The first step towards accepting SNAP EBT at your farm outlet
About this Guide

Founded in 1969, the Ecology Center is a nonprofit organization located in Berkeley, California that focuses on improving the health and the environmental impacts of urban residents. Our mission is to inspire and build a sustainable, healthy, and just future for the East Bay, California, and beyond.

In 2003, when paper food stamps moved to an Electronic Benefit Transfer (EBT) system, the Ecology Center worked with federal and state agencies to devise and pilot the “central point of sale and scrip” model, which is now used across the state. Since that time, the Ecology Center has been identifying the barriers to EBT- adoption at California farmers’ markets, and helping overcome them. By providing one-on-one training, technical assistance, tools, templates, materials, and advocacy, we have assisted hundreds of markets, as well as direct marketing farmers, in becoming CalFresh EBT accessible.

This guide was created by the Ecology Center as a tool to assist farmers in completing the Food & Nutrition Services (FNS) application, which is the first step required of any retailer that wishes to accept SNAP/CalFresh EBT as payment. For additional information on how to implement an EBT program at a farm or farm stand, including tools, templates, and other resources, please visit our Simple Guide to EBT at ecologycenter.org/ebt.

Please feel free to contact us if you have any questions:

Ecology Center Farmers’ Market EBT Program
(510) 925 - 4001
ebt@ecologycenter.org
ecologycenter.org/ebt

Last updated: July 2019
Before You Begin

This guide will take you step by step through the online FNS application to become authorized to accept EBT at your farm or farm stand. In order to get a sense of the process, we suggest you read through the whole guide first before you actually start the application. For brevity’s sake, any site where a farm is selling their products will be referred to as an “outlet.” The farm, farmer, or other food-selling organization will be referred to as the “business.”

Overview of the Application Steps:

1. Collect necessary information about your business and outlet (listed on the next page).
2. Create an eAuthentication account through USDA.
3. Fill out the online FNS application.
4. Submit supporting documentation to FNS.
Information and Documents Checklist

› Date the business opened under the current ownership.

› Business’ official name (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.), mailing address, and address where the outlet is located (if different from the mailing address).

› Responsible Official(s):
  » FNS requires the business to appoint at least one Responsible Official, who is the person who accepts responsibility, on behalf of the business, for ensuring the business will adhere to applicable laws and FNS regulations, policies, and other guidance; and who will be held accountable in the event the business does not do so. Responsible officials may be an owner, board member, manager, or person operating in a similar position of authority.
  » Consider selecting a Responsible Official who will remain affiliated with the business in the future.
  » The Responsible Official(s) must submit their (and their spouse’s) name, home address, social security number, and date of birth. For information on the use of this information, please see the copy of the Privacy Act Statement from FNS located on the last page of this guide.
    › If your business is a 501(c)(3) nonprofit or government-owned, your Responsible Official(s) does not need to submit their social security number.
    › If you do not have a social security number, please contact the Ecology Center to discuss other options.
  » The Responsible Official(s) must also submit a color copy of their photo ID.

› Actual sales data from your business’ most recent IRS business tax return, if it has been open under current ownership longer than one year. If not, an estimate of the business’ annual sales.

› Note: In order to qualify to accept EBT, more than 50% of the total dollar amount of all sales must come from the sales of staple foods (fruits, vegetables, nuts, grains, meats, etc.).

› The outlet’s operating schedule (i.e., months of the year it is open, days of the week it is open, and hours of day it is open).

› Business licenses held by the business, if any.

› EIN number.

› 501(c)(3) letter, if your business is a tax-exempt nonprofit.

Once you have the necessary information and documents, you are ready to start the application.
Create an Account

Use this link to get to the account creation page:
https://identitymanager.eems.usda.gov/registration/selfRegistrationForm.aspx?level=1

- Create an eAuthentication Level 1 access account through USDA.
- Note: It can take up to 30 minutes to get the account activated.
- Once it is activated, you can log-in and begin your application (move on to the next page).

![Register for Your Account - Level 1](image)

Form Approved OMB No. 0593-0014

**Step 1 of 4 - Level 1 Access Account Registration**

USDA customers should complete the information below to create a USDA eAuthentication account. Please read the eAuthentication Privacy Act Statement and Public Burden Statement for more information on how your personal information will be protected.

All required fields are red and marked by an asterisk (*). Enter your first and last name exactly as it appears on your Government issued photo ID (e.g. state driver's license).

Note: The characters < > ^ : ! are not allowed on this form (the character : is allowed for password only).

**User Information**

- **Required Field**
  - **First Name**: Jane
  - **Middle Initial**: 
  - **Last Name**: Doe
  - **Suffix**: 

**Contact Information**

- **Email**: Jane@econogycenter.org
- **Confirm Email**: Jane@econogycenter.org

**Login Information**

- **User ID**: introe
- **Password**: ********
- **Confirm Password**: ********

**Security Questions**

Please select and answer four distinct questions from the selections below. This information will be used to assist you in using our eAuthentication Self Service options and various other services.

The Security Questions and Answers that you provide may be the ONLY method available to validate your identity if your USDA accounts become inaccessible. Please select Questions and Answers that are easily memorable to you and hard for anyone else to guess. Each question may only be used once. For additional assistance, click the (?) above.

1* Where were you New Year's 2000 (use specific location, not something like Home)?
   - Farmers' Market

2* What was your paternal grandfather's occupation?
   - Farmer

3* What was your maternal grandfather's occupation?
   - Market Manager

4* In what city/town did your mother and father meet?
   - Berkeley
Start the Application

Use this link to get to the online application page:
https://www.fns.usda.gov/snap/retailer/application-status

› Use the username and password for the eAuthentication account you created to sign into the Online Store Application website.
› Click on Start a New Application.
› Select Store Application.
› Review the Before you begin notes and make sure you have all of the information needed.
› Review the Acknowledgement Agreement and click “Accept.”
› Enter your name.
› For Title, select “Owner,” even if you are not necessarily the owner of the business.

PLEASE NOTE
You can save your application and return to it later, but it needs to be finished within 30 days of starting or it will get deleted. You will still be able to login to your account after 30 days.

Online Store Application (OSA) for SNAP*

For new applications, select from the following options:

Start New Application ➔

Continue Saved Application ➔

Select an application type to get started

Store Application

Any firm (except for a Farmers’ Market) should complete this application.

Farmers’ Market Application

Farmers’ markets are defined as “multi-stall markets at which farmer-producers sell food products they produced (fruits, vegetables, meat, dairy, grains, etc.) directly to the general public, at a central or fixed location.”
Basic Information

› Enter the date the business opened under your ownership in MMDDYYYY format.
  » For example, if the business has existed since September 8, 2005, but you took
    ownership on February 9, 2012, enter 02092012.
  » If your business has not yet opened, you may enter a date up to 30 days in the
    future.

› Chain store number: Can be left blank because it is only relevant to chain retail
  stores.

› Enter the Store’s location address, meaning the physical outlet address (enter a
  street address, rather than an intersection or description), the mailing address (if
  different from the outlet address), phone number, and email address.

› “Is your business any one of the following: a delivery route; food buying
  cooperative; farmers’ market; farm stand/stall/u-pick; military commissary/
  exchange; or a specialty food store that primarily sells one food type such as meat/
  poultry, seafood, bread, or fruits/vegetables?”
  » Select “Yes.”
  » Select “Direct Marketing Farmer (Farm Stand/Stall/U-Pick).”

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When did or when will the store open for business under your ownership?

06102015

Store Name What is this?

Little Farm

Is your business any one of the following: a delivery route; food buying cooperative; farmers’ market; farm stand/stall/u-pick; military commissary/exchange; or a specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables? What is this?

› Yes  ☑ No

Store Type

Direct Marketing Farmer (Farm Stand/Stall/U-Pick)
Accountability Information

Based on the Ownership Type you select, you will be prompted to provide slightly different information regarding your organization, the business owners/officers, partners, and/or Responsible Official(s). You must submit information regarding spouses of Responsible Officials, officers, partners, etc.

» Social Security Number: Only certain Ownership Types must provide the Social Security Number for each of their Responsible Officials (LLC, Partnership, Privately-Held Corporation, and Sole Proprietorship).

» If your business is a 501(c)(3) nonprofit or government-owned, you do not have to enter the social security number of the Responsible Official(s).

» Answer the 6 yes or no questions about crimes and violations.

Note: At least one “Responsible Official,” such as an owner, market manager, city employee or a nonprofit board officer, is needed. The Responsible Official should be able to legally act on behalf of the organization, agrees to sign the application and take responsibility for any violations of regulations. Consider selecting a Responsible Official who will remain affiliated with the business in the future.

If your business is part of a larger organization with several employees, you have the option of adding additional Responsible Officials. This is helpful because you will not need to re-apply for or lose EBT authorization if someone leaves your organization.

If your Responsible Official does not have a social security number, please contact the Ecology Center to discuss other options.

Enter personal information for each owner, partner, member, officer, director, board member of record. Enter the name exactly as it appears on social security card.

<table>
<thead>
<tr>
<th>Person 1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name:</strong></td>
<td><strong>Middle Name:</strong></td>
<td><strong>Last Name:</strong></td>
<td></td>
</tr>
<tr>
<td>Jane</td>
<td></td>
<td>Doe</td>
<td></td>
</tr>
<tr>
<td><strong>Street Number:</strong></td>
<td><strong>Street Name:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>123</td>
<td>Little Lane</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Address Line:</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td><strong>State:</strong></td>
<td><strong>Zip Code:</strong></td>
<td></td>
</tr>
<tr>
<td>Berkeley</td>
<td>CA</td>
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<td></td>
</tr>
<tr>
<td><strong>Country:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States of America</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Security Number:</strong></td>
<td><strong>Date of Birth:</strong></td>
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<td></td>
</tr>
<tr>
<td>049 - 92 - 9274</td>
<td>06101985</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td><strong>Email Address:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td><a href="mailto:ebt@ecologycenter.org">ebt@ecologycenter.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sales & Inventory Information

In order to qualify to accept EBT, more than 50% of the total dollar amount of all sales must come from the sales of staple foods (fruits, vegetables, nuts, grains, meats, etc.).

› Answer the questions about wholesale, total food sales, and gasoline.

› Total Retail Sales: Select “Actual” or “Estimated” sales and indicate the tax year corresponding to your sales figures.

› If your business reported the amount of sales it made in the last tax year to the IRS, you must enter actual sales.

› If your business did not report sales to the IRS for the last tax year, enter your best good-faith estimate of the sales you expect to take place at your market in the next full tax year.

› If you cannot estimate or do not know the total sales, list total sales as $1 so the application can be processed.

› Enter the percentages of each product category your outlet sells (for most farms, it will be 100% Staple Foods).

Retail sales are:

- Estimated
- Actual

Enter the total retail sales from all products you sell at this store (both food and nonfood products and services). If you sell products wholesale to other businesses, do not include those sales.

Total Retail Sales:

Round to nearest dollar. Do not enter a cents or dollar sign. Enter a positive number less than 999,999,999,999.

Example: 250,000

$ 100,000 .00

Tax year:

2018

Enter the total retail sales percentage for each sales category for products you sell at this store location (e.g., if 25% of total retail sales comes from accessory foods, enter 25% where indicated). If you do not sell items in a category, enter “0” (e.g., if the store does not sell nonfood items, enter 0). If you do not have the actual total retail sales percentage(s) for one or more of the sales categories below, provide your best good faith estimate.

Round to the nearest whole percentage, do not enter a percent sign. Enter a number between 0 and 100.

<table>
<thead>
<tr>
<th>Sales Category</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staple Foods (Examples: rice, milk, beef, apples, etc.)</td>
<td>100 %</td>
</tr>
<tr>
<td>Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)</td>
<td>0 %</td>
</tr>
<tr>
<td>Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)</td>
<td>0 %</td>
</tr>
<tr>
<td>Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)</td>
<td>0 %</td>
</tr>
<tr>
<td>Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)</td>
<td>0 %</td>
</tr>
<tr>
<td>Total Sales Percentage (total must equal 100%)</td>
<td>100%</td>
</tr>
</tbody>
</table>
Enter your best good-faith estimate of the foods typically available your outlet:

- Answer questions regarding staple food varieties that you have currently and on a continuous basis in your outlet. Select the number of varieties for each staple food category if less than 10. Select “10+” if the number of varieties for each staple food category is equal to or greater than 10.

- Answer questions regarding stocking units of staple food varieties that you have currently and on a continuous basis in your outlet.

- Answer questions regarding perishable foods that you have currently and on a continuous basis in your outlet.

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**Inventory Information Continued**

Answer the following questions regarding staple food varieties that you have currently and on a continuous basis in your store. Select the number of varieties for each staple food category if less than 10. Select “10+” if the number of varieties for each staple food category is equal to or greater than 10.

- Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.):
  - 0
  - 10+

- Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.):
  - 0
  - 10+

- Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.):
  - 0
  - 10+

- Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.):
  - 10+

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Answer the following questions regarding stocking units of staple food varieties that you have currently and on a continuous basis in your store.

- Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?  
  - Yes
  - No

- Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)? 
  - Yes
  - No

- Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)? 
  - Yes
  - No

- Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)? 
  - Yes
  - No

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Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your store.

- Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)? 
  - Yes
  - No

- Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow’s milk, refrigerated butter, etc.)? 
  - Yes
  - No

- Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)? 
  - Yes
  - No

- Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)? 
  - Yes
  - No
Supplemental Information

› Answer the questions about your outlet’s registers, optical scanners, season, and hours.

› Enter the name and address of the bank that the business will use for SNAP deposits.

› (Optional) If known, enter the name, phone number, and mailing address of the company that is providing the EBT point-of-sale device for your market.

› If you plan to use the free POS device provided by the California Department of Social Services, you can enter that information as shown in the screenshot here.

› (Optional) Enter the business’ website and any additional comments.

Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits.

Financial Institution Name

Little Bank

Street Number: Street Name:

123 Bank Road

Additional Address Line:

City: State: Zip Code:

Berkeley CA 94702

Country

United States of America

If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider for your store.

Equipment Provider Name

California Department of Social Services

Equipment Provider Telephone Number:

916 - 654 - 1396

Do you know the address for your Electronic Benefits Transfer (EBT) equipment provider?

☐ Yes ☠ No

If you have a store website, provide the website address.

littlefarm.org

Do you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know)?

☐ Yes ☠ No
Review and Submit

› Review your application by clicking “View/Print Application (PDF).”
  » If you find any errors in your application, exit out of the PDF and use the navigation menu on the left-hand side of your internet browser to move from page to page to make corrections.
  » After making corrections, you can click through the application, and **print a corrected copy of the application for your records.** The printed application is for your records only, and should not be submitted to FNS.

› If you are happy with your application, click “Accept” and then click “Submit Application.”

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**WARNING**

You cannot make changes or corrections to your application once you click “Submit Application.”

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1. **Review your application for accuracy.** Click the “View/Print Application” below to review your application. Acrobat Reader is required to view PDF. If you need to make any changes or correct any mistakes, use the navigation menu on the left hand side of the screen to move from page to page.

   ![View / Print Application (PDF)](image)

2. **CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR RECORDS.**

3. **Submit Your Application:** Once you’re ready to submit your application, use the “Submit Application” button below. You will be allowed to submit the application only after you accept the penalty warning statement.

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**PENALTY WARNING STATEMENT** - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a $10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.
Application Confirmation

After you submit your application, you will see a page:

› Confirming that your application was submitted,
› Providing you with your FNS number,
   » Please record this number in a safe place, so you can refer back to it when needed.
› Describing additional documents (see next page) that you must submit to FNS to complete your application, and
› Giving options on submitting these additional documents electronically, or mailing them to:

   USDA, Food and Nutrition Service
   PO BOX 7228
   Falls Church, VA 22040

If you are mailing your documents:

› Please print a Document Cover Sheet (by selecting “Print Cover Sheet” at the bottom of the page). The Document Cover Sheet includes basic information about the business, and is necessary so FNS can match your documents with your online application.

   » You MUST use the United States Postal Service (USPS). UPS, Federal Express, and other courier services will NOT deliver to a P.O. Box. Follow instructions on Cover Sheet for how to prepare and send your documents.

› Certification and Signature Statement (Required):

   » Click on Print Required Certification and Signature Statement. You must print, sign, and mail FNS a copy of the Statement. An original signature is not required (i.e., copies are acceptable, provided they are legible). You should keep a copy for your records. The Statement must be signed by a Responsible Official.

   Note: If the business is owned by a Nonprofit Organization or is Government Owned you must provide a letter – on appropriate letterhead – confirming that the person signing the Certification and Signature Statement is the Responsible Official for that organization/entity, and has authority to sign on its behalf.

You’re not quite done yet! Please make sure you submit the necessary supporting documentation listed on the next page.
Supporting Documents

Your application will NOT be considered complete until FNS receives these documents:

**Photo Identification (ID) (Required):**
Submit a color copy of Photo Identification (ID) for the Responsible Official. Exception: Photo Identification (ID) is not required if the market is Government Owned.

**Social Security Card (Required, as applicable):**
Submit a color copy of the Social Security Card for the Responsible Official. Exceptions: A Social Security Card is not required if the market is owned by a government agency, nonprofit organization, or publicly-owned corporation.

**Business License (Required Only if Available):**
If your business has a business license that was issued to the current owner(s) AND for the business' current location, you may provide a copy. However, if your business does not have such a license, it is not necessary to obtain one.

**IRS 501(c)(3) Determination Letter (Required Only for Nonprofit Organizations):**
Submit a copy of the Determination Letter sent by the IRS when your organization’s status as a 501(c)(3) entity was established.

**Government Ownership Letter (Required Only for Government Owned Markets):**
You must submit a letter – on appropriate letterhead – proving the government entity owns or sponsors the business.

It usually takes about 30-45 days for your application to be processed. Contact FNS if you haven’t heard back in that time.

Once your business is approved, you are authorized to accept EBT for the next 5 years. After 5 years, FNS will send you a re-authorization letter.

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**PLEASE NOTE**
The business is NOT approved to accept SNAP benefits until FNS makes a determination regarding its eligibility. In order to help determine the business’ eligibility, an FNS employee or representative may visit the outlet. FNS will process a complete application and notify you of a decision in writing. If you have questions, call: (877) 823 - 4369.
This guide was created by the Ecology Center Farmers’ Market EBT Program. If you have any questions please contact us at:

(510) 925 - 4001
ebt@ecologycenter.org
ecologycenter.org/ebt

Last updated: July 2019
FNS Privacy Act Statement


- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of each owner's Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

USE AND DISCLOSURE - Routine Uses: We may use the information you give us in the following ways:

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act, as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service for the purpose of reporting delinquent retailer and wholesaler monetary penalties of $600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C. 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under Section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 552(a)(b)(12). We may disclose information to “consumer reporting agencies” as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.