



State of Utah  
Department of Workforce Services  
**ARC MONTHLY ACTIVITY REPORT**

ARC FACILITY: \_\_\_\_\_ MONTH: \_\_\_\_\_

This report is to be completed by the Addiction Recovery Center (ARC) and submitted to the Department of Workforce Services by email at [arcapp@utah.gov](mailto:arcapp@utah.gov) or by fax at 801-526-9856 or 1-877-536-7161 by the 10th of each month.

This form serves as a monthly list of participating SNAP residents. Facilities are required to return unused benefits to residents at departure.

Customer Name	Case Number	Date Entered Facility	Date Left Facility	Benefits Refunded? Amount?	Date Reported to DWS (Remove Alt Card)	Resident EBT Card Held/Returned/Destroyed Comments

I certify that the information provided on this report is true and correct to the best of my knowledge.

ARC Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

***Equal Opportunity Employer/Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

## ARC Monthly Activity Report Instructions (101 Report)

ARC facilities must complete the form accurately and submit the form to DWS following the criteria listed above the table. The following will explain, in more detail, what information must be included on the form.

- Customer Name: List the name of each resident at the facility that is receiving SNAP benefits. Do not list residents that are not receiving SNAP benefits.
- Case Number: List the DWS case number for the resident's SNAP case.
- Date Entered Facility: Enter the date that the resident moved into the facility.
- Date Left Facility: Enter the date the individual left the facility. If the individual is still residing at the facility, you can leave this entry blank.
- Benefits refunded? Amount?: This is only required if the individual has left the facility. The facility is required to return funds to the individual based on the criteria found in your contract.
  - Yes NO: Circle the option that indicates if the facility issued a refund or not to the individual upon leaving the facility.
  - \$\_\_\_\_: Enter the total amount of SNAP funds returned to the individual upon leaving the facility.
- Date Reported to DWS (Remove Alt Card): Enter the date in which the facility reported the individual had left the facility to DWS to have the alternate card removed from the EBT account.
- Resident EBT Card Held/Returned/Destroyed and Comments:
  - Held- Circle this option for all individuals when the facility is holding the residents individual EBT card.
    - All EBT cards (Alternate and Individual) must be stored in a secure, locked location.
    - The facility is responsible for keeping track of all EBT cards it has in its possession.
  - Returned- Circle this option when the facility has returned or destroyed the resident individual EBT card after they have left the facility.
    - Facilities are required to return any individual EBT cards to residents when they leave the facility.
  - Destroyed- Circle this option if the facility destroys the individual's EBT card after they have left the facility.
    - EBT cards must be destroyed within 10 days of an individual leaving the facility when the individual does not collect their EBT card before leaving.
  - Add any comments to this box to provide any additional information the facility needs to make note of for DWS
    - Example 1: Individual did not have their EBT card when they entered the facility
    - Example 2: Individual left the facility without notification and did not pick up their card upon leaving