

# How to Apply Online for SNAP in PA

The Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps



*Greater Philadelphia Coalition Against Hunger*

# Contents



<a href="#">About this Guide</a> .....	3-4
<a href="#">Prior to Starting</a> .....	5
<a href="#">Getting Started</a> .....	6-9
<a href="#">Do I Qualify?</a> .....	10-13
<a href="#">Apply Now</a> .....	14-23
<a href="#">Understanding the Application</a> .....	15-17
<a href="#">A little advice</a> .....	18-20
<a href="#">Beginning the Application</a> .....	21-23
<a href="#">Family Safety</a> .....	24
<a href="#">Household</a> .....	25-26
<a href="#">Benefits</a> .....	27
<a href="#">Individual Details</a> .....	28-30
<a href="#">Additional Details</a> .....	31-32
<a href="#">Income</a> .....	33-34
<a href="#">Expenses</a> .....	35
<a href="#">Insurance</a> .....	36-39
<a href="#">Resources</a> .....	40

<a href="#">Summary</a> .....	41-42
<a href="#">Next Steps</a> .....	43-44
<a href="#">Submit</a> .....	45-49
<a href="#">Confirmation</a> .....	50
<a href="#">Access Card</a> .....	51
<a href="#">Mobile App</a> .....	52-59
<a href="#">Tips</a> .....	60-64
<a href="#">Keep a File</a> .....	61
<a href="#">Troubleshooting</a> .....	62-64
<a href="#">FAQ</a> .....	65-68
<a href="#">Glossary</a> .....	69-71
<a href="#">Appendix</a> .....	72-80
<a href="#">Resource Bank</a> .....	73
<a href="#">SNAP Income Limits</a> .....	74-75
<a href="#">SNAP Eligibility</a> .....	76-77
<a href="#">Login</a> .....	78
<a href="#">Homepage</a> .....	79
<a href="#">Report Changes Online</a> .....	80

# About this Guide

There are many ways to apply for benefits.



**COMPASS**

**Application**

[www.compass.state.pa.us](http://www.compass.state.pa.us)



On Paper

**SNAP Hotline**

*(215) 430-0556*



Phone

**Print a Paper**

*drop off at County Assistance Office or mail-in*

(Click above for a printable application)

This guide provides step by step instructions on how to submit an application online with COMPASS.

# About this Guide

It is convenient to apply through the state's online application system. It's called COMPASS.

Still, many people struggle to use COMPASS:

*“It was a problem with the forms. I would press submit, but it would ask me again, ‘Do [you] need to submit?’ and it just wouldn’t submit.”*

*“...it kept glitching me off.”*

*“I couldn’t get a password, cause I didn’t have any ID number to use...”*

Challenges clients shared with us are the reason for this guide.

# Prior to starting...

**“I don’t have these documents...”**

Call the Coalition Against Hunger:  
(215) 430-0556



Have the necessary info close by:

- Household income from jobs, child support, and other income sources
- Social Security Numbers and birth dates of household members
- Housing and utility expense information
- Proof of citizenship and identity (*ex. Birth Certificate, Driver’s License, State ID*)
- Non U.S. Citizens must provide documentation showing lawful residence in the U.S.
- Resource information, such as bank accounts, vehicles, homes, property, life insurance, etc.



# Getting Started

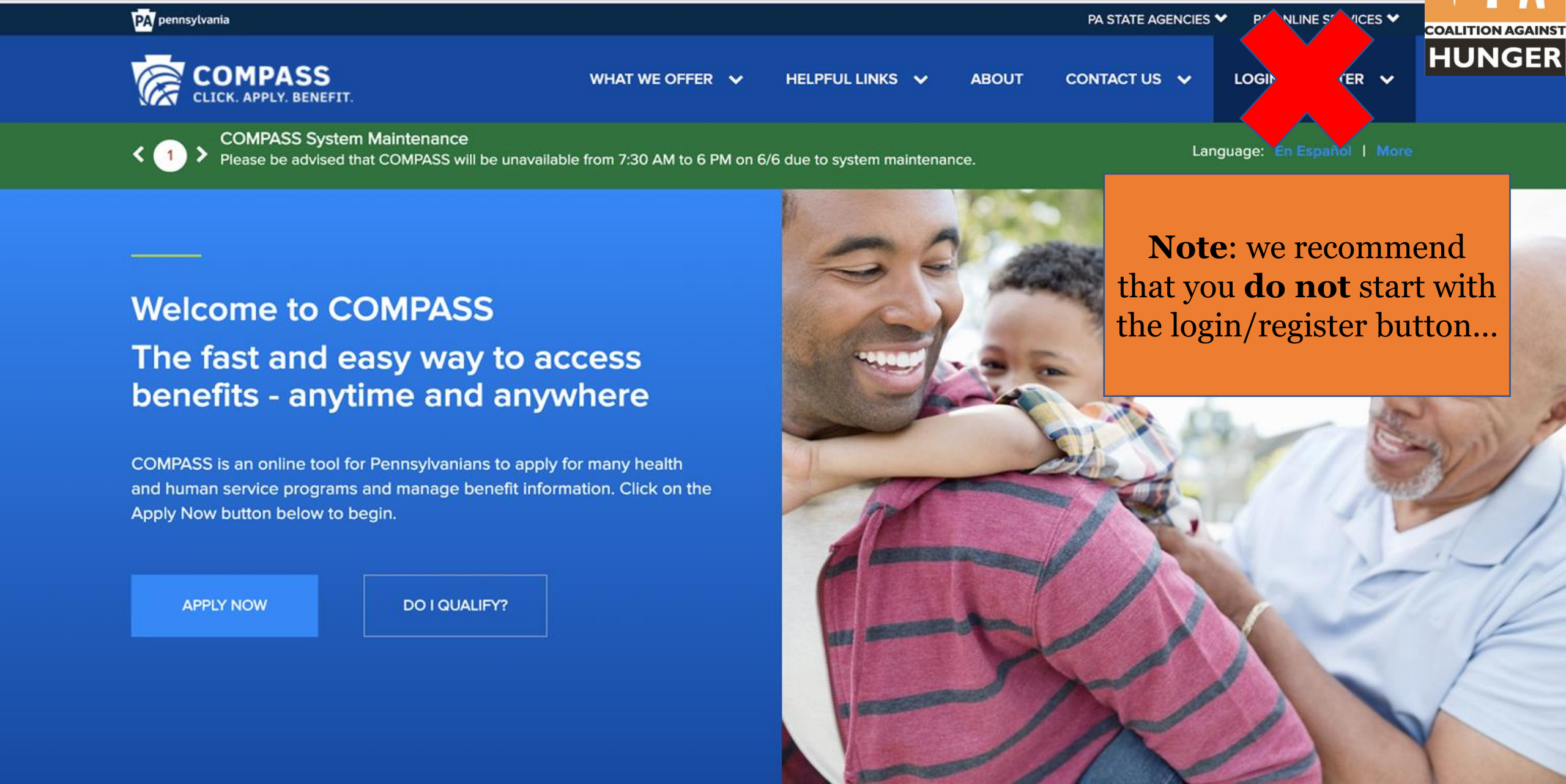


Go to the PA COMPASS website:  
<https://www.compass.state.pa.us/>

COMPASS is a tool to:

- Submit applications for SNAP (and other benefits)
- Keep track of benefits
- Learn about benefits

...the homepage looks like this (except for the big red “X”). So far so good!



PA pennsylvania

PA STATE AGENCIES

ONLINE SERVICES



COMPASS  
CLICK. APPLY. BENEFIT.

WHAT WE OFFER

HELPFUL LINKS

ABOUT

CONTACT US

LOGIN REGISTER



COMPASS System Maintenance

Please be advised that COMPASS will be unavailable from 7:30 AM to 6 PM on 6/6 due to system maintenance.

Language: [En Español](#) | [More](#)

## Welcome to COMPASS

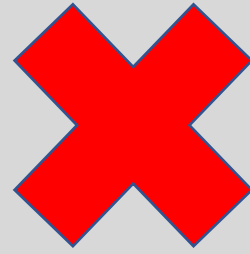
The fast and easy way to access  
benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the Apply Now button below to begin.

APPLY NOW

DO I QUALIFY?

**Note:** we recommend  
that you **do not** start with  
the login/register button...



*I don't understand: does the **Login / Register** button **work**?*



The screenshot shows the Pennsylvania Department of Human Services' My COMPASS Account login interface. At the top left is the 'PA pennsylvania' logo. Below it, the 'Keystone Key' section prompts users to enter their My COMPASS Account (MCA) login information, with fields for 'Username' and a masked password, followed by a yellow 'LOGIN' button. To the right, a 'Self-service for Citizens' menu offers options: 'Register a new My COMPASS Account', 'Forgot Username', 'Forgot Password', and 'Edit Profile'. At the bottom, a warning notice states: 'WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.' The footer includes 'Copyright© 2019 by the Commonwealth of Pennsylvania. All Rights Reserved.'

Yes, but it will ask you for information that a new COMPASS user might not have.

Login/Register will be useful after you **submit** your application or if you need to **return** to the application after taking a break.

To apply, use the “**Apply Now**” button on the COMPASS homepage.

It lets you set up a Keystone Key **in the application**, and asks for less information.

Now, up to you: **Apply?** or **Learn if I qualify?**



COALITION AGAINST  
**HUNGER**

PA pennsylvania



WHAT WE OFFER ▾

HELPFUL LINKS ▾

ABOUT

CONTACT US ▾

LOGIN CENTER ▾



COMPASS System Maintenance

Please be advised that COMPASS will be unavailable from 7:30 AM to 6 PM on 6/6 due to system maintenance.

Language: [En Español](#) | [More](#)

## Welcome to COMPASS

The fast and easy way to access  
benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the Apply Now button below to begin.

APPLY NOW

DO I QUALIFY?



# Do I Qualify?

(I want to learn if I am eligible for SNAP and other benefits...)

**We have gotten feedback that the “Do I Qualify” section may not be 100% accurate. If you think you may qualify but are not sure, we recommend applying.**

**Looking to start the application?**

**Jump to page 14.**



WHAT WE OFFER ▼

HELPFUL LINKS ▼

ABOUT

CONTACT US ▼

LOGIN / REGISTER ▼



COALITION AGAINST

HUNGER



COMPASS System Maintenance

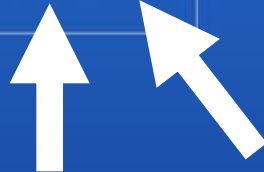
Please be advised that COMPASS will be unavailable from 7:30 AM to 6 PM on 6/6 due to system maintenance.

Language: [En Español](#) | [More](#)

## Welcome to COMPASS

The fast and easy way to access  
benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the Apply Now button below to begin.

[APPLY NOW](#)[DO I QUALIFY?](#)







## Find out which benefits are available to you...

- **Health Care Coverage**
- **Cash Assistance**
- **LIHEAP (Energy Assistance)**
- **SNAP (food stamps)**
- **Free / Reduced Price School Meals**
- **Child Care works**

# The page will ask you to:

## Select the benefits you are interested in ...and learn more!

Please click on any benefit that one or more people in your household are interested in. We will look at the selected benefits to see if you may be eligible for them. The benefits you select will determine which questions you will be asked.

- ☐  Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)  
[More Information](#)
- ☐  Supplemental Nutrition Assistance Program (Food Stamps)  
[More Information](#)
- ☐  Free or Reduced Price School Meals  
[More Information](#)
- ☐  Cash Assistance  
[More Information](#)
- ☐  Child Care Works  
[More Information](#)
- ☐  Low-Income Home Energy Assistance Program (LIHEAP)  
[More Information](#)

The next two sections ask the applicant for information.

**(Ex: Household, Income, Expenses)**

# Then, after a few more questions...



## Jackson Foltz

Name \*

Age \*

Sex \*

☒ Male

☐ Female

Remove

ADD ANOTHER PERSON

If there is anyone else in the household, please click the 'Add Another Person' button.

Does anyone in the household who is 21 or younger have a parent who does not live in the house or who has died?

☐ Yes

☒ No

Does anyone in the household have a spouse who is not living in the house or has died?

☐ Yes

☒ No

Has anyone in the household lost their job or had their hours reduced through no fault of their own within the past year?

☐ Yes

Does Jackson Foltz have one or more jobs?

☐ Yes

☐ No

What is Jackson Foltz's other monthly income? ?

Format: XXXXXXXX.XX

Does Jackson Foltz have a disability, medical condition, or take an ongoing medication prescribed by a doctor?

☐ Yes

☐ No

...let's begin an application:

# Apply Now

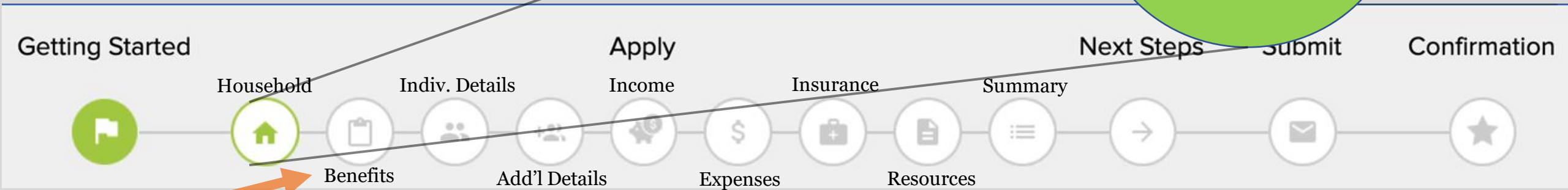
(Begin an application)

# Understanding the Application

Here is the step-by-step diagram:

Note:

The icons light up green when you reach a new part of the application.



Here are the titles of each step. Take note, you won't see them on your screen.

The application has nine steps, each represented by a circle. Then, there are three final sections:

- 1) Completion check
- 2) Submit the application
- 3) Confirmation

# Understanding the Application

Questions focus either on the Household or an Individual:



Some sections focus only on the Household (see above), others focus on the Household **and** the individuals in it:



# Understanding the Application

## *Buttons*



SAVE & FINISH LATER

This button comes at the top of the **Benefits** page.

You can use it to save your work in case you need to log back in later, though **this is not recommended.**



PRINT



CANCEL

You may notice these buttons at the top of the **Household** page.

If you click “**PRINT**,” you get a summary (pdf document) of your application so far

--

If you click “**CANCEL**,” the site will ask you whether you want to cancel your application. This will delete it permanently.

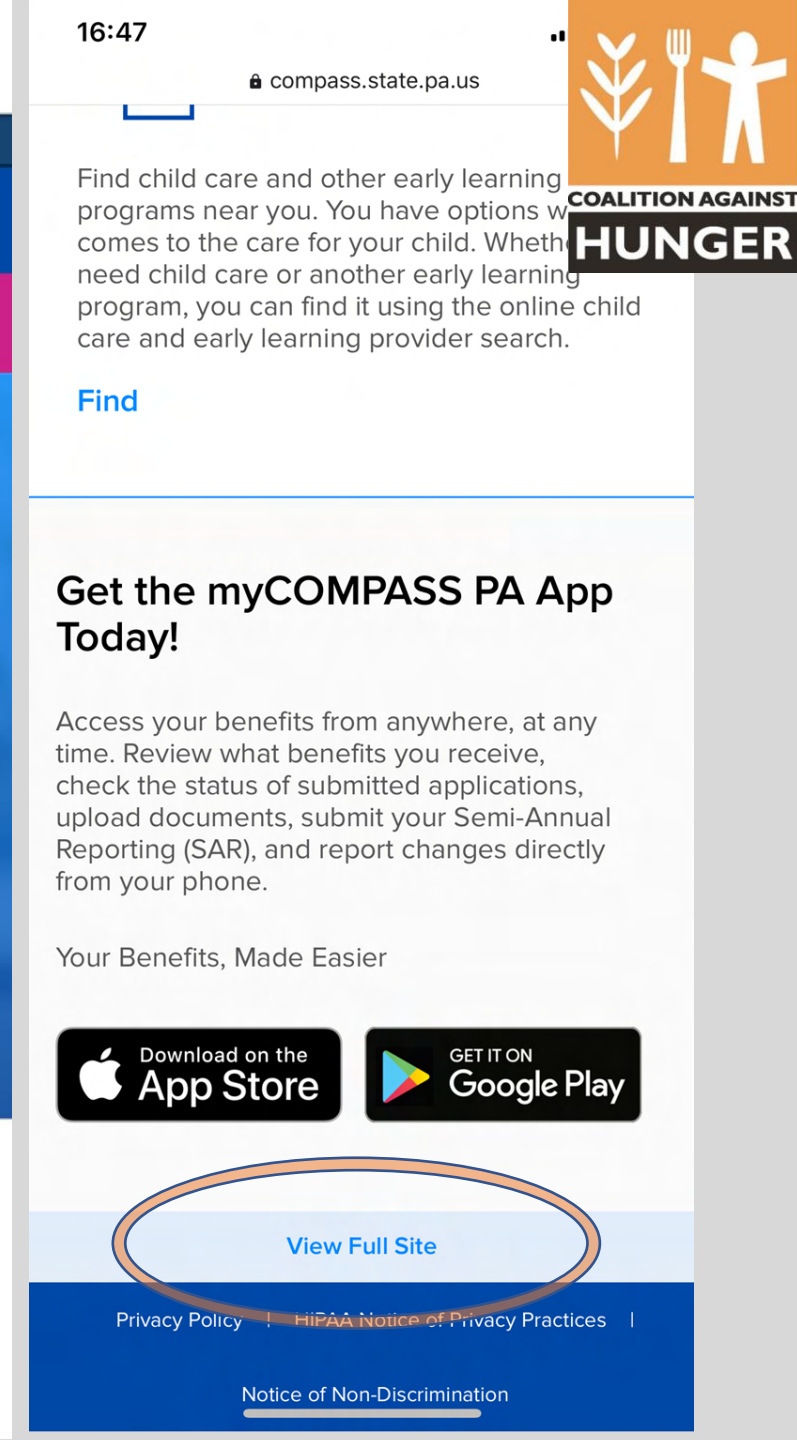
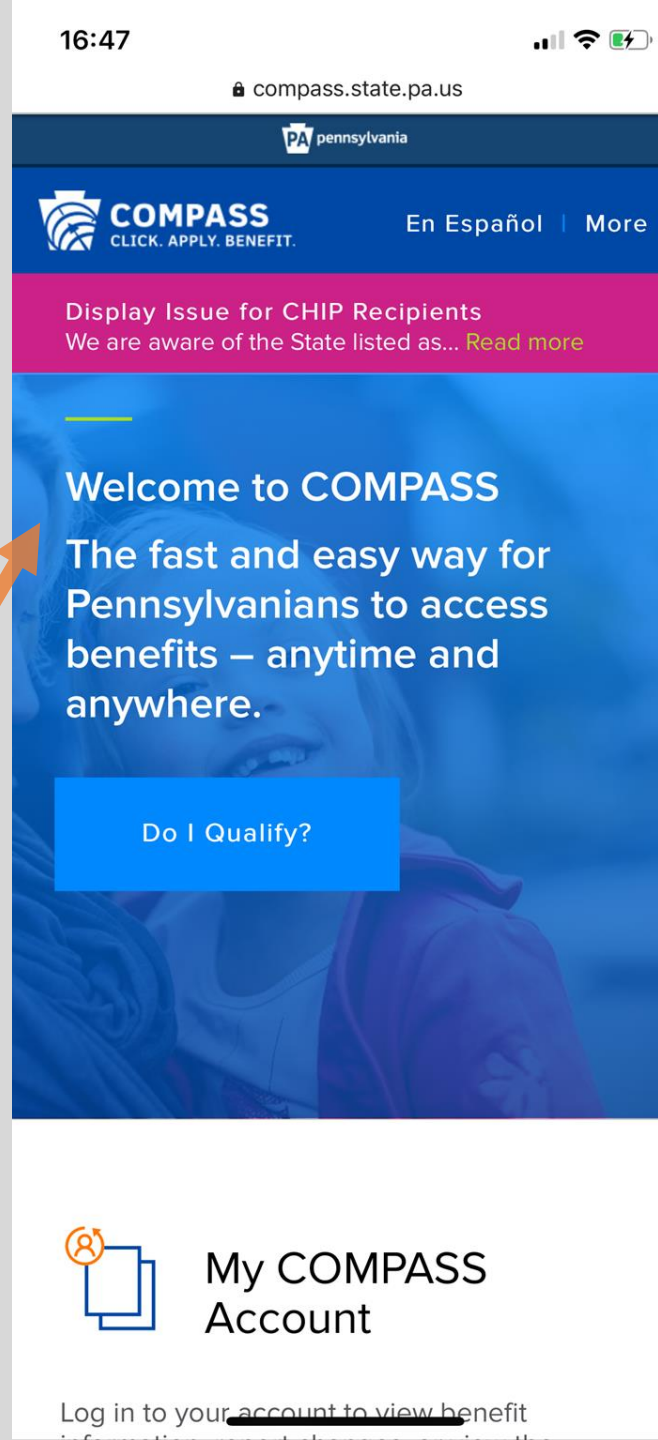
# A little advice...

1) Many people complete the application from a web browser on their mobile phone.

The COMPASS website is mobile friendly, you can complete the application on your phone by visiting [www.compass.state.pa.us](http://www.compass.state.pa.us) on your phone internet browser

**Note:** To do this, get to the Welcome Page on your phone.

Then, scroll down to “**View Full Site**” and begin the application there.




# A little advice...

2) Move through the application as quickly as you are able.

3) All required questions on a page must be answered before moving forward

This website is experiencing technical problems, but your application has been saved! Please make note of the username (if applicable), e-Form number, and password. They will be needed in the future to continue your application. If you have this problem again, please contact the HELPLINE at 1-800-692-7462.

[Back To COMPASS Home Page](#)



Sometimes notifications like this one will slow your progress. Use your Username & Password to log back in. Keep going until the blue “submit” button.

# A little advice...

4) If an error notification pops up and logs you out, you DO NOT need to start the whole thing over. See p. 78 for login info.

(COMPASS saves the info from the last section that was completed.)

pennsylvania PA

**An error occurred while processing your request.**  
This page has expired. Please return to the COMPASS homepage to continue  
**Se ha producido un error al procesar su solicitud.**  
Esta página ha caducado. Por favor, vuelva a la página de inicio de COMPASS para continuar.

← BACK TO COMPASS HOME PAGE

**Note:**  
Sometimes COMPASS doesn't show your saved info at first.  
Try finishing a new section of the guide and then coming back.

# Beginning the Application



What To Expect Setup Returning Users Password Warning

Privacy & Use of Your Information

COMPASS will only use your information to make sure you qualify for benefits.

What information do I need to complete this application?

You may need the following information to help you complete this application:

- Household income from jobs, child support, and other income sources
- Federal tax filing information
- Social Security Numbers and birth dates of household members
- Current or recent health insurance information
- Housing and utility expense information
- Proof of citizens and identify if you are a U.S citizen. Example: Birth Certificate; Driver's License; State ID.
- Non U.S. Citizens must provide documentation showing lawful residence in the U.S.
- Resource information, such as bank accounts, vehicles, homes, property, life insurance, etc.

COMPASS also asks for:

- Address of current employer
- Address of past or future employer
- Whether household members claim tax dependents

Note: Some programs (LIHEAP and Child Care Works) do not need resource information. For Health Care, resources are not needed if you meet one of these exceptions: pregnant; child under age 21; have a dependent child under 21 living with you; you do not have a disability and are under age 65.

# Beginning the Application



## Create a Username and Password (Keystone Key)

Choose a Username \*

☒ Use email as User ID

Username is available.

Choose a Password \*

Re-enter Password \*

Be sure to write down your username and password and keep them safe!

Enter your information.

## Personal Information for Head of Household/Payment Name

This is the person your notices are sent to:

First Name \*

Last Name \*

Date of Birth \*

Email Address

Confirm Email Address

# Beginning the Application



The questions and answers below will be used in case you lost or forget your password. The questions and answers should be personal and something not known to many people.

You must select 3 unique questions in order to continue.

Hint Question \*

What is the first school you attended?



Hint Answer \*

Hint Question \*

What is your favorite movie?



Hint Answer \*

Hint Question \*

What is your nickname?



Hint Answer \*

These will come in handy if you forget your password.

# Family Safety

This page shares Domestic Violence resources:

The Pennsylvania Coalition Against Domestic Violence

1-800-932-4632 (in PA)


303-839-1852 (National)

Now, click “next,” and when you see this appear, you’re ready to start the application!

**Note:** on the next page is your e-Form # .  
Write this down and file it away!

e-Form # 

These have 9 characters, like this: **A11111111**



Your My COMPASS Account has been successfully created. Please be sure to write down your username and password so you can access your information in the future. Click the OK button to continue this application.

OK

# Household

On this page, enter the **Name**, **Birthday**, and **Sex** of all people in the Household.

What is a **SNAP Household**?

- A person living alone who buys food and makes meals
- A group of people who live together and buy and make meals together
- A person or group living with others who buy and make meals separately.\*



\*Source: SNAP Handbook, Pennsylvania Dept. of Human Services

# Household

**Note:** Some people who live together **must** be included in the same household, even if they are not buying and making meals together.

Who are these “mandatory household members”?

- Spouses
- Parents and child(ren) age 21 or younger
  - Natural, adopted or step– children.
- Other family members (nieces, grandchildren, etc.) under age 18

**Example:** this means that a 20-year-old living in their parents’ home can not apply for SNAP as a separate household (even if they buy and make meals separately)



# Benefits


Select the **benefits** you're looking for.


Then, select the **household member(s)** that would like to apply for the benefit.

☒  Supplemental Nutrition Assistance Program (Food Stamps) 

If you are applying for only SNAP (Food Stamps) benefits, you only need to submit your name, address and signature to start your application. At any point in the application, you can go to the end by clicking Summary on the left hand side of the screen. Please note: Completing as much information as possible on this application may assist the County Assistance Office in completing your application more quickly.

Please choose the person(s) who are applying for this benefit

☒  Et [redacted] (2)

☐  [redacted]



# Individual Details

These questions have to do with:

- The person applying for benefits, and
- Other household members.

**Note:** COMPASS lets users move forward in the application without answers to certain questions. Other questions are required (these have a red asterix):

The more information that you provide, the easier later sections of the application will be.

# Individual Details

Getting Started

Apply

Next Steps

Submit

Confirmation



## Here's an idea of the types of questions in this section:

Have you ever applied for or received benefits while in another U.S. state?

☐ Yes ☒ No

Has your household received (or will it receive) SNAP (Food Stamps) Benefits this month from any state?

☐ Yes ☒ No

Will your household's total income for this month be less than \$150 before taxes are taken out? Include money you have already received this month, as well as money you expect to receive later this month.

☒ Yes ☐ No

Does your household have \$100 or less in cash, checking accounts, or savings accounts?

☐ Yes ☒ No

What school district does the household live in? \*

Philadelphia City



City/Township/Borough: \*

PHILADELPHIA CIT



Would you like to allow someone else to obtain your SNAP (Food Stamp) Benefits for you? This person will also be able to use the benefits to buy food for you.

☒ Yes ☐ No

Is your monthly rent or mortgage and utilities (such as gas, electric, water, and telephone) MORE than your combined cash, checking accounts, or saving accounts and your total monthly income before taxes are taken out? ?

☐ Yes ☒ No

**Note:** the answers here are just an example. Yours may look different!



# Individual Details

...and for other Household members:

## A Note for Students:

Your education may impact whether you qualify for SNAP, or the amount of benefits you will get.



Getting Started      Apply      Next Steps      Submit      Confirmation

Is  currently a student?  
☐ Yes   ☐ No

Is  a spouse, widow(er), parent, or minor child of a United States veteran?  
☐ Yes   ☐ No

Has  applied for any benefits that they have not received yet? [?](#)  
☐ Yes   ☐ No

What is s marital status? \*

Please tell us about s relationships:  
 is   \*

What is s Social Security Number?

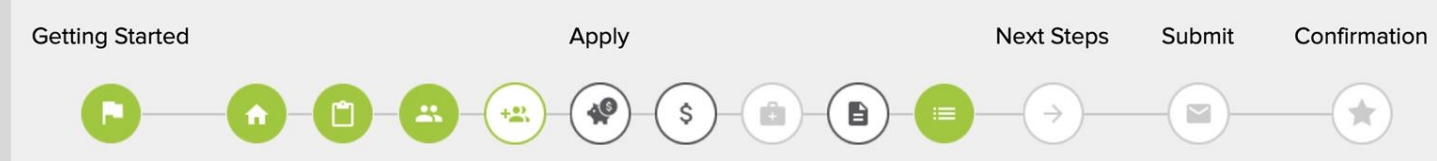
Please enter s Driver's License or State ID information:  
State or Territory:

Driver's License or State ID Number:

Is  planning on filing a federal income tax return? \*  
☐ Yes   ☐ No

Will anyone claim  as a tax dependent? \* [?](#)  
☐ Yes   ☐ No

# Additional Details



This section asks personal questions about:

**Health:** physical conditions, payments, etc.

**Sources of Income:** (*see index for earned vs unearned income*)

**Legal Standing:** incarceration, criminal history, etc.

# Additional Details

Getting Started

Apply

Next Steps

Submit

Confirmation



Here's an idea of the types of questions in this section:

## General

Does anyone have a medical condition (including a disability), a chronic condition (such as arthritis), or an ongoing special health care need? \*

☐ Yes ☒ No

Does anyone applying have a medical condition that requires health sustaining medication? \*

☒ Yes ☐ No

Who?

☒ ☐

Has anyone received Supplemental Security Income in the past? \* ?

☐ Yes ☒ No

Does anyone have any paid or unpaid medical bills that have a date of service that occurred this month or within the past 3 months? \* ?

☐ Yes ☒ No

Has anyone in the household lost their job or had their work hours reduced through no fault of their own within the past year?

☒ Yes ☐ No

Has anyone applying been issued a summons or warrant to appear as a defendant at a criminal court proceeding?

☐ Yes ☒ No





# Income

Here, COMPASS asks for info about:

**Current employment (or starting in the next 30 days):**

Address, Contact, Hours

**Recent employment (or ended in the last 30 days):**

Address, Contact, Hours

## Why does the application ask for gross income instead of net income?

SNAP rules require that the state consider gross income, which is income before taxes. But the rules also require that other expenses (see “Expenses” page) get taken into account. These expenses get subtracted from your gross income to figure out your net income.

This is what determines the amount of SNAP benefits you will receive.



# Income

**Note:** if COMPASS requires that you answer the question about when you were last paid by your employer *but you have not started your job yet*, we recommend that you list the **start date** of your job as the date you were last paid.

This will allow you to move forward with the application.

**Note #2:** COMPASS asks only for the income that you *received* during the time frame provided.

For example: if you're asked for income from April – June, but the last check covering June was not paid until July, this last check does not need to be submitted.

# Expenses

Getting Started

Apply

Next Steps

Submit

Confirmation



This section asks the user about costs such as:

- Shelter
- Legal Fees
- Child Support
- LIHEAP *\*Refer to Glossary\**
- Transportation
- Medical Expenses (*seniors or those with disabilities*)

## Why do I have to list so many expenses?

It's a lot of work now, but remember: the more expenses someone has, the more likely they are to receive more money in their benefit.

## What about my other expenses?

Car payments, licenses and student loans are not accepted.

# Insurance

Getting Started

Apply

Next Steps

Submit

Confirmation



This section asks for information about:

- **Medical insurance**
- Whether a household member has an **employer** that offers health insurance.
  - Information about this employer.

**The next pages show two examples:**

# Insurance

Getting Started

Apply

Next Steps

Submit

Confirmation



Household



[Redacted]

Completion Check #

[Redacted]

## Household

General

Employer Insurance

Does anyone have health (or medical) insurance (including Medicare or Long Term Living Services - Nursing Home and Related Facilities Insurance)? \*

☐ Yes ☐ No

Has anyone lost health insurance in the last 90 days? \*

☐ Yes ☐ No

Is anyone who is applying offered health insurance from a job? Select Yes even if it is from someone else's job, such as a parent or spouse. \* ?

☐ Yes ☐ No

# Insurance

Getting Started

Apply

Next Steps

Submit

Confirmation



If any household member works for an employer with medical coverage but does not receive it, they are ***not required*** to begin receiving it in order to apply for benefits.

The only **required** information is the name of the employer that offers coverage:

# Insurance

Getting Started

Apply

Next Steps

Submit

Confirmation



Who is the employee at the job that offers health insurance? \*

Emmanuel Foltz



Employer Name: \*

Other



Employer Name: \*

Employer Identification Number (EIN): ?

Employer Street Address:

Street Address (2):

City:

State:

--Please Select--



Zip:

Employer Phone Number:

( ) -

Are any of these types of coverage offered?

- ☐ COBRA coverage
- ☐ Retiree Health Plan
- ☐ State Employee Benefit Plan

Who from the employer can be contacted about this health insurance?

Contact Name:

Phone Number:

( ) -

Ext:

E-mail:

Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ Yes ☐ No

Who is (or could) be covered by this employer's health insurance?

☐ Emmanuel Foltz

Does the employer's health plan meet the minimum value standard? ?

☐ Yes ☐ No

Will the employer's health plan change soon?

☐ Yes ☐ No

Not necessary to submit



# Resources

This section asks you about assets such as:

**Checking Account**

**Savings Account**

So, it requires Account Number and Routing Number info.

**Note:** Since 2015, savings **are not used** to determine SNAP eligibility. In other words, there is no asset test. This is only used to determine **eligibility for emergency benefits.**

# Summary

Getting Started

Apply

Next Steps

Submit

Confirmation



## Completion Check

Your application is almost finished!

There are a few more steps to do before you submit your application

First, we will check your application to see if you missed any important questions. If you did, we will highlight these important questions for you. 'Required' questions will be highlighted in red and marked with a stop symbol.

Please answer as many questions as you can. Your answers are needed to complete our review and see if you are eligible.

### Required Question

⊗ A required question is one that you must answer to submit your application.

Ready to review your application?

First, be sure to write down your e-Form number and password.

Click 'Next' to start your application check.

Almost done! When you click “next” on the **Completion Check**, COMPASS will take you to any part of the application that still needs info.



# Summary

Getting Started

Apply

Next Steps

Submit

Confirmation



## Summary of e-Form

Now, let us review your application

Your application has not yet been submitted. Let us review your information to make sure it is correct and that you have not forgotten anything.

To do this, we will show you a summary of your application . Please review it carefully. If you find any mistakes or something you need to add, do not worry. It is easy to make changes; just click on the "change this information" button and you will be able to make any changes that are needed.

If you would like to see an entire summary of all of your information or to print a copy of the information you have provided you can click the "Print" button at the top of the screen.

Click Next to review the summary of your application

[RETURN TO SUMMARY](#)

[PREVIOUS](#)

[NEXT](#)



After the check, take **one more look** at the application summary (click “next”) and make sure everything is complete.

# Next Steps

Getting Started

Apply

Next Steps

Submit

Confirmation



This section gives you final pieces of information and asks a few questions about topics like:

- Interview with a case worker
- How to find your local County Assistance Office (or welfare office)
- Whether you would like to e-sign (SSN required)

Your answers affect the way that the application process finishes.



# Next Steps

Getting Started

Apply

Next Steps

Submit

Confirmation



[Allment Broker](#) [Managed Care Organization](#) **Additional Information** [Absent Relative Information](#)

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Your answers to the following questions WILL NOT affect your eligibility for Health and Human Services.

What language do the applicants most easily understand? \*

--Select--



If other, please be specific:

If an interview is necessary, do you want an interpreter? \*

☐ No

Give any additional comments?

☐ No



COALITION AGAINST  
HUNGER

**Note:** the application is not submitted until you press the blue "Submit" button.

# Submit

Getting Started

Apply

Next Steps

Submit

Confirmation



[Signature Options](#)

[Rights & Responsibilities](#)

[Identity Verification](#)

[Certification / Authorization](#)

[Submit](#)

[Confirmation](#)



This section lists final information about:

- Rights and responsibilities
- Prohibitions and penalties
- SNAP-specific rules
- CHIP-specific rules.

# Submit

Getting Started

Apply

Next Steps

Submit

Confirmation



[Signature Options](#)

[Rights & Responsibilities](#)

[Identity Verification](#)

[Certification / Authorization](#)

[Submit](#)

[Confirmation](#)

This section asks the user to:

- Read a privacy statement
- Confirm their personal information from the application

**Note:** you must **check the boxes** on this page and the Certification/Authorization page (see arrow below) to move on.

## Identity Verification

To protect your privacy, we use a federal ID proofing service to verify your identity. Successfully verifying your identity allows us to quickly process your application and ensure that the information provided as part of the application remains secure. Below is the privacy statement related to the information that will be used in the ID proofing process.

- The below information is used to verify your identity with Experian, an external identity verification provider. Identity verification asks questions that can only be answered by the head of household Emmanuel Foltz ; based on accounts and personal information in Emmanuel Foltz 's credit report.
- Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a soft inquiry on your Experian consumer report. Soft inquiries are only visible to you, will never be presented to third parties, and do not affect your credit score. The soft inquiry will be titled CMS Proofing Services and will be removed from your Experian consumer report after 25 months.
- You may need to have access to your personal consumer report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see Experian Consumer Assistance Website - [www.Experian.com](http://www.Experian.com)
- Please note that you will only have one attempt to answer these questions correctly. If we are unable to match your responses, you may still submit the application. However, we may request additional verification be provided to complete processing of your application.

☒ I have read the privacy statement and understand that my personal information will be used to verify my identity

# Submit

Getting Started

Apply

Next Steps

Submit

Confirmation



[Signature Options](#)

[Rights & Responsibilities](#)

[Identity Verification](#)

[Certification / Authorization](#)

[Submit](#)

[Confirmation](#)

- Answer identity confirmation questions

Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.

- ☐ MURRAYS GIFTS
- ☐ PIPERS
- ☐ NOVICA
- ☐ 1-800 CONTACTS
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Please select the county for the address you provided.

- ☐ PHILADELPHIA
- ☐ CENTRE
- ☐ ALLEGHENY
- ☐ FRANKLIN
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you previously lived on (BEECHWOOD). Please choose the city from the following list where this street is located.

- ☐ HONEY BROOK
- ☐ BLUE BELL
- ☐ WEST GROVE
- ☐ PHILADELPHIA
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you graduated from which of the following High Schools?

- ☐ EAGLE PASS HIGH SCHOOL



# Submit

Getting Started

Apply

Next Steps

Submit

Confirmation



[Signature Options](#)

[Rights & Responsibilities](#)

[Identity Verification](#)

[Certification / Authorization](#)

[Submit](#)

[Confirmation](#)

- Enter the last 4 digits of Social Security Number

You are about to e-Sign this application . Basically, this is the same thing as signing your name with a pen at the bottom of a paper form.

- I certify to the best of my knowledge that I understand my rights and responsibilities
- I authorize the release of my personal, financial, and medical information for the purpose of determining eligibility
- I understand I am required to report changes as stated on the Rights & Responsibilities page.
- I understand that my situation is subject to verification from employers, financial sources and other third parties
- I certify that all information in this application is true and correct under penalty of perjury

☒ I AGREE that by entering my name and the last 4 digits of my Social Security Number, this acts as my legal signature, and I acknowledge that I read and understand the Certification Statement above and the rights and responsibilities and agree to these terms as stated.

An adult household member must e-Sign this application . Choose this individual from the dropdown box below and enter the required information of this individual to complete the e-Signature process.

Adult Household Member e-Signing this application:

Emmanuel Foltz



Last 4 digits of SSN:

**Note:** if you do not have a Social Security Number, you can use nine zeroes: “0000000000”.



# Submit

Getting Started

Apply

Next Steps

Submit

Confirmation



[Signature Options](#)

[Rights & Responsibilities](#)

[Identity Verification](#)

[Certification / Authorization](#)

[Submit](#)

[Confirmation](#)

- Click “Submit”

You are not quite finished! To complete this application, you must click on Submit at the bottom of the screen.

You have entered all of your information. If you want to make any changes, please make them now.

To complete the process, you may need to return the verification documents listed on the following pages. The e-Form Signature page will automatically be signed for you. The electronic signature indicates that you understand your rights and responsibilities.

Please choose one of the following:

- ☒ I want to view and/or print the e-Form for my records.
- ☐ I want to view and/or print the e-Signed signature page
- ☐ I do not want to view and/or print the e-Form at this time

Please indicate which language you would like to view and/or print this document in: \*

English



[RETURN TO SUMMARY](#)

[PREVIOUS](#)

[SUBMIT](#)



# Confirmation

You have completed the application for benefits. **Well done!**

## ...anything else to do **now**?

- You will need to submit documents to the County Assistance office AND complete a phone interview.
  - You will receive a call from the CAO (the caller ID will show “COPA” for “Commonwealth of PA”) a day or two after you submit your application. Answer if you can, this will be a caseworker calling to complete your interview.
  - If you miss the call, call the Application Interview line at 855-527-1310. You may need to know your CAO in order to be connected. You will be connected with a CAO worker who will be able to interview you on the spot. No appointment is needed.
- You should expect a **letter** in the mail at the address you provided on the application (it will tell you if you were **approved** or **denied**).
  - **Note:** sometimes people are denied *emergency* SNAP, but are still eligible for normal SNAP benefits. If this happens, it will take a little longer to get the card.
- The letter will tell you your **local County Assistance Office** and give you their contact info.
  - We recommend that you give them a call to make sure you have sent in all the paperwork they need.

# Access Card

Your access card will look like this...



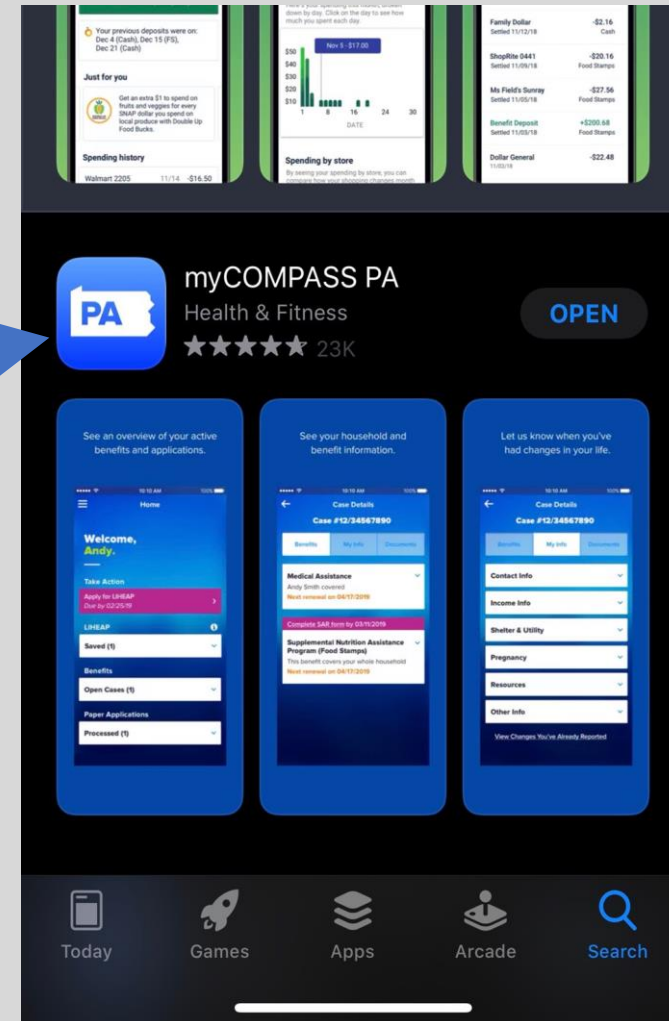
# Mobile App

(Manage benefits on my phone with the myCOMPASS mobile app)



# myCOMPASS Mobile App

You may know the COMPASS website, but what about the mobile app?



# Why use myCOMPASS Mobile App?

- Check the status of your application
- Find out when to submit a renewal form
- Upload, send and view documents related to your benefits



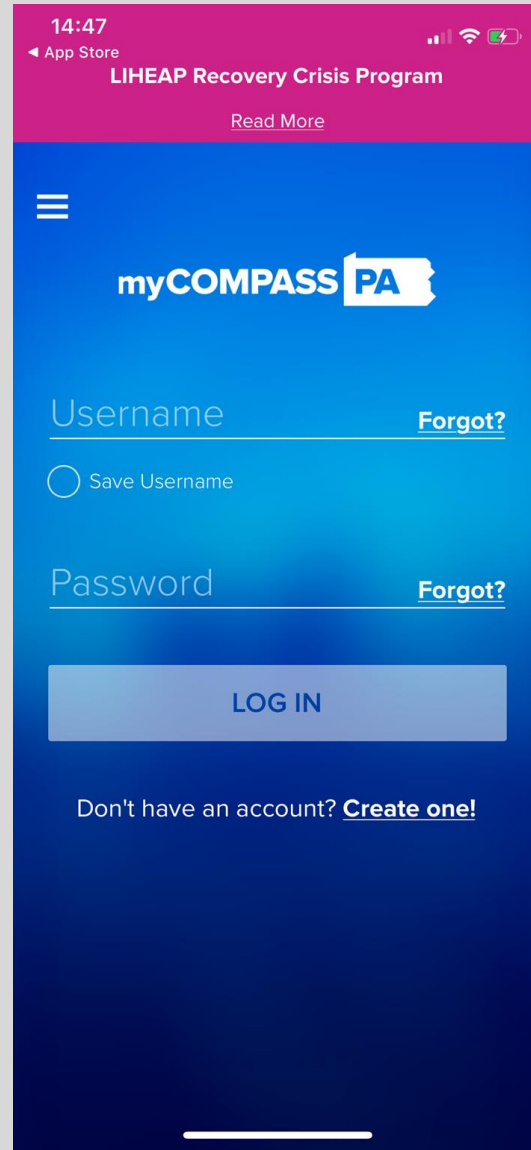
# What does the mobile app do that the website doesn't?

- The mobile app gives you alerts about your application from the Department of Human Services, right on your phone.
- The mobile app lets you scan or take pictures of required forms using the phone camera, then upload them to COMPASS.

**Note:** The mobile app does not let you submit an application for the first time, only renewals.

**Note #2:** The mobile app was designed for the mobile phone, but it can be used on tablets too.

# myCOMPASS Mobile App



Once you download it, open the app for the **Login page**.

Use your **Keystone Key**, or the username and password you created for COMPASS.



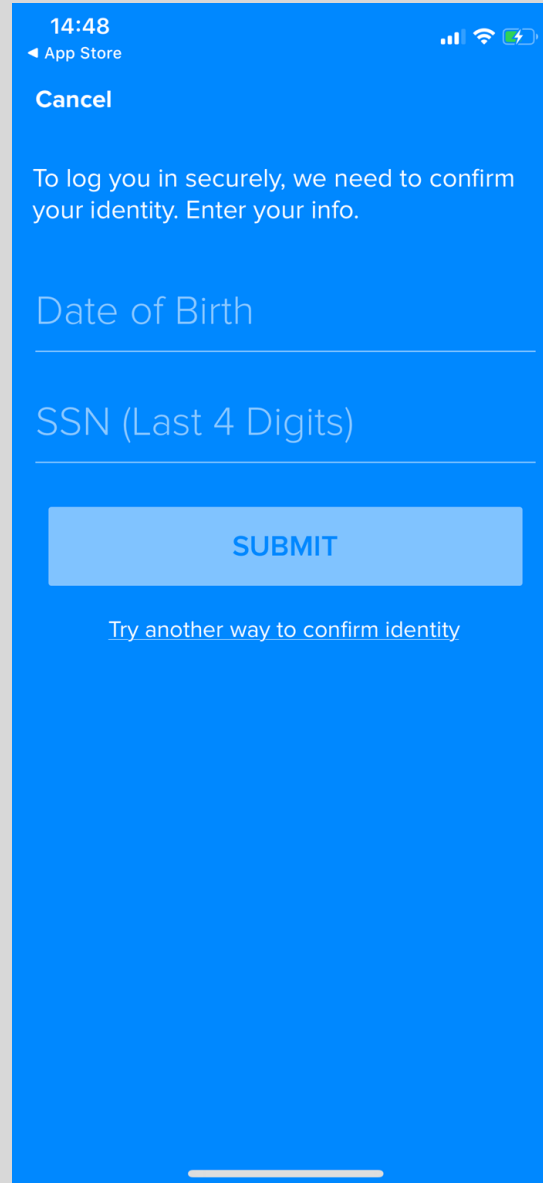
# myCOMPASS Mobile App

## Need your Record ID?

Call the Philly CHANGE center: **(215) 560 7226**

or PA: **(877) 395 8930**

Or COMPASS Helpline:  
**1 (800) 692 7462**



14:48  
◀ App Store

Cancel

To log you in securely, we need to confirm your identity. Enter your info.

Date of Birth

SSN (Last 4 Digits)

SUBMIT

[Try another way to confirm identity](#)

For security purposes, the mobile app asks for:

- Date of Birth
- Record ID #
- SSN

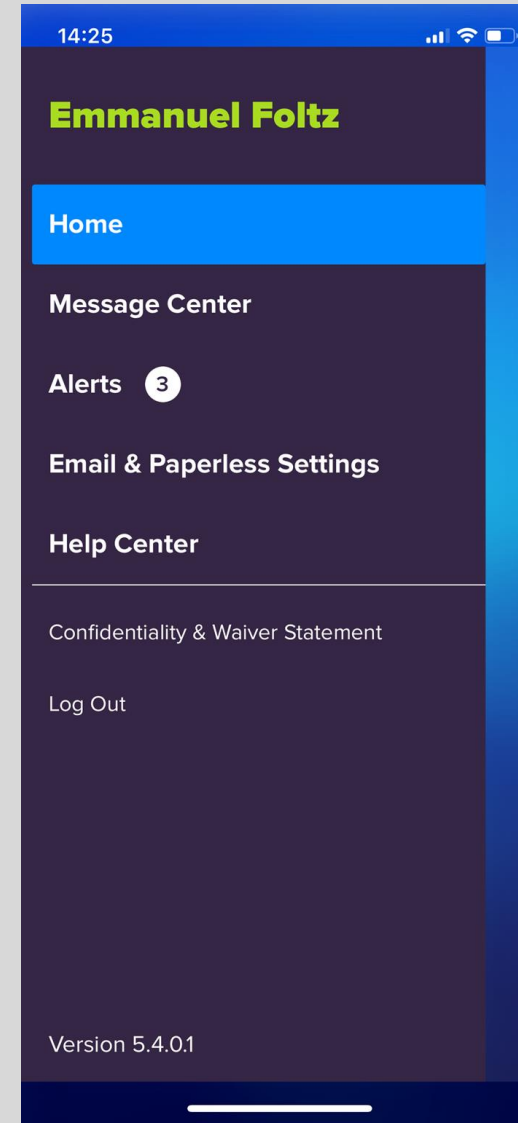
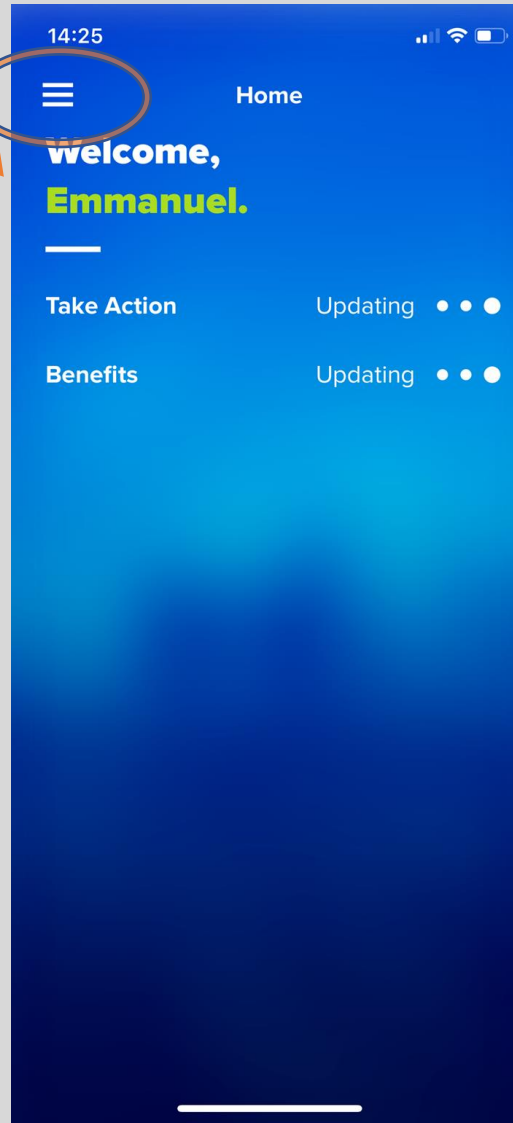
...before logging in.



# myCOMPASS Mobile App

And here is the **Menu panel**.

This is the **Welcome** page  
Select here to access the  
**Menu Panel** (at right).



Use this to find the  
Semi-Annual  
Renewal (SAR) and  
individual alerts.

**What is the SAR?**

See the Glossary.

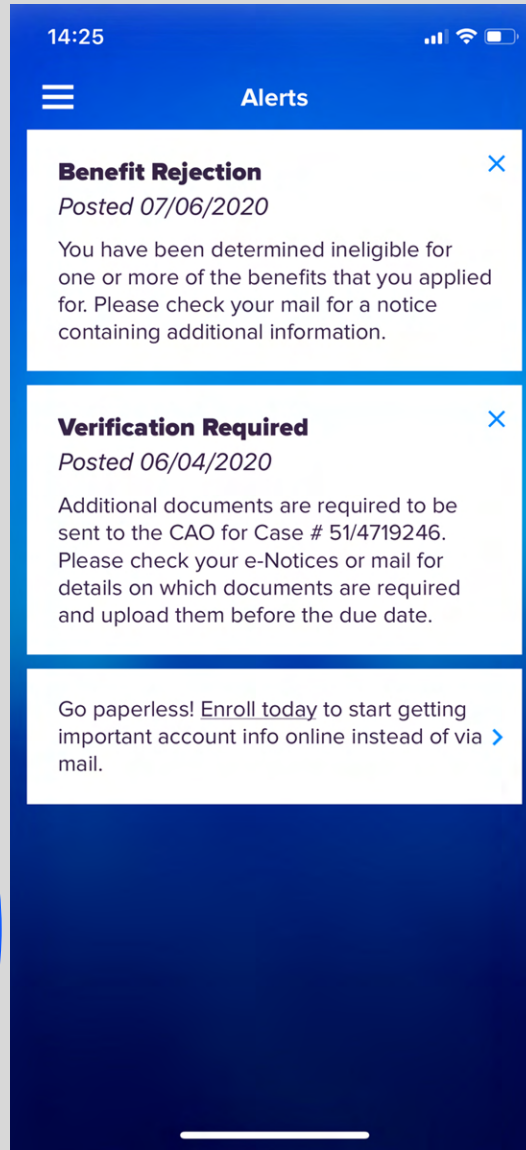
Submit the SAR here  
to save a trip to the  
CAO, or save  
the time of  
sending by  
mail.



# myCOMPASS Mobile App

Here are the **alerts**.

Messages are specific to the user.



Need to talk to someone?

COMPASS Helpline: **1 (800) 692-7462**

## Note:

With your documents, you may only send **one** at a time.

(Ex: proof of residence, proof of income, form of ID, etc.)



# Tips

(Make the process easier)

# Keep a File

When you submit a file...



- Name the file like so:  
“ **\*type of document\*\_\*name\*\_\*record #\*** “
- *For example: ProofofResidence\_PaulaAppleseed\_0101010.pdf*



- Keep track of the **Date** you submitted each file
  - Follow up by phone **two days** after you submit the application



- **In PA:**
  - Call the Customer Service Center: **(877) 395 8930**
  - The COMPASS Customer Service Center: **1-800-692-7462**

- **In Philly:**
  - Call the Customer Service Center Center: **(215) 560-7226**

# Troubleshooting

From this page, click here to submit a **Feedback Form**.

You will be asked for your **phone** and **email**, COMPASS will call within **3-5 business days**.



PA pennsylvania

PA STATE AGENCIES ▼ PA ONLINE SERVICES ▼

**COMPASS**  
CLICK. APPLY. BENEFIT.

WHAT WE OFFER ▼ HELPFUL LINKS ▼ ABOUT ▼ **CONTACT US ▼** LOGIN / REGISTER ▼

### Call or Email Us

HELPLINE  
[1-800-692-7462](tel:1-800-692-7462)

Call us between 8:30 a.m. and 4:45 p.m. Monday through Friday. If you are hearing impaired, call TTY/TTD at [1-800-451-5886](tel:1-800-451-5886). If you have a question during non-business hours or prefer to use mail.

[Send an Email](#)

### Have a question about CHIP benefits or eligibility?

Please visit the CHIP website at [www.chipcoverspakids.com](http://www.chipcoverspakids.com) and click on "FAQ" at the top right corner to find answers to most questions.

### Have a question about the status of your School Meals application or questions about the program?

Please contact the school your child attends.

### More Information

If you have other questions or need additional information, please visit the contact page for all up-to-date details.

[Go to the Contact Page »](#)

Apply Now button below to begin.

[APPLY NOW](#) [DO I QUALIFY?](#)

# Troubleshooting

## Department of Human Services Feedback Form

### Section 1.

Connect with the various programs within the Department of Human Services to get the help you need. Please select a service from the categories below that best represents the nature of the question or comment you have. Your question will automatically be routed to the appropriate program office for a response.

Please select a service \*

Please select an option

▼

Are you a Provider?

Please select an option

▼

Provider Number (if applicable)

Organization

Please contact me as soon as possible

No

▼

Comments



Complete this brief form, and then within 3-5 business days...

# Troubleshooting

Thank you for your e-mail to the Pennsylvania Department of Human Services (DHS) regarding your My Compass Account. Unfortunately, we were unable to reach you by phone today.

If you still have not been able to submit your application, please contact the DHS Helpline at 1-800-692-7462 to speak with an Advocate who will review your situation.

In the future, if you need to report a change (i.e. income, address, household members), please contact our Statewide Customer Service Center at 877-395-8930. If you live in Philadelphia, please contact the Philadelphia Customer Service Center; you can reach them at 215-560-7226. Your caseworker will be notified of any Customer Service Center actions or requests on your case.

Staff at the helpline can answer questions about Cash Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Assistance, Supplemental Security Income, State Supplemental Payments, the Low-Income Home Energy Assistance Program (LIHEAP), the COMPASS website, and the application process. The helpline hours of operations are Monday through Friday, 8:30 a.m. to 4:30 p.m.

Sincerely,

**M Niwinski** | Helpline Chief

Department of Human Services | Bureau of Operations

P.O. Box 2675 | Hbg PA 17105-2675

Phone: 800.692.7462 | Fax: 717.705.0040



...the COMPASS Helpline team sends an email to those who don't pick up.

# FAQs

(Frequently Asked Questions)



# Frequently Asked Questions

## ***Who should I contact if the website doesn't work?***

First, try the COMPASS Helpline at 1-800-692-7462

- Wait time can be long (~15 min.), but it's a helpful service.
- Sometimes the phone line will end your call as you wait.
- If you're unable to get through, submit a request for help through the [Feedback Form](#).

## ***I forgot my Keystone Key...***

We recommend that you make a new account. This can be done even if the same email, SSN, etc. is used.

The only feature that must be different is the Username.

## ***I don't have my Record ID # and I haven't received an EBT card...***

For people in this situation, COMPASS can be confusing. Try 1-800-692-7462 first.

We recommend using the "Apply Now" button on the front page to complete the application with no Record ID or EBT # required.



# Frequently Asked Questions (cont.)

***What's the matter with applying through the "Login/Register" Button?***

The way that COMPASS is set up, beginning with the "Apply Now" button allows the user to complete the application with less information.

In other words, nothing, but it asks the user for a Record ID #, which a new applicant may not have.

***Is it possible to apply through the "Login/Register" Button?***

Yes.

***I have a criminal history...could I still be eligible for benefits?***

Yes, having a criminal history will not prevent you from getting SNAP in PA.

***May I allow someone else to get my SNAP benefits for me?***

Yes. This question is in the "Individual Details" section of the application.



# Frequently Asked Questions (cont.)

***Why should I move through the application quickly?***

COMPASS stores the information that you add in it, even when the application is not submitted. Still, sometimes COMPASS malfunctions and important info is lost. This is why we recommend finishing in one session.

***What happens if I wait an hour and come back?***

COMPASS will only save answers that were put in before “Save and

the user clicked Finish Later.”



***I submitted my application but I never got a letter...?***

We recommend you call your local Customer Service Center

See Resource Bank on p. 73

***Do I need to turn off my VPN to use COMPASS?***

Yes. Sometimes COMPASS won't let you register unless you turn off your VPN to use the site.

# Glossary

(Information about the words in COMPASS)

# Glossary

**ABAWD:** An able-bodied adult (age 18 to 50) without (a) dependent child(ren) under age 18 in their SNAP household. ABAWDs are eligible for SNAP.

ABAWDs may be subject to a SNAP time limit if they are not in work, training, or education for at least 20 hours per week. The time limit is not currently in effect in PA.

## **Child Care Works:**

A state- and federally- funded benefit (which comes in the form of a direct payment to child care providers) that covers a portion of the cost of early child care. People enrolled in this program sometimes have to pay the difference between the Child Care Works benefit and the cost of the service.



**Destitute Household:** A household is considered destitute if its *only* income during the month of application is:

- From an ended source, received before the application date
- Not more than \$25 from a new source received within 10 days of the application, or
- A combination of terminated and new sources of income

**Department of Human Services (DHS):** The government agency in PA that oversees benefit programs.

**Earned Income:** Income is considered “earned” if:

- Wages (income from work)
- Self-employment
- AmeriCorps Income (as long as individual had no SNAP when applying)
- Rental income

# Glossary

**Excluded Income:** Income sources not included:

- Educational Assistance
  - Student loans, grants, fellowships, scholarships
- Work-Study
  - NO work-study earnings count as income.
- Tax income
- Income-in-kind
- “Vendor” payments

## **(SNAP) Household:**

- A person living alone who buys food and makes meals
- A group of people who live together and buy and make meals together
- A person or group living with others who buy and make meals separately.\*



**LIHEAP:** Low Income Home Energy Assistance Program. LIHEAP helps families pay their heating bills. The benefit comes as a cash grant. Benefits range from \$200 to \$1,000 depending on the household size, income and fuel type.

**Semi-Annual Reporting (SAR):** A process that SNAP recipients complete to keep Human Services up-to-date on the recipient’s income information.

**Unearned Income:** Income considered “unearned” may be:

- Cash assistance payments (such as TANF)
- Retirement benefits and Pensions
- Social Security
- Disability Benefits (SSI, SSDI, and VA disability benefits)
- Unemployment or Workers’ Compensation
- Child support or alimony payments

# Appendix

(Extra resources)

# Resource Bank

## *Appendix*

Resource	Contact	Hours	Call for...
Coalition Against Hunger	215 430 0556	<b>M-F</b> 9am-5pm Voicemail anytime	Find resources; Benefits app over the phone
COMPASS Helpline	1 800 692 7462	<b>M-F</b> 8:30am-4:45pm	Problems with COMPASS
Philly Customer Service Center	215 560 7226	<b>M-F</b> 9am-5pm	Update on application; schedule interview
PA Customer Service Center.	1 877 395 8930	<b>M-F</b> 9am-5pm	<i>Same as above</i>
Community Legal Services of Philadelphia	1 215 981 3700	<b>M-F</b> 9am-5pm	Application help; Do I Qualify?

# SNAP Monthly Income Limits

## *Appendix*

These are included for reference.

These income limits apply through **9/30/23**. New income limits go into effect on **10/1** each year.

If your income changes and is close to these limits, we recommend you **submit an application.**

SNAP Income Guidelines	
(October 1, 2022-Sept. 30, 2023)	
Household Size	Monthly Income (Before Taxes)
1	\$2,266
2	\$3,052
3	\$3,840
4	\$4,626
5	\$5,412
6	\$6,200
7	\$6,986
8	\$7,772
Each added person	\$788

# Maximum SNAP Monthly Benefit Amounts

*Appendix*

Maximum SNAP Benefit	
(October 1, 2022-Sept. 30, 2023)	
1	\$281
2	\$516
3	\$740
4	\$939
5	\$1,116
6	\$1,339
7	\$1,480
8	\$1,691
Each added person	\$211

These are included for reference.

They are valid through **9/30/22.**

Your monthly SNAP benefits amount is determined based on your income, household size and allowed expenses/deductions.

**Benefit Minimum: \$23/month**

# SNAP Eligibility for College Students

## *Appendix*

**Low-Income Four-year College Students may qualify if any one of the following apply:**

- Work on average, at least 20 hours/week
- Have a medical barrier to employment
- Have a Federal Work Study
- Are enrolled less than half time (Less than 6 credits)
- Are under age 18 or over age 50
- Have a child under 12

# SNAP Eligibility for Non-Citizens

*Appendix*

## **Qualified Non-Citizen**

- Lawfully Permanent residence (LPR)
- Refugees and Asylees
- Paroled into the U.S. for at least one year
- Granted withholding of removal
- Battered or subjected to extreme cruelty in the U.S. by a spouse or a parent
- Cuban or Haitian entrant
- Other

## **Meet One of the following**

- Lived in the U.S. for 5 years or more as a qualified non-citizen
- Refugee, Asylee, granted withholding of removal
- Under the age of 18
- Cuban/Haitian entrant
- LPR who can be credited with 40 quarters of work
- Military (veteran, active duty, spouse & dependent children)
- Meets SNAP definition of disabled
- Lawfully in U.S. on August 22, 1996 and born on or before August 22, 1931



# Login

After you've submitted your application, you can log in to COMPASS with your Username and Password.

You can access this part of the site whether or not your application to receive benefits is approved.



The logo for the Commonwealth of Pennsylvania, featuring a blue shield with "PA" and the word "pennsylvania" in blue lowercase letters.

### Keystone Key

Please enter your My COMPASS Account (MCA) login information below:

LOGIN

### Self-service for Citizens

Register a new My COMPASS Account

Forgot Username

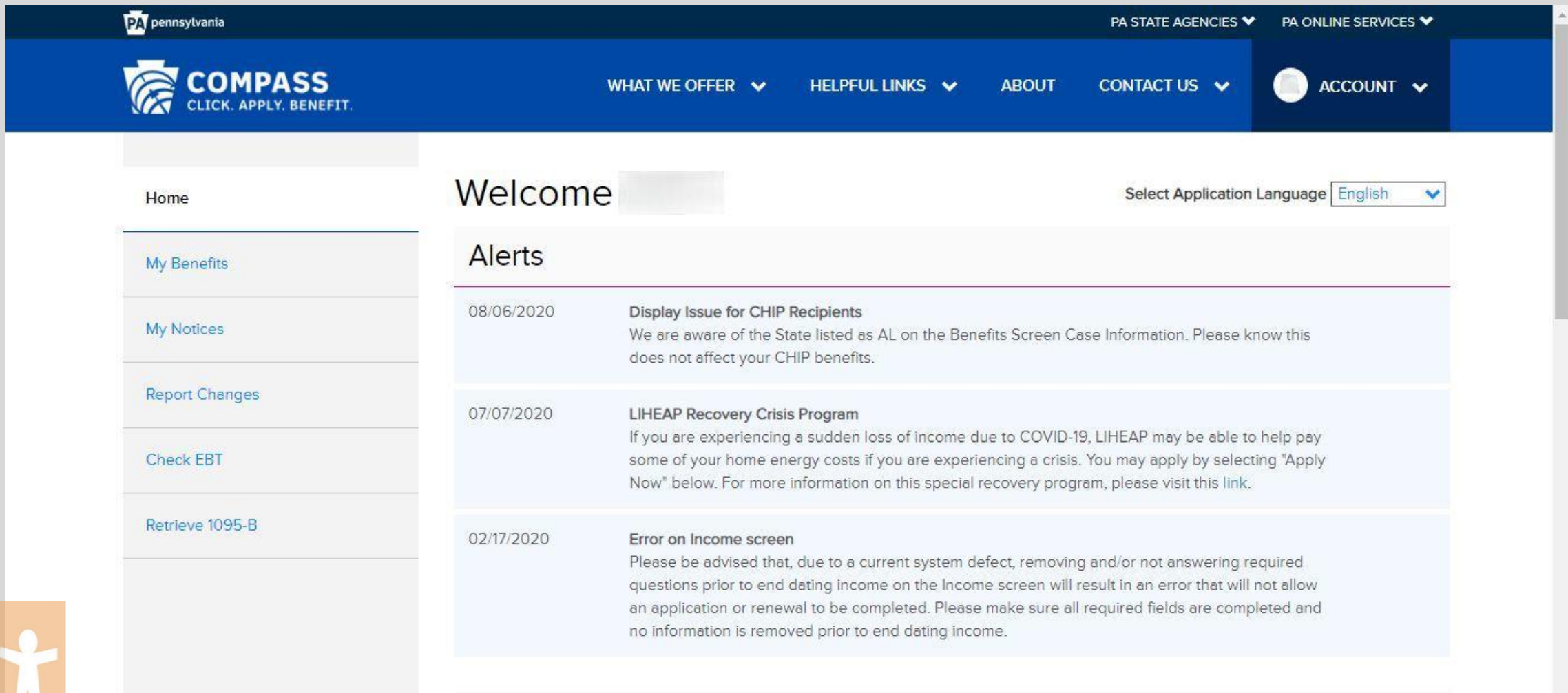
Forgot Password

Edit Profile

WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES SYSTEM. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy. Unauthorized use of or access to this system may subject you to civil or criminal penalties under state or federal law. This statement is being posted by the Department of Human Services Security and Audits Unit.

Copyright© 2019 by the Commonwealth of Pennsylvania. All Rights Reserved.

# Homepage




The screenshot shows the COMPASS Pennsylvania homepage. The top navigation bar is dark blue with the Pennsylvania state logo and 'pennsylvania' text on the left. On the right, it says 'PA STATE AGENCIES' and 'PA ONLINE SERVICES'. Below this is a blue bar with the COMPASS logo and tagline 'CLICK. APPLY. BENEFIT.' on the left. In the center are links for 'WHAT WE OFFER', 'HELPFUL LINKS', 'ABOUT', and 'CONTACT US'. On the right is an 'ACCOUNT' link with a user icon. The main content area has a left sidebar with links: 'Home', 'My Benefits', 'My Notices', 'Report Changes', 'Check EBT', and 'Retrieve 1095-B'. The main content area features a 'Welcome' message with a placeholder for a user name. To the right of the welcome message is a language selector set to 'English'. Below the welcome message is an 'Alerts' section with three entries: 1) 08/06/2020: 'Display Issue for CHIP Recipients' - We are aware of the State listed as AL on the Benefits Screen Case Information. Please know this does not affect your CHIP benefits. 2) 07/07/2020: 'LIHEAP Recovery Crisis Program' - If you are experiencing a sudden loss of income due to COVID-19, LIHEAP may be able to help pay some of your home energy costs if you are experiencing a crisis. You may apply by selecting "Apply Now" below. For more information on this special recovery program, please visit this link. 3) 02/17/2020: 'Error on Income screen' - Please be advised that, due to a current system defect, removing and/or not answering required questions prior to end dating income on the Income screen will result in an error that will not allow an application or renewal to be completed. Please make sure all required fields are completed and no information is removed prior to end dating income.



Here is your Welcome page. See the options in the menu on the left.

# Report Changes Online


 **COMPASS**  
CLICK. APPLY. BENEFIT.

WHAT WE OFFER ▼

HELPFUL LINKS ▼

ABOUT

CONTACT US ▼

 ACCOUNT ▼

Home

My Benefits

My Notices

Report Changes

Address

Phone/Email


Income >


Household Member Update >


Shelter & Utilities Expense

## Report Changes

Case Information

Payment Name: 


Phone Number: 

Address: 

School District: Philadelphia City

Language: English

County Office: Philadelphia

County/RN: 

Case Status: Open

Learn what you can do

Please use left hand navigation menu to report any changes to current case information. For examples see below:

Address / Contact	Income	Household Member Update
Residential Address	Changes in Wages	New Pregnancy
Mailing address (if different)	Change in Employment	Change in Household members
Phone Number	Change in Unearned Income	Change in Relationships

scroll down