



**Commonwealth of the Northern Mariana Islands Department of
Community & Cultural Affairs
Nutrition Assistance Program**

| Orientation for Applicants

**The CNMI Nutrition Assistance Program is funded by the
U.S. Department of Agriculture and is an equal opportunity provider**

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I. INTRODUCTION

The Nutrition Assistance Program provides this paper version of the orientation as an option for an applicant to read and understand the criteria and requirements for applying for nutrition assistance and becoming a recipient in the NAP program. The onsite orientation is still being offered twice weekly normally on Mondays and Tuesday at 8:00 a.m. at the Nutrition Assistance Program office, JTV Building Commercial Building in As Lito, Saipan. In lieu of an onsite orientation, this paper orientation will be accepted as if the applicant has attended an orientation after reading and understanding the document. An orientation is a requisite before an applicant can be scheduled for an interview with an Eligibility Worker. At the last page of this document is a disclaimer provided for the applicant to acknowledge that they have read and understood the paper orientation. After that is completed, the applicant must contact the NAP office at (670)-237-2801 or 2802 to receive a schedule for an interview with an Eligibility Worker. If you have received a schedule for an interview, please bring this document with you to the interview.

II. AUTHORIZATION

The NAP was established July 2, 1982 after the enactment of CNMI Public Laws 1-28 (3/28/79) and 2-14 (2/20/81). The rules governing the NAP are inscribed in the MOU negotiated annually between the U.S. Department of Agriculture – Food and Nutrition Service and the CNMI Government. The NAP is 100% federally funded through a block grant.

III. MISSION STATEMENT

The mission of the CNMI Nutrition Assistance Program (NAP) is to help low-income residents and families buy the food they need for good health. The NAP provides food stamps as supplement to eligible low-income or no income households to subsidize their food budgets.

1. HOUSEHOLD CONCEPT

A Household is defined as an individual or group of individuals who are permanently living together who purchase food, prepare meals and consume meals together. People who purchase, prepare and consume meals together must be listed as members in the application. If a household is cohabiting with another family or individuals but do not purchase, prepare, and consume meals with will be considered separate from the other family or individual. However, an alternate sanitary kitchen is recommended. The sanitary kitchen may be indoors or outdoors but must have a proper place to prepare, cook and consume their meals.

2. SUPPLEMENTAL SECURITY INCOME (SSI) RECIPIENTS

SSI is a Federal income supplement program funded by general tax revenues (not Social Security taxes) to help the aged, blind, and disabled people who have little or no income. It provides cash to meet basic needs for food, clothing and shelter. SSI recipients are automatically eligible for nutrition assistance but receive a NAP minimum benefit allotment. SSI recipients are treated as a separate case from the rest of the household members who are non-SSI recipients.

3. ELIGIBILITY CRITERIA

There are three main criteria that NAP must verify for determination of eligibility: **Citizenship, Resources and Income.**

A. Citizenship and Alien Status

Participants shall be verified as one of the following:

1. A United States Citizen.
2. A United States National.
3. One born in the CNMI on or after November 4, 1986.
4. An alien who is lawfully residing in any State and:
 - i. Is a veteran or is on active duty in the U.S. Armed Forces.
 - ii. Or is the spouse of unmarried dependent child of individual described in (i).
 - iii. Or un-remarried surviving spouse of individual described in (i) who is deceased.
5. An alien granted asylum under Section 208 of the Immigration and Nationality Act
6. A refugee who is admitted to the United States under Section 207 of the Immigration & Nationality Act (INA).
7. Certain aliens whose deportation is being withheld under Section 243 of the INA.
8. Certain Cuban and Haitian entrants defined in Section 501 (e) of the Refugee Education Assistance Act of 1980.
9. Certain aliens admitted to the United States as Amerasian immigrants.
10. An alien who entered the United on or after August 22, 1996, provided five (5) years have elapsed since the alien’s entry and classified as:
 - i. Lawfully admitted for permanent residence under the INA.
 - ii. Paroled into the United States under Section 212 (d)(5) of the INA for at least one year.
 - iii. Or certain battered aliens and certain children of battered alien parent.

A Micronesian living in the CNMI who is not a U.S. Citizen or National under the Covenant is ineligible unless meeting one (1) of the provisions of Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act, as amended by the Balanced Budget Act of 1997.

B. Resources Eligibility Standards

Resources are accessible assets such as bank accounts or cash value of a life insurance policy that can be readily drawn. The types of resources include:

- | | |
|---------------------------------|--|
| 1. Saving account | 4. Savings bonds |
| 2. Checking account | 5. Cash on hand |
| 3. Time certificate of deposits | 6. Cash value of Life Insurance Policy All |

resources must be equal to or are lower than the standards below:

| | | | |
|----------------|---------|---|---------|
| All Households | \$2,250 | Two or more persons, one (1) of whom is 55 years or older | \$3,500 |
|----------------|---------|---|---------|

Resources for all household members must be counted. Resources for ineligible and disqualified members are pro-rated, which means their resources will be proportionately applied to those who are eligible. Applicant households must provide a copy of their most recent bank statements or pertinent recent records.

C. Income Eligibility Standards

Household income shall mean all income from whatever source. Income received during the past thirty (30) days shall be used as an indicator of income that is and will be available to the household during the certification period.

1. Earned income shall include all gross wages and salaries of an employee; the total gross income from self-employment; and training allowance from Vocational Rehabilitative Programs. Households with earned income shall be allowed a deduction of ten-percent (10%) of their earned income.
2. Unearned income, shall include but not limited to:
 - a. Public assistance payment
 - b. Annuities
 - c. Pensions
 - d. Retirement
 - e. Veterans or Disability Benefits
 - f. Income of ineligible or disqualified household member
 - g. Survivor's or Social Security benefits
 - h. Support and Alimony payments
 - i. Child Support payments
 - j. Dividends
 - k. Interest and royalties
 - l. Monetary contributions
 - m. Gambling and lottery winnings
3. Income exclusions. Income does not include the following items:
 - a. Any gain or benefit which is not in the form of money provided to the household, including:
 - i. In-kind contribution. Non-monetary or in-kind benefits, such as meals, clothing, household items, public housing, or produce a garden.
 - ii. Vendor payments. A payment made by a non-household member in money on behalf of a household directly to a third party shall be considered as vendor payment.
 - b. Education or college grants, scholarships, or loans.
 - c. Reimbursement of expenses, for example reimbursements for job or training related expenses such as travel or uniforms.
 - d. Money received in the form of non-recurring lump sum payment shall be counted as resources in the month received.
 - e. Any income that is specifically excluded by any other federal statute from consideration as income, for instance, FEMA. Child Care Program Payments, etc.

- f. Income earned by a household member who is under 18 years old and a full-time student in high school or enrolled in General Education Development or Adult Basic Education.
- g. Income earned by a household member who is under 19 years old and engaged with Workforce Investment Agency.
- h. Assistance received from a governmental source as payment for utilities, for instance Low Income Home Energy Program (LIHEAP).
- i. All loans including loans from private individuals.

D. Maximum Income Guidelines

| Maximum Monthly Gross Income Limits for all CNMI islands (October 1, 2019 to September 30, 2020) | | | |
|--|---------------|------------------------|---------------|
| Household Size | Current Level | Household Size | Current Level |
| 1 | \$1,064 | 12 | \$5,173 |
| 2 | \$1,437 | 13 | \$5,547 |
| 3 | \$1,810 | 14 | \$5,921 |
| 4 | \$2,184 | 15 | \$6,295 |
| 5 | \$2,557 | 16 | \$6,669 |
| 6 | \$2,930 | 17 | \$7,043 |
| 7 | \$3,304 | 18 | \$7,417 |
| 8 | \$3,677 | 19 | \$7,791 |
| 9 | \$4,051 | 20 | \$8,165 |
| 10 | \$4,425 | 21 | \$8,539 |
| 11 | \$4,799 | 22 | \$8,913 |
| | | Each additional member | + \$374.00 |

E. Determining Monthly Gross Income

How is monthly gross income obtained from wages or salaries? Gather your three (3) most recent pay stubs and do the following. This example is based on a U.S. citizen earning wages.

Step 1

Obtain the average of three (3) recent pay (check) stubs

| | | |
|----------|-------------------------|--------------------|
| Example: | Pay stub 1 gross pay \$ | 580.00 |
| | Pay stub 2 gross pay \$ | 623.50 |
| | Pay stub 3 gross pay \$ | <u>667.00</u> |
| | Total | \$ 1,870.50 |
| | | <u>Divide by 3</u> |
| | Average is | \$ 623.50 |

Step 2

Obtain the monthly gross pay

| | | | |
|----------|--------------------------------|----|-------------|
| Example: | Average | \$ | 623.50 |
| | Multiply by | | <u>2.15</u> |
| | Monthly gross pay is \$ | | 1,340.53 |

Step 3

Compare the monthly gross pay to the guideline (above) for your household size. If your monthly gross income is equal to or lower than the current level, your household income has met the income criteria.

It should be noted that income for all household members must be counted. If another eligible household member is also receiving a bi-weekly wage, repeat the steps and then combine the gross pay for both income earners. Compare the combined total against the income guideline.

A common wage or payday is usually bi-weekly. If wage is received weekly use rate of 4.33; for semi-monthly use rate of 2.0; or if wage is received monthly use rate of 1.0.

F. Pro-rata of Income for an Ineligible or Disqualified Household Member

This example is based on two ineligible parents with two U.S. citizen dependents; four total household members.

Step 1

Obtain the average of three (3) recent pay (check) stubs

| | | |
|----------|-------------------------|--------------------|
| Example: | Pay stub 1 gross pay \$ | 580.00 |
| | Pay stub 2 gross pay \$ | 623.50 |
| | Pay stub 3 gross pay \$ | <u>667.00</u> |
| | Total | \$ 1,870.50 |
| | | <u>Divide by 3</u> |
| | Average is | \$ 623.50 |

Step 2

Obtain the monthly gross pay

| | | | |
|----------|-------------------|----|-------------|
| Example: | Average | \$ | 623.50 |
| | Multiply by | | <u>2.15</u> |
| | Monthly gross pay | \$ | 1,340.53 |

Step 3

Obtain the monthly pro-rata gross pay

| | | | |
|----------|-------------------|----|----------------------------------|
| Example: | Monthly gross pay | \$ | 1,340.53 |
| | Divide by | | <u>4 total number of members</u> |
| | Quotient | \$ | 335.13 |

Step 4

Obtain the monthly pro-rata gross pay

| | | | |
|----------|-------------|----|---|
| Example: | Quotient | \$ | 335.13 |
| | Multiply by | | <u>2</u> U.S. citizen dependents |
| | Pro-rata | \$ | 670.27 Monthly gross pay for household of two (2) Eligible members |

Step 5

Compare the pro-rata monthly gross pay to the guideline (above) for household size two (2). In this example the pro-rata monthly gross income was lower than the current level for household size of two (2). This means the income criteria has been met.

4. MAXIMUM BENEFIT LEVELS

| <i>Maximum Benefit Level</i> | | | |
|------------------------------|---------|---------|-------------|
| Household Size | Saipan | Tinian | Rota & N.I. |
| 1 | \$300 | \$317 | \$365 |
| 2 | \$551 | \$582 | \$670 |
| 3 | \$789 | \$834 | \$960 |
| 4 | \$1,002 | \$1,059 | \$1,219 |
| 5 | \$1,190 | \$1,257 | \$1,448 |
| 6 | \$1,428 | \$1,509 | \$1,737 |
| 7 | \$1,579 | \$1,668 | \$1,920 |
| 8 | \$1,804 | \$1,906 | \$2,194 |
| 9 | \$2,030 | \$2,144 | \$2,468 |
| 10 | \$2,256 | \$2,382 | \$2,742 |
| 11 | \$2,482 | \$2,620 | \$3,016 |
| 12 | \$2,708 | \$2,858 | \$3,290 |
| 13 | \$2,934 | \$3,096 | \$3,564 |
| 14 | \$3,160 | \$3,334 | \$3,838 |
| 15 | \$3,386 | \$3,572 | \$4,112 |
| 16 | \$3,612 | \$3,810 | \$4,386 |
| 17 | \$3,838 | \$4,048 | \$4,660 |
| 18 | \$4,064 | \$4,286 | \$4,934 |
| 19 | \$4,290 | \$4,524 | \$5,208 |
| 20 | \$4,516 | \$4,762 | \$5,482 |
| 21 | \$4,742 | \$5,000 | \$5,756 |
| 22 | \$4,968 | \$5,238 | \$6,030 |
| Each additional | \$226 | \$238 | \$274 |

A. Computing Benefit Level with Earned Income

This example is based on household size of four (4) on Saipan, all of whom are eligible members.

| | | | |
|------------------------------|--------------------------------|----|-----------------|
| Obtain the monthly gross pay | | | |
| Example: | Average | \$ | 623.50 |
| | Multiply by | | <u>2.15</u> |
| | Monthly gross pay is \$ | | 1,340.53 |

Step 1

Example:

| | | |
|-----------------------------|------|---------------|
| Monthly Gross Pay | \$ | 1,340.53 |
| Less 10 % for earned income | - \$ | <u>134.50</u> |
| Net Income | \$ | 1,206.48 |

Step 2

Example:

| | | |
|-----------------------------------|----|----------------------------------|
| Net Income | \$ | 1,206.48 |
| Multiply 30 percent (food budget) | \$ | 361.94 round to \$ 362.00 |

Step 3

Example:

| | | |
|---|------|---------------|
| Maximum Monthly Allotment for Household Size of 4 on Saipan | \$ | 1,002.00 |
| Less Food Budget (rounded) | - \$ | <u>362.00</u> |
| Eligible Benefit Amount | \$ | 640.00 |

B. Computing Benefit Level with Unearned Income

This example is based on four (4) household members on Saipan with two ineligible parents and two U.S. citizen dependents.

| | | | |
|---------------------------------------|-------------|----|---|
| Obtain the monthly pro-rata gross pay | | | |
| Example: | Quotient | \$ | 335.13 |
| | Multiply by | | <u>2 U.S. citizen dependents</u> |
| | Pro-rata | \$ | 670.27 Monthly gross pay for household of two (2) Eligible members |

Step 1

Example:

| | | |
|-----------------------------------|----|---------------------------------|
| Monthly Gross Pay | \$ | 670.27 |
| Multiply 30 percent (food budget) | \$ | 201.08 round to \$201.00 |

Step 2

Example:

| | | |
|---|------|---------------|
| Maximum Monthly Allotment for Household Size of 2 on Saipan | \$ | 551.00 |
| Less Food Budget (rounded) | - \$ | <u>201.00</u> |
| Eligible Benefit Amount | \$ | 350.00 |

5. APPLICATION PROCESS

The application process includes completing, signing, and filing an application for nutrition assistance form, being interviewed, submission of required documents, and having certain information verified.

A. Filing an Application Form

The Adult Head of Household or its Authorized Representative shall file an application form for participation in the program by submitting the form (201-C) to a Certification Unit Official or designated NAP Official. The Certification Unit Office shall document the date the application form was received with required documents as applicable and process the application no later than thirty (30) days.

1. Birth Certificate. Certified copies of birth certificate either from the court or any church of religious institution must be provided for each household member. As an alternate document a valid passport may be accepted.
2. Social Security Number. Each member of the household (eligible or ineligible) must have a copy of a United States Social Security Number Card.
3. Notarized Sworn Affidavit. A household with no one gainfully employed is required to provide a Notarized Sworn Affidavit from the provider declaring they are responsible for the Household's basic needs, for instance housing, auto transportation, utilities, laundry expenses, monetary contribution, etc. as applicable.
 - a. A single parent with at least one (1) minor dependent under eighteen (18) years of age must submit a notarized sworn affidavit declaring the biological father or mother of the child and the current child support status.
 - b. A legally married household member separated from spouse and claiming minor dependents must submit a notarized sworn affidavit declaring the separation and the child support status.
4. Marital Status. A legally married household member or couple must provide a copy of marriage certificate, marriage license, marriage contract or certificate of matrimony.
5. Divorce Decree. A legally divorced member in the household must a copy of a divorce decree, especially if the household member is claiming minor dependents.
6. Northern Marianas Housing Corporation (NMHC) Record. A household receiving assistance from the NMHC must submit a copy of their lease agreement or other acceptable housing record.
7. Household Cooperation. To determine eligibility, the NAP application form must be completed and properly signed, the Adult Head of Household or its Authorized Representative must be interviewed and certain information verified.

B. Interview

An applicant household must attend an orientation before being scheduled for an interview at the Certification Unit. In lieu of an onsite orientation, this paper version of orientation will be accepted as acknowledging and understanding the information provided in actual orientation.

On behalf of the household, the individual subject for interview may be the Adult Head of Household or its Authorized Representative. The Certification Unit official shall explore and resolve unclear or incomplete information. The Adult Head of Household or its Authorized Representative shall be advised of their rights, responsibilities, such as reporting changes in household circumstances within ten (10) business days, and the penalties for violations. The NAP is required to ensure privacy and confidentiality of information.

C. Authorization for Release of Information

The NAP Authorization for Release of Information Form, or Waiver Form, shall be signed by the Adult Head of Household or its Authorized and other Adult members in the household. The document may be used to officially obtain and verify information from appropriate agencies and institutions being reported by the household.

D. Verification

Verification is the use of documentation, third party information, collateral contacts, or home visits to establish accuracy of the statements on application form.

1. Mandatory Verification.
 - a. The average monthly gross income and resources shall be verified for all households prior to certification.
 - b. Household composition and citizenship status shall be verified requiring the household to submit birth certificates or passports and social security number cards, and if necessary notarized sworn affidavits, 1040CM tax forms, school records, court-sealed guardianship or custodial documents, CNMI Voter registration card, certificate of identity, or NMHC housing records.
 - c. Social Security numbers shall be verified.
 - d. A minor who is not the biological or legally adopted child of a particular household shall be required to provide a power of attorney or guardianship or custodial document from the biological or adoptive parents or a placement agreement from a recognized Child Welfare Agency. At NAP discretion, applicable most recent 1040CM tax form or school certification may be required.
 - e. Responsibility for Obtaining Verification. The Adult Head of Household or its Authorized Representative has the primary responsibility to provide documentary evidence.

E. Authorized Representative

Once an application form is filed, the Certification Unit Official shall determine from the household circumstances whether to allow an Authorized Representative for the household. The Authorized Representative can act for the household in one or all of the following:

1. Represent the household in certification interviews. Adults who are household or non-household members may be designated as Authorized Representatives if they are sufficiently aware of the relevant household circumstances. Certified Authorized Representatives may be allowed to perform initial interview and re-certification on behalf of the household.
2. Act as liaison between NAP and the household. An Authorized Representative shall transmit documents concerning the household participation to the NAP.
3. Obtain and transact food stamps or NAP coupons on behalf of the household.

F. Certification Periods

The Certification Unit shall establish certification periods of eligibility conforming to calendar months between one (1) to three (3) months, six (6) months, or twelve (12) months. Normally, households who have no income are certified for three months; households with income are certified for six months; and SSI households are certified for twelve months.

Applications which are received by the 20th of the month are considered for participation during the month. However, applications which are received by the 10th and no later than the 20th of the month shall be issued only half-of-month's allotment, if such applicants were determined eligible. Applications received after the 20th of the month shall be considered for participation for the next month.

1. Notice of Eligibility. If determined eligible the household shall be provided a written notice of eligibility or Notice of Disposition (NOD) from the Certification Unit within the 30-day processing time. The NOD shall inform the household of the initial allotment and the next date and time of appointment for re-certification. In addition, a NAP Identification Card shall be provided to the household.
2. Notice of Denial. If the application is denied, the Certification Unit shall provide the household a written notice of denial or Notice of Disposition (NOD) by mail or at the Certification Unit office within the 30-days processing time. The NOD shall explain the basis of denial and the rights for the household to request for an Agency Conference or Fair Hearing.

G. Ten (10) Business Days Reporting Requirement

1. Household Responsibility to report changes. The Adult Head of Household or its Authorized Representative is required to report the following changes in circumstances to the Certification Unit within ten (10) business days after effect:
 - a. Changes in the sources of income or in the amount of average gross monthly income.
 - b. All changes in household composition, such as the addition or loss of a household member.
 - c. Changes in residence.

- d. Changes in resources, if resources exceed the resources eligibility standards.
- 2. Failure to Report Changes. If the Certification Unit discovers that the household failed to report changes as required, without good cause, and as a result received benefits to which it was not entitled, the Certification Unit official shall file a claim against the household.

6. WORK REGISTRATION REQUIREMENT

Members of a household who are between the ages of 18 to 54 years old who are mentally and physically fit to work are required to register for employment at the Department of Labor's Division of Employment Services every three (3) months should unemployment status remain unchanged.

A. First Requirement

At the time the household files an application, the Eligibility Worker shall determine which household members are required to register for employment. Upon reaching a determination that a member is required to register, the Eligibility Worker shall explain to the Adult Head of Household or its Authorized Representative for both the Work Registration requirements and the consequences of failure to comply. The Eligibility Worker shall process the Work Registration Referral form to the Adult Head of Household or its Authorized Representative for each household member who is required to register for employment and comply with Labor's requirements. Household members are considered registered when a completed Work Registration Referral form is submitted at the Division of Employment Services and other requirements from Labor are satisfied and complied with. The Work Registration Referral form will be issued every three (3) months to the work registrant should unemployment remains unchanged.

B. Second Requirement

The second requirement of Work Registration is submittal of a copy of a recent employment application acknowledged receipt by a potential employer either on the registration month or the previous month to the Certification Unit. Employment Application should be updated every three (3) months or another employment application from another employer may be accepted, if unemployment status remained unchanged.

The work registrant must comply with both work registration requirements within thirty (30) days following the initial month.

C. Failure to Comply with Work Registration Requirements

If the Eligibility Worker determines that a household member has refused or failed without good cause to comply with the work registration requirements, that member shall be subject to disqualification. First disqualification will be three (3) months after the date the individual became ineligible. Second violation will be six (6) months and third violation will be permanent. The Certification Unit shall enforce collection efforts against households receiving benefits when

not in compliance with the work registration requirements. Each household has a right to a hearing to contest a reduction or termination of benefits due to failure to comply with the work registration requirements.

7. ISSUANCE AND USE OF NAP COUPONS

The Benefit Issuance & Claims Accountability (BICA) Unit is responsible for the timely and accurate issuance of NAP coupons. The BICA Unit issue coupon books equal to the amount of the authorized monthly benefit allotment to the Adult Head of Household or its Authorized Representative whose name appears on the NAP Identification Card. The benefit allotment is issued in combination of regular and local coupons. Regular coupon books make up 70 percent of allotment while Local coupon books is made up of 30 percent.

A. Local Coupons

Local coupons are restricted for purchases of local food only and may not be used for food items imported from outside the CNMI. Local coupons shall be used only for food or food products grown, raised, caught, or processed into a finished product in the CNMI. Examples are fruits and vegetables grown locally, fish caught locally, beef and dairy products, poultry and eggs, pork and other meats obtained from animals raised in the CNMI, as well as bread and bakery products, and water processed in the CNMI. Local coupons may be used to purchase livestock, however in the absence of local coupons, regular coupons may be used.

B. Regular Coupons

Regular coupons may be used to purchase eligible items that were imported from outside the CNMI, this includes the purchase local foods.

1. Farming and Fishing Equipment

Eligible households may use all or any part of the coupons issued to them, except for Local coupons, to purchase basic farming equipment, such as rakes, hoes, sickles, shovels, fruit or vegetable seeds and seedlings, garden hose, fertilizers, etc. Regular coupons may also be used to purchase fishing equipment, such as hooks, rods, harpoons, knives, fish lines, nets, spears, reels, diving masks and goggles, and water-resistant (underwater) flashlights, etc.

C. Endorsement

Eligible household may only redeem coupons at NAP Authorized Retailers. The store front must have a NAP-issued sign posted "We Accept Food Stamp Customers". The Adult Head of Household or its Authorized Representative must endorse the back of each coupon prior to or at the time of purchase by writing or imprinting their NAP Case Number, their Photo Identification Number, print their name and their signature.

D. Use of Identification Cards

The Adult Head of Household or its Authorized Representative must present their NAP Identification Card to the Authorized Retailer when redeeming NAP coupons for eligible food and other eligible items. Additionally, any form of valid Photo Identification must be presented for proof of identity.

E. Prior Payment or Credit Prohibition

Coupons shall not be used to pay in advance prior to receipt of food. Authorized retailers are not allowed to do credit, to receive items and pay the items with NAP coupons at a later date.

F. Cash Change

Eligible households are advised to plan their purchases. Change shall not exceed ninety-nine (.99) cents.

G. Validity of Coupons

The coupons are imprinted with validity dates. When you are issued your coupons, make time to review the front side of the coupons to familiarize yourself of the validity period. The validity of the coupons is issued on a quarterly basis. For example, the coupons are valid from January to March; April to June; July to September; and October to December. Coupons will not be accepted by Authorized Retailers after the coupons have expired.

8. WHAT FOOD STAMPS CANNOT BUY

- Food that will be eaten in the store or lunch counter items
- Hot foods that are ready to eat
- Alcoholic beverages, tobacco and tobacco products, betel nuts, pepper leaves (pupulu) and lime (hafok).
- Vitamins and medicine
- Any non-food items such as pet foods, soaps, paper products, household supplies, grooming items, cosmetics, and butane gas

9. AGENCY CONFERENCE OR FAIR HEARING

Notification of right to request an Agency Conference or Fair Hearing. At the time of application, each Adult Head of Household or its Authorized Representative shall be informed of their rights to an Agency Conference or Fair Hearing on any action the NAP office has taken which affects the household's eligibility and benefit level. A request for an Agency Conference or Fair Hearing is any clear expression, oral or written, by an Adult Head of Household or its Authorized Representative to the Certification Unit that it wishes to present its case to a higher authority. The lower section of the Notice of Disposition (NOD) shall be completed and signed by the either the Adult Head of Household or its Authorized Representative and promptly submitted to the Program Administrator's office.

10. NON-DISCRIMINATION STATEMENT

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis race, color, national origin, sex, age or disability.”

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410 or call (800)795-3272 or (202) 720- 6382 (TTY). USDA is an equal opportunity provider and employer.”

**This space was purposely left blank, see reverse for
the acknowledgement page**

11. ACKNOWLEDGEMENT (Detached this portion, fill it out and attached to your NAP Application for submission)

By signing below, I declare under penalty of perjury that I have read and understood this paper version of the NAP Orientation.

Print Name

Signature

Date

To schedule an appointment for an interview with an Eligibility Worker please call the Certification Unit at (670) 237-2801 or 237-2802 or 284-5300/5301

FOR OFFICIAL USE

Case Record ID

Received by

Date