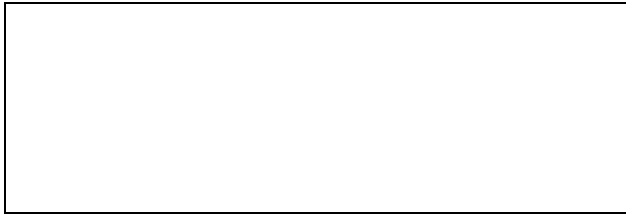


**Louisiana Department of Children and Family Services
Supplemental Nutrition Assistance Program (SNAP)**

DCFS Document Processing Center
P.O. Box 260031
Baton Rouge, LA 70826-9918



Case Name: _____
Case ID Number: _____
Member Name: _____
Date: _____

SNAP Disability Verification Form

SNAP recipients must meet federal work requirements to receive benefits. SNAP recipients who are physically or mentally unfit for employment are exempt from the SNAP time limit if they are unable to work 20 hours per week. SNAP recipients who are unable to work 30 hours per week because of a physical or behavioral health condition are exempt from work requirements.

We ask that you complete and sign the statement below to verify this information. Please return this form to the address listed above.

Thank you for your assistance.

I certify that _____
(Name)

Is unable to work 20 hours per week: ☐ Yes ☐ No

Is unable to work 30 hours per week: ☐ Yes ☐ No

Are there any limitations: ☐ No Limitations ☐ Limitations as follows: _____

What is the disabling condition that makes this person unable to work 20 or 30 hours per week:

How long do you estimate that this individual will be unable to work 20 - 30 or more hours per week?

Provider (Print Name) and Title

Facility

Signature (of Medical or Behavioral Health Professional)

Mailing Address

Phone Number

Date