

This is a template form created by the Public Policy Lab.
To learn more, visit www.publicpolicylab.org.

[State Agency Name]
[State Agency Address]
[City, State ZIP]

[Client Name]
[Street Address]
[Unit # or PO]
[City, State ZIP]

Case Number:
Notice Number:
Notice Date:
Program: SNAP

It's Time to Complete Your [Periodic Report]

Action Needed

Complete and submit your [Periodic Report].

Deadline

[Month Day, Year]

Dear [name],

It's time to complete your [Periodic Report]. Your Supplemental Nutrition Assistance Program (SNAP) benefits were approved from [Approval Date] to [Renewal Date]. Since we are halfway through that period, we need to see if your situation has changed at all.

What You Need to Do

Complete the [Periodic Report] using any of the options below by [Month Day, Year].

If you don't complete the [Periodic Report] or ask us for help, your SNAP benefits could be stopped. We'll send you a separate letter if we stop your benefits.

How to Complete Your Periodic Report

Complete your [Periodic Report] using any of the following methods:

- **Fill out the report in this letter** and send it back to us by mail, fax, or drop it off in person at any [State Agency] office.
 - **Mail:** [State Agency mailing address]
 - **Fax:** [(XXX) XXX-XXXX]
- Complete the report **online** at [StateAgency.gov]
- **Call** [(XXX) XXX-XXXX] to complete your report over the phone.
- **Come in person** to any [State Agency] office to complete your report with a staff member.

Continue to the [Periodic Report] on the next page. →

Commented [A1]: This Periodic Report is a template using plain language and accessible design best practices tested with clients. It is designed for any state SNAP program to use and learn from—whether by downloading and editing the template directly, copying elements or language into your own forms, or reading about the best practices used.

This template includes sections for all change reporting requirements described in the Code of Federal Regulations for SNAP (7 CFR 273.12). Depending on your state's policies, you might not use all of them. You'll find comments throughout the notice explaining best practices or pointing out where your agency should customize the text.

This template was created by the Public Policy Lab (PPL), a nonprofit human-centered design lab working to improve public services. We spent a year researching, testing, and codesigning SNAP forms with benefits recipients through our partnership with Arizona's Department of Economic Security, made possible through funding from The Families and Workers Fund.

This template was last updated on September 8, 2026.

If you have questions about this template or the Public Policy Lab, you can reach out to us at info@publicpolicylab.org.

Commented [A2]: Highlighting the action needed at the top of the notice improved client comprehension of their required next steps.

Commented [A3]: Anything in brackets is expected to be modified by your state. In this case, you'd replace [Periodic Report] with your own state's name for this form.

Commented [A4]: Update the text below with information for your agency.

Commented [A5]: Giving clients directions on how to navigate a notice or form is very useful, especially across page breaks.

[State Agency Name]

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[Periodic Report]

Review the information in the left column below that we currently have on file for you. Then, answer the questions on the right. If there has **not** been a change, **check NO**. If there **has** been a change, **check YES**.

Home Address

#####

Has **your home address** changed?

- ☐ No
☐ Yes (Complete Section A on page 4.)

Household Members

#####

Have **your household members** changed (such as anyone moving in or out)?

- ☐ No
☐ Yes (Complete Section B on page 5.)

Income

Employment income	Monthly amount
#####	\$####
#####	\$####
#####	\$####
#####	\$####
#####	\$####
Employment total	\$####

Do you need to add or remove any income sources for your household?

- ☐ No
☐ Yes (Complete Section C on page 5.)

Have there been any changes of \$125 or more in the total amount of **employment income** your household earns per month?

- ☐ No
☐ Yes (Complete Section D on page 6.)

Non-employment income	Monthly amount
#####	\$####
#####	\$####
#####	\$####
#####	\$####
#####	\$####
Non-employment total	\$####

Have there been any changes of \$125 or more in the total amount of **non-employment income** your household receives each month (from public benefits, child support, alimony, retirement, or other financial support)?

- ☐ No
☐ Yes (Complete Section D on page 6.)

Commented [A6]: Update from September 2026:

This form is designed for state agencies that use pre-populated information in their Periodic Reports—giving the client the information you already have on file for them, then asking if it has changed.

While clients in testing responded well to having pre-populated information, it's unclear how providing pre-populated information directly impacts error. The Public Policy Lab plans to conduct further research on this specific question in autumn of 2026, then will update this template as needed with new findings.

Commented [A7]: When using pre-populated information, it's ideal to put the questions as close as possible to the reference material. This prevents clients from having to flip back and forth through pages to find their answer.

Commented [A8]: It's best practice to give clients specific page numbers when directing them to other parts of a form or notice.

Commented [A9]: Clients in testing didn't associate things like benefits as "income" unless asked explicitly about them. Asking about employment (earned) and non-employment (unearned) income separately improves reporting accuracy.

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Hours Worked per Month

Household member	Hours per month
#####	##
#####	##
#####	##
#####	##
#####	##

The household members listed on the left are Able-Bodied Adults Without Dependents (ABAWD) and need to be working to keep getting SNAP. Have any of their work hours decreased below 80 hours per month?

☐ No

☐ Yes (Complete Section D on page 6.)

Child & Medical Support

Child support you are paying: \$#####

Medical support you are paying: \$#####

Have there been any changes in court-ordered child or medical support your household pays?

☐ No

☐ Yes (Complete Section E on page 6.)

Resources

Has anyone in your household won \$4,500 or more in a single lottery or gambling game?

☐ No

☐ Yes (Complete Section F on page 7.)

Does the amount of money your household has (including cash, checking or savings accounts, stocks, or bonds) total more than \$3,000 (or \$4,500 if a household member is 60 or older or has a disability)?

☐ No

☐ Yes (Complete Section G on page 7.)

Has anyone in your household bought, sold, or received a car, motorcycle, boat, or other vehicle?

☐ No

☐ Yes (Complete Section H on page 7.)

By signing below: I have answered these questions truthfully and given accurate information to the best of my knowledge. I understand that changes I report here may change my benefit amount.

Printed name of client or authorized representative:

Signature of client or authorized representative:

Date:

SIGN →

[State Agency Name]

Name:
Case Number:

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If you answered **YES** to any of the questions on the previous pages, please continue to the form below.
If you answered **NO** to ALL questions, please return pages 2–3 with your signature to [State Agency].

Report Changes

If you answered **YES** to any question on the previous page, use this form to give us more information.
You only need to complete the sections that correspond to your changes, then **provide another signature on page 8**.

When you submit this form, attach proof of any changes that you list. If you don't know what documents to submit as proof, you can ask [State Agency] for help.

Commented [A11]: It's helpful to give directions for how to complete the form itself to ensure clients fill it out correctly.

Section A: Residential Address

Fill out the information below if your address changed. **Please attach proof** of any changes you report.

When did you move in? (Month/Day/Year)

New residential address:

Mailing address (if different):

Landlord's name (if you're renting):

Landlord's phone number (if you're renting):

List your new housing and utility expenses below (for example, rent, gas, electricity, water, or heating):

Expense type	Who pays for it?	How much?	How often?
		\$	
		\$	
		\$	
		\$	

[State Agency Name]

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Section B: Household Members

Fill out the information below about any household member changes. **Please attach proof** of any changes you report.

Name of person	Relationship to you	Remove or add to your household?	Date of change
		☐ Remove ☐ Add	
		☐ Remove ☐ Add	
		☐ Remove ☐ Add	
		☐ Remove ☐ Add	

Commented [A12]: Instead of asking broad questions like "What changed?" which clients often don't know how to answer, ask something specific or give multiple-choice options.

Section C: Income Sources

Fill out the information below for any **new** sources of income or sources of income that have **stopped**. **A** source of income is where your money comes from, like a job, benefits program, or another regular payment. **Please attach proof** of any changes you report.

Name of person	Source of income	Type of change	Date of change
		☐ New income ☐ Income stopped	
		☐ New income ☐ Income stopped	
		☐ New income ☐ Income stopped	
		☐ New income ☐ Income stopped	
		☐ New income ☐ Income stopped	

Commented [A13]: Remember to define terms that may not be familiar to clients, such as "income source."

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Section D: Income Amount and Hours

Fill out the information below about changes in income amounts (from employment or non-employment income), or hours worked. **Please attach proof** of income from the last 30 days.

Note: **Gross monthly income** is the amount of money you get paid each month **before** any taxes or deductions.

Commented [A14]: Always define terms like gross monthly income, which may be unfamiliar to clients.

Name of person:	Income source:	Date income changed:
Gross monthly income:	How often are you paid?	Rate of pay:
\$		\$
Minimum hours worked per week:	Maximum hours worked per week:	◀ If income isn't from employment, hours can be left blank.

Commented [A15]: Based on research on income verification by Digital Public Works, asking for minimum and maximum hours worked per week helps prevent clients from giving an estimated average that may not be accurate.

Name of person:	Income source:	Date income changed:
Gross monthly income:	How often are you paid?	Rate of pay:
\$		\$
Minimum hours worked per week:	Maximum hours worked per week:	◀ If income isn't from employment, hours can be left blank.

Section E: Child or Medical Support

Fill out the information below about changes to the child or medical support your household is paying. **Please attach proof** of any changes you report.

Name of person who pays	Name of child or person support is paid for	Amount paid	How often?
		\$	
		\$	
		\$	

[State Agency Name]

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Section F: Lottery and Gambling Winnings

Fill out the information below about the lottery and gambling winnings received in the amount of \$4,500 or more in a single game. **Please attach proof** of any changes you report.

Name of person	Amount received	Date received	How much winnings are left?
	\$		\$
	\$		\$
	\$		\$

Section G: Financial Resources

Answer the question below if the total amount of money your household has (including cash, checking or savings accounts, stocks, or bonds) increased above your program limit of **\$3,000** (or \$4,500 if someone in your household is 60 or older or has a disability). **Please attach proof** of any changes you report.

What is the total amount your household has now?

\$

Section H: Vehicles

Fill out the table below if anyone in your household bought, sold, or was given a car, motorcycle, boat, camper, or other vehicle. **Please attach proof** of any changes you report.

Make of vehicle	Model	Year	Value	Type of change
			\$	☐ Bought ☐ Sold ☐ Received as a gift
			\$	☐ Bought ☐ Sold ☐ Received as a gift

Continue to Signature on the next page. →

Make sure you sign this form before returning it to [State Agency].

[State Agency Name]

Name:
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Signature

By signing below: I have answered these questions truthfully and given accurate information to the best of my knowledge. I understand that changes I reported here may change my benefit amount.

Printed name of client or authorized representative:

Signature of client or authorized representative:

Date:

SIGN →

Next Steps

Thank you for completing the [Periodic Report]. **Please return this form to [State Agency] by the date listed on the first page of this letter, along with proof of the changes you reported.**

If you don't complete and return the [Periodic Report] or ask us for help, your SNAP benefits could be stopped. We'll send you a separate letter if we stop your benefits.

How to Report Future Changes

You can report future changes using any of the following options:

- **Mail** proof of your change to [PO Box XXXX, City, State].
- **Fax** proof of your change to [(XXX) XXX-XXXX] or toll-free to [(XXX) XXX-XXXX].
- Go **online** to [StateAgency.gov]
- **Call** [(XXX) XXX-XXXX], Monday to Friday, 7:00 a.m. to 6:00 p.m. The TTY/TDD number for the deaf or hard of hearing is 7-1-1.
- Go **in person** to any [State Agency] office.

Commented [A16]: Update the options below with the information for your agency.

Contact Us for Help

 **Go online** to [StateAgency.gov] for information about appointments, the status of your application, and your benefits.

 **Call** [(XXX) XXX-XXXX], Monday to Friday 7:00 a.m. to 6:00 p.m. The TTY/TDD number for the deaf or hard of hearing is 7-1-1.

 **Go in person** to any [State Agency] office.

Commented [A17]: Update with your agency's contact information

Español

Usted puede solicitar esta carta en español llamando al [(XXX)-XXX-XXXX].

Commented [A18]: This tells a client in Spanish how they can access a notice in Spanish. Update with your own agency's processes.

[State Agency Name]

Name:

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