



State of Utah
Department of Workforce Services
GLA MONTHLY ACTIVITY REPORT

GLA FACILITY: _____ MONTH: _____

This report is to be completed by the Group Living Arrangement (GLA) and submitted to the Department of Workforce Services by email at esdcontracts@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/ EBT Card Returned? Amount?	Date Reported to DWS (Remove Alt Card)	Address/ Comments

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

GLA 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.

GLA Monthly Activity Report Instructions (101G Report)

GLA 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/EBT Returned? Amount?:** This is only required if the individual has left the facility. The facility is required to return the food or benefits that were unused by the individual as well as the EBT card if it is held by the facility upon the resident leaving the facility.
 - Enter Yes or No based on the situation
 - Enter the amount if there were monies refunded back to the individual
- **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.
- **Address/Comments:**
 - List the address for the home where the individual resides during the month
 - Add any other comments that the facility feels are important.