

DIRECTIONS

The SNAP E&T program may reimburse you for travel costs related to your participation in the SNAP E&T program. Reimbursement for miles traveled is payable at \$0.30 per mile and up to \$100 per month. You may be reimbursed for bus passes, taxi rides, and/or rideshare services used to support your participation in SNAP E&T; however, copies of valid receipts **are required**. You must give us logs and any required receipts within 90 days of travel. Reimbursements will be made based on the receipt of federal funds appropriated for this program.

When traveling to multiple locations in one day, record miles from your home to the first location, then location-to-location, then last location to home. If you only travel to one location during the day record your miles round trip. Mileage Reimbursement forms should be submitted at the end of each month or at any time after the \$100 monthly limit has been reached.

If you have gotten mileage reimbursement for 12 or more months while getting SNAP benefits, to be reimbursed you must complete a job assessment every 6 months (Call SNAP E&T at the number below to set one up).

There are three ways to give us this log:

Email: snapet@dhhs.nh.gov
Attn: SNAP E&T Representative

Mail: NH Department of Health and Human Services
Attn: SNAP E&T Representative
129 Pleasant St., Brown Building
Concord, NH 03301-3852

Fax: (603) 271-4637
Attn: SNAP E&T Representative

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

TO BE COMPLETED BY SNAP E&T TECHNICIAN

Approved or Denied

RID #

Authorized Amount or Denial Reason

Date

SNAP E&T Signature
