$200 does not put her over the gross income limit and the change occurred during the certification period. No change is made to the sister’s benefits except to note the income and living arrangements in case comments.

- Information received on behalf of a client that results in changes being made in RAPIDS for another program of assistance.

**EXAMPLE:** Mail is returned with a Postal Service sticker which indicates that the client moved out of West Virginia. If the case contains only SNAP benefits, then no action is taken and the case is noted for the Worker to address this at the next redetermination. However, if the case contains other benefits, such as Medicaid, and the Worker is required to update RAPIDS for the other benefits, the SNAP benefit is also updated.

**EXAMPLE:** A call is received from the hospital informing the agency of the birth of a baby for Medicaid purposes. If the baby is added to the Medicaid AG, he is also added to the SNAP AG.

**NOTE:** This does not include information reported solely to verify eligibility for a TANF supportive service. See Section 24.14.

- Information received from any source which the client was required to report for his SNAP benefits. See item 1 above.

**EXAMPLE:** A report is received from QC that the income of a SNAP AG exceeds the gross limit. The information is acted on because the client is required to report it.

3. **Unclear Information**

During the certification period, the household may report changes from which the Worker cannot readily determine the effect of the change on the household’s benefit amount based solely on the information provided. The Worker must pursue clarification and verification of unclear information related to these reported changes.

When additional or clarifying information is needed, the Worker must first request the information by using the DFA-6 or verification checklist. If the client does not provide the information within the
timeframe specified by the Worker, the appropriate action is taken after advance notice. Examples of unclear information include but are not limited to the following:

**EXAMPLE:** An AG member reports her boyfriend has moved into the home and she wishes to add him to her SNAP case. She does not offer any additional information. Since it is unclear how his addition to the case will affect the benefits, the Worker must ask if he has earned or unearned income. If this information is not known, a DFA-6 will need issued and proper procedure followed for pending a case.

**EXAMPLE:** An AG member reports her boyfriend has moved out of the home. She does not offer any additional information. The case is coded indicating he is paying the rent. The Worker must ask who is now paying the rent and continue to make the appropriate changes to remove him from the case.

**EXAMPLE:** A woman reports her boyfriend moved in but they are going to purchase and prepare separately. The Worker notices the boyfriend has the same last name as the newborn that was added to the case last month. The Worker must ask the relationship between the boyfriend and the child as this could affect benefit amount.

**Example:** An AG member reports they have moved. They offer no other information. The Worker must ask how the shelter and utility costs have changed and make the appropriate changes to the case. In this example, it is not appropriate to ask about income and other household members if this information is not provided.

**Example:** An AG member reports the household rent has increased. The previously verified income is not sufficient to cover the increase in rent. The worker must take appropriate action to update the rent expense; however, it is not appropriate to ask how the increased rent will be paid until the next redetermination.

4. **Timely Reporting And Follow-Up**

To determine if a claim must be established or a lost benefit restored, a decision must be made as to whether or not a change was reported in a timely manner.

**NOTE:** Regardless of SNAP reporting requirements, when a client fails to report household expenses which would normally result in a deduction, the AG loses their entitlement to that deduction. They have a right to the expense once it is reported and verified, if necessary. Retroactive benefits are not issued.
Reported changes are not effective the month they are reported. See item C below to determine when a reported change is effective.

When the client does not report in a timely manner and the change could have been made earlier, a claim may be established. See Chapter 20.

Benefits are not restored when the change which would have increased benefits is not reported within the AG’s appropriate time limit. See item 1 above.

5. Contact Reviews and Redeterminations for 24-Month AGs

a. 12-Month Contact Review Of Eligibility

All SNAP AG’s certified for 24 months must have a review completed in the 12th month of eligibility. This review differs from a full-scale redetermination as follows:

- The 12-month contact review may be completed by mail or by inROADS; and
- No interview is conducted unless the client requests one; and
- Form DFA-SNAP-12 or inROADS is used.

RAPIDS automatically mails a DFA-SNAP-12 to the 24-month AG’s in the 11th month. It must be returned by the 1st business day of the 12th month. The Worker must check the form after it is returned to determine if any changes are required. Changes reported on the DFA-SNAP-12 are treated as changes reported during the certification period, not as changes reported during the completion of a redetermination, and all adverse actions require advance notice.

The form is considered complete when an AG member initials item number 8 on the form. If item 8 is initialed, the form must be logged in RAPIDS as complete. Verification is not requested on the DFA-SNAP-12, nor is it required for the form to be considered complete. If a change is reported that requires verification, it must be requested using form DFA-6. Failure to provide requested verification results in AG closure or loss of a deduction after advance notice.
Failure to return a completed DFA-SNAP-12, or complete the review through inROADS, results in case closure, after advance notice.

When the DFA-SNAP-12 is returned late, but is returned by the last day of the 12th month, no new application is required. Benefits are not prorated when the form is returned by the last day of the 12th month. The AG must be scheduled for its next redetermination at the same time it would have been due had the form been returned on time.

When the DFA-SNAP-12 is returned by the last day of the 13th month, no DFA-2 is required for reapplication. Instead, the DFA-SNAP-12 is used as the application form. Benefits for the 13th month must be prorated from the date the DFA-SNAP-12 is received. The AG must be scheduled for its next redetermination at the same time it would have been due had the form been returned on time.

When the DFA-SNAP-12 is returned after the last day of the 13th month, full application procedures must be followed, including completion of the DFA-2 and establishment of a new redetermination cycle.

When the 12-month contact review is completed through inROADS, no additional form is required. The client completes the signature requirement electronically. This function in inROADS is only available to the client during the 12th month.

If the client wishes to complete the contact during the 13th month, he must complete form DFA-SNAP-12.

b. 24-Month Redetermination

All SNAP AG's certified for 24 months must have a redetermination completed by the end of the 24th month of eligibility. Under no circumstances are benefits continued beyond the last month of certification period, unless a redetermination is completed and the AG is determined eligible. The 24-month redetermination differs from the 12-month contact review as follows:

- The 24-month redetermination may be completed by mail or by inROADS.
An interview is required regardless of the method in which the redetermination is completed. A telephone interview is conducted unless the client requests a face-to-face interview.

Form **CSLE** or inROADS is used. The **CSLE** or inROADS redetermination or the **DFA-2** and DFA-RR-1 may be used for redetermination in the 24\textsuperscript{th} month. If the **CSLE** is issued in the 23\textsuperscript{rd} or 24\textsuperscript{th} month, but not returned until the 25\textsuperscript{th} month, no **DFA-2** is required for reapplication. Instead, the **CSLE** is used as the application form. Benefits are prorated from the date the application is submitted in the 25\textsuperscript{th} month and a new certification period is established. Otherwise, the **DFA-2** and DFA-RR-1 or inROADS application must be used if the client does not return the **CSLE** by the end of the 25\textsuperscript{th} month and wishes to reapply after the 24\textsuperscript{th} month. The client is only required to complete one redetermination form.

RAPIDS automatically mails the **CSLE** in the 23\textsuperscript{rd} month. It must be returned by the 1\textsuperscript{st} business day of the 24\textsuperscript{th} month. The redetermination must be processed within the same timeframes used for a 6-month redetermination. Changes reported on the **CSLE** are treated as changes reported during the completion of a redetermination.

The form is considered complete when signed by the client or his representative. The redetermination is not complete until an interview is conducted. If the completed form is received before the end of the last month of the certification period, and requested verification is received by the given due date, the client must receive uninterrupted benefits.

Failure to complete a redetermination and interview results in case closure. Notice of closure is required, but advance notice is not required.
Failure to complete a redetermination and interview results in case closure. Notice of closure is required, but advance notice is not required.

C. AGENCY TIME LIMITS

The first month that a reported change is effective is the month following the month the change is reported. The only exception to this is when the Department had the information prior to the month it is reported and failed to act on the information in a timely manner.

1. Increase In Benefits

   a. Addition of an AG Member or a Decrease in Income of $50 or More

      The change must be effective no later than the month following the month in which the change is reported. When the change is reported after the data system deadline, supplemental benefits must be issued and received by the 10th of the following month or by the AG’s usual issuance cycle in that month, whichever is later.
The supplemental benefits are issued based upon the date the information is reported, regardless of whether or not the report is timely. Supplemental benefits issued in this situation are not considered restored benefits and, therefore, not used to offset a repayment as described in item E,1 below.

b. All Other Changes

For all other changes which result in an increase in benefits, except those described in item a above, changes are made as follows.

- If the next issuance date is more than 10 days after the date the change is reported, the change is effective the month following the report month.

- If the next issuance date is within 10 days of the date the change is reported, the change is effective 2 months after the report month.

The 10-day count includes the date of the report and takes the staggered benefit issuance date into consideration.

**EXAMPLE:** An AG reports an income decrease of $30 on May 15th and next issuance is due on June 1. The change increases the benefit and is effective June.

**EXAMPLE:** An AG reports an increase in the rent amount on May 28th and the next issuance is due June 6th. Benefits will increase and the change is effective for July.

2. Decrease In Benefits

When the reported change results in a decrease in benefits, the change is effective the following month, if there is time to issue advance notice. If not, the change is effective 2 months after it occurs. No claim is established unless the client failed to report in a timely manner and this is the only reason the change could not be made within 13 days. See Chapter 20 for benefit repayment.

D. TYPES OF CHANGES

1. Change In Case Name

The case may be changed from one payee to another at the request of the individuals involved or when a change in circumstances requires it. This
includes, but is not limited to, marriage, divorce, or when the payee leaves the home.

**NOTE:** The Worker must adhere to advance notice requirements when the name change involves an adverse action.

There are three types of primary EBT cardholders designated in RAPIDS: primary person (PP), legal guardian (LG) and protective/substitute payee (PS). When the Worker changes the primary cardholder, the existing EBT card is deactivated. This includes a change from one type of primary cardholder to another. The EBT benefits cannot be accessed until the new card is received. This occurs even when the Worker changes the primary cardholder back to the original cardholder on the same day.

Any changes to spelling, middle initial or last name do not deactivate the existing EBT card. If the payee requests a new card to reflect the name change, it is requested on AIRQ the same day the RAPIDS change is entered or through the EBT Helpline the next day.

In addition, if the client reports non-receipt of the newly-issued card and the Worker issues another, the newly-issued card is deactivated and cannot be used if or when the client receives it.

Any time a new card is requested, the original card is deactivated. All EBT cards are mailed the next business day, excluding federal holidays, and should be received 5 to 7 days from the date requested.

Workers must inform all clients at the time of a change in payee that the current card will be deactivated and they must plan for this benefit inaccessibility if there is not an authorized cardholder who can access benefits during this time. The Worker may delay the entry of the change to give the client time to access enough benefits to provide for the AG until the new card is received.

For EBT, changes in the payee, address and authorized cardholder are sent to the vendor overnight and are not restricted to RAPIDS deadlines. Although the demographic change is sent and updated by EBT, a new card is only issued when there is a change in the primary cardholder or the Worker specifically requests a card on AIRQ.

2. Change in EBT Authorized Cardholder

When the client wishes to change the authorized cardholder for EBT, the Worker must delete the current cardholder on RAPIDS screen AIRQ and
enter the new cardholder's information, including the benefit(s) to which the cardholder has access. The client may terminate cardholder access immediately by calling the EBT Helpline or the DHHR Customer Service Center. Only EBT Helpline Customer Service Representatives and DHHR Customer Service Center staff can deactivate a card.

When the client calls the EBT Helpline first to stop cardholder access, he must still notify the DHHR Customer Service Center or the local office Worker of the cardholder change.

3. Change In Categorical Eligibility

When the client becomes eligible for WV WORKS, SSI, or Categorical Eligibility, the Worker must make data system changes and determine if supplemental benefits are required. See Chapters 1 and 10.

4. Change In AG

See item C,1,a above for changes in the AG which increase benefits. See item C,2 for changes in the AG which decrease benefits.

5. Change In Income

See item C,1,a and b above for changes in income which increase benefits. See item C,2 for income changes which decrease benefits.

NOTE: When a reported change in income results in a $0 benefit amount, the AG is closed after proper notice. This applies whether or not the AG is categorically eligible.

6. Change In Work Requirement Status

When a change is reported that results in a change in an individual’s SNAP work requirements, the Worker must ensure on an ongoing basis that the status of each recipient, mandatory or exempt, is correct in RAPIDS. See Chapter 13.
7. Change In Work Hours (ILC Only)

Regardless of SNAP reporting requirements, an ABAWD in an issuance–limited county must report when his work hours are reduced to less than 20 hours per week, averaged monthly or 80 hours a month. Upon receipt of such a report, the Worker must immediately determine if the client remains eligible. See Section 9.1.A.

8. Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA’s). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change, except that the client is not required to report the change nor is repayment required when the client fails to do so.

9. Change Of Address

A change of address is made in the data system as soon as the client reports it. Any other changes which the client reports, in addition to the address change, are also acted on at the same time, when notice requirements permit.

A change of address after deadline does not affect receipt of SNAP benefits in an EBT account. When the client requests a replacement EBT card and his address has changed, the address change must be made in RAPIDS before the new card is issued to insure the card is sent to the correct address.

**NOTE:** For EBT, changes in the payee, address and authorized cardholder can be made immediately since files are sent to the vendor overnight and changes are not restricted to RAPIDS deadlines.

10. Continuation Of Benefits

When a WV WORKS or Medicaid AG, also certified for SNAP benefits, is closed, and there is enough information to continue SNAP benefits, the SNAP benefits must continue with no interruption in benefits. When notification of the closure is sent, it must also state that the AG continues to be eligible for SNAP. See Chapter 6. It is expected most AG’s will continue to be eligible.
A new DFA-2 is not required. See Chapter 1 for establishing the redetermination date.

When there is not enough information to continue SNAP benefits, a DFA-6 or verification checklist is sent to request the additional information needed. If the AG does not respond, notice for closure of the SNAP AG is sent. See Chapter 6.

11. Complaints Regarding Trafficking of SNAP Benefits

Complaints concerning a store trafficking SNAP benefits, such as a retailer buying EBT benefits for cash or selling ineligible items are referred by the Worker to the USDA FNS Charleston Field Office at (304) 347-5944.

Complaints concerning a recipient who is trafficking SNAP benefits must be referred to IFM by the Worker. See Section 20.2.

12. SNAP Benefits Returned to EBT Account

NOTE: The Food and Nutrition Act of 2008 de-obligates coupons on June 17, 2009. All Food Stamp Coupons expired on that date. They will no longer be accepted by retailers or businesses that are authorized to accept SNAP benefits. Food Stamp Coupons cannot be redeemed for food or exchanged for EBT benefits. Food Stamp Coupons cannot be used as payment toward outstanding claims against a SNAP account regardless of the length of time the account has been outstanding.

When the client wishes to return SNAP benefits which are in the EBT account, the client is referred to the Repayment Investigator when such staff is available in the local office. The RI completes a claim and removes the benefits from the EBT account, using the administrative terminal, and credits the benefits as a repayment on the claim. The client must sign form IFM-EBT-1. The RI completes the bottom of the form to indicate the benefits were removed.

If IFM staff is not available in the local office, a Supervisor in the local office completes the IFM-EBT-1, removes the benefits from the EBT account, using the administrative terminal. The Supervisor completes a referral through RAPIDS to IFM for the claim and forwards the original IFM-EBT-1 to the RI.

When the client is unable or unavailable to sign the IFM-EBT-1, the Worker must write “Signature Not Available” and record the reason.
13. Grant Level Expungement

Grant refers to the procedural process of depositing any SNAP or cash benefits into an EBT cardholder’s account.

The aging process is based on a first-in, first-out basis, oldest to newest, which means that each grant month deposit has a separate aging cycle. The last activity date will be the parameter which determines the aging of a grant. Once a grant month account has reached 365 days of non-use, that grant month is expunged and the EBT account is closed. The Worker must check the EBT account and card status when speaking with a client regarding the receipt and/or access to both SNAP and cash benefits. Although an account has an expungement, there may be remaining grant month amounts in the account that will not be available to the cardholder until the account status has been reset to active.

NOTE: Expunged accounts are not automatically reset when a grant is posted to the account. Expungement occurs based upon client initiated activity and the time a monthly grant was posted to the account. Once the Worker resets an expunged account, the grant aging and grant expungement process will continue for remaining grants on an account until the cardholder performs a debit transaction on both SNAP and cash accounts.

a. Inactive – 305 Days on Non-Use

An alert will be sent to IFM. This will give IFM an opportunity to act on an open claim for the case.

b. Dormant – 335 Days of Non-Use

An alert will be sent to the Worker and a letter will be sent to the client advising they have not used benefits from the account during the past 335 days. The notice advises if they do not take action within 13 days and a claim is present, the benefit from this benefit month will be applied to the claim. Even if a claim is not present, a transaction must be made to prevent removal of that benefit month.
c. Expungment - 365 Days of Non-Use

An alert will be sent to the Worker and a notice will be sent to the client advising the benefits have been expunged and are no longer available. The notice will also advise they may have other grant months remaining and must contact a Worker to have the account reset in order to access those benefits. The clients are also encouraged to make monthly transactions on remaining grants.

d. EXAMPLES: On a daily basis, for every account identified in the control file, all grants associated with that account are reviewed individually. Individual grants which have been available for 365 days are expunged. For example, if an account reaches 365 days of non-use and the account balance is comprised of 2 grants as follows:

Grant A has been available for 365 days; Grant B has been available for 335 days. Grant A will be expunged immediately and Grant B will be expunged 30 days later. The grant expungement process will continue until the cardholder performs a debit transaction. Aging will continue to move the account toward expungement even on a manually re-opened account, until the cardholder performs a debit transaction.

**EXAMPLE:**

<table>
<thead>
<tr>
<th>Grant</th>
<th>Grant Month</th>
<th>Days Aged</th>
<th>Balance Before Expungement</th>
<th>Amount Expunged</th>
<th>Balance After Expungement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>July</td>
<td>365</td>
<td>$200</td>
<td>-$200</td>
<td>$0</td>
</tr>
<tr>
<td>B</td>
<td>August</td>
<td>335</td>
<td>$100</td>
<td>$0</td>
<td>$100</td>
</tr>
</tbody>
</table>
EXAMPLE:

For manually reopened accounts where a cardholder has 3 cash grants with a combined balance of $800: if the cardholder initiates a debit transaction for $400, Grant A will be debited $200 and expire; Grant B will be debited for $200 with a remaining balance of $100; and the expungement counter will be reset on Grant B. Grant C will remain unaffected.

<table>
<thead>
<tr>
<th>Grant</th>
<th>Grant Month</th>
<th>Days Aged</th>
<th>Balance Before Debit</th>
<th>Draw Down Amount</th>
<th>Balance After Debit</th>
<th>Affect on Aging Clock</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>July</td>
<td>160</td>
<td>$200</td>
<td>-$200</td>
<td>$0</td>
<td>Expired</td>
</tr>
<tr>
<td>B</td>
<td>August</td>
<td>120</td>
<td>$300</td>
<td>-$200</td>
<td>$100</td>
<td>Reset</td>
</tr>
<tr>
<td>C</td>
<td>September</td>
<td>100</td>
<td>$300</td>
<td></td>
<td>$300</td>
<td>Unaffected</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$800</td>
<td></td>
<td>$400</td>
<td></td>
</tr>
</tbody>
</table>

Once the cardholder performs a debit transaction the aging counter resets; the individual grants continue to age; the grant(s) based on age and drawdown priority which is affected by the debit transaction will have its aging activity reset. All other non-zero grants on the account will remain unaffected and continue to age. The examples are applicable for SNAP and cash benefits.
14. EBT Cards Received In The Local Office

The local office may receive and EBT card from any number of sources, including the client, the Postal Service or other individuals. Regardless of the manner in which the card is received, it must be handled as a negotiable and secured by the Financial Clerk. The local office must not retain an EBT card for a client to claim unless he receives his mail at the office. When a replacement card is required, the Worker can request it through RAPIDS or the client can request it by using the EBT Helpline. The following procedures are used for EBT cards received in the local office.

a. Client Receives Mail in Local Office

When a client receives his EBT card by mail in the local office, it must be secured by the Financial Clerk and entered on the negotiable log. The client must sign for the card when claimed. If not claimed within 5 calendar days, the Financial Clerk notifies the Worker. If not claimed in 30 calendar days, the Financial Clerk must contact the EBT Project Office (WV EBT) by GroupWise with the card name and number and how it was received to have the card deactivated. The card is then destroyed, noted on the negotiable log and the Worker is notified.
b. Client Returns EBT Card

EBT cards are not accepted by the Worker. When the client mails his EBT card to the local office with or without a request to return benefits, or intentionally/unintentionally leaves his card at the local office, the Financial Clerk must secure the card and contact the EBT Project Office (WV EBT) by GroupWise with the card name and number and how it was received to have the card deactivated. The card is then destroyed, noted on the negotiable log, and the Worker is notified. This includes cards found in the office lobby or a store parking lot and returned by another person.

If the client wishes to return benefits from the EBT account, he must complete and sign the IFM-EBT-1 indicating the amount to be returned. When the client is unable or unavailable to sign the IFM-EBT-1, the Worker must write “Signature Not Available” and record the reason. Benefits are removed from the account by a Supervisor or IFM Repayment Investigator. The client retains the card, unless the request to return benefits is mailed to the local office along with the card. In this instance, the card is destroyed using the above procedures.
NOTE: Benefits restored due to a reversal of an Administrative Disqualification Hearing are restored for a period not to exceed twelve months prior to the date of notification, which is determined as follows:

- If a member of the AG participated in the ADH and contested the Department’s position, the date of notification is the date the ADH was held.

- When the Department’s position was not contested at the ADH, the date of notification is the date the court decision is received.

NOTE: Benefits lost due to the imposition of the disqualification period are restored, not those lost due to repayment of the overpayment.

EXAMPLE: The client tells the Worker on July 14, 2004 that he believes his benefit amount is incorrect due to failure of the Worker to allow the client a deduction for reported medical expenses. On August 10th, the Worker discovers that an error was made in the birth date of one of the AG members when the case was approved, and a medical deduction should have been allowed since February, 2003. The Worker takes action to update the data system effective August, 2004. Benefits are restored for July, 2003 through July, 2004. Since the request for restored benefits was made in July, benefits can be restored for up to twelve months from June.

EXAMPLE: On May 1, 2004, an ADH was held. The individual accused of an IPV was present and denied charges made by the Department. The client was found guilty of having committed an IPV, and was removed from the AG effective June, 2004. On September 24, 2004, the disqualification was overturned by a court decision. The Department received the court’s decision on October 15, 2004. Benefits can be restored up to twelve months prior to May, 2004, the date of the ADH. Benefits are restored to the date of the ADH since none were lost prior to that time. Since benefits were not actually lost until June, 2004, when the client was removed, benefits are restored for June, July, August, September and October.

EXAMPLE: On July 2, 2003, an ADH was held. No one from the SNAP AG was present to defend the accused member. The client was found guilty and removed form the benefit group effective August, 2003. On October 1, 2004 the Department is notified of the reversal of the disqualification. Benefits are restored for up to twelve months prior to October, 2004, so benefits are restored for October, 2003 (twelve months prior to October, 2004) through September, 2004 and also for October, 2004 (the month the court decision was made).
4. Corrective Actions To Restore Benefits

When the Worker determines the AG is entitled to the restored benefits, he must:

- Take data system action to adjust the benefit amount to the correct amount
- Identify the month(s) in which benefits have been lost
- Determine the amount of benefits to restore
- Offset lost benefits by the amount of any existing claim against the AG

**NOTE:** Initial allotments must not be used to offset a claim. See Chapter 1.

- Restore benefits within 30 days of the discovery.

**EXCEPTION:** When benefits are restored due to reversal of an IPV disqualification penalty, benefits must be restored within 45 days of the date of notification.

5. How Benefits Are Restored

Lost benefits are restored by issuing a one-time allotment to cover the amount of lost benefits.

However, the client may request that lost benefits be restored in monthly installments. The Worker determines if the request is reasonable.

When benefits must be restored to an AG and the composition has changed, benefits are issued to the AG containing a majority of the individuals who were in the AG at the time the loss occurred.

If the AG containing the majority cannot be located or otherwise determined, benefits are restored to the AG containing the person who was designated as the Head of Household at the time the loss occurred.

If this person cannot be located, benefits are not restored.
6. SNAP Benefits Returned To the State Office

Benefits deposited into an EBT account are not returned unless the client chooses to do so. See item D,12,b above for the procedures to return benefits from an EBT Account. When a SNAP AG is closed, EBT benefits remain in the account until the AG uses the benefits or until there is no account activity for 365 days, i.e., no use of benefits. See item D,13,c above for expunged benefits.