


# Examples of SNAP Reduced Fee Proof

To qualify for the SNAP reduced application fee of \$60, a Patient must submit one of the following:

- A photocopy of current Verification of Benefits Letter
- A photocopy of current Oregon Trail Card



 **Oregon**  
John A. Kitzhaber, MD, Governor

WOREN CENTER  
METRO

Date: AUG 06 2008

Name: John

Address: 123 Main St  
Portland, OR

Re: Verification of benefits

Per your request, we are processing your request for the Self Sufficiency Program:

TANF (Cash Assistance)  
Benefit: \_\_\_\_\_

SNAP (Food Stamps)  
Benefit: \$109.00


Medical  
Benefit: \_\_\_\_\_

Employment Related Day Care  
Benefit: \_\_\_\_\_

DHS Employee Name/Phone # Anna Smith  
Oregon Administrative Rule(s): 461-103-060

Client Signature: John Doe

*\*Assisting People to Become Independent  
An Equal-Opportunity Employer*

 **Oregon**  
John A. Kitzhaber, MD, Governor

Department of Human Services  
*Children, Adult, and Families*  
Self Sufficiency Programs  
1300 NW Wall Street Suite 101  
Bend, Oregon 97701  
Phone # 541-388-6010  
Fax # 541-312-4595

DHS/Self-Sufficiency Programs  
Bend Office  
1300 NW Wall St Ste 101  
Bend OR 97701

Verification of Benefits  
Department of Human Services  
Self Sufficiency Program

Client Name: John Doe Case Number: F12345678

ADULT AND FAMILY SERVICES DC WCN0005R-A Notice: FSNOTGS Rev 01/2008  
N SALEM AGIN Program : FS  
P. O. BOX 12189 Language EN  
SALEM, OR 97309 Branch : 2411  
Worker : DC  
Case No : F12345678  
Case Name : DOE, JOHN

BRANCH OFFICE Date of Notice  
N SALEM AGIN 07/31/14  
(503) 304-5400

Worker ID: John Doe  
123 Main St  
Portland, OR 97202

Signature of \_\_\_\_\_

FS BENEFITS RECOMPUTED DUE TO INTERIM CHANGE REPORT

Your food stamps for 08/14 are \$15.00. The benefits are based on 02 person(s) and \$2,576.00 countable income. We used the information you gave on the Interim Change Report.

You must report when the monthly income is greater than \$1,681.00. Report this change by the 10th of the month after the change. Also please report when your mailing address changes. You do not need to report other changes. However, you may want to if they will give you more benefits.

Oregon Administrative Rules: 461-110-0530, 461-110-0630, 461-160-0040, 461-150-0047, 461-155-0190, 461-160-0400, 461-160-0430, 461-170-0020, 461-170-0102, 461-175-0270, 461-180-0006

If you disagree with this action, you have the right to a hearing. You also have the right to continued benefits. Please read the back of this form for more information.