

The Commonwealth of Kentucky



**Quick Reference Guide**  
**SNAP Mid-Review**





**This Quick Reference Guide is designed to help users complete the steps required to complete a SNAP Mid-Review in kynect benefits.**

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**Please Note:** Residents who still need help after referencing this Quick Reference Guide can call **(855) 459-6328** for additional assistance.

**SNAP Mid-Review Overview**

As of 5/1/2023, Residents are able to initiate their SNAP Mid-Review from kynect benefits. Residents should complete their SNAP Mid-Review to determine the household's continuing



eligibility for the Supplemental Nutrition Assistance Program (SNAP) in a timely manner to avoid interruptions in their benefits. This QRG guides Residents through how to complete the SNAP Mid-Review process from the Self-Service Portal (SSP).



**Please Note:** When a Resident with an active case reports a change through kynect, their benefits could be impacted. “Submit” must be selected at the end of the SNAP Mid-Review process.

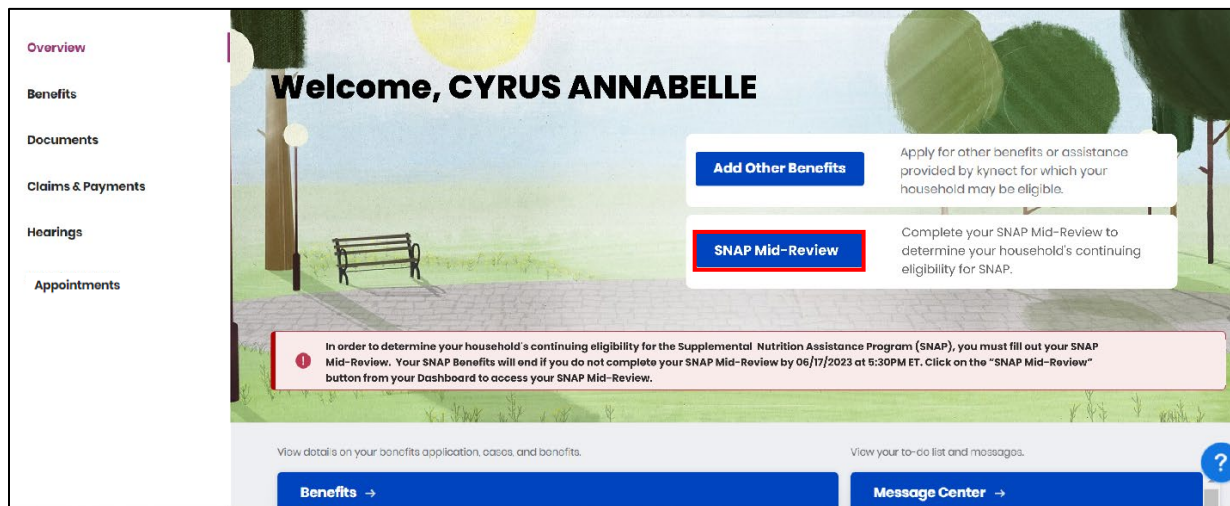
### Starting a SNAP Mid-Review

The Resident must log into kynect first before they can begin the SNAP Mid-Review. The “Report a Change” button is replaced with the “SNAP Mid-Review” button if the Resident was previously approved for SNAP and they are due to complete their SNAP Mid-Review. Once the Mid-Review is initiated or completed, the “SNAP Mid-Review” button is then updated back to display as the “Report a Change” button.

Below are the steps to complete the SNAP Mid-Review process from the Dashboard.

## Steps to Starting the SNAP Mid-Review

1. Click **SNAP Mid-Review** at the top of the **Resident Dashboard**.



**Please Note:** The kynect **Resident Dashboard** displays the following critical notification banner when the SNAP Mid-Review is due to be completed: “In order to determine your household's continuing eligibility for the Supplemental Nutrition Assistance Program (SNAP), you must fill out your SNAP Mid-Review. Your SNAP Benefits will end if you do not complete your SNAP Mid-Review by <mm/dd/yyyy> at 5:30PM ET. Click on the “SNAP Mid-Review” button from your Dashboard to access your SNAP Mid-Review.”



**Please Note:** The kynect **Resident Dashboard** displays the following critical notification banner when the SNAP Mid-Review is due to be completed and the Resident also has Medicaid on their case: “In order to determine your household's continuing eligibility for the Supplemental Nutrition Assistance Program (SNAP), you must fill out your SNAP Mid-Review. Your SNAP Benefits will end if you do not complete your SNAP Mid-Review by <mm/dd/yyyy> at 5:30PM ET. Call DCBS at 1 (855) 306-8959 to complete your SNAP Mid-Review.”



**Please Note:** The notification banner as well as the “SNAP Mid-Review” button disappear on the due date of the SNAP Mid-Review at 5:30PM ET. kynect does not allow the completion after 5:30 PM ET on the due day of the SNAP Mid-Review.

## Completing the SNAP Mid-Review

The **SNAP Mid-Review** screen displays a series of questions to determine if the household has experienced any changes. Below each section of questions, a **Current Information** tile displays a summary of the existing information to give Residents an overview of the information previously reported.

## Steps to Completing the SNAP Mid-Review

1. Review the existing contact information on the **Current Contact Information** tile. Select **Yes** or **No** to *Has your contact information changed (such as phone, email, and address)?*
2. If **Yes** is selected, the members of the household display below the contact information question to select which household members have a change in contact information.

**SNAP Mid-Review**

Please report changes in a timely manner to avoid interruptions in your benefits or having to repay benefits.

**SNAP Mid-Review:**

Submission Due Date: **06/17/2023**

Please Note:

- In order to determine your household's continuing eligibility for the Supplemental Nutrition Assistance Program (SNAP), we need you to review and update the below information as needed
- Your SNAP Benefits will end if you do not submit your SNAP Mid-Review by the date listed.

**Has your contact information changed (such as phone, email, and address)?**

**Current Contact Information**

**CYRUS ANNABELLE**

Address  
123 W MAIN ST, LOUISVILLE, JEFFERSON, KENTUCKY, UNITED STATES, 40202, 1343

Phone Number  
(123)-456-7891

**MARCO LYNDON**

Address  
123 W MAIN ST, LOUISVILLE, JEFFERSON, KENTUCKY, UNITED STATES, 40202, 1343

Phone Number  
(333)-444-5555

3. Review the existing income information in the **Current Income** tile. Select **Yes** or **No** to the following Income questions:

- *Has a source of income changed for any household member?*
- *Has an unearned income amount changed by more than \$50?*
- *Has an employer changed for any household member?*
- *Has the salary or wage rate changed for any household member?*
- *Has full or part-time employment status changed for anyone?*

4. If **Yes** is selected to any of the income questions, a list of household members displays for the Resident to select which household member experienced the change.



**Please Note:** If there is no current income information or data entered on the case, the **Current Income** tile displays “No income reported.”

5. Review the existing resource information in the **Current Resources** tile. Select **Yes** or **No** to the following resource question:

- *Have your resources changed (such as cash-on-hand, checking, and savings)?*

6. If **Yes** is selected to the resource question, a list of household members displays for the Resident to select which household member experienced the change.



**Please Note:** If there is no current resource information or data entered on the case, the **Current Resources** tile displays “No resources reported.”

Has a source of income changed for any household member?

Yes  No

Select applicable household member(s)

CYRUS ANNABELLE  
 MARCO LYNDON

Has an unearned income amount changed by more than \$50?

Yes  No

Has an employer changed for any household member?

Yes  No

Select applicable household member(s)

CYRUS ANNABELLE  
 MARCO LYNDON

Has the salary or wage rate changed for any household member?

Yes  No

Has full or part-time employment status changed for anyone?

Yes  No

Select applicable household member(s)

CYRUS ANNABELLE  
 MARCO LYNDON

**Current Income**

**CYRUS ANNABELLE**  
CLAIRES CANDIES  
\$ 300.00/bi-weekly  
AARONS AUTO  
\$ 300.00/bi-weekly

Have your resources changed (such as cash-on-hand, checking, and savings)? ⓘ

Yes  No

Select applicable household member(s)

CYRUS ANNABELLE  
 MARCO LYNDON

**Current Resources**

No resources reported.

7. Review the existing expense information in the **Current Expenses** tile. Select **Yes** or **No** to the following expenses question:
  - *Have your expenses changed (such as child support, rent, mortgage, and utility bills)?*
8. If **Yes** is selected to the expenses question, a list of household members displays for the Resident to select which household member experienced the change.



**Please Note:** If there is no current expense information or data entered on the case, the **Current Expenses** tile displays “No expenses reported.”


9. Review the existing household member information in the **Current Household Members** tile. Select **Yes** or **No** to the following Household Member question:
  - *Has anyone moved into or out of your household?*



**Please Note:** A notification banner appears at the bottom of the screen advising: “If you need help completing your SNAP Mid-Review, call DCBS at 1 (855) 306-8959”.

10. Once all questions on the **SNAP Mid-Review** screen are answered, click **Continue**. The Resident is navigated to the **Change Summary** screen with sections displayed that are relevant to any questions where **Yes** was selected on the **SNAP Mid-Review** screen, indicating a change in information. Review Required rules also display any additional screens that must be queued to follow Report a Change (RAC) screen flow procedure for SNAP cases. All changes must then be entered on the applicable screens following the existing kynect Report a Change process. To view instruction on the existing kynect Report a Change process, select “Reporting a change to your information” on the kynect benefits page at the following link:  
<https://www.chfs.ky.gov/agencies/dms/Pages/kynectben.aspx>



Have your expenses changed (such as child support, rent, mortgage, and utility bills)? 

Current Expenses

---

**CYRUS ANNABELLE**

Rent  
\$ 600.00/month

Has anyone moved into or out of your household?

Current Household Members

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**CYRUS ANNABELLE**  
35 years old

---

**MARCO LYNDON**  
30 years old

If you need help completing your SNAP Mid-Review, call DCBS at [1\(855\) 306-8959](tel:18553068959)

[Exit](#)

[Continue](#)

## Completing the Signature Page

The **Signature Page** is utilized to inform Residents of the Terms of Agreement and ensures that Residents Read and Agree to the **SNAP Mid-Review Rights and Responsibilities**. The **Signature Page** also captures the Residents electronic signature confirming they have answered all questions truthfully, that they will report any future changes, and that they know providing false information could result in penalties.

Below are the steps to complete the **Signature Page** after entering all necessary changes.

### Steps to Completing the Signature Page

1. Read the *Terms of Agreement Summary* section.
2. Click the **Read and agree to SNAP Mid-Review Rights & Responsibilities** hyperlink to display the **SNAP Mid-Review Rights & Responsibilities** screen.

SNAP MID-REVIEW

[< Change Summary](#)

Walk Me Through **Signature Page**

**Terms of Agreement Summary**

- 1 I have answered all questions truthfully and to the best of my ability.
- 2 If any changes occur to my situation, I am responsible for reporting them.
- 3 Providing false information may result in penalties.
- 4 Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

[Read and agree to SNAP Mid-Review Rights & Responsibilities](#)

**AARON LEVY - E-Signature**  
By entering your name below, you are electronically signing this application.

First Name  M.I.

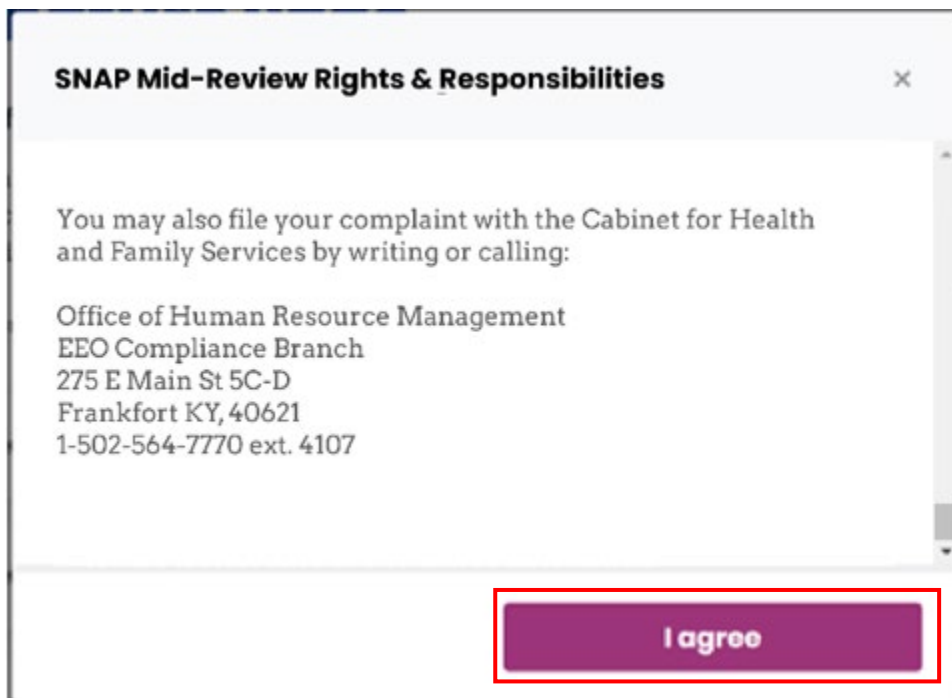
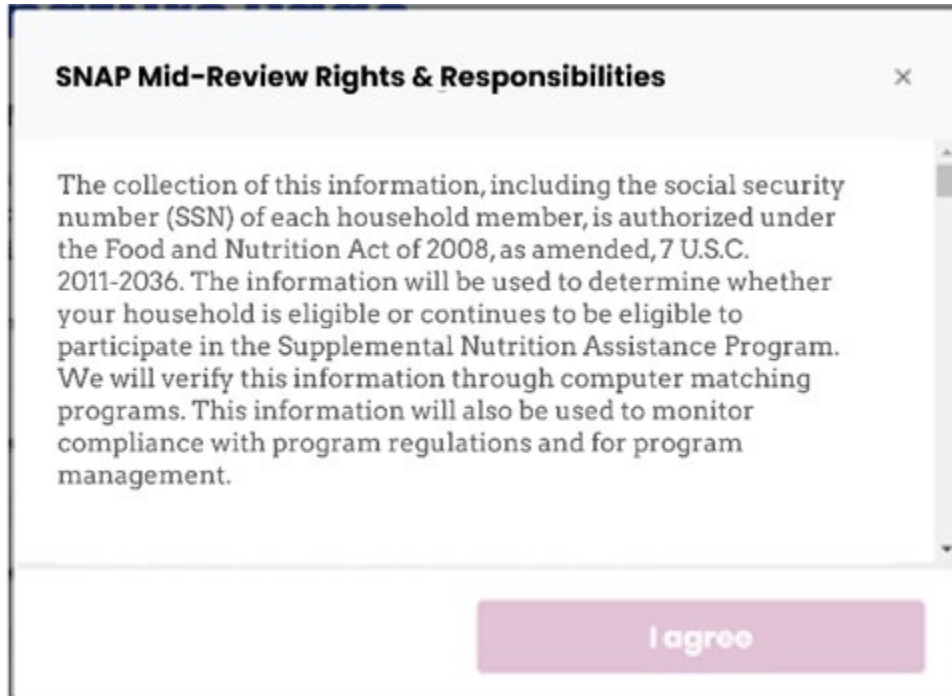
Household member does not have a middle initial.

Last Name  Suffix

Date

[Back](#) [Submit SNAP Mid-Review](#)

3. Scroll through and read each of the sections of the **SNAP Mid-Review Rights & Responsibilities** screen to enable the “I Agree” button.
4. Click **I Agree** at the bottom of the screen to agree to all items of the **SNAP Mid-Review Rights & Responsibilities** screen.





5. Complete the electronic signature by entering your **First Name, M.I., Last Name, Suffix,** and **Date.**
  - If the Resident does not have a middle initial, click the **Household member does not have a middle initial** checkbox.
6. Click the **Submit SNAP Mid-Review** button to complete the kynect SNAP Mid-Review process.

**SNAP MID-REVIEW**

[< Change Summary](#)

Walk Me Through **Signature Page**

**Terms of Agreement Summary**

- 1 I have answered all questions truthfully and to the best of my ability.
- 2 If any changes occur to my situation, I am responsible for reporting them.
- 3 Providing false information may result in penalties.
- 4 Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits.

**Read and agree to SNAP Mid-Review Rights & Responsibilities**

**AARON LEVY - E-Signature**  
By entering your name below, you are electronically signing this application.

First Name	M.I.
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Household member does not have a middle initial.	
Last Name	Suffix
<input type="text"/>	Select <input type="button" value="v"/>
Date	
<input type="text" value="03/10/2023"/>	