

# SNAP Indigence Report Form

TO: Office of Policy and Strategy  
5900 Capital Gateway Drive  
Mail Stop 2140  
Camp Springs, MD 20588-0099

SUBJECT: Determination Under Section 421(e) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

Colorado Department of Human Services has initiated payment of Supplemental Nutrition Assistance Program (SNAP) benefits in the following case.

We have determined that the absence of, or reduction in, SNAP benefits would result in the non-citizen being indigent (i.e., unable to obtain food and shelter).

Non-citizen's name: \_\_\_\_\_

Non-citizen's SSN: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Sponsor's SSN: \_\_\_\_\_

*A determination of indigency was determined by the following agency:*

*DHS Office Address:* \_\_\_\_\_

\_\_\_\_\_

*DHS Contact:*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone Number