

Help Neighbors Keep Their SNAP Benefits

In July 2025, Congress updated SNAP rules. Now, most adults **18-64** who do **not** have a disability or a child under 14 in their SNAP household must report **80 hours/month** of work, education, or training; volunteer for **4-42 hours/month** (determined by CAO caseworker); or qualify for an exemption. If they do not, they will only be eligible to receive **3 months** of SNAP benefits within a **3-year** period.

How to Help:

- Spread the word that SNAP is still here and able to help!
- Stay up to date by visiting: www.centralpafoodbank.org/find-help/snap/changes/.
- Learn more about new work reporting requirements here: www.dhs.pa.gov/work.
- Share our [“Important Changes to SNAP: What You Need to Know”](#) flyer with neighbors.
- Ask our SNAP Outreach team if you have any questions.
- Refer neighbors [online](#) or to our SNAP Helpline at 1.877.999.5964.
- Allow impacted neighbors to volunteer with your agency if 501(c)(3) or 501(c)(4) (see below).
- Encourage all neighbors who get SNAP to report changes in address, household, and income as soon as possible to their CAO caseworker or PA Dept of Human Service’s Customer Service Center at 1.877.395.8930.

Volunteer Steps:

For neighbors wanting to volunteer to keep their SNAP benefits, their CAO caseworker will give them a [Community Service/Volunteer Verification Form](#) (see attached). If your agency wants to provide opportunities for these neighbors, have the site manager or supervisor complete this form.

1. Fill out Section I with information about the neighbor volunteering and your agency.
2. Enter when the volunteer will start and is expected to stop (up to 6 months out).
3. Check off whether your agency will provide the neighbor transportation at no cost.
NOTE: This is NOT a requirement, so check “NO” if applicable.
4. Enter the estimated number of hours you expect the neighbor to volunteer each week, as well as the total number of hours estimated for each month.
*The total # of monthly volunteer hours the neighbor will need to keep their benefits.
5. Provide a brief description of the type of volunteer work they will be performing.
6. Sign, print your name, and date.
7. Make a copy of the completed form in case you need to report changes (see step 9).
8. Mail or fax original completed form to this address/number within 10 days of receipt.
9. If the neighbor stops volunteering or their participation falls below the number of required hours, enter this information on your copied version of the form and mail or fax to address/number provided at the bottom of the “Community Service/Volunteer Verification Form Instructions” found on the back of this form.





Community Service | Volunteer Verification Form

MAIL OR FAX THIS FORM TO:

CAO or Work Ready Name

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CAO / CONTRACTOR USE ONLY

CO / REC:

MONTHLY HOURS:



INSTRUCTIONS: Please mail or FAX the completed form within 10 days of receipt to the office listed above.

See reverse for detailed directions. Questions? Call the Statewide Customer Service Center at 1-877-395-8930.

SECTION I. Volunteer | Agency Information

Name of volunteer: _____ Birthdate: _____ Last 4 digits of SSN: _____
Address of volunteer: _____ City: _____ State: _____ ZIP code: _____
Name of agency: _____ Agency Phone Number: _____
Address of agency: _____ City: _____ State: _____ ZIP code: _____

SECTION II. Community Service Activity Information

Start Date of Service	2
Expected End Date of Service*	
Transportation Provided by Agency at No Cost?	YES 3 NO

(Circle one)

Monthly Schedule of Service	
	Estimated Weekly Hours
Week 1	
Week 2	
Week 3	4
Week 4	
Total Monthly Estimated Hours	

Description of Tasks Performed:	
1.)	
2.)	5
3.)	

SECTION III. Agency Certification

COMMUNITY SERVICE AGENCY CERTIFICATION:

I hereby certify that our organization is a nonprofit with 501(C)(3) or 501(C)(4) status, a federal, state, or local government agency, or a church/place of worship that meets all applicable federal, state, and local laws and the above-named volunteer is registered with our agency to complete community service for the hours and period indicated above. I understand that this form is used to verify up to six months of community service participation. I also understand that our agency must report failure by a participant to meet the required monthly hours to the Pennsylvania Department of Human Services within 10 days from the date the change occurred.

X 6 _____
Signature of Site Manager Name of Site Manager (please print) Date

SECTION IV. Reporting Changes (Complete this section if updating an existing form.) Mail or fax within 10 days from date change occurred.

Actual End Date	Other Changes (Please explain below)	Signature of Site Manager	Name of Site Manager	Date
9	X			

* No more than six months from start date. If community service is expected to continue beyond six months, enter six months from start date. A new form is required every six months.