

Tracking # _____

**Department of Human Services
Intra-Agency Agreement**

This Agreement is among the following Parties of the Department of Human Services: the [local DHS office] and the [Community Site].

I. TERM

Once signed by all parties, this Agreement is effective immediately and will be terminated at the discretion of either party.

II. BACKGROUND, PURPOSE, GOAL, or VISION

This agreement has two purposes: (1) to identify the responsibilities of both parties, and (2) to identify the key points of contact.

This agreement defines the roles and responsibilities of the parties when accessing client information. It addresses policies, security and confidentiality issues.

III. STATEMENT of WORK, or ROLES and RESPONSIBILITIES

A. Supplemental Nutrition Assistance Program (SNAP)

The SNAP program will provide support to community sites who will be assisting applicants apply for SNAP benefits with the online application by training their staff on general eligibility for the SNAP program.

B [Local Office]

The Field Offices will encourage clients to use the online application and assist clients with completing the application when required. The Field Offices will use any computers supplied by the SNAP program exclusively for the purpose of clients filling out online applications.

The field office will provide support to the community site by
1) Developing processes for issuing EBT cards and scheduling interviews with applicants

2) Provide technical assistance on completing the application

C. [Community Site]

The community site will provide SNAP online application assistance to individuals. The site will maintain applicant confidentiality by ensuring that all information is protected. All printed information with applicants identification will be given to the client, submitted to the local DHS office or shredded at the request of the client.

ONLY FOR USE AT SITES WITH EQUIPMENT PURCHASED BY DHS SNAP PROGRAM

The community site will allow applicants access to the online application:

- 1) During their normal hours of operation
- 2) The computer will be solely used for the purpose of applicants applying for SNAP benefits

IV. KEY CONTACT PEOPLE

All notices regarding this Agreement should be sent to the Parties at the following addresses:

Local DHS office
Branch Manager
Address
Address
Phone
Email Contact

Community Site
Contact Name
Address
Address
Phone
Email Contact

V. SIGNATURES

DHS Office

Manager

Date

[Partner Agency]

Executive Director

Date

**DEPARTMENT OF HUMAN SERVICES
INTRA-AGENCY AGREEMENT INSTRUCTIONS**

When making business arrangements between one DHS program and another DHS program area, it is customary and recommended that the agreement be memorialized in writing. Examples of business arrangements include: Memorandums of Understanding, Statements of Business Arrangement, Collaborative Agreements, and Intra-Agency Agreements.

The Office of Contracts and Procurement does not develop these types of agreements, but does track them. It is the responsibility of the program to develop the agreement.

Prior to documenting the agreement, program staff must contact their respective BPA program representative(s). The FPS program representative(s), in conjunction with Financial Services, will assist the program areas to determine if arrangement is necessary or appropriate, and will assist the program in documenting the agreement to include information to be used by Financial Services for coding any related transaction.

After all parties have signed this agreement, please forward to:

**Office of Contracts & Procurement
Attn: Jennifer Bittel
500 Summer Street NE, E03 – 4th Floor
Salem, OR 97301-1080**

Office of Contracts & Procurement will assign and notify the [program of the required tracking number. The requesting party will need to distribute copies of the signed agreement to both parties to the agreement, BPA program representative(s), Financial Services, and others as appropriate.

If you have any questions regarding this process, please contact Jennifer Bittel at 503-947-5250.