ or SSI recipients get benefits as cash either on their EBT card, or with verification, directly deposited into their bank account



## What can participants buy with 3SquaresVT?

- Fruits & Vegetables
- Breads and Cereals
- Dairy Products
- Meats and Seafood
- Non-alcoholic Beverages
- Cold Prepared Foods
- Snacks, Ice
- Fruit and Vegetable Seeds and Plants



Key tenets of program are hunger alleviation and food choice.





# What messages can we use to convey the importance of 3SquaresVT?

## 3SquaresVT...

- Reduces Hunger and Poverty
- Connects Vermonters to More Fresh, Local Food
- Connects Vermonters to Other Programs
- Improves Health (short and long term!)
- Helps our Economy



# What can we do to ensure clients receive their maximum benefit?

- Know who is eligible
- Utilize & maximize deductions
- Assist in navigating the application process
- Use empowering messages
- Advocate when necessary





## Section 2:

# Understanding eligibility

# Know Who is Eligible (pg 3-12)

**A 3SquaresVT household is:  
People who purchase and  
prepare meals together. There  
can be multiple 3SVT  
households within one  
physical house.**



- Some people must apply together, i.e. spouses, parents of dependent children
- Some people living together may apply separately, i.e. housemates eating separately
- Some people are not eligible even if they are living together, i.e. an ineligible college student living with other eligible people



# Mandatory Household Members

**Some people are mandatory household members, even if they purchase and prepare food separately.**

1. Spouses who live together can never be separated if they are:
  - Legally married;
  - Living together and representing themselves as spouses; or
  - Have at least one child in common in the household.
  
1. Parents living with their children (including adopted and stepchildren) under age 22, even if these children are living with their spouse or their children
  
1. Children under 18 (excluding foster children) who live with and are under parental control of someone who is not their parent are required to be in the 3SVT HH of that adult.

# Eligibility

## Gross Monthly Income (pg 12-13)

Household Size	Gross Monthly Income Limit (185% FPL)
1	\$1,926
2	\$2,609
3	\$3,290
4	\$3,971
5	\$4,653
6	\$5,334
7	\$6,015
Each Additional Member	Add \$683

Important Note: These limits are effective  
October 2019 – September 2020



# Eligibility

## What Counts towards Gross Monthly Income? (pg.12)

- Gross income is income before taxes and other deductions.
- Earned income includes wages, salary, self-employment (minus business expenses).
- Unearned income includes: social security, disability, veterans benefits, public assistance, pensions, investments, etc.
- Everyone's income counts, with a few exceptions.



# Eligibility

## Special Rules for Older Adults & People w/ Disabilities

- Households that include an older adult (age 60 or older) or person with a disability do NOT have to meet the gross income limit.
- If their gross monthly income is over 185% FPL, resources are counted with a limit is \$3,500.
  - Resources include: savings, checking, investments, other assets
  - Resources do NOT include: primary home, vehicle, and official retirement or educational savings accounts





# Categorical Eligibility

Households are automatically income eligible for 3SquaresVT if they already receive:

- Reach Up (TANF)
- Supplemental Security Income (SSI)
- Vermont Earned Income Tax Credit (EITC)

*EITC is a great doorway into the program for working families who might not otherwise be eligible!*



# Eligibility

## Many Rules ~ Many Exceptions

- **Homeless:** Do not need permanent housing to qualify
- **Youth:** May apply if 18 and living separately from parents. If <18, must prove living independently, not under control of an adult.
- **College Students:** Students (those enrolled at least ½ time in an institution of higher learning) are eligible if they meet at least 1 exemption (i.e. employed for an avg. of 20 hours per week, are 17 or younger or 50 or older, etc.)
- **Noncitizens:** 5-year wait for legal permanent residents; *however*, there are many exceptions, such as refugees and asylees



# Time Limited Benefits (pg.6-7)

**COVID-19 Note:** All work requirements are currently suspended due to the pandemic.

Certain 3SquaresVT participants may only receive 3SquaresVT benefits for up to 3 months within 36 months without meeting a work requirement.

## **Who is subject to the time limit?**

An 'able-bodied' individual between the ages of 18 and 49 with no dependents living in their household.

## **How can they meet the work requirements?**

There are three ways to meet the work requirements:

1. Work 80 hours or more in a 30 day period (can be a combination of employment, self-employment, volunteer work, or working in exchange for in-kind benefits)
1. Participate for more than 80 hours in a 30 day period in qualified work training programs, such as ICAN
2. Participate in "work for benefits" by volunteering at a nonprofit organization.

Some individuals may be exempt from meeting the work requirements.





# COVID-19 Outbreak Update:

**At the current time, work requirements are waived for all individuals subjected to time limited benefits.**

# Exemptions to the Time Limit

**There are many exemptions to the 3SquaresVT time limit & work requirement. DCF wants to apply relevant exemptions whenever possible!**

Exemptions include:

- Physically or mentally unfit for employment\*
- Pregnant
- Location (a full list of exempt towns is in pg. 6 of your manual)
- Is an unemployment applicant or recipient
- Participates in drug or alcohol treatment/rehab program (AA counts!)
- Cares for an incapacitated person
- Lives with any minor in the home & 3SVT HH (does not have to be own child)
- Is a student enrolled at least ½ time in higher education (may be subject to student rules!)



# ICAN (Individual Career Advancement Network)

**ICAN is a new employment & training program that grew out of a three-year pilot program called *Jobs for Independence* or *JFI*.**

**If you qualify, ICAN can help you:**

- Conduct job searches
- Connect to employers who are hiring
- Enhance your job finding skills (e.g., resume writing & interviewing)
- Gain new job skills & work experience
- Learn how to achieve industry certifications
- Overcome barriers keeping you from work

**ICAN is not only for people subject to time limits. Everyone who gets [3SquaresVT](#) can participate- except those getting Reach Up benefits.**

Visit a Vermont Department of Labor *Career Resource Center* to enroll. Find your local center online at <http://labor.vermont.gov/workforce-development/career-resource-centers/>.



# Eligibility Exercise

Group the following people into all potential 3SquaresVT households. Do not make assumptions about who is purchasing and preparing food together – list all options.

## Scenario A: The Stone Family

Name	Relevant Details
Sam Stone	Receives SSI/AABD, spouse of Sally
Sally Stone	Sam's spouse, doesn't work
Cindy Stone	Their 13 YO daughter
Carl Stone	Their 23 YO son

Name	Relevant Details
William Sanborn	Age 59, spouse of Denise
Denise Sanborn	Age 52, spouse of William
Paul Sanborn	Age 17, son of William/Denise
Wanda Sanborn	Age 24, daughter of W/D
Tammy Sanborn	Age 3, Wanda's daughter
Bill Sanborn	Age 85, William's father

## Scenario B: The Sanborn Family



**Section 3:**

# Utilizing and Maximizing Deductions



# Utilize and Maximize Deductions (pg 16-17)

- Benefits are based on household size, income and expenses.
- Net income after a set of deductions and calculations will determine the household's benefit amount.
- Some deductions are self declared; others require verification.
- Deductions are **critical** to maximize benefits.
  - Deduction for earned income (20% deduction)
  - Housing & utility costs (calculation, not actual cost)
  - Court ordered child support paid
  - ALL child & dependent care costs
  - Out of pocket medical expenses over \$35 for seniors/disabled

\*For every \$3 change in net income, benefits change by approx. \$1.



Check out the **Benefit calculator** at  
[www.vermontfoodhelp.com](http://www.vermontfoodhelp.com)



# Standard & Earned Income Deductions

**Standard Deduction** – an automatic deduction based on size of 3SVT household:

Number of HH Members	Standard Deduction Amount
1-3 members	\$167
4 members	\$178
5 members	\$209
6 members	\$240

**Earned Income Deduction** – 20% of any earned income of the household is automatically deducted. Allows for expenses related to working.

- Verification required?  
No additional verification needed



# Child Support Deduction

(Q36 on paper application)

Deduction for **legally obligated (court-ordered)** child support paid for a child not in the 3SVT household.

DCEX

Answer for: **36. Does anyone pay child support or alimony?**



**YES.** Answer this question ↻

**NO.** Skip to next question ↻

Name of person paying		Amount paid	How often?	Court ordered?	Who is this paid for? (full name(s))
	Alimony	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Child support	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of person paying		Amount paid	How often?	Court ordered?	Who is this paid for? (full name(s))
	Alimony	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Child support	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verification required?

- Court documents along with receipts of payment
- Statement from custodial parent stating amount paid and frequency

# Dependent Care Deduction

(Q37 on paper app)

- Deduction is for households where care is needed so a household member **can work, find work, or go to school.**
- Care can be in a center or home, registered or unregistered.
  - Even an informal arrangement with family or friends counts!



- Expenses include: payments made for child or adult day care service, co-pays for subsidized care, before or after-school care, summer camp fees, and transportation to and from care (\$.585/mile).



# Dependent Care Deduction

(Q37 on paper app)

DCEX

Answer for:

**37. Does anyone use child care or adult care services?**



**YES. Answer this question** ↻

**NO. Skip to next question** →

List each child or adult separately.

Child/adult being cared for	Person paying for care	Name and address of child/adult care provider	
Amount paid weekly, after subsidy	Miles from home to provider (1-way)	Days of care per week	Reason care is needed: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Looking for work
Child/adult being cared for	Person paying for care	Name and address of child/adult care provider	
Amount paid weekly, after subsidy	Miles from home to provider (1-way)	Days of care per week	Reason care is needed: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Looking for work
Child/adult being cared for	Person paying for care	Name and address of child/adult care provider	
Amount paid weekly, after subsidy	Miles from home to provider (1-way)	Days of care per week	Reason care is needed: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Looking for work

Verification required?

No verification required unless questionable; no cap





# Medical Expense Deduction

(Q38 on paper app & Form 120)

This deduction is available **for people age 60 and over and people with disabilities**, allowing them to claim out of pocket medical expenses.

- To claim the **standard medical expense deduction of \$116**, at least \$35.01 must be proven via documentation.
- Those with expenses over \$151 (\$35 + \$116) can claim the full cost of their expenses. All expenses being claimed must be verified.



# What kinds of medical expenses may be claimed?

- Premiums, co-pays & medical bills
- Hearing aids, eye glasses, dentures, prosthetics
- Home health care and medical Lifeline service
- Transportation to the doctor, pharmacy, or any medical appointment.
- Over-the-counter medications and medical supplies recommended by the doctor
  - *new rule: no receipts needed, no doctor's signature required if OTCs are verified via a printout on medical provider's letterhead (signature required for Form 120)*



# Medical Expense Deduction

(Q38 & Form 120)

FMED

Answer for:



**38. Does anyone age 60 or older or with a disability pay over \$35 a month in out-of-pocket medical costs (not covered by insurance)?**

Examples:

- Health insurance premiums, copays, and deductibles;
- Prescription copays;
- Transportation costs to get medical treatment or services;
- Bills for health services (e.g., health professional, dentist, hospital care, nursing care, mental health professional, or rehabilitation); and
- Over-the-counter medications, equipment, and supplies (if approved by your health professional).

**YES. Answer this question** ↻

**NO. Skip to next question** ↻

First name, middle initial	First name, middle initial	First name, middle initial
1	2	3

Claiming monthly medical expenses may increase your 3SquaresVT benefit. To see if your expenses qualify you for a larger benefit, we may send you a Form 120 for each person listed here. It explains how to claim expenses and what documents you may submit for verification. To have the form sent to you now, call **1-800-479-6151**, or visit **myBenefits.vt.gov** to print it.

**\*\*A form 120 is not required to process your application\*\***


Verification required?

- Yes, see Medical Expense Flyer, FMED Envelope, and Form 120 for more details






# Form 120



**VERMONT**  
Department for Children and Families  
Economic Services Division



120

## 3SquaresVT & Long Term Care Medicaid Out-of-Pocket Medical Expenses

Head of Household (HOH) Name: \_\_\_\_\_

HOH Date of Birth: \_\_\_\_\_ HOH Social Security #: \_\_\_\_\_

The following medical expenses are for (list person's name): \_\_\_\_\_

For 3SquaresVT (3SVT) applicants: Anyone in your 3SVT household who is age 60 or older OR disabled may be eligible for a standard medical expense deduction, which could increase the 3SVT benefit. To receive the standard deduction you must verify \$35.01 per month of out-of-pocket medical expenses. If your out-of-pocket expenses are more than \$173 per month, you may claim all medical expenses that you can verify.

**I. Health Care Insurance Premiums, Co-pays, Deductibles, including those for Medicare and Medicaid that you pay out-of-pocket. Please provide proof of the plan, premium, cost and period covered.**

Policy or type of coverage	Premium/Co-pay

**II. Prescription co-pays:** To have these expenses considered, please provide a printout from your pharmacy for the past 12 months that includes your name and SSN. This print out MUST show your cost.

**III. Transportation:** For 3SVT only: Out-of-pocket cost to obtain medical treatment or services. If you are using your own vehicle, please indicate the address where you are going. If service is being provided by a friend, hired service or public transportation, please list the amount you are actually paying instead of the destination. Please provide proof the trip took place for things such as (but not limited to), appointment cards for appointments, printout from pharmacy of dates you picked up prescriptions, receipts for a reasonable cost of transportation and/or lodging for medical services in the past 6-12 months. Please document medical trips on a separate paper and attach. For Long Term Care (LTC) please contact your worker if not covered by Medicaid.

**IV. Medical Bills:** Include current bills, bills you are paying on, and unpaid bills received in the past 12 months. Provide a current copy of your bill from the provider. Medical services can include services from the following (not a complete list):

- Physician
- Hospital care
- Mental health professional
- Dentist
- Nursing care
- Rehabilitation

Date of Service and Provider	Cost or monthly payment	Balance on bill

Revised 1/15

**V. Other Medical Expenses:** Out-of-pocket costs related to medically necessary services such as employing a home health aide or personal services attendant. Provide proof of the expense for the service that you still currently have or have had in the past 6-12 months. For a service animal(s) specially trained to help disabled clients; please provide proof of costs to secure and maintain the animal(s), like food, vet bills and any special medicines or diets. For employing an aide or attendant; a statement or bill and verification of payment. For LTC Medicaid additional verification may be required.

Type of Service	Cost and Frequency (weekly, monthly)

**VI. Over the Counter Medications, Equipment, and Supplies approved by a health professional: For 3SVT only:** Please provide proof that the health professional recommends you use this (signature at the bottom of this) or a recent statement from the health professional. List items such as (but not limited to) the examples listed below:

- Eyeglasses
- Pain relievers
- Antacids
- Bladder control pads and/or garments
- Hearing aids
- Eye/Ear drops
- Sleeping aids
- Anti-diarrhea medicine
- Medical batteries
- Vitamins
- Denture supplies
- Nasal sprays

Medication or item	Dose (number of pills per day, tubes per month, etc.)

**FOR LONG TERM CARE APPLICANTS ONLY:**

I give my word that the information I give on this form is true and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR HEALTH PROFESSIONAL ONLY:**

If you are verifying anything in section VI, please sign here to verify you have recommended the OTC.

Provider name (please print) \_\_\_\_\_ Provider number \_\_\_\_\_

Address \_\_\_\_\_ Telephone number \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

# Save your medical bills and receipts. You may get a higher 3SquaresVT benefit!

Do you pay over \$35 a month in medical expenses? You could get a higher food benefit by including **out-of-pocket medical costs** when you recertify your 3SquaresVT benefits or on the medical expense form the State gives you.

Use this checklist to see what kinds of medical expenses can count. Save your receipts, appointment cards, billing statements, and other documentation in this envelope. This list is not comprehensive. When in doubt, **save the receipt!**

When you receive the application to recertify your 3SquaresVT in the mail, contact the Agency on Aging's HelpLine at 1-800-642-5119 for help submitting these expenses.

<p><b>Bills/Receipts For</b></p> <p><b>Appointments with Your:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doctor or other medical provider</li> <li><input type="checkbox"/> Dentist</li> <li><input type="checkbox"/> Psychotherapist or Counselor</li> <li><input type="checkbox"/> Physical Therapist</li> </ul>	<p><b>Equipment and Medication:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prescription drugs (you can get an annual printout from your pharmacist!)</li> <li><input type="checkbox"/> Medical supplies</li> <li><input type="checkbox"/> Dentures</li> <li><input type="checkbox"/> Hearing aids and batteries</li> <li><input type="checkbox"/> Prosthetics</li> <li><input type="checkbox"/> Prescribed eyeglasses</li> <li><input type="checkbox"/> Personal emergency response systems</li> <li><input type="checkbox"/> CPAP Machines</li> <li><input type="checkbox"/> Incontinence pads</li> <li><input type="checkbox"/> Assistive technology</li> </ul>	<p><b>Other:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Services (attendant, home-maker, housekeeper, service animals, home health aide)</li> <li><input type="checkbox"/> Payments on old medical bills</li> <li><input type="checkbox"/> One-time medical expenses</li> <li><input type="checkbox"/> Nursing home care for someone who is part of your household</li> <li><input type="checkbox"/> Postage fees for mailed medications</li> </ul>
<p><b>Bills/Receipts For:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rehabilitation</li> <li><input type="checkbox"/> Hospitalization</li> <li><input type="checkbox"/> Outpatient care</li> <li><input type="checkbox"/> Nursing care</li> </ul> <p><b>Transportation and Lodging to Get Treatment or Services:</b> (save your appointment card!)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mileage costs</li> <li><input type="checkbox"/> Taxi or bus fare</li> <li><input type="checkbox"/> Lodging expenses</li> </ul>	<p><b>Health Insurance Bills/Receipts:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Premiums</li> <li><input type="checkbox"/> Co-payments</li> <li><input type="checkbox"/> Deductibles</li> <li><input type="checkbox"/> Medicare Part A, B, C &amp; D</li> <li><input type="checkbox"/> VPharm</li> <li><input type="checkbox"/> Medigap/supplemental insurance</li> </ul>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Note:</b> You do not need receipts for over-the-counter medicines like aspirin or vitamins. Ask your primary care provider for a printed list of recommended items that includes dosage and frequency.</p> </div>

**Have questions or need help?**

**Contact:** \_\_\_\_\_

**At** \_\_\_\_\_

**Or call the Agency on Aging's HelpLine at 1-800-642-5119**



*This message is funded in part by the USDA. USDA is an equal opportunity provider and employer.  
October 2019*

# Shelter Deduction

(Q39-45 of paper app)

This deduction allows for shelter costs that are more than 50% of the adjusted income -- after all other deductions previously discussed are subtracted -- to be claimed.

- There is a maximum cap of \$569 for many households
- **Exception:** Households that include a Vermonter 60+ or disabled member do not have a maximum shelter deduction.
- Deduction includes rent, mortgage, insurance (on the structure), property taxes, repairs due to disaster, etc.

Verification required?

No additional verification needed unless questionable



# Shelter Deduction

(Q39-45 of paper app)

Households in VT can include a **standard utility allowance (SUA)** of **\$822** as part of their shelter costs.

- Someone can claim the SUA if their household pays for heat or air conditioning directly or indirectly (such as included in their rent) or receives fuel assistance.



# 3SquaresVT Benefit Calculator



## 3SquaresVT Eligibility Calculator

### STEP 1: HOUSEHOLD

How many people are in your household (and buy and eat meals together)?

Is any member of the household 60 or over?

Yes  No

Does any member of the household have a disability?

Yes  No

Select yes if anyone in the household:

- received the Vermont Earned Income tax credit in the past 12 months
- receives Reach Up or SSI

Yes  No

NEXT





**Section 4:**

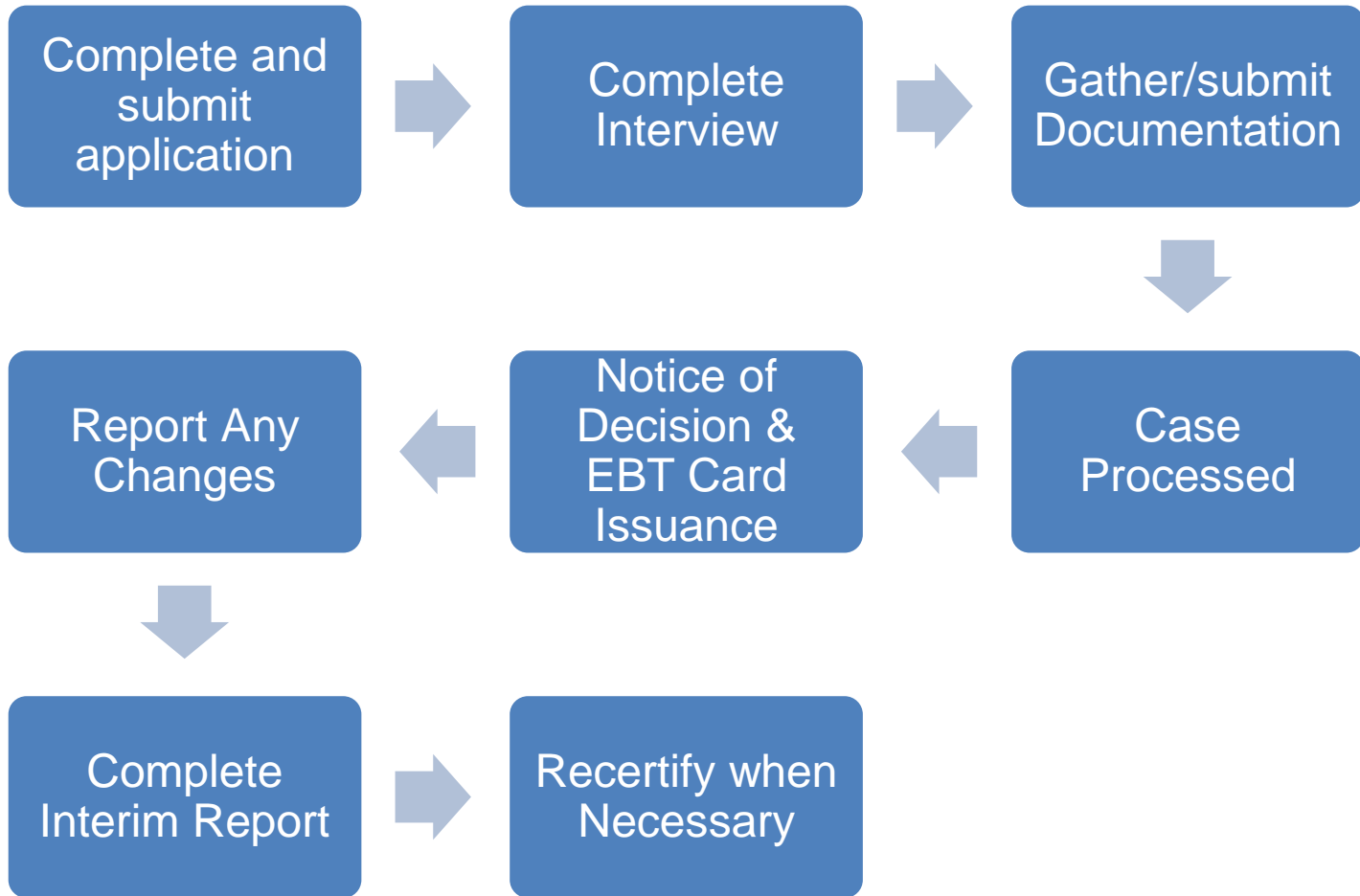
# **Application Process and Assistance**

# 3. Assist in Navigating the Application Process

- The 3SquaresVT application is complicated and requires a great deal of steps and follow-up; many applicants cite the lengthy process as a barrier to participation.
- **BUT** – there is a lot that advocates can do to make this process much easier for low-income Vermonters.



# The Application Process



For application help materials go to [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com)




# Complete Application


Applicants can fill out an application on paper, online, via fax, over the phone, or in person.


- Clients can request an app from:
  - Mybenefits.vt.gov
  - 1-800-479-6151
  - Vermontfoodhelp.com
  - DCF/ESD offices
  - Community agencies


- Once the application is received by DCF, a 30 day clock begins.


**TIP:** Before you submit any application, make a copy!

  
**Application for Benefits**

 **3SquaresVT**  
Helps people to buy food.

 **Reach Up**  
Provides support to households with children.

 **Fuel Assistance**  
Helps people to heat their homes.

 **Essential Person**  
Helps people to pay for essential, live-in care at home.

**One application.**  
Only one application is needed to apply for any of the programs shown above: 3SquaresVT, Reach Up, Fuel Assistance, and Essential Person. Apply for one or more on the same application!

**Three easy ways to apply.**

**ONLINE:** Go to [myBenefits.vt.gov](http://myBenefits.vt.gov) and apply. It's the quickest way for you to receive your application.  
**BY MAIL:** Mail this completed application to the address on the next page (24). Additional applications can be picked up at any district office, or you can call 1-800-479-6151 to have one mailed to you.  
**IN PERSON:** Apply in person at one of our 12 district offices. To find the office nearest you, call 1-800-479-6151 or go to [myBenefits.vt.gov](http://myBenefits.vt.gov).

**Any questions? We can help!**

**CALL:** 1-800-479-6151  
**SENIORS:** If you are age 60 or older, you can also call Vermont's Senior Helpline at 1-800-642-5119.  
**VISIT:** We have 12 district offices. To find the one nearest you, call 1-800-479-6151 or go to [myBenefits.vt.gov](http://myBenefits.vt.gov).  
**TTY/RELAY:** If you are deaf, hard of hearing, or have a speech disability, dial 7-1-1 for a relay service.

**If you need interpretation services...**  
إذا كنت ترغب خدمات الترجمة الفورية اتصل برقم 1-855-247-3092. (Arabic) 1-855-247-3092 (Arabic)  
Ako su vam potrebne usluge tumačenja, pozovite 1-855-247-3092. (Bosnian) 1-855-247-3092 (Bosnian)  
အကယ်၍ ခင်တို့အား ဖွင့်ဆိုရေးရာများကို လိုအပ်ပါက ၁-၈၅၅-၂၄၇-၃၀၉၂ ခေါ်ဆိုပါ။ (Burmese) 1-855-247-3092 (Burmese)  
Si vous avez besoin de services d'interprétation, appelez le 1-855-247-3092. (French) 1-855-247-3092 (French)  
Mighthe woba uahaka imfihahanyo yo guagurirwa, hamagara uyizumungu 1-855-247-3092. (Kisundi) 1-855-247-3092 (Kisundi)  
यदि आपको आवश्यक है कि आपकी भाषा में बातचीत हो सके, तो 1-855-247-3092 पर हमें कॉल करें। (Nepali) 1-855-247-3092 (Nepali)  
Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-247-3092. (Somali) 1-855-247-3092 (Somali)  
Si usted necesita servicios de interpretación, llame al 1-855-247-3092. (Spanish) 1-855-247-3092 (Spanish)  
Näwa unahajagi huduma za sukutimani, piga simu 1-855-247-3092. (Swahili) 1-855-247-3092 (Swahili)  
Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-247-3092. (Vietnamese) 1-855-247-3092 (Vietnamese)

**READ AND KEEP THIS PAGE FOR YOUR RECORDS.**

# COVID-19 Tip: Apply Online



## Department for Children and Families

Agency of Human Services

*Fostering the healthy development, safety, well-being, and self sufficiency of Vermonters.*

Login

Create a New Account

Login

User Registration

I Forgot My Password

Apply for Benefits

Request a Hearing / Fair Hearing

myBenefits Home

Access my Benefits

Login

Please log in using your email and password.

Email:

Password:

Login

**Existing Users: please note we have migrated our logon system. In order to migrate your account, please use the [account migration page](#). This is a one-time process after which you will be able to login here with your email address.**

If you are a new user, [click here](#) to create an account.

If you are looking for health care in Vermont:  
Please visit [this page](#) to learn about the programs available and how to apply.

If you have questions about logging in, or need help completing this application, please call the Benefits Service Center at 1-800-479-6151. People who are deaf or hard of hearing can call the statewide relay service at 711.

[Accessibility Policy](#) :: [Privacy Policy](#)

**A Vermont Government Website**

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# Documentation / Verification:

## Required Verification:

- Income
- Child support paid or received
- Resources if needed
- Medical expenses up to \$35 for senior/disabled households

**Some income, such as social security benefits, can be data-matched, so no verification is needed.**

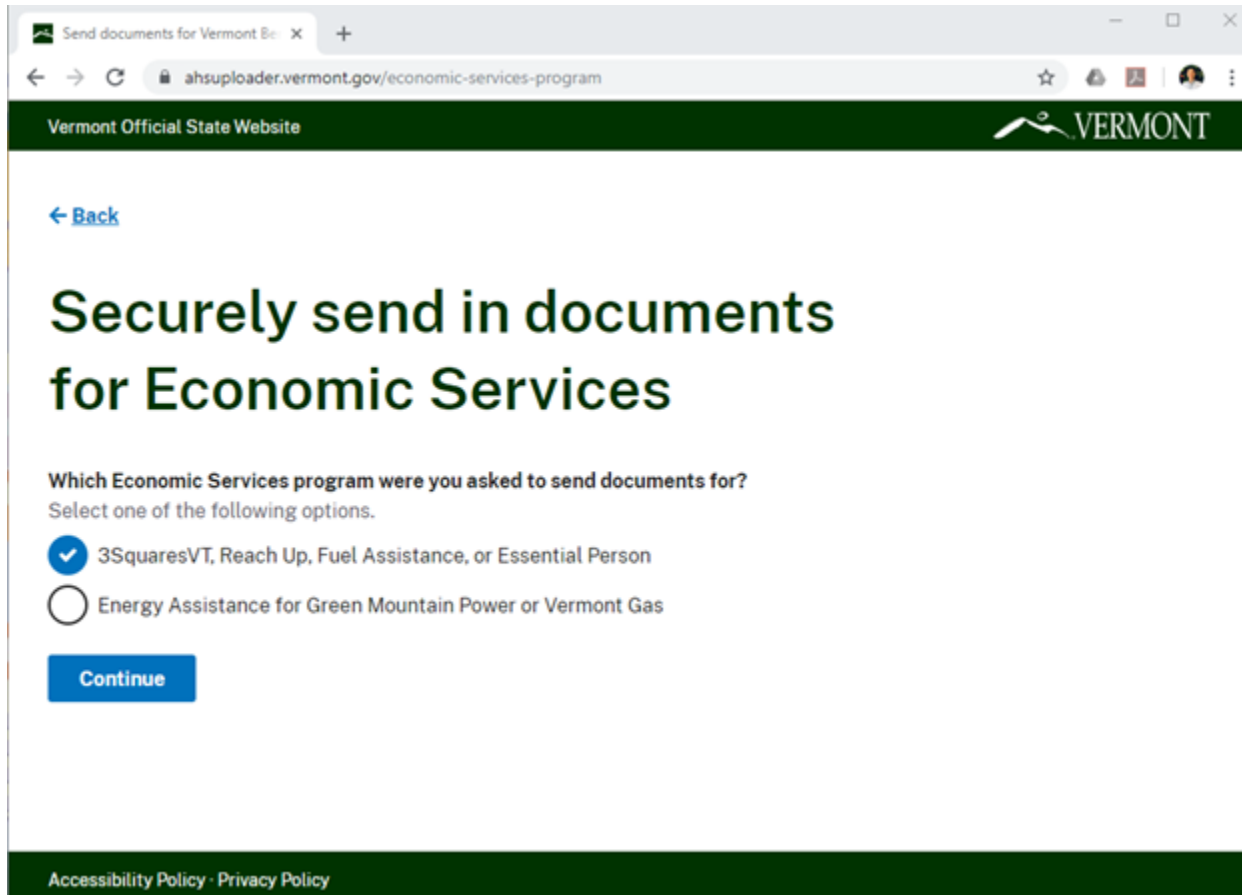
**Some expenses can be self-declared, including dependent care and shelter costs, unless questionable.**

**This is one of the most common reasons for procedural denials**



# AHS Document Uploader

<https://ahsuploader.vermont.gov/>



The screenshot shows a web browser window with the URL [ahsuploader.vermont.gov/economic-services-program](https://ahsuploader.vermont.gov/economic-services-program). The page header includes "Vermont Official State Website" and the "VERMONT" logo. The main heading is "Securely send in documents for Economic Services". Below this, a question asks "Which Economic Services program were you asked to send documents for?" with the instruction "Select one of the following options." Two radio button options are listed: "3SquaresVT, Reach Up, Fuel Assistance, or Essential Person" (which is selected) and "Energy Assistance for Green Mountain Power or Vermont Gas". A blue "Continue" button is positioned below the options. At the bottom of the page, there are links for "Accessibility Policy" and "Privacy Policy".

Send documents for Vermont Bc x +

ahsuploader.vermont.gov/economic-services-program

Vermont Official State Website VERMONT

[← Back](#)

## Securely send in documents for Economic Services

Which Economic Services program were you asked to send documents for?  
Select one of the following options.

3SquaresVT, Reach Up, Fuel Assistance, or Essential Person

Energy Assistance for Green Mountain Power or Vermont Gas

[Continue](#)

[Accessibility Policy](#) · [Privacy Policy](#)



# Expedited Benefits

Expedited service is for households that are in emergency situations

- The state can approve their application without the typical income verification.
- Benefits are issued to these households within seven days.

**Tip:** To continue receiving benefits, all steps of the application need to be completed within 30 days.

Answer for:

## 5. Get 3SquaresVT Faster.



You may be eligible to get 3SquaresVT benefits within 7 days if:

- Your household has less than \$150 in monthly gross income and less than \$100 in liquid resources (i.e., cash on hand or in the bank); or
- Your household includes a migrant or seasonal farmworker and the household receives very little income now and then or no income at all, and has less than \$100 in liquid resources; or
- Your household's combined monthly gross income and resources are less than the household's monthly rent or mortgage, plus utilities.

If you think you might qualify for faster benefits, answer the questions below about the people in your household as accurately as you can.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did anyone in your household get food benefits (SNAP, 3SquaresVT) this month in any state?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is anyone in your household a migrant or seasonal farm worker?
\$	What is your household's total gross income (before deductions are taken out) this month?
\$	How much money does your household have available in cash and in any bank accounts?
\$	How much is your monthly rent or mortgage payment?
\$	How much are your monthly utilities (heat, air conditioning, hot water, cooking & lights)?



# Interview

Once the application has been received, applicants will get a notice in the mail to complete an interview within five days.

- A phone interview is standard, but clients may instead meet in person, or request a reasonable accommodation.
- A Benefits Specialist will go through the application with clients to ensure accuracy, go over any questions, and provide next steps.
- If a client speaks a language other than English, they can call the interpretation line to conduct their interview in their preferred language
  - The Call Center Interpretation Line number is: 1-855-247-3092

**TIP:** Encourage clients to call for their interview ASAP!

# Interview

## ESD Benefits Interview Appointment Notice

Thank you for your application. You must be interviewed before we can make a decision on your eligibility. You may include another person to be with you during the interview, or you may choose to have another responsible member of your household (your spouse, or someone you authorize to represent you) complete the interview for you.

You must complete an interview before October 6, 2015. To do so, please call the Benefits Service Center at 1-877-403-7668. You may call between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

If you want to have a face-to-face interview, or if you want to schedule a specific time to call for a telephone interview, you must call the above number before October 6, 2015 to make those arrangements.

If you do not call by October 6, 2015 to complete your interview or make other arrangements, your application may be denied or - if this is a case review - your ongoing benefits may be terminated.

Please call soon so that we can process your case. We look forward to hearing from you.

**Please note:** If a client does not complete the interview within 5 days, a Notice of Missed Interview is automatically generated and sent to the client



# Verification

During the interview, the Benefits Specialist will review documentation and inform the applicant of any outstanding verification.

- Following the interview, a notice will be sent to the applicant stating the same. The applicant has 10 calendar days to submit these materials.
  - This is a tight deadline and includes mailing time.
  - DCF can help applicants get verification if they are asked.
  - Advanced prep is helpful!

**TIP:** Applicants can send in verification with their initial application – you can often predict what will be requested, so send it right away!





# EBT Benefits



- Average monthly benefit is about \$216 per household in VT; trend is more for families, less for individuals
- 9 out of 10 households receive \$50 or more in average monthly benefits
- Possible to be eligible but get a \$0 Benefit (this is rare)



# Maximum Benefits

There is a maximum monthly benefit for each household size:

Household Size	Max Benefit
1	\$194
2	\$355
3	\$509
4	\$646
5	\$768
6	\$921

# \$0 Benefits

## Eligibility vs. Benefits

- Possible to meet the gross income test (or have categorical eligibility) and be eligible but not have net income low enough to receive a benefit.

## Encourage client to keep case 'open' or 'active'

- If something changes (someone loses a job, expenses unexpectedly increase, etc.), can easily report a change and quickly get a benefit on EBT card. If case closes, they must reapply.



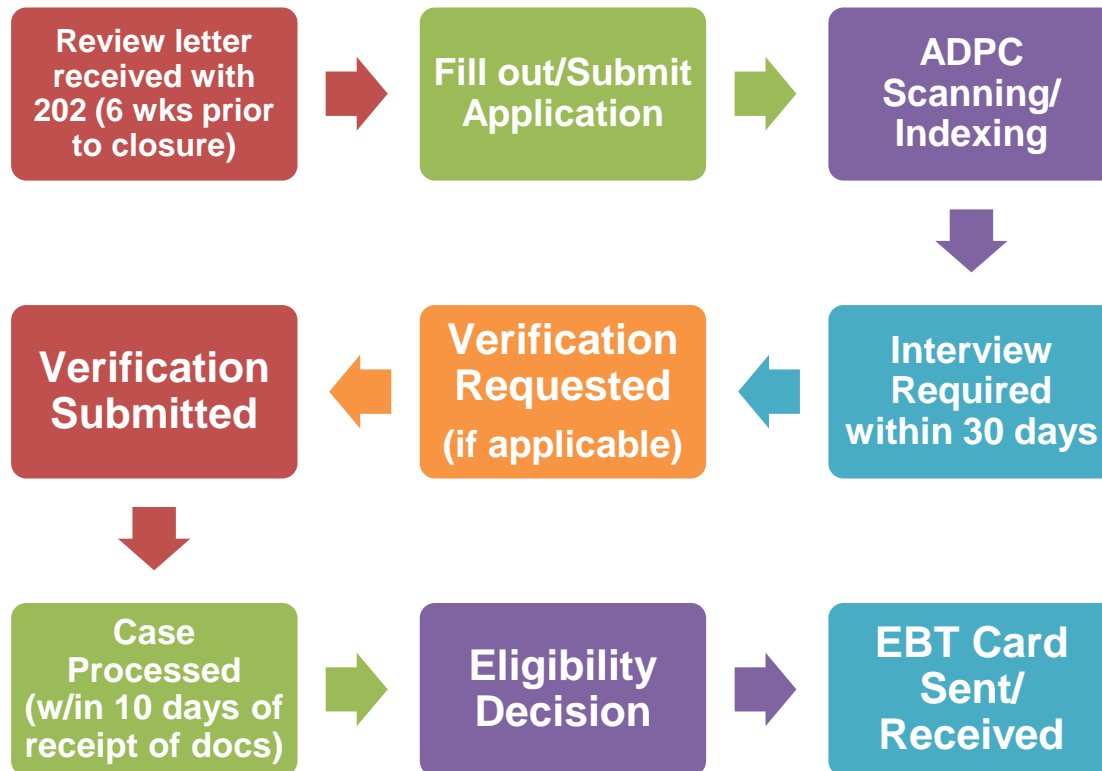
# Certification Periods

**Certification Periods:** 12 or 24 months

**Interim Report:** Mid-way through certification period, households will receive an interim report to fill out and return to DCF, noting any changes in:

- Household composition, residence, vehicles, resources, or other circumstances
- Encourage clients to mail these in as quickly as possible

**Recertification:**



# Reporting Changes

**Within certification period, clients must report the following changes in circumstance to DCF (outlined in the ‘Agreement to Report Changes’ form):**

- When an able-bodied adult without dependents in HH loses a job, reduces hours of employment, or has any changes on status
- If HH gross income was below 130% of the poverty level at application and it reaches 130% or more in a calendar month, this change must be reported within the first ten days of the next month:

Household Size	1	2	3	4	5	6	7	8	Each additional member
130% Income Level (monthly)	\$1,354	\$1,832	\$2,311	\$2,790	\$3,269	\$3,748	\$4,227	\$4,705	Add \$479

**If income goes down or expenses change, encourage clients to report these changes. They may be able to get more benefits.**



# Tips for Navigating the Application Process

1. Before you submit an application, make a copy!
2. If you can, submit verification along with the application.
3. Encourage clients to call for their interview as soon as possible
4. Stress the importance of submitting verification ASAP.
5. A signature on the application will suffice to start the 30-day clock.
6. If you think something has been done incorrectly, encourage your client to reach out to DCF – sometimes mistakes are made and we want to fix them!
7. Clients have a right to appeal any DCF decision, but sometimes things can be solved without having to go through a formal process.



**Section 5:**

# **Closing & Questions**

# 3SquaresVT Participation

- Participation reached all-time high of 102,000 in January, 2013
- Participation has been declining and averages 70,000 per month
- Average length of participation: 9 months to a year
- 1 out of 4 eligible Vermonters are not participating

## 32%

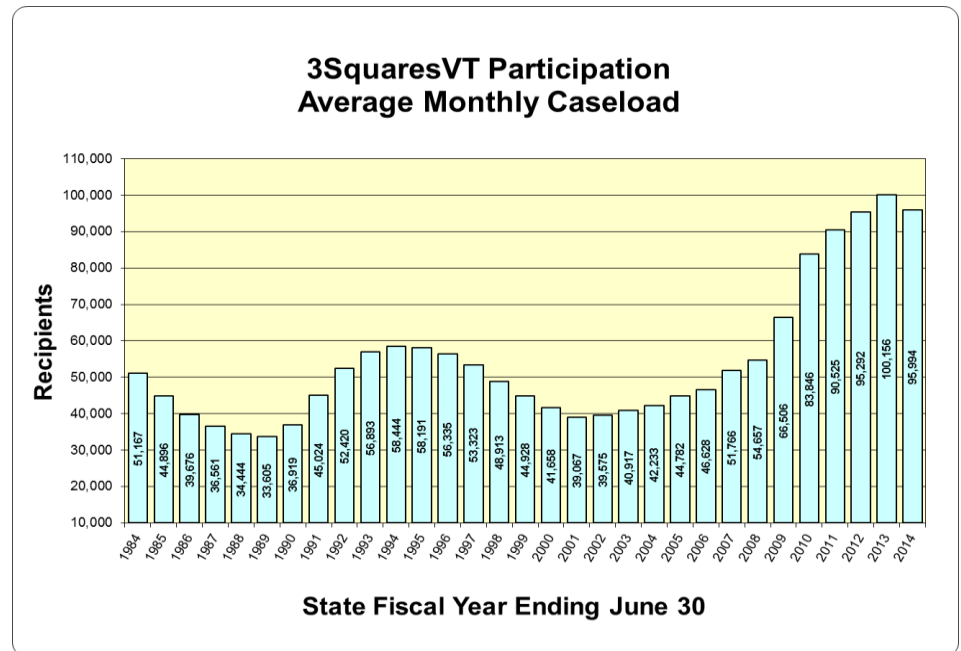
Recipients who were children ages 0-17

## 20%

Recipients who were people with a disability

## 22%

Recipients who older Vermonters





# Tools You Can Use

[www.vermontfoodhelp.com](http://www.vermontfoodhelp.com) - comprehensive website about 3SquaresVT

<https://www.hungerfreevt.org/news/coronavirus> - frequently updated information and resources for folks during the COVID-19 pandemic

**3SquaresVT E-Update** - sign up now or anytime at [www.hungerfreevt.org](http://www.hungerfreevt.org))

**3SquaresVT Benefit Calculator** - get an estimate of how much your client may qualify for in 3SquaresVT benefits – this is a great outreach tool!



# Thank you!

**Phil Morin & Olivia Peña**

**Food Security Team**

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