



**SNAP GROUP LIVING ARRANGEMENT
AND DRUG/ALCOHOL TREATMENT CENTER EXIT NOTIFICATION**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
SFN 303 (7-2024)

Review this document with the resident and have them sign below. Indicate below which of the following occurred when the resident left the facility:

- Resident left the facility, SNAP benefits were issued; however, benefits were not spent. The resident was given their EBT card along with instructions to visit their local Human Service Zone Office for a PIN change, and the **full month** of SNAP benefits were provided.
- Resident left the facility **prior to the 16th day** of the month and some or all of the SNAP benefits were spent. The resident was given their EBT card along with instructions to visit their local Human Service Zone Office for a PIN change, and **one half** of the resident's monthly SNAP benefits were provided.
- Resident left the facility **on or after the 16th day** of the month. The resident was given their EBT card along with instructions to visit their local Human Service Zone Office for a PIN change, and **all remaining** SNAP benefits were returned to the resident.
- Resident left the facility unannounced. His/her EBT card is included with this form. (Must also check the appropriate box above based on when the individual left).

** This form must be submitted to the Human Service Zone within 10 days.

Name of Resident	Date of Birth
Name of Facility the Resident Left	Date Left Facility

Note: Only one-half of the resident's monthly EBT benefits should be spent prior to the 15th of the month.

Signature	Date
Title	

Resident Signature	Date		
Address	City	State	ZIP Code

RESIDENT INSTRUCTIONS: If you do not agree with the information contained on this form, please contact your local Human Service Zone Office listed below. (This may be done by telephone, letter, or when you go to your Human Service Zone Office for PIN change.)

Human Service Zone Office	Telephone Number
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