

EDUCATION & TRAINING
Services Section

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES



Food Stamp
Phase I

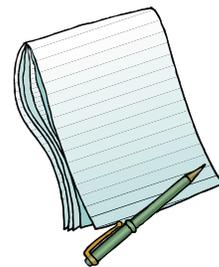
Participant Guide

For New Family Independence
Workers



June 22, 2009

Participant Guide



Introduction

Food Stamp New Worker Training Program 25-Day Course Outline

PHASE I: FOOD STAMP POLICY ONLY (10 Days)

Day 1: Introduction
Application Processing

Day 2: Assistance Units
Basic Eligibility

Day 3: Basic Eligibility
Work Requirements
Resources

Day 4: Resources
Income
Budgeting

Day 5: Budgeting
Policy Review #1

Day 6: Exam 1
Review Exam 1
Deductions

Day 7: Deductions
Changes

Day 8: Changes
Reviews

Day 9: Reviews
Policy Review #2

Day 10: Exam 2
Review Exam 2
Course Evaluation

PHASE II: FOOD STAMP SUCCESS (15 Days)

- Day 1: Brief Introduction
Quality Control Presentation
Mandatory Reporting Requirements
Collaboration Models
- Day 2: Introduction to Phase II Training
Accessing ODIS – On-line Directives Information System
Confidentiality and HIPPA
Introduction to SUCCESS
Clearinghouse
Case Record Organization
Screening and Registration
- Day 3: Screening and Registration
Documentation Standards
Initial Applications
- Day 4: Notice/Benefit History
Initial Applications
- Day 5: Initial Applications
- Day 6: Casework Interview Skills
Customer Service
- Day 7: SUCCESS Interview Skills
SUCCESS Real Plays (Initial Applications)
Review Activity
- Day 8: FS Phase II Policy/ SUCCESS Exam 1
Review of Exam
Managing Alerts

- Day 9: Expedites Policy
 Expedites SUCCESS
 Adding and Deleting People
- Day 10: Adding and Deleting People
 Financial Changes
- Day 11: Financial Changes
- Day 12: Reviews
- Day 13: SUCCESS Real Plays (Reviews)
- Day 14: SUCCESS Real Plays (Putting It All Together)
 Policy Review Activity
- Day 15: FS Phase II Policy/ SUCCESS Exam 2
 Review of Exam
 On the Job Training and the Field Practice Guide
 Closing

OUTLINE OF INTRODUCTION

- I. INTRODUCTIONS
- II. REGISTRATION FORMS
- III. INFORMATION ABOUT FACILITY
- IV. FORMAT AND SEQUENCE OF TRAINING
- V. DETERMINING LEARNING STYLES
- VI. TRAINING INFORMATION
- VII. STANDARDS, EXPECTATIONS, AND ATTENDANCE POLICY
- VIII. DHR MISSION, VALUES AND GOALS
- IX. MANDATED REPORTING OF CHILD ABUSE OR NEGLECT
(MR 3020)
- X. DFCS AND OTHER PROGRAMS
- XI. OFFICE OF FAMILY INDEPENDENCE POLICY MANUAL

OBJECTIVES OF INTRODUCTION

- ✓ Participants will be fully registered and will have completed all necessary paperwork for the administration of the class.
- ✓ Participants will be familiar with the training facility.
- ✓ Participants will be clear about what they will be taught in this class and how this training will be conducted.
- ✓ Participants will understand the standards, expectations, and attendance policy for this course.
- ✓ Participants will identify individual learning styles.
- ✓ Participants will become familiar with the philosophy of the agency and where we are in terms of welfare reform.
- ✓ Participants will discuss the DHR Mission, Values and Goals.
- ✓ Participants will discuss the focus of DFCS and doing the Right Work the Right Way.
- ✓ Participants will understand their responsibility as mandated reporters for Child Protective Services
- ✓ Participants will have a basic overview of the different programs offered by DFCS (TANF, TANF Community Outreach Services, Medicaid, and FS programs).
- ✓ Participants will become familiar with various non-DFCS programs to assist customers.
- ✓ Participants will become familiar with the common abbreviations used in the FS program.

Determining Your Learning Style

INSTRUCTIONS: For each of the numbered items below, rank alternatives A through D by assigning 4 to the phrase that is most like you, 3 to the one that next describes you, 2 to the next, and finally, 1 to the one that is least descriptive of you.

1. When solving a problem, I prefer to
 - a. take a step-by-step approach
 - b. take immediate action
 - c. consider the impact on others
 - d. make sure I have all the facts

2. As a learner, I prefer to
 - a. listen to a lecture
 - b. work in small groups
 - c. read articles and case studies
 - d. participate in role plays

3. When the trainer asks a question to which I know the answer, I
 - a. let others answer first
 - b. offer an immediate response
 - c. consider whether my answer will be received favorably
 - d. think carefully about my answer before responding

4. In a group discussion, I
 - a. encourage others to offer their opinions
 - b. question others' opinions
 - c. readily offer my opinion
 - d. listen to others before offering my opinion

5. I learn best from activities in which I
 - a. can interact with others
 - b. remain uninvolved
 - c. take a leadership role
 - d. can take my time

6. During a lecture, I listen for
 - a. practical how-to's
 - b. logical points
 - c. the main idea
 - d. stories and anecdotes

7. I am impressed by a trainer's
 - a. knowledge and expertise
 - b. personality and style
 - c. use of methods and activities
 - d. organization and control

8. I prefer information to be presented in the following way:
 - a. model such as a flow chart
 - b. bullet points
 - c. detailed explanation
 - d. accompanied by examples

9. I learn best when I
 - a. see relationships between ideas, events, and situations
 - b. interact with others
 - c. receive practical tips
 - d. observe a demonstration or video

10. Before attending a training program, I ask myself, "Will I...?"
 - a. get practical tips to help me in my job
 - b. receive lots of information
 - c. have to participate
 - d. learn something new

11. After attending a training session, I
 - a. tend to think about what I learned
 - b. am anxious to put my learning into action
 - c. reflect on the experience as a whole
 - d. tell others about my experience

12. The training method I dislike the most is
 - a. participating in small groups
 - b. listening to a lecture
 - c. reading and analyzing case studies
 - d. participating in role plays

SCORING SHEET

Instructions: Record your responses on the appropriate spaces below, then total the columns.

1c__	1a__	1d__	1b__
2b__	2a__	2c__	2d__
3c__	3a__	3d__	3b__
4a__	4d__	4b__	4c__
5a__	5b__	5d__	5c__
6d__	6c__	6b__	6a__
7b__	7d__	7a__	7c__
8d__	8a__	8c__	8b__
9b__	9d__	9a__	9c__
10d__	10c__	10b__	10a__
11d__	11c__	11a__	11b__
12c__	12a__	12d__	12b__
Totals __	__	__	__

TRAINING INFORMATION



TRAINING SCHEDULE: Training will begin at 9:00 a.m. and end at 4:00 p.m., with one hour for lunch, and will include both morning and afternoon breaks. In addition to class time, the trainers are also available one hour before and after class to answer questions and allow extra practice in the SUCCESS computer lab (if applicable). If multiple people need assistance, they will need to make an appointment with the trainer.

INCLEMENT WEATHER: In case of inclement weather, the decision of whether to hold training will depend on the facility where we are training. If the weather is inclement in your area, please let your county and the trainer know that you will be absent.

FLSA TIME SHEETS: During training, the trainers will not sign your time sheets. Your county should have instructed you on completion. Please make sure you annotate all absences on your time sheet. Please read the memo "FLSA Non-Exempt Employees Attending Required Training" in your Participant Guide.

MATERIAL: During training, you will need the following material: Participant Guide, pens, notepads, and a calculator. OFI Food Stamp Policy Manual excerpts are included in your Participant Guide for use in training only. The OFI Food Stamp Policy Manual can be accessed online at **WWW.ODIS.DHR.STATE.GA.US**

TRAINING AGENDA: Refer to the "Outline of Training" in the front of your Participant Guide (PG) prior to the Introduction module.

GOALS FOR TRAINING:

- To learn the requirements Applicants/Recipients must meet to receive Food Stamp benefits.
- To learn about other services available to Applicants/Recipients and make appropriate referrals.

STANDARD OF TRAINING:

An 80% overall grade average is required in order to successfully complete the course.

CERTIFICATE AND CEU CREDIT:

To receive a certificate and be awarded Continuing Education Units by The University of Georgia School of Social Work, participants must complete:

- The Food Stamp training course (Phase I and II) with at least an 80% average
AND
- Complete the On-the-Job Training (OJT) component

Certificates will be mailed to the county after the participant has completed FS Phase III training.

EXAMS:

There are four exams, each of which is application oriented. One exam is given in Phase I training and three exams are given in Phase II training. Exams 3 and 4 include policy and a SUCCESS skill demonstration.

The exams are open-book. All resources (policy manual, training manual, notes, etc.) may be used. The exams are timed; there will be a review before each exam. There are some suggestions and study hints in the Participant Guide.

Exam Dates:

FS Policy Exam 1: _____

FS Policy Exam 2: _____

FS Policy/SUCCESS Exam 3: _____

FS Policy/SUCCESS Exam 4: _____

Participants are encouraged to meet with trainers to discuss their completed exams. However, any participant scoring less than 85 on an exam is expected to meet with the trainers to review his/her exam.

EVALUATION:

A Progress Report will be sent to your county director after the second exam and a Final Evaluation will be sent to your county director at the end of Phase II training. Copies of these reports will be given/mailed to you as well. Refer to the sample copy of these reports in your Participant Guide.

**UNSATISFACTORY
PERFORMANCE:**

Your performance will be reported to the county as required and it will be their decision as to the action to be taken.

MEMORANDUM

May 1, 1995

TO: County Directors of Family and Children Services
Field Managers

FROM: Robert Riddle, Acting Director
Human Resources Section

RE: FLSA Non-Exempt Employees Attending Required Training

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m. with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless the employee is specifically required to attend. Homework is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

RR: spa

cc: Joan Couch, Acting Chief
Employee Development Unit - Human Resources Section

OPEN BOOK EXAMS:

How to Prepare and How to Complete



1. Take notes in class to supplement material already in the Participant Guide and Policy Excerpts.
2. When working on exercises, complete all assigned. If you need additional emphasis, complete extra exercises and those not assigned in class. Answer in pencil first, then in ink as class goes over, or answer on a separate sheet and use the questions again as a study aid before tests.
3. Review class notes and pertinent sections of Participant Guide DAILY.
4. Review FS Policy manual excerpts that are relevant to topics covered in class notes. Become familiar with the location of these sections.
5. Review exercises - determine if you understand the concept behind the question.
6. Study with others.
7. Make arrangements with trainer to discuss areas which are still unclear.
8. Study DAILY - do not CRAM the night before an exam!
9. Study as carefully as you would for a closed-book exam.
10. Manage your time wisely during the exam - be aware of the total number of questions and/or forms to be completed. Assign yourself a general time frame for completing each section.

11. Read each situation carefully; identify pertinent data which will help you make policy decisions.
12. Read each question carefully. Read each multiple choice answer carefully. Eliminate any **OBVIOUSLY** incorrect answers.
13. If you are unable to determine the correct answer, come back to it later. Sometimes another question will remind you of a policy concept. Sometimes you may want to clarify a policy from your manual or notes.
14. Once you have answered a question, do NOT change your answer unless you have SOLID evidence that you answered it incorrectly the first time.
15. Remember - the questions are designed to test your ability to identify data, relate it to a policy, and make a decision. Some answer choices may be correct in another situation. Look for the one which is correct for the given situation.
16. Be sure you have answered every question. Be sure you have marked every question on your answer sheet.
17. If you have a different study method which has been successful for you, **USE IT!**



MEMORANDUM

TO: _____, Director

_____ County DFCS

FROM: _____, Training Specialists

DATE:

RE: Progress Report

This is to inform you of the progress that _____ is making in the Food Stamp New Worker training course. At the time of this report, the participants have taken two proficiency exams. You will receive a complete evaluation of this Family Independence Case Manager's performance at the completion of the course. Should you have questions, please contact Ms. Lillie Gilchrist, Project Coordinator, at (706) 542-5465. Thank you for your continued support of this training program.

EXAM SCORES:

Exam 1 _____

Exam 2 _____

ATTENDANCE:

Dates Absent

Times

COMMENTS:

MEMORANDUM

TO: _____, Director

_____ County DFCS

FROM: _____, Trainer(s)

DATE:

RE: Final Evaluation of Family Independence Case Manager Participating in
Food Stamp New Worker Training (Phase I and II)

Below is a training evaluation for _____, who attended this session of the Food Stamp New Worker Training. Please be sure that the supervisor receives a copy of the evaluation.

Enclosed is a copy of a Training Summary Card that was developed by the County Training Advisory Committee as a helpful tool for supervisors to document and track training needs of their workers. It lists topics that are either not covered in New Worker Training or are covered briefly and need follow-up training in the county. Should you have any questions about the evaluation, please call Lillie Gilchrist, Project Coordinator, at (706) 542-5465.

1 = Needs Improvement 2 = Meets Expectations

- _____ Understands the general purpose of the job.
- _____ Produces work of satisfactory quality.
- _____ Produces work of satisfactory quantity.
- _____ Displays appropriate organizational skills.
- _____ Uses time appropriately in class.
- _____ Is attentive in class.
- _____ Adheres to rules and policies of class.
- _____ Interacts appropriately with peers.
- _____ Interacts appropriately with trainers.

EXAM SCORES:

	CONTENT	SCORE
FS Exam 1	Includes Application Processing, Assistance Units, Basic Eligibility, Resources, Income, and Budgeting.	_____
FS Exam 2	Includes previous content and Deductions, Changes, and Reviews.	_____
FS Policy/SUCCESS Exam 3	Includes policy for Application Processing, Assistance Units, Basic Eligibility, Resources, Income, Budgeting, and Deductions and also completing the Initial Application Process on SUCCESS including using appropriate Documentation Standards.	_____
FS Policy/SUCCESS Exam 4	Includes policy for Changes and Reviews and completing Changes on SUCCESS including using appropriate Documentation Standards.	_____

Final average of participant: _____

Final class average: _____

**Food Stamp SUCCESS Skill Demonstration
(O, P, & Q Process)**

As part of Exam 3, your participant completed a SUCCESS skill demonstration which incorporated the following actions in a Food Stamp application. Feedback of your participant's performance (whether the action was performed correctly) is provided below:

SUCCESS ACTION	YES	NO
NARR		
STAT REMA		
ERN1 REMA		
ERN2 REMA		
CARE REMA		
UINC REMA		
SHEL 01 Screen		
SHEL REMA		
10/06 Food Stamp Budget		
11/06 Food Stamp Budget		

**Food Stamp SUCCESS Skill Demonstration
(Interim/Historical Changes - R Process)**

As part of Exam 4, your participant completed a SUCCESS skill demonstration which incorporated the following actions in an active Food Stamp case. Feedback of your participant's performance (whether the action was performed correctly) is provided below:

New Address/Shelter Deductions Change

SUCCESS ACTION	YES	NO
NARR		
ADDR Screen		
PREV Screen		
STAT REMA		
SHEL Screen		
SHEL REMA		

Increased Income Change

SUCCESS ACTION	YES	NO
NARR		
ERN2 REMA		
11/06 Food Stamp Budget		
11/06 Food Stamp Budget		
11/06 Food Stamp Budget		

ATTENDANCE:

Dates Absent

Times

OTHER COMMENTS:

TOPICS NEW WORKERS WILL NEED ADDITIONAL TRAINING

Use this form to keep a record of training for each worker. Enter the date s/he attended New Worker Training in each program area, Phase 3 training, and the date for each additional topic covered in the county.

Name _____ FS _____ FAMILY MEDICAID _____ FS PHASE 3 _____ TANF _____				
COUNTY PROCEDURES	FOOD STAMP POLICY	MEDICAID POLICY	TANF POLICY	SUCCESS PROCEDURES
County Specific Forms	Citizenship/Alien Policy (Online module available)	Citizenship/Alien Policy (Online module available)	Citizenship/Alien Policy (Online Module available)	EBT – Handbook available as Appendix H of FS online manual (Online module available)
Manual Reports/Worker Log	WEB-1 procedures	WEB-1 procedures	WEB-1 procedures	COMPASS
Case Record Organization	Students (Online module available)	PeachCare for Kids	Jointly Owned Resources	Claims, using OMEN (Online module available)
County Resources	Special AU situations	Multi-Health Network (MHN)	Self Employment	Penalties and Sanctions - Imposing or removing
County Intake Procedures; including procedures for FS expedites	Voluntary Quit	Medically Needy	Calculating Year-To- Date Pay when a check stub is missing	Handling Duplicate IDs
Communication procedures - sharing information with OCSS, Child Care, CPS, etc.	Jointly Owned Resources	Data Broker System	Processing Changes when Verification is not provided Or provided untimely	Transfers
Documentation Requirements	Self Employment		Family Cap	
Work Referral Procedures	Medical Deductions (will be covered in Phase 3)		GAP budgeting (Online module available)	
Finding and reading NADA book	Shelter Deductions (Online module available)		Interviewing for Domestic Violence	
Hearings Requests	Calculating Year- To- Date Pay when a check stub is missing (will be covered in Phase 3)		Good Cause Claims - OCSS	
	Transitional Food Stamps		Conciliation	
	Food Stamp Child Support Budgeting (Online module available)		Hardship Waiver Staffings	
			\$TARS	
			SUCCESS processing of cases, desk guide provided in training	
			Special Budgeting - desk guide provided in training (TANF Responsibility Budgeting Online Module available)	

**OVERVIEW OF TOPICS TRAINED
IN THE PHASE I FOOD STAMP TRAINING
FOR NEW FAMILY INDEPENDENCE CASE
MANAGERS
(Effective June 2009)**

DAY 1:

INTRODUCTION - This module provides new FICMs with basic information about the facility, format of the training, the standards, expectations and attendance policy for the course, the mission, values and goals of DHR and DFCS, and beliefs that support the Right Work Right Way philosophy. Child Protective Services mandatory reporting requirements are discussed. A basic overview for Temporary Assistance to Needy Families (TANF), TANF Community Outreach Services, Medicaid, and Food Stamp programs is covered. Participants will begin to become familiar with basic abbreviations that will be used throughout the training.

APPLICATION PROCESSING - This module covers the basic policy for who may apply for benefits, how to apply for benefits, interviewing requirements, determining the Head of the Assistance Unit (AU), forms to be completed at the initial application, standard of promptness procedures for non-expedited and expedited initial applications, periods of eligibility (POEs), FS entitlement proration, notification, and benefit issuance via Electronic Benefit Transfer (EBT). A reference is given for the Fair Hearing Process.

DAY 2:

APPLICATION PROCESSING (Continued)

ASSISTANCE UNITS - This module covers the basic criteria for determining a FS assistance unit (AU), separate AU status, and the verification procedures for AUs. Individuals who will be excluded due to sanction or ineligible status are mentioned but no details are trained. The special types of AUs listed in the Policy Manual (pages 3205 - 4-8 and sections 3215-3245) are not covered.

BASIC ELIGIBILITY - This module covers the basic considerations and verification requirements for identity, residency, and citizenship. The policy regarding aliens is referenced but no details are trained. For enumeration, the basic policy and procedures for obtaining an SSN (including Form 189 and enumeration at medical facilities) and the resulting non-compliance with enumeration is discussed. Good cause is only briefly mentioned.

DAY 3:

BASIC ELIGIBILITY (Continued)

WORK REQUIREMENTS – This module focuses on the work exemptions for Employment and Training (E&T). For ABAWDs, the focus is on how to determine ABAWD status and correctly coding the ABAWD's status as exempt (AE). We give a brief overview of the resulting sanctions for non-compliance with E&T, and Voluntary Quit (VQ) or voluntary reduction of hours to less than 30 per week. The procedures for imposing work sanctions and compliance are not trained. The policy and procedures regarding Failure to Comply with Other Programs is mentioned but not trained in any detail.

RESOURCES - This module provides an overview to financial eligibility and covers categorically eligible AUs and TCOS categorically eligible AUs. For resources, the basic considerations, definitions, resource limits and whose resources to count are discussed. Identification of the following common types of resources (including how to determine their value) is covered: Bonds, Cash, Checking Accounts, Credit Union Accounts, Energy Assistance Program, Earned Income Tax Credit, Grandparents Raising Grandchildren Emergency/Crisis Intervention Services Payment, Homeplace, Household and Personal Goods, Life Insurance/Pension Funds, Lump Sums, and Savings Accounts. We only briefly mention real property other than homeplace and income-producing property. Verification of liquid resources, when appropriate, is covered.

DAY 4:

RESOURCES (Continued)

INCOME - This module covers the basic considerations and definitions for income, whose income is included, determining the availability of income, determining whether or not the income is included, excluded, earned, or unearned, the net and gross income limits, TANF Community Outreach Services (TCOS) eligibility, verification policy and procedures, and Clearinghouse. These common types of income are covered: Child Support, Commissions, Contributions/Gifts, Energy Assistance Payments, General Assistance, Grandparents Raising Grandchildren Monthly Subsidy Payment, Housing and Urban Development Rental Subsidy, Interest, Loans, Lottery Winnings, Managed Income, Pension/Retirement, Repayment of Overpayment, Social Security (RSDI and SSI), TANF, Tips, Training Allowance/Stipend, Unemployment Compensation Benefits, Vendor Payment, Veterans Administration Benefit, Wages/Salaries, Wages of a Child, and Worker's Compensation.

BUDGETING - This module covers an overview of budgeting, the basic considerations and procedures for prospective budgeting, and the exceptions for using the conversion factors: partial monthly income from new, terminated, or interrupted sources.

DAY 5:

BUDGETING (Continued)

POLICY REVIEW #1

DAY 6:

EXAM 1

REVIEW EXAM 1

DAY 6: (Continued)

DEDUCTIONS – This module includes the basic considerations and procedures to apply the earned income deduction, the standard deduction, the dependent care deduction, and the child support deduction. The excess medical deduction is trained; this includes who is eligible, what medical expenses are allowed, and how to read a medical bill. Budgeting of one-time only and recurring medical expenses is not covered. The excess shelter deduction, including the maximum allowed, the exception to the maximum, the types of allowable housing expenses, and the utility allowances (Heating/Cooling Standard Utility Allowance (H/C SUA), Limited Standard Utility Allowance (LSUA), Actual, and Telephone Standard) are all trained. Verification policy and procedures for deductions are also covered. Participants practice completing FS manual budgets in order to understand how to apply the FS deductions.

DAY 7:

DEDUCTIONS (Continued)

CHANGES – This module covers Simplified Reporting Requirements (SRR), the time frame for A/Rs to report changes, methods A/Rs have for reporting changes (including Form 846), what AUs must report, required verification, procedures to take when A/R fails to verify, and procedures to follow when processing the following types of changes: new source of income, increase in income, loss or decrease in income, changes in deductions, adding an AU member, and deleting an AU member. Included in this material is when to issue supplementals and when to allow timely or adequate notice. Processing untimely reported changes is briefly mentioned.

DAY 8:

CHANGES (Continued)

REVIEWS – This module covers the basic considerations and SOPs for scheduling and processing reviews. Procedures for processing Standard reviews are trained. Verification and budgeting policy and procedures are covered.

DAY 9:

REVIEWS (Continued)

POLICY REVIEW #2

DAY 10:

EXAM 2

REVIEW EXAM 2

EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

August 23, 2006

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator **will NOT** approve any leave.

August 23, 2006

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature _____ Date _____

EDUCATION AND TRAINING SERVICES SECTION
DIVISION OF FAMILY AND CHILDREN SERVICES
TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS
AND ATTENDANCE POLICY

SIGNATURE PAGE

I, _____, have read
and understand the Classroom Standards, Expectations and
Attendance Policy for DFCS training programs.

Signature _____

Date _____

THE DEPARTMENT OF HUMAN SERVICES SERVICE MODEL



OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept “business as usual” – it’s not good enough.
- Spend government money like it’s our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.
- Deliver services as if we were not the only one who could do that work.

Goals of



Staff

❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro-social behavior.

DFCS Focus: Develop Strong Families



Developing strong families means:

- Ensuring safety, permanency and well-being for Georgia's children
- Keeping kids safe
- Keeping kids happy, healthy and learning with families and in their communities
- Keeping adults providing for their families by working, weighing options and learning to effectively problem solve
- Keeping the elderly healthy and connected to life affirming activities.

The Right Work the Right Way

- ❖ Making our services faster, friendlier and easier to all Georgians
- ❖ Incorporating values into the work we do
- ❖ Building trust by showing genuine interest in learning about and understanding the family
- ❖ Engaging customers in the most effective and efficient way
- ❖ Focusing on the entire family unit to motivate, remove barriers and weigh options
- ❖ Empowering customers with options that will provide positive outcomes and produce movement in their lives to help strengthen their families.
- ❖ Working in unison with Social Service Case Managers and other organizations to secure the support and resources needed by our families.

YOUR RESPONSIBILITY IN REPORTING CHILD ABUSE OR NEGLECT (ESS 3020)



ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview
- observing abusive action during the interview
- someone discloses information during the interview
- someone discloses information during a telephone call

IF IN DOUBT, REPORT - ALWAYS ERR ON THE SIDE OF THE CHILD

CPS intake workers will screen all reports and determine whether to assign for investigation.

ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS

intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

**INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE
REFERRAL**

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem.

**IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT
WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO
REMAIN ANONYMOUS**



ASSISTANCE PROGRAMS AVAILABLE IN GEORGIA



TANF - Temporary Assistance for Needy Families provides assistance to needy families to help them become self-supporting through employment, pursuing child support and preventing out-of-wedlock pregnancies. Cash assistance is conditional upon compliance with work requirements and personal responsibilities. Families with children under 18 (and some 18 years) must be in financial need. This program is administered in Georgia by the Division of Family and Children Services (DFCS). A more detailed explanation of TANF follows this page.

SSI - Supplemental Security Income provides a monthly check and Medicaid to aged (age 65 or older), blind or disabled individuals who are in financial need. SSI may act as a "supplement" to other income, or it may be the only income the individual receives. Disabled children may also receive SSI unless their parents have too much income. SSI is administered in all states by the Social Security Administration and funded entirely by the federal government.

GA - General Assistance provides assistance for disabled individuals not receiving SSI or families who are threatened with eviction. This is a county-funded program available only in certain counties in Georgia. Eligibility rules and types of assistance offered are different in each county. GA applications are processed by the county Division of Family and Children Services.

RRP - Refugee Resettlement Program provides cash, medical assistance, and social services for up to eight months to Refugee families who are in financial need based on TANF standards. The program is federally funded and administered in Georgia by the Division of Family and Children Services.

Energy Assistance provides financial assistance for low-income families to help pay for the cost of heating and cooling their homes. Energy Assistance is administered in Georgia by the Community Action Agencies. It is funded with money provided by the federal government and voluntary contributions to utility companies.

Medical Assistance Programs provides Medicaid to persons who meet certain requirements. Certain "Classes of Assistance" are listed and explained in the following pages. This is not a complete list.



Temporary Assistance to Needy Families (TANF)

Georgia's public assistance programs have been in existence since 1938 with regulations constantly undergoing changes. The signing of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on August 22, 1996, eliminated the open-ended entitlement of the Aid to Families with Dependent Children as a public assistance program. All states were mandated to implement provisions under Temporary Assistance for Needy Families (TANF) by July 1, 1997.

The purposes of TANF are to:

- provide assistance to needy families so that children can be cared for in their homes or in the homes of relatives,
- end the dependency of needy parents on government benefits by promoting job preparation, work, and marriage,
- prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies, and
- encourage the formation and maintenance of two-parent families.

TANF is a work program. In operating the TANF program, Georgia provides cash assistance on a temporary basis (up to 48 months) to needy families with dependent children. We believe that welfare is not good enough for any family, and that children are better off when responsible caretakers are able to provide for their families.

Therefore, the Georgia Department of Human Resources (DHR), through the Division of Family and Children Services (DFCS), assists parents and grantee relatives in creating a secure future for their families through stable employment. Georgia emphasizes that there is dignity in work and urges responsible adult behavior and economic self-sufficiency to end dependency on government assistance.

To meet this primary goal, DHR provides all possible assistance to parents and grantee relatives with job preparation, work opportunities, support services and aggressive enforcement of child support obligations to children living in these families. In so doing, Georgia will enable needy families to become self-sufficient and leave the TANF program as soon as possible, thus preserving their TANF months for future use, if needed.

Promoting the well-being of the children of Georgia is the mission of the Department of Human Services, Division of Family and Children Services. In

order to fulfill its mission, the Department assists families in their efforts to acquire the necessary means to achieve economic self-sufficiency.

Every client who is subject to personal responsibilities and/or mandatory work requirements must develop, along with the case manager, a TANF Family Service Plan (TFSP). The TFSP must be developed specifically for the client and the client must comply with the requirements of the service plan.

A TANF Family Service Plan (TFSP) is developed with the family and may include:

- job search, job training, and assistance with job placement
- support services such as child care, transportation, and other necessary expenditures that assist families in obtaining and sustaining employment, thus eliminating the need for cash assistance
- support services intended to support and maintain two-parent families, and
- support services intended to prevent teen and out-of-wedlock pregnancies.

According to the TFSP, assistance is provided in the following manner:

- cash assistance that is provided either by check or electronic benefit transfer
- Non-TANF assistance provided in the form of Employment Intervention Services (EIS) and/or Transitional Support Services (TSS) to TANF applicants and recipients to maintain employment and stop the TANF Clock. *TANF Clock refers to the time limited nature of TANF benefits.*

Georgia is committed to developing strong families by utilizing all work requirements contained in the federal legislation. This commitment includes the provision of childcare and other support services necessary to not just place people in jobs, **but to help keep them employed**. Thus, participants who go to work and become ineligible for cash assistance due to employment may continue to receive childcare, as well as other support services including Transitional Support Services and/or Work Support Payments, ensuring stable employment and decreasing recidivism.

Georgia's focus on what is beneficial to children extends beyond merely providing cash assistance. Georgia is committed to end the cycle of welfare dependency that has characterized entitlement-based programs in the past.

Children in TANF families have access to Georgia's Pre-Kindergarten and HOPE Scholarship programs. DHR has begun an initiative that seeks to strengthen families by expanding out-of-school services to youth throughout the state.

Children in Georgia benefit from the availability of child welfare, public health and community-based programs and prevention programs can benefit a broad range of at-risk youth.

Georgia requires responsible parental behavior as a condition of eligibility for public assistance. The State has continued its family cap provision and immunization requirement, implemented prior to the PRWORA.

(Excerpt from the TANF Policy Manual, Section 1001 @www.odis.dhr.state.ga.us)



TANF Community Outreach Services (TCOS)



TANF Community Outreach Services (TCOS) is a program providing information and referral services to TANF/FS/ and MAO applicants. Applicants are notified that we can assist with additional contact information on other resources to assist their families. A printed brochure funded by the TANF program identifying these resources is provided. If assistance is needed the family should contact case managers for referral information.

The TANF Community Outreach Services Program allows the Food Stamp Program to disregard resources in determining a household's eligibility. Therefore Food Stamp eligibility is expanded to a greater number of households.

EXAMPLE:

AU of 2

31- year- old (\$1000.00 Monthly Wages)

27- year- old (\$433.00 Monthly Wages)

Gross monthly income = \$1433.00

130% of the Federal Poverty Level for 2 is \$1517 (See Reference Section, Eligibility/Payment Tables)

- ❖ The AU's income does not exceed the FPL; the AU is considered TCOS Categorically Eligible.
- ❖ Therefore, all liquid resources are excluded from the eligibility determination.



TRANSITIONAL FOOD STAMPS FACT SHEET

Congratulations, your household is now eligible for Transitional Food Stamps.

What is Transitional Food Stamps?

Transitional Food Stamps (TFS) is a way for you to continue getting food stamps after Temporary Assistance for Needy Families (TANF) ends. It is a special program for food stamp households leaving TANF due to employment.

If eligible you can get TFS for five months. During this time you will get the same amount of food stamps each month. The benefits will not be less than those you got the last month you received TANF.

What amount will I receive during the 5 month period?

The TFS benefit amount is based on household income, expenses and number of people in the household for the month prior to the TANF case closure. This month is called the "Freeze Month". No new income or support payments are included in the benefit calculation.

The transitional food stamp benefit amount will stay the same for the next five months.

What do you report?

Families do not have to report any changes while getting TFS. The only time a TFS benefit amount will change with-in the five-month period is if a Transitional Food Stamp member moves out and joins another food stamp household. The amount will change due to the change in the household size. The new benefit amount will remain the same for the remainder of the five-month benefit period.

What happens if you report a change?

You will need to reapply for food stamps if you have a change that will give you more food stamps. Your TFS benefits will end if you are eligible for more benefits using the new application. The TFS benefits will stay the same until the end of the 5-month TFS period if the benefits will be less.

What happens after the five-month Transitional Food Stamp Period is over?

The TFS household will receive a notice that the five-month period will end and that they must complete a recertification for regular foods stamps. A face-to-face recertification interview must be completed to continue benefits. To avoid a gap in food stamp benefits the recertification must be completed during the last month the family is eligible for TFS. If the household chooses not to apply for regular food stamps, the case will close.

The Department of Family and Children Services is available to help with problems and answer additional questions you may have about this change in reporting requirements. Contact your caseworker at the number listed below, or call the toll free information number 1-800-869-1150. (In the Atlanta area call 404-657-9358.)

You can contact your worker at the following telephone number

_____.

Worker _____ Date _____

Medical Assistance Program

(This is not an all-inclusive list)



Family Medicaid Classes of Assistance

- * **Low Income Medicaid (LIM)** covers adults and children who meet the financial eligibility based on income and resource limits. In addition, LIM is available for families who choose to receive only Medicaid rather than cash assistance (TANF), or choose to receive their child support rather than TANF, or do not wish to comply with the Personal Responsibilities or the Work Requirements of the TANF Family Service Plan.

- * **Right from the Start Medicaid (RSM)** covers children and pregnant women who are not eligible for LIM. Eligibility covers pregnant women who have income less than or equal to 200% of Federal Poverty Level (FPL), children under age 1 who have income less than or equal to 185% of the Federal Poverty Level (FPL) and children from age 1 through 6th year birth month who have income less than or equal to 133% of FPL. It also covers children age 6 through age 18 who have income less than or equal to 100% of the Federal Poverty Level. This program was created to help reduce infant mortality in the U.S. and to give young children the "right start" in life. It allows many families the safety net of medical coverage for children while they continue to financially support themselves.

- * **Newborn Medicaid (NB)** provides Medicaid coverage to a child born to a mother who was eligible for and receiving Medicaid under any class of assistance in Georgia on the day the child was born. A child is eligible for NB Medicaid for up to 13 months beginning with the month of birth and continuing through the month in which the child reaches age 1, as long as the child lives with the mother continuously.

- * **Transitional Medical Assistance (TMA)** provides Medicaid for up to 12 months to families for whom LIM is terminated because of increased or new earnings from employment. TMA uses 185% of the Federal Poverty Level as the income limit for eligibility. This program is to help transition families into full independence.

Medical Assistance Program

Family Medicaid Classes of Assistance (continued)

- * **Four Months Medicaid Due to Increased Child Support (4 MCS)** provides continued Medicaid eligibility when a LIM AU becomes ineligible for LIM because of the receipt of child support. The AU may receive four months of extended Medicaid.

- * **Medically Needy Medicaid** provides Medicaid to children and pregnant women who cannot qualify for Medicaid any other way. This program allows the family to "spenddown" excess income with their medical expenses as a means of becoming Medicaid eligible. It provides support for the working family which has too much income to be eligible for RSM but also has high medical bills.

- * **Child Welfare Foster Care (CWFC) Medicaid** provides Medicaid coverage for a child who is in placement for whom DFCS has partial or total responsibility and who also has been determined ineligible for IV-E Foster Care. Eligibility for CWFC Medicaid is based on LIM basic eligibility requirements with some exceptions and LIM income and resource requirements.



Medical Assistance Program

Aged, Blind, or Disabled Medicaid Classes of Assistance

- * **"Public Law" Medicaid** can continue Medicaid coverage for individuals who had previously been eligible for Medicaid due to receipt of SSI, but who became ineligible for this program, and consequently became ineligible for Medicaid, due to either an initial entitlement to Retirement, Survivors, Disability Insurance (RSDI) or an increase in RSDI.

- * **Institutionalized/Home-Based Program** covers aged, blind or disabled persons who are in an institution or home-based program for 30 continuous days. This program uses an income limit that is 3 times the Supplemental Security Income (SSI) limit. It includes individuals in a hospital or nursing home as well as other individuals.

Hospital Medicaid covers aged, blind or disabled persons who are in a hospital for 30 days or in a nursing home. This program uses an income limit that is 3 times the SSI income limit.

Hospice Care Medicaid provides Medicaid to terminally ill persons who wish to receive services at home or in a Medicaid participating nursing home from a hospice care provider. This type of Medicaid uses the same income and resource limits as listed above.



Katie Beckett Medicaid provides Medicaid to blind or long-term disabled children at risk of entering an institution. This Medicaid coverage allows the child to be cared for at home rather than having to enter a nursing home. To determine eligibility for Medicaid under Katie Beckett, consideration of the parents' income and resources is "waived". Only the **child's** monthly income and resources are considered.

- * **"Waiver" Classes of Assistance** provide additional services above what regular Medicaid pays. Each program defines what expenses are covered.

Community Care Services Program Medicaid (CCSP) provides coverage to persons who wish to receive treatment under the

Community Care Services Program at home rather than enter a nursing home.

New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) are designed to provide in-home and community-based services to Medicaid eligible mentally retarded and developmentally disabled individuals who do not receive Medicaid benefits under a cash assistance program.



Independent Care Waiver Program (ICWP) provides Medicaid for individuals who meet criteria for Nursing Home placement, but remain at home. These individuals are severely physically disabled or have traumatic brain injuries. These individuals need more care than can be provided by CCSP.

- * **Q-track Classes of Assistance** provide limited benefits to Medicare eligible individuals.

Qualified Medicare Beneficiaries (QMB) acts as a medical coverage supplement to persons on Medicare. The income limit is 100% of the Federal Poverty Level (FPL) and the resource limit is twice the SSI limit. QMB pays the Medicare premium, deductible, and co-payment for Medicare recipients.



Specified Low-Income Medicare Beneficiary (SLMB) is a class of Medicaid assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet certain financial criteria, but whose income or resources make them ineligible for Medicaid.

Qualifying Individuals - 1 (QI-1) is a class of assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the FPL. The eligibility criteria are identical to SLMB except that the coverage is time-limited depending on available State funds and the income limit is higher than the SLMB limit.

- * **ABD Medically Needy Medicaid (AMN)** provides Medicaid for the aged, blind or disabled who cannot qualify for Medicaid any other way. This program allows the individual or family to "spenddown" excess income with their medical expenses as a means of becoming Medicaid eligible.



GENERALLY COVERS THE FOLLOWING:

- inpatient hospital services with the following restrictions:
 - X one daily physician's visit
 - X one pre-operative in-patient day
 - X no reimbursement for Friday, Saturday or day-before-holiday admissions, except for emergencies

- outpatient services with the following restrictions:
 - X visits must be medically justified
 - X services are limited to hospitals with organized outpatient clinics

- x-ray and laboratory services

- prescriptions, drugs and supplies with the following restrictions:
 - X 6 prescriptions per child per month and 5 prescriptions per adult per month unless the physician receives pre-approval from DMA for more than the limit
 - X drugs must be on the approved list authorized by DMA
 - X AUs must use the same pharmacy throughout the month for all individuals listed on the Medicaid card

- physician's services with the following restrictions:
 - X 12 physician office visits per AU member per fiscal year
 - X services necessary for the diagnosis or treatment of illness or injury
 - X family planning services; limited to two per AU member per fiscal year
 - X voluntary sterilization
 - X Healthcheck services for individuals under 21
 - X vaccinations only if directly related to treatment of an injury or direct exposure

- the charge for Supplementary Medical Insurance for those eligible for Medicaid and Medicare

- emergency ambulance services
- orthotic/prosthetic services
- whole blood
- limited psychological services
- limited dental services

NOTE: The above list is not all-inclusive. The Medicaid provider has a comprehensive list of services covered by Medicaid.

Food Stamp Abbreviations

A/P-

A/R -

AU -

CCC-

DOL -

ES -

E&T -

FNS -

FS -

GA -

HUD -

OCSS -

OFI -

OP/UP -

POE -

QC -

SNAP -

SRR -

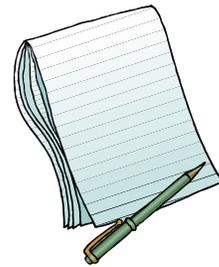
SUCCESS -

TANF -

TCOS -



Participant Guide



Application Processing

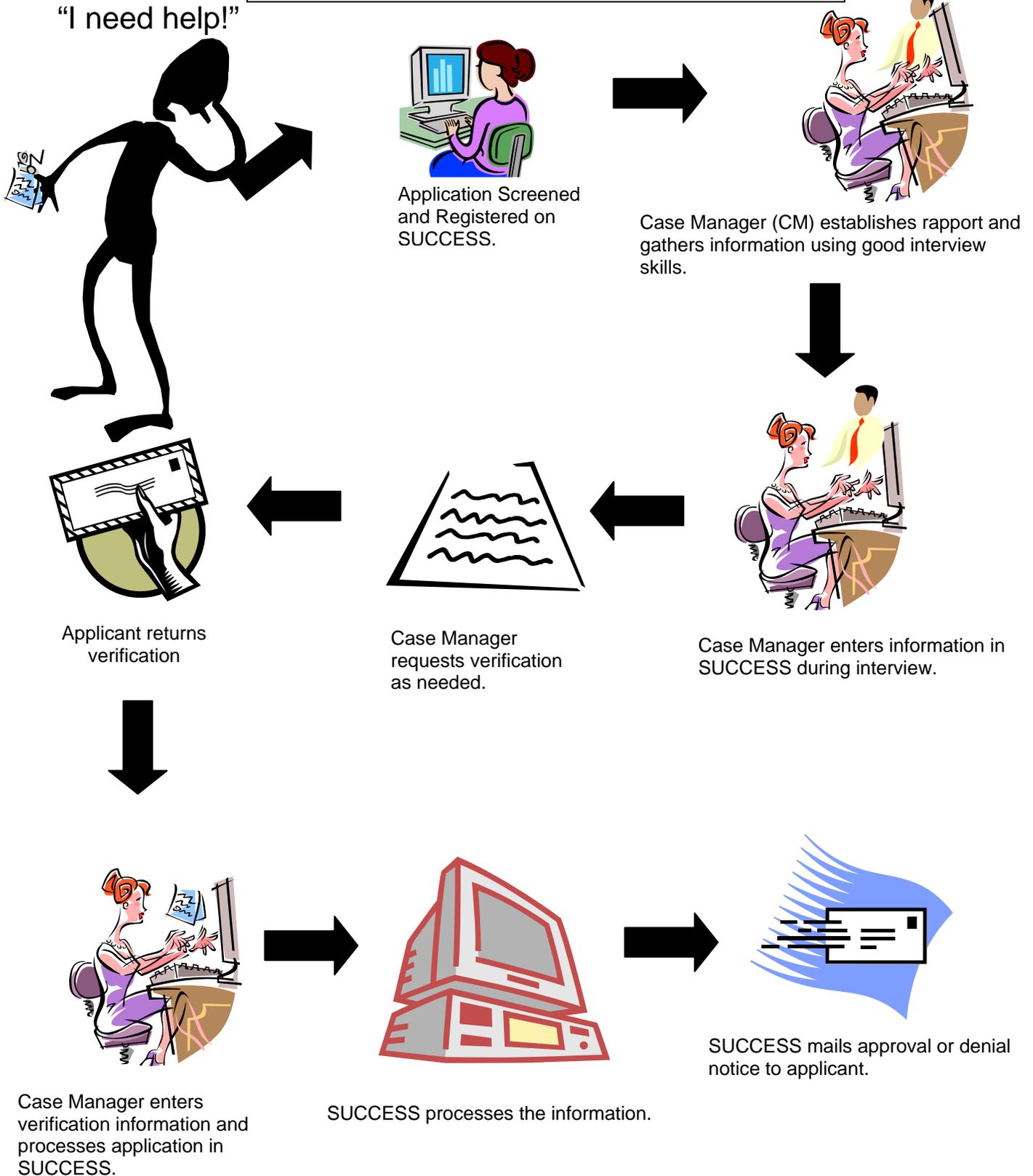
OUTLINE OF APPLICATION PROCESSING

- I. INTRODUCTION
- II. FILING THE APPLICATION (MR 3105)
- III. INTERVIEWING REQUIREMENTS (MR 3105)
- IV. MANDATORY FORMS (MR 3105)
- V. STANDARD OF PROMPTNESS (SOP) (MR 3105)
- VI. PRORATION OF BENEFITS (MR 3105)
- VII. PERIODS OF ELIGIBILITY (POE) (MR 3105 and 3720)
- VIII. NOTIFICATION (MR 3705)
- IX. ISSUANCE (MR 3805 and 3810)
- X. FAIR HEARINGS (MR Appendix B)
- XI. TITLE VI/SECTION 504 CIVIL RIGHTS (MR 3030)

OBJECTIVES

- ✓ Participants will be able to determine who must be interviewed in the Food Stamp Application Process.
- ✓ Participants will be able to apply the appropriate standards of promptness for applications.
- ✓ Participants will be able to determine appropriate periods of eligibility.
- ✓ Participants will be able to determine when to prorate FS benefits.
- ✓ Participants will be able to identify the types of notice.
- ✓ Participants will be able to explain Electronic Benefits Transfer (EBT) to applicants/recipients.
- ✓ Participants will be able to identify the issuance cycle for an eligible Food Stamp Assistance Unit.
- ✓ Participants will be able to determine what forms must be completed/provided to the AU when processing an initial application.
- ✓ Participants will be able to offer voter registration services to the Food Stamp Assistance Unit.

OVERVIEW of APPLICATION PROCESSING



The Food Stamp Application Process (MR 3105)



The application process includes filing and completing an application form, being interviewed, and having certain information verified and processed in SUCCESS within the required standards of promptness.

Filing an initial application:

Who?

When?

How?

The Interview

Who?

How?

What?

FOOD STAMP AUTHORIZED REPRESENTATIVES (MR 3120)

Who May Be An Authorized Representative

- ✓ An adult (18 and older), non-AU member who is sufficiently aware of relevant AU circumstances (must be designated in writing by the head of household, spouse, or another responsible AU member)
- ✓ The only adult AU member who is IPV disqualified, when the agency has determined that there is no one else available to serve
- ✓ An employee of a private, non profit organization or institution or publicly operated community mental health center administering a drug addiction or alcohol treatment and rehabilitation center
- ✓ An employee of a publicly operated community mental health center
- ✓ An employee of a public or private non-profit group living arrangement certified for no more than 16 residents who are disabled or blind

Who Can Not Be An Authorized Representative Without Written Approval of County Director

- ✗ An employee of DFCS involved in certification of food stamp benefits
- ✗ An individual involved with issuance of food stamp benefits
- ✗ A retailer who accepts food stamp benefits
- ✗ DFCS social services staff, if it is determined the individual they are working with is unable to act on his or her own
- ✗ A homeless meal provider for a homeless A/R

Forms at Initial Food Stamp Application

Form Number	Form Name	Purpose of Form
None	SUCCESS generated Application for Assistance (AFA)	
		To apply for FS benefits
	Rights and Responsibilities	
No number assigned	EDD	
354		
	Food Stamp E&T Program Facts	
		Tool for AUs to report changes to agency
339		
DS 2007	Voter Registration Declaration Statement	
5460		Provides information to AU concerning the agency's rules regarding security and privacy of confidential health information
524	TANF Community Outreach Services Brochure	
No number assigned	EITC Brochure	
		To screen for potential expedited eligibility

SOP TO APPROVE INITIAL NON-EXPEDITED APPLICATIONS
(MR 3105)

ELIGIBLE AU MUST RECEIVE BENEFITS BY THE 30 th DAY FROM THE APPLICATION DATE	
*The count begins the day following the application date	
IF	THEN
Case is approved by the 28 th day	SUCCESS sets up EBT account and issues benefits timely
If this date falls on a weekend or holiday	Complete approvals by the last workday prior to the weekend or holiday

*SOP TO DENY INITIAL APPLICATIONS: FAILURE TO KEEP APPOINTMENT (MR
3105)*

*The SOP count begins the day following the application date	
Food Stamp applications cannot be denied before the 30 th day for failure to attend the initial interview.	
If an AU fails to keep the initial appointment, a “Notice of Missed Interview” must be sent to the AU informing them that the appointment has been missed and that they must contact the agency within 30 days from the date of application to reschedule or the case will be denied. A manual copy of the “Notice of Missed Interview” must be in the case record or case documentation should indicate that a notice was issued via SUCCESS to have a valid denial.	
Deny application on the 30th calendar day following the date of application if the A/R misses the initial appointment and makes no subsequent contact with the agency.	
If the 30 th day falls on a weekend or holiday	Complete denial on the first workday following the weekend or holiday.

*SOP TO DENY INITIAL APPLICATIONS: FAILURE TO PROVIDE REQUIRED
VERIFICATION (MR 3105)*

*The SOP count begins the day following the application date

If verification has been requested, the A/R must be allowed 10 calendar days to provide the required verification. If the required verification is not provided by the 10th day, the FICM can deny the application on the first workday following the date the verification is due but no later than 30 days from the date of application.

If the 30th day falls on a weekend or holiday

Complete denial on the first workday following the weekend or holiday.

If the required verification is received after the case has been denied, but prior to the 30th day from the application date, reopen the case within 5 workdays and restore benefits back to the original date of application.

If verification of a deduction is not provided within the 10 calendar days allowed, approve the case on the 11th day without allowing the deduction (provided all other requirements have been met). If verification is received after the deadline date but no later than the 30th calendar day following the application date, update the case for the application and ongoing month(s).

Cases Pending Over SOP Delay Reasons (MR 3105 -11 through 15)

For reporting purposes, the initial cause of the delay is entered as the delay reason. Counties are responsible for acting promptly on all cases over the SOP, regardless of the cause of the delay.

Delay Reason	Valid Value	When to Use
Agency Delay	AG	The SOP is not met AND The AU has complied or met all verification requirements timely, AND The county has followed all required program/processing guidelines, BUT The Federal SOP is not met because of administrative or systematic issues.
Client Delay	CI	The AU fails to comply with requirements, provide verification, or request verification assistance by the 30 th day.
Other Agency Delay	OA	The application pends over SOP, but is not actually over the SOP because the county/worker has acted timely in either issuing benefits or providing a notice of eligibility by the applicable SOP.
Worker Delay (county or worker)	WO	The county or worker fails to take all required actions needed to process a case within the applicable SOP.

Note: SUCCESS should be coded correctly on the MISC screen to reflect all processing delays. Be sure to document explanation.

FOOD STAMP PERIODS OF ELIGIBILITY (MR 3105-21, 3720-1)

SIMPLIFIED REPORTING AUs (SRR)	PERIOD OF ELIGIBILITY
<p style="text-align: center;">All Adult AU members are Elderly or FS Disabled</p> <p style="text-align: center;">AND</p> <p style="text-align: center;">There is no earned income</p>	<p style="text-align: center;">Twelve Months</p> <p>Example 1: Applies 3/10 - approved 3/20 POE = 3/1 - 2/28</p> <p>Example 2: Applies 6/25 - approved 7/2 POE = 6/1 - 5/31</p> <p>Note: This is the only POE that can be assigned to these AUs and the POE cannot be shortened.</p>
<p style="text-align: center;">AUs with an ABAWD and All other AUs</p>	<p style="text-align: center;">Six Months</p> <p>Example 1: Applies 2/4 - Approved 2/20 POE = 2/1 - 7/31</p> <p>Example 2: Applies 10/12 - Approved 11/5 POE = 10/1 - 3/31</p> <p>Note: This is the only POE that can be assigned to these AUs and the POE cannot be shortened.</p>

Notification

MR 3705

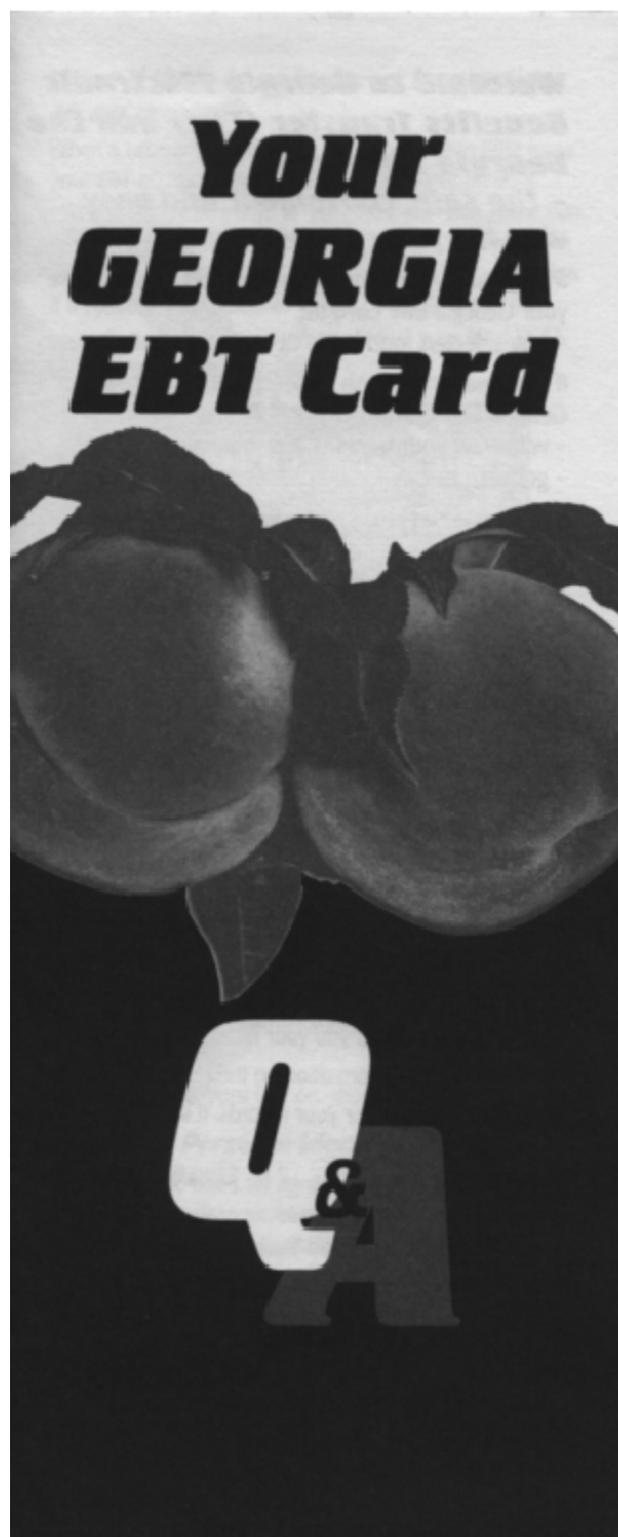
Written notice to the AU is required upon approval or denial of an application for benefits.



Written notifications must include:

- the proposed action
- the reason for the action
- the effective month of the action
- the AU's right to a fair hearing
- the conditions for continued benefits
- the AU's liability for benefits received during the hearing process
- the availability of free legal representation
- the telephone number and name of a person to contact for additional information

Adequate notice is provided to the AU upon approval or denial of FS benefits.



Welcome to Georgia Electronic Benefits Transfer (EBT) and the Georgia EBT Card

– the safe, convenient and easy way for you to use your benefits.

If you qualify for Food Stamp benefits, you can use your Georgia EBT Card to:

– buy selected food items at any participating store

If you qualify for Cash benefits, you can use your Georgia EBT Card to:

– withdraw your benefits at ATMs nationwide

– get cash or pay for purchases at participating stores

It's so simple and easy!

HOW TO USE YOUR GEORGIA EBT CARD AT THE GROCERY STORE

- 1.** Know your balance before you go shopping by checking your last receipt or calling Customer Service.
- 2.** Hand your Georgia EBT Card to the clerk/cashier OR swipe your card through the Point-Of-Sale (POS) terminal.
- 3.** Be sure to tell the clerk which account to charge (Food Stamp or Cash).
- 4.** Enter your four-digit Personal Identification Number (PIN) on the keypad and press the OK or ENTER key.
- 5.** The amount of your purchase will be deducted from your account.
- 6.** The clerk will hand you your receipt.
- 7.** Make sure the information on the receipt is correct.
- 8.** Keep this receipt for your records. It will show your new balance.

Stores will not give you change for Food Stamp benefit purchases. Only the exact amount of your food purchase is deducted from your Food Stamp benefit account.

You may use your Cash benefits to purchase both food and non-food items (soap, diapers, etc.). Stores can provide cash-back from your Cash account. (Not all stores' policies are the same and some may choose not to offer cash-back. Georgia EBT does not regulate individual stores' policies for cash-back transactions).

HOW TO USE YOUR GEORGIA EBT CARD AT AN AUTOMATED TELLER MACHINE (ATM)

(For a withdrawal of Cash benefits ONLY; Food Stamp benefits cannot be accessed through the ATM)

1. Know your balance and check to see if there is a surcharge for using the ATM.
2. Insert or swipe your card.
3. Enter your Personal Identification Number (PIN) and press the OK or ENTER key.
4. Select the key marked WITHDRAW CASH and then select CHECKING.
5. Enter the amount you'd like in whole dollar amounts (for example, \$20, \$40, \$60, etc.). Some machines only give cash in certain amounts, like \$5, \$10 or \$20 bills. Also, some ATMs may have a limit to how much you can withdraw.
6. Take your card, your receipt and your cash.
7. When you are in a safe place, count your cash and compare it to your receipt.
8. Keep your receipt to help you keep track of your balance the next time you need cash.

Georgia EBT does not regulate individual ATM policy.

Georgia EBT Questions and Answers

How do I get my benefits with the Georgia EBT Card?

Each month your benefits will automatically be added to your account on the same day. As you use your benefits to get cash or buy goods, your account balance will decrease.

When do I get my benefits?

Benefits will be in your EBT account as listed below:

Cash: Cash benefits are available on your Georgia EBT Card on the FIRST calendar day of every month.

Food Stamps: This chart shows the Food Stamp Benefit Issuance Schedule. Find the last digit of your case number (not your card number) and then look across to find out the day of the month that your Food Stamp benefits will be available on your Georgia EBT Card.

<i>If your case number ends with</i>	<i>You will receive your Food Stamp benefits on the</i>
5	5th day of the month
6	6th day of the month
7	7th day of the month
8	8th day of the month
9	9th day of the month
0	10th day of the month
1	11th day of the month
2	12th day of the month
3	13th day of the month
4	14th day of the month

Where can I use my Georgia EBT Card?

You can use your Georgia EBT Card at participating stores and ATMs (cash machines for Cash benefits only) across the country where you see the Quest logo.



What should I do if I lose my card?

If your Georgia EBT Card is lost, stolen or damaged and you need a replacement card, call Customer Service toll-free at 1-888-421-3281.

What is my card number?

Your card number is the 16-digit number on the front of your card.

What if my card won't work?

Call Customer Service at 1-888-421-3281 and they will assist you. This number is found on the back of your card. Customer Service is available 24 hours a day, 7 days a week.

What if there is an incorrect transaction on my account?

When a retailer is paid either too much or too little from your EBT account due to a computer system error, a correction may be made to your balance. This correction could impact your current or next month's balance. You will be mailed an EBT adjustment notice of the correction if it reduces your balance. If you do not feel that the correction is accurate, you may contact your local DFCS office to request a fair hearing.



How do I take care of my Georgia EBT Card?

1. Sign the back of your card and remove the activation sticker.
2. Keep your card safe.
3. Keep your card clean.
4. Do not bend your card.
5. Keep your card away from magnets and electronic equipment, such as TVs, radios, VCRs, microwaves, etc.
6. Do not place it in direct sunlight (i.e., on your car's dashboard).
7. Do not write your PIN on your card.

What is a Personal Identification Number (PIN)?

A PIN is a four-digit secret number that allows only you to use your Georgia EBT Card. Never tell your PIN to anyone! If someone knows your PIN, they can use your card to get ALL of your benefits – and those benefits will not be replaced. You also should not write your PIN on your Georgia EBT Card and do not keep it written down in your wallet or purse. You will receive your PIN in the mail a day or two after you receive your first Georgia EBT Card.

What if I forget my PIN?

If you forget your PIN or want to change your PIN, call Customer Service at 1-888-421-3281 to select a new PIN. You should choose four numbers that are easy for you to remember, but hard for someone else to figure out.

What if I enter the wrong PIN?

If you are having trouble remembering your PIN, DO NOT try to guess your PIN when entering it on a POS terminal or ATM. If you enter the wrong PIN, you have three more chances to enter the correct number. If the correct PIN is not entered by the fourth try, you won't be able to use it until after midnight because a hold is placed on your card. In some cases, your card may be taken by the ATM. If the ATM keeps your card, contact Customer Service for a replacement card.

What should I do if someone finds out my PIN?

Immediately call Customer Service and select a new PIN.

How will I know my account balance?

The easiest way to know your account balance is to keep your receipts. If you don't have your receipts, you may call Customer Service. You should always know your account balance before you shop.

What happens if the POS machine is not working?

If you want to purchase eligible food items with your Food Stamp benefits, and the POS machine is not working or there is not one at the store, the cashier may fill out a paper form called a food benefit voucher. The cashier will write in your Georgia EBT Card number and the amount you are spending. DO NOT give the cashier your PIN. The cashier will call to see if you have enough benefits in your Food Stamp (ONLY) account to buy the food. If there is enough in your Food Stamp account, you will be asked to sign the voucher and will be given a copy of it. It is very important to keep this copy so you can subtract what you spent from the balance shown on your last EBT receipt. This will give you the current amount on your account. The store cannot process a manual voucher for Cash benefits.

Can I go to a bank teller and withdraw money or inquire about my EBT account?

No, you may only withdraw money from an ATM or through a cash-back/cash-only withdrawal at a participating store. If you have questions, call Customer Service or ask your caseworker.

If I have less than \$10.00 worth of Cash benefits on my Georgia EBT Card, how will I get it out?

You can make a Point-of-Sale purchase or cash-back transaction at participating stores to get these funds.

Are there any fees for using my Georgia EBT Card?

There is never a charge for using your card to buy food. At ATMs and/or POS machines where you see the Quest logo, the first two cash withdrawals each month are free. For each one after that, an 85-cent fee is automatically taken out of your Cash account.

A surcharge is an additional fee charged by the owner of an ATM or POS machine for using that machine to make a cash withdrawal. Surcharges, if any, for getting cash will also be taken from your account automatically. If you do not want to pay the surcharge, simply cancel your transaction and go to another ATM or POS location that does not charge a surcharge.

No Fees

- Food Stamp Benefit Purchases
- Cash Purchases
- Cash Back with Purchases
- Cash Withdrawals at an ATM or POS machine (first 2 per month)

Fees

- Cash Withdrawals at an ATM or POS machine (if over 2 per month) = 85 cents

Surcharges

- Cash Withdrawals at certain ATMs and POS machines; look for a sign near the ATM or POS machine that tells you the surcharge amount

Can I deposit money into my EBT account?

No. You may only withdraw money from your Cash account.

When do I call Customer Service?

- Call to activate your FIRST card.
- Call if your card is lost, stolen or damaged and report it immediately. Always call the minute you find out your card is gone.
- Call if you have forgotten or lost your PIN.
- Call to change your PIN.
- Call if you have questions or need help with your card.

What if I plan to move or change my address?

You must contact your DFCS worker if you move or change your address. Customer Service cannot assist you with your address change.

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1429-GA-QA-E 04/05



1-888-421-3281

**HOW TO USE YOUR GEORGIA EBT CARD AT
AN AUTOMATED TELLER MACHINE (ATM)**

- 1.** Know your balance and check to see if there is a surcharge for using the ATM.
- 2.** Insert or swipe your card.
- 3.** Enter your Personal Identification Number (PIN) and press the OK or ENTER key.
- 4.** Select the key marked WITHDRAW CASH and then select CHECKING.
- 5.** Enter the amount you'd like in whole dollar amounts (for example, \$20, \$40, \$60, etc.). Some machines only give cash in certain amounts, like \$5, \$10 or \$20 bills. Also, some ATMs may have a limit to how much you can withdraw.
- 6.** Take your card, your receipt and your cash.
- 7.** When you are in a safe place, count your cash and compare it to your receipt
- 8.** Keep your receipt to help you keep track of your balance the next time you need cash.



**HOW TO USE YOUR GEORGIA EBT
CARD AT THE GROCERY STORE**

- 1.** Know your balance before you go shopping by checking your last receipt or calling Customer Service.
- 2.** Hand your Georgia EBT Card to the clerk/cashier OR swipe your card through the Point-Of-Sale (POS) terminal.
- 3.** Be sure to tell the clerk which account to charge (Food Stamp or Cash).
- 4.** Enter your four-digit Personal Identification Number (PIN) on the keypad and press the OK or ENTER key.
- 5.** The amount of your purchase will be deducted from your account.
- 6.** The clerk will hand you your receipt.
- 7.** Make sure the information on the receipt is correct
- 8.** Keep this receipt for your records. It will show your new balance.

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1429-GA-BNL-E-0405

Georgia Department of Human Resources

EBT IN GEORGIA FACT SHEET

What is EBT?

EBT, which stands for electronic benefits transfer, is the way Georgians receive cash and food stamp benefits. Instead of waiting for a check or food coupons to come in the mail, recipients use a debit card to withdraw cash benefits and purchase food and other items from local retailers.

Benefits available through EBT are Temporary Assistance for Needy Families (TANF) and food stamps. Other federal payments such as Social Security, Supplemental Security Income (SSI) and railroad retirement can be made available through the Georgia EBT card. Recipients use a debit card, called a Benefit Security Card, to get their benefits from automated teller machines (ATMs) and point-of-sale terminals at retail stores. They have their own personal identification number that enables them to use their benefits securely. Recipients may also choose to have their TANF benefits directly deposited into a personal bank account.

Background

EBT in Georgia began as a concept in 1993 when Vice President Al Gore announced a goal to create a nationwide electronic benefits delivery system for all government benefits. That goal became law in 1996 when welfare reform legislation mandated that EBT be implemented in all states by October 1, 2002.

Georgia worked in cooperation with 10 other Southern states to design, develop and successfully implement a single card, multi-program EBT system. EBT was implemented in Georgia in July 1997 and has been operating statewide since November 1998. Moving benefits from a paper-based system to an electronic system has resulted in an estimated cost savings of \$1 million.

Advantages of EBT

- EBT users receive their benefits in their accounts regularly, without having to wait for checks or coupons to arrive in the mail.
- EBT has reduced the incidence of fraud, theft and abuse.
- EBT streamlines the benefit delivery process and eliminates the cost of printing, storing, handling, shipping and disposing of the coupons and checks.
- Food stamp benefits are spent solely on food, since recipients can no longer receive cash back from coupons.
- Retailers no longer have to process food coupons or checks.
- Food can be purchased with an exact debit from a recipient's food stamp account, instead of recipients receiving cash back.

DHR Office of Communications - October 2000

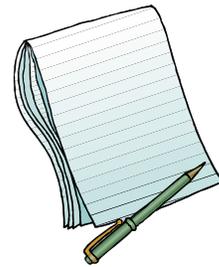
EBT and FS Issuance

(MR 3810-5)

In the last cycle of the month, a conversion file containing all active ongoing FS cases is sent to EBTA to set up an account and issue benefits. Regular monthly benefits are posted to EBT accounts according to the last digit of the client's case number.

Case Number Ends In:	Day Benefits Available
5	5th
6	6th
7	7th
8	8th
9	9th
0	10th
1	11th
2	12th
3	13th
4	14th

Participant Guide



Assistance Units

OUTLINE OF ASSISTANCE UNITS

- I. BASIC CONSIDERATIONS (MR 3200 and 3205)
- II. DETERMINING AN AU (MR 3205)
- III. SPECIAL TYPES OF AUs (MR 3215 - 3245 and 3600)
- IV. DETERMINING THE HEAD OF AU (MR 3105)
- V. VERIFICATION (MR 3035 and 3205)



OBJECTIVES

- ✓ Participants will be able to define Assistance Unit.

- ✓ Participants will be able to determine who can be a separate FS Assistance Unit.

- ✓ Participants will be able to determine who cannot be a separate FS Assistance Unit.

- ✓ Participants will be able to determine who can be the Head of the FS Assistance Unit.

- ✓ Participants will be able to determine when to verify assistance unit composition.

- ✓ Participants will be able to determine what verification is needed for assistance unit composition.

FOOD STAMP ASSISTANCE UNITS (MR 3205)



STEP 1	<ul style="list-style-type: none"> ✓ Make sure everyone living in the home is listed. ✓ Determine who customarily purchases food and prepares meals together. ✓ Determine relationship among individuals in the home.
STEP 2	Individuals who declare that they purchase FOOD and prepare MEALS TOGETHER must be ONE AU . Consider potential separate AU status if they state they do or intend to purchase food and prepare meals separately
STEP 3	<p>The following people must be in one AU, even if they say they Purchase Food and Prepare Meals separately:</p> <ul style="list-style-type: none"> ✓ SPOUSES (living together) must be ONE AU <hr style="border-top: 1px dashed black;"/> ✓ PARENTS living with their biological, adopted and step CHILD(REN) UNDER AGE 22 must be ONE AU <hr style="border-top: 1px dashed black;"/> ✓ MINOR CHILD(ren) (under age 18) under PARENTAL CONTROL of an AU member, other than their parent, who is exercising parental control of minor child(ren) must be ONE AU <u>UNLESS</u> <ul style="list-style-type: none"> → They state that they purchase and prepare separately or intend to purchase and prepare separately <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> → The non-parent is not exercising parental control
STEP 4	<u>SPECIAL EXCEPTION:</u> An individual considered FS Disabled or having a non-disease related permanent disability AND is 60 or older who is purchasing and preparing with "others" because of inability to purchase and prepare own meals and the others' gross income does not exceed 165% of FPL may be considered a separate AU.

Assistance Unit Examples

STEP 5	<p>Exclude the following individuals from the AU, even if they customarily purchase food and prepare meals together;</p> <ul style="list-style-type: none"> * Ineligible StudentNo resources and no income counted * Enumeration Sanctioned IndividualCount liquid resources (unless cat elig) & prorated income * Ineligible Alien.....Count liquid resources (unless cat elig) & prorated income * E & T Work Sanctioned IndividualCount liquid resources (unless cat elig) & full income (do not prorate) * Fleeing Felons, Probation/Parole ViolatorsCount liquid resources (unless cat elig) & full income (do not prorate) * Intentional Program Violation (IPV) Disqualified Count liquid resources (unless cat elig) & full income (do not prorate) * Convicted Drug Felons (on or after 8/22/96)..... Count liquid resources (unless cat elig) & full income (do not prorate) Substances
-------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Determine in the following situations whether the individuals can be one AU or separate AUs. Assume A/Rs purchase and prepare meals separately unless otherwise stated. Assume no parental control unless otherwise stated.

EXAMPLE #1

Ms. Rogers (24) and Ms. Smith (23) are friends who share an apartment. They pool their resources in order to purchase food and they take turns preparing meals.

EXAMPLE #2

Mr. and Ms. Owens live together in the same house. They are legally separated and live in different ends of the house. In fact, they hardly ever see each other since they have opposite work schedules.

EXAMPLE #3

Ms. Sarah Lane (22) lives with Mark Long (25) and is pregnant with their child. Sarah does not want to include Mark because they are not married and he is not financially responsible for her.

EXAMPLE #4

Ms. Sarah Lane (22) continues to live with Mark Long (25) but now they have a baby daughter. They still maintain separate finances and do not purchase/prepare together.



EXAMPLE #5

Mr. Mike Hudson (39) and his wife Greta (25) live with Greta's aunt Sally Moss (60), who prepares all their meals since Mike and Greta are both working.

EXAMPLE #6

Ms. Carol Horne (31) and her daughter Rhonda (16) live together. Both work full-time on different shifts at a mill. Rhonda cooks her own food and wants to receive her own Food Stamps.

Assistance Unit Examples Continued

EXAMPLE #7

Ms. Sampson (42), her daughter Sarah (17), and granddaughter Amy (1) live together. Sarah is working part-time and attending school. Sarah and Amy purchase and prepare meals separately from Ms. Sampson.



EXAMPLE #8

Mr. Lester Nalley (21) lives with his parents Earl (60) and Tina Nalley (62). The parents both receive RSDI disability and Lester is employed.

EXAMPLE #9

Mr. Henry Jackson (62) lives with his daughter Maria (35). Maria is always on a diet, so Henry buys and prepares his own food.

EXAMPLE #10

Ms. Jane Doe (47) lives with daughter Tammy (22). Jane wants to be separate because Tammy earns a lot of money.

EXAMPLE #11

Mrs. Murphy (48) lives with her daughter Tabitha (20) and Tabitha's children, ages 5 and 3.

EXAMPLE #12

Mr. Bob Holland (16) lives with his uncle Robert Holland (35). They both work full-time, purchase and prepare their own meals, and Robert states that Bob is completely independent and not under his parental control.

Assistance Unit Examples Continued

EXAMPLE #13

Mrs. Lowe's sister died, so she now has custody of her niece and nephew, Donna (8) and Jeffery (6). She wants to receive Food Stamps just for them and not include herself.

EXAMPLE #14

Mr. Jason Smith (21) and his brother Rodney (29) share a house together. They take turns buying and cooking food.

EXAMPLE #15

Ms. Ellen Raney (20) lives with her sister Angela Raney (47). Ellen cannot eat the spicy food which Angela likes so she wants to buy and prepare the food she is able to eat separately.

EXAMPLE #16

Ms. Mason (40) lives with her daughter Juanita (19) and Juanita's husband (20).

EXAMPLE #17

Mr. Thomas (32) moved in with his stepsister Mary (28). Mr. Thomas is unemployed and eats with Mary now but intends to purchase/prepare food separately once approved for Food Stamps.

EXAMPLE #18

Mr. Bob Wilson (43) and his wife Mary Wilson (42) live with their daughter Jessica (23), son Frank (17), daughter Betty (20) and Betty's daughter Polly (1).



DESIGNATING THE HEAD OF AU FOR APPLICATION PROCESSING (MR 3105)

If there is only ONE adult in the AU (may include children), then that adult is the head of AU.

If there are TWO or more adults in the AU and at least one of the adults is an **adult parent of a child (of any age) or an adult serving in a parental role to a child under age 18 in the AU**, then the AU is allowed to select **an adult parent or adult serving in a parental role** as the head of AU.

If the AU consists of all adults (but no adult parent), the AU can select any adult as head of the AU.

If the AU consists of no adults, then the AU can select any AU member as the head of AU.

If the AU does not decide who is the head of the AU, the county will make that determination.

An “Adult” is defined as:

Φ age 18 years or older

(OR)

Φ the head of the FS AU if under 18.

A “Parent” is defined as:

Φ natural,

Φ adoptive,

Φ stepparent or

Φ a person serving in a parental role.



Examples of Designating the Head of AU (H/AU)

Applicant	Paula	Age 29
Son	Jim	Age 7
Son	Tim	Age 7

The AU may select the H/AU as follows: There is only one Adult. Paula is the H/AU.

Applicant	Christine	Age 30
Husband	Henry	Age 32
Son	Hank	Age 12
Daughter	Tina	Age 4

The AU may select the H/AU as follows: Christine or Henry could be the H/AU.

Applicant	Sara	Age 52
Husband	Larry	Age 47
Son	Fred	Age 19
Niece	Kim	Age 9

The AU may select the H/AU as follows: Sara or Larry could be the H/AU.

Applicant	Alicia	Age 18
Husband	Jerry	Age 19

The AU may select the H/AU as follows: Alicia or Jerry could be the H/AU.

OUTLINE OF BASIC ELIGIBILITY

- I. GENERAL OVERVIEW (MR 3300)
- II. IDENTITY (MR 3335)
- III. RESIDENCY (MR 3340)
- IV. ENUMERATION (MR 3325, 3530)
- V. CITIZENSHIP / ALIENAGE (MR 3320)
- VI. LAW BREAKERS (MR 3310)

OBJECTIVES

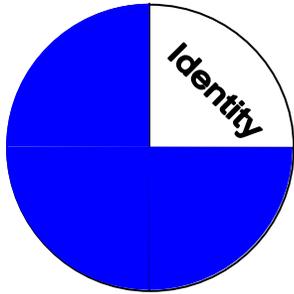
- ✓ Participants will be able to apply the eligibility and verification requirements for identity.
- ✓ Participants will be able to apply the eligibility and verification requirements for residency.
- ✓ Participants will be able to apply the eligibility and verification requirements for enumeration.
- ✓ Participants will be able to identify the case manager's role in the enumeration process.
- ✓ Participants will be able to apply the eligibility and verification requirements for citizenship.
- ✓ Participants will be able to identify the eligibility and verification requirements for alienage.
- ✓ Participants will be able to define who lawbreakers are and how they are treated in the FS program.

FS BASIC ELIGIBILITY CHART

All manual references are from the Office of Family Independence (OFI) Food Stamp Policy Manual (www.odis.dhr.state.ga.us).

CRITERIA	FS POLICY
Assistance Unit Size / Composition MR 3205	A/R must state who and how many are in the home. Age and relationship are relevant in determining eligibility for separate AU status. Who purchases food and prepares meals together must be considered in determining the AU. Verification: Accept AU statement
Citizenship/ Alienage MR 3320	A recipient of Food Stamp benefits must be a US Citizen or a lawfully admitted qualified alien Verification: Third Party verification must be provided. Verification for aliens: 1) obtain USCIS documents 2) complete WEB-I procedures
Enumeration MR 3325	Each person must provide a number or proof that they have applied for a number--good cause may apply for failure to provide, may also be postponed for expedited services Enumeration for newborn is not required until next review or within 6 months following the month the baby is born, whichever is later. Verification: Accept AU statement or proof of application for SSN
Failure to Perform a Required Action MR 3385	FS benefits may not be increased if AU's income decreases or terminates due to failure to perform required action in TANF, SSI, General Assistance, or other federal, state, or local means-tested program.
Identity MR 3335	Identity of applicant must be verified at initial application. Verification: Third Party verification must be provided. See MR 3335-1 for list of acceptable verification.

CRITERIA	FS POLICY
Lawbreakers MR 3310	Individuals who are convicted of certain crimes, who are probation or parole violators, or who are fleeing to avoid prosecution, custody or confinement for a felony are not eligible to be included in the FS AU. See Section 3310 for more details.
Residency MR 3340	Must live or intend to live in Georgia; permanent dwelling or fixed address is not required. An AU may apply for benefits in any county but is encouraged to apply in the county in which he or she may reside. The AU may be certified for benefits in any county within the state. Verification: Third Party verification must be provided at initial application.
Voluntary Quit MR 3380	AU members who voluntarily quit work without good cause could be sanctioned. The individual who quits is sanctioned. (Will be covered in Work Requirements module.)
Work Requirement MR 3350, 3355, 3360, 3365, 3370, 3375, 3380	AU members must comply with Food Stamp work requirements unless they meet an exemption. (Will be covered in Work Requirements module.)



IDENTITY (MR 3335)

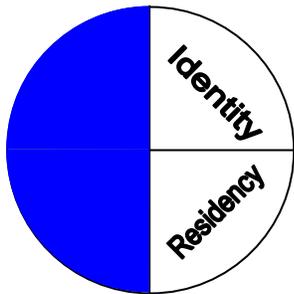


The identity of a person applying for food stamps must be verified.

Documents which MAY be used to verify identity:

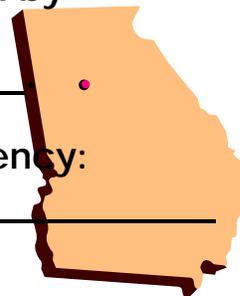
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

RESIDENCY (MR 3340)



AU members who receive benefits must live or intend to live in Georgia. The AU may be certified for benefits in any county within the state.

At initial application residency must be verified by

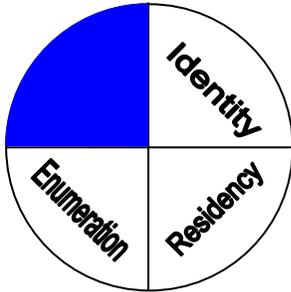


Documents which MAY be used to verify residency:

- ✓ _____
- ✓ _____

✓

✓



ENUMERATION (MR 3325)

Enumeration is the process by which a Social Security Number (SSN) is obtained and validated.

An individual must be enumerated in order to be included in the AU. Each AU member must provide or apply for a Social Security Number in order to receive FS benefits.

Procedures to follow when an AU member must apply for a SSN:

1. _____

2. _____

3. If verification is returned: _____

If no verification is returned, and no Good Cause exists: _____

4. _____

For Newborns, compliance with the enumeration process is not required until the next review or within 6 months following the month the baby is born, whichever is later.

_____ may be established for failure to meet the enumeration requirement.

A member of an AU who does not meet the enumeration requirement is

_____ and _____.



ENUMERATION PROCESS

(MR 3325-3)

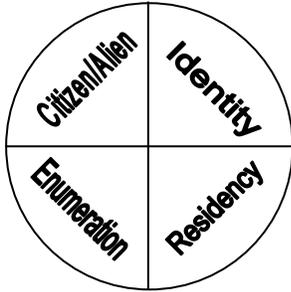
This chart outlines procedures for obtaining and recording an SSN in the case record.

Chart 3325.1 Enumeration

IF AN AU MEMBER	THEN
is currently in the system with an SSN	compare system number with A/R's statement.
knows the SSN at the interview	document appropriate screens in SUCCESS.
does not know the SSN at the interview, but is able to obtain it	issue a verification checklist to request that the SSN be provided within 10 calendar days. When the A/R provides the SSN, enter the SSN in the system.
has multiple SSNs	refer AU member to the Social Security Administration (SSA) to resolve the discrepancy. Enter all known SSNs in the system. Inform the AU of the responsibility to report the correct and primary SSN to the county office upon resolution with SSA.
is enumerated at birth by a medical facility	request the SSN at the next review or within 6 months following the month the baby is born, whichever is later. If the SSN has not been received, request the SSN at each review thereafter.

Chart 3325.1 Enumeration

IF AN AU MEMBER	THEN
never had an SSN OR had an SSN but the number is unknown	<p>refer the AU member to SSA to apply for a new or replacement SSN.</p> <p>Follow these steps:</p> <ol style="list-style-type: none">1. Inform the AU of its responsibility to submit original or certified copies of documents that verify age, identity, and citizenship (e.g., birth certificates, driver's licenses, etc.) to SSA with the application for an SSN.2. Complete Form 189, Referral for SSN Application, or print and complete SUCCESS Referral for SSN Application and include the system ID number of the individual who must be enumerated.3. Provide the AU with copies of Form 189 or the SUCCESS Referral to take to SSA. Retain a copy of the referral for the case record.4. Allow the AU 10 calendar days to verify application for a SSN.5. If verification is provided, document that it has been received and file the verification in the case folder.6. Request the SSN at the next review. If the SSN has not been received, request the SSN at each review thereafter.7. If verification is not provided, determine if good cause exists.8. If good cause exists, contact the AU monthly to monitor good cause.9. If good cause does not exist, the non-enumerated individual is not included in the AU.



CITIZENSHIP AND ALIEN STATUS (MR 3320)

A recipient of Food Stamps must be a United States citizen or establish United States Citizenship and Immigration Services (USCIS) status as a lawfully admitted qualified alien.

A US Citizen meets one of the following conditions:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

Citizenship must be verified by _____.

List five forms of verification for US citizenship:

The three categories of aliens, as determined by USCIS:

1. _____
2. _____
3. _____

Alien status is verified by

1. _____
2. _____



3. _____

An alien who does not meet eligibility requirements is _____.

SAMPLE CITIZENSHIP VERIFICATION

*** REC 2006013 142731 H68F37E0 0Z99 CIPQYAC PQAC (F-01T) ***

TPQY DTE:01/13/06 SSN:XXX-XX-XXXX DOC:602 UNIT:LEE PG: 001
STATUS MBR YES LOU-01/13 SSACCS NO LOU-01/12 SSR YES LOU-06/02/76
INPUT SOCIAL SECURITY NUMBER XXX-XX-XXXX NAME W HARRI USER CODE LEE
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER XXXXXXXXXXXXX
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: XXXXXXXXXXXXX
WILLIE P HARRIS FEMALE BORN:02/15/23 ENTITLED:02/1988
WILLIE P HARRIS LEE COUNTY HLTH CARE
P O BOX 859 LEESBURG GA 31763
PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: \$426.00
BENEFIT HISTORY:
DATE: GROSS BENEFIT:
12/2005 \$426.00 CREDITED
01/2005 \$409.00 CREDITED
INPUT SOCIAL SECURITY NUMBER XXXXXXXXXXXX NAME W HARRI USER CODE LEE
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON XXXXXXXXXXXXX
WILLIE P HARRIS FEMALE BORN:02/15/27 ELIGIBLE:05/1976
APPLICATION DATE: 05/27/1976 TYPE OF PERSON: DISABLED INDIVIDUAL
CITIZEN/ALIEN CODE: A
MAILING ADDRESS:
WILLIE P HARRIS
LEE CO HLTH CARE
P O BOX 859
LEESBURG GA 31763 0859
NET CURRENT BENEFIT FOR 01/01/2006 - FED AMT: \$0.00 STATE AMT: \$0.00
PAYMENT HISTORY OF NET BENEFITS PAID:
DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:
01/01/2005 \$ 0.00 \$ 0.00 NONE MADE
PAYMENT STATUS CODE: E01 - TECHNICAL ENTITLEMENT BEGINNING IN 01/1997
INPUT SOCIAL SECURITY NUMBER XXXXXXXXXXXX NAME W HARRI USER CODE LEE
INFORMATION
D O REVIEW REQUIRED
IDENTITY DISCREPANCY BETWEEN MBR & SSR:
PERSONS NAME DISCREPANT
PERSONS DATE OF BIRTH DISCREPANT

```
*** REC 2006004 091155 H6C402E0 CXR3 CIPQYA3 PQA3 (F-CAR ) ***

TPQY DTE:01/04/06 SSN:XXX-XX-XXXX DOC:615 UNIT:MMS PG: 001
STATUS MBR YES LOU-01/04 SSACCS NO LOU-01/03 SSR YES LOU-04/12/84
INPUT SOCIAL SECURITY NUMBER XXX-XX-XXXX NAME T BRAY USER CODE MMS
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER XXXXXXXXXXXXX
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: XXXXXXXXXXXXX
TERRENCE BRAY MALE BORN:06/15/57 ENTITLED:04/1983
DIR COMMUNITY MNTL HLTH FOR TERENCE E BRAY
2121 A BELLEVUE RD DUBLIN GA 31021
PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: $809.00
BENEFIT HISTORY:
DATE: GROSS BENEFIT:
12/2005 $809.00 CREDITED
01/2005 $777.00 CREDITED
INPUT SOCIAL SECURITY NUMBER XXXXXXXXXXXX NAME T BRAY USER CODE MMS
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON XXXXXXXXXXXXX
TERRENCE BRAY MALE BORN:06/15/57 ELIGIBLE:04/1984
APPLICATION DATE: 04/19/1984 TYPE OF PERSON: DISABLED INDIVIDUAL
CITIZEN/ALIEN CODE: N
MAILING ADDRESS:
TERRENCE BRAY
991 NW 100 ST
MIAMI FL 33150
NET CURRENT BENEFIT FOR 01/01/2006 - FED AMT: $0.00 STATE AMT: $0.00
PAYMENT HISTORY OF NET BENEFITS PAID:
DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:
01/01/2005 $ 0.00 $ 0.00 NONE MADE
PAYMENT STATUS CODE: T31 - TERMINATED BY SYSTEMS ACTION
INPUT SOCIAL SECURITY NUMBER XXXXXXXXXXXX NAME T BRAY USER CODE MMS
***INFORMATION***
***D O REVIEW REQUIRED***
IDENTITY DISCREPANCY BETWEEN MBR & SSR:
PERSONS NAME DISCREPANT
```

TPQY DTE:12/22/05 SSN:XXX-XX-XXXX DOC:603 UNIT:JUA PG: 001
STATUS MBR YES LOU-12/22 SSACCS NO LOU-12/21 SSR YES LOU-07/17/01
INPUT SOCIAL SECURITY NUMBER XXX-XX-XXXX NAME C STRUB USER CODE JUA
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER XXXXXXXXXXXXX
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: XXXXXXXXXXXXX
CARMEN G STRUBE FEMALE BORN:02/01/36 ENTITLED:01/2001
CARMEN G STRUBE 201 GRAY HIGHWAY APT F GORDON GA 31031
PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: \$453.00
BENEFIT HISTORY:
DATE: GROSS BENEFIT:
12/2005 \$453.00 CREDITED
12/2004 \$435.00 CREDITED
MEDICARE DATA ENTITLED PREMIUM BUY-IN CODE START
HOSPITAL INSURANCE 01/2001
SUPPLEMENTAL INSURANCE 01/2001 \$ 78.20 100 08/2004
INPUT SOCIAL SECURITY NUMBER XXXXXXXXXXXX NAME C STRUB USER CODE JUA
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON XXXXXXXXXXXXX
CARMEN G STRUBE FEMALE BORN:02/01/36 ELIGIBLE:07/2001
APPLICATION DATE: 07/17/2001 TYPE OF PERSON: AGED INDIVIDUAL
CITIZEN/ALIEN CODE: E
MAILING ADDRESS:
CARMEN G STRUBE
8333 TREADWAY ST
PANAMA CITY, FL 32413 9405 33150
RESIDENCE:
8333 TREADWAY ST
PAYMENT STATUS CODE: T51 - PYMTS NEVER MADE - TERMINATED
EFFECTIVE 11/2001 32413
INPUT SOCIAL SECURITY NUMBER XXXXXXXXXXXX NAME C STRUB USER CODE JUA
INFORMATION
D O REVIEW REQUIRED
IDENTITY DISCREPANCY BETWEEN MBR & SSR:
PERSONS NAME DISCREPANT

GEORGIA VITAL RECORDS

NUMI DTE:01/25/06 SSN:XXXXXXXXXX XC: UNIT:GGX PG:0014

ACCOUNT SSN:XXXXXXXXXX ETC:0 RFN:74092326361 DOC:606

NAME ????: DONNA , MARIE , HARPER

BIRTH DOB:04/16/1960 PLB: AUGUSTA RICH* , GA SEX:F ETB:1

PARENT ????

????

INTERNAL FMC:1 CYD:04/10/19

ACCOUNT SSN:XXXXXXXXXX ETC:2 RFN:80337018286 DOC:606 IDN:D

NAME ????: DONNA , H , PHILLIPS

????: DONNA , M , HARPER

BIRTH DOB:04/16/19 PLB: AUGUSTA RICH* , GA SEX:F ETB:0

PARENT ????: MARGARET S NICHOLS

????: DAVID L HARPER

INTERNAL FMC:2 CYD:12/04/1980

Date: Tuesday, 13 February 2007 3:14pm ET
To: SUCCESS.SUPVS, ALL.DFCS, *, cmwilliams1@dhr.ga.gov
Cc: FS.EMAIL/2007
From: DFCS.DIVISION@GOMAIL
Subject: FS E-mail# 2007-05, TANF# 2007-4

TOPIC: Changes in Citizenship Verification

In order to align the FS and TANF policies with the changes in the Medicaid policy, effective immediately, any A/R who has received or is currently receiving disability benefits through the Social Security Administration is deemed to have met the citizenship requirement. This is in addition to A/R's who receive or have received Medicare or SSI. These groups have already had their citizenship verified by those Federal agencies.

This criteria does NOT include children who receive benefits from a parent's account, or a spouse who receives benefits from a spouse's account. This criteria also does not include anyone who retires early and receives retirement benefits through the Social Security Administration.

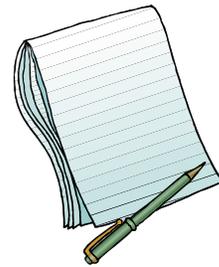
In SUCCESS, use verification code "OT" verified other for these cases.

Sections 3320 (FS) and 1310(TANF) of the ESS manual will be updated with this change in the next Manual Transmittal.

If you have any questions regarding this policy change, please contact your Food Stamp or TANF Program Specialist or the appropriate policy helpdesk.

Donna Gunter
TANF Unit Manager
404-657-3737

Participant Guide



Work Requirements

OUTLINE OF WORK REQUIREMENTS

- I. OVERVIEW (MR 3345)
- II. E&T WORK REGISTRATION EXEMPTIONS (MR 3350)
- III. MANDATORY REGISTRANTS (MR 3350)
- IV. IDENTIFYING AN ABAWD (MR 3355)
- V. FAILURE TO COMPLY WITH E&T (MR 3355 and 3380)
- VI. FAILURE TO PERFORM A REQUIRED ACTION (MR 3385)

OBJECTIVES

- ✓ Participants will be able to explain the Food Stamp Employment and Training (E&T) program to the A/R.
- ✓ Participants will be able to determine E&T work registration status for each AU member.
- ✓ Participants will be able to identify mandatory registrants who meet the ABAWD criteria.
- ✓ Participants will be able to understand the statewide waiver for all ABAWDs in Georgia.
- ✓ Participants will be able to identify the consequences if an individual fails to comply with E&T.
- ✓ Participants will be able to explain generally to the A/Rs the consequences regarding voluntary quit.
- ✓ Participants will be able to identify situations which meet the “Failure to Perform a Required Action” with TANF program.
- ✓ Participants will be able to identify the consequence in Food Stamps for “Failure to Perform a Required Action” in the TANF program.

FOOD STAMP WORK PROGRAM EXEMPTIONS (MR 3350-6 and 7)

All Food Stamp applicants/recipients must comply with the work program requirements unless they meet one of the exemptions listed below in Chart 3350.1.

WORK REGISTRATION EXEMPTIONS	SUCCESS EXEMPT REASON CODE	SUCCESS WORK STATUS CODE
AGE CRITERIA		
Under age 16	AG	NI
Age 16--17 and not Head of AU, verify attendance & wages if the student will turn 18 during the POE	AG	NI
Age 60 or older	AG	NI
STUDENT CRITERIA		
Student enrolled at least half time in a recognized school/training program or institution of higher learning. A student in an institution of higher learning must meet student criteria to be included in the AU; see MR policy manual section 3245. Verification Form 875 is required.	ST	NI
Refugee participating in a recognized refugee education/training program at least half time. Verification of participation is required.	RF	NI
CARETAKER CRITERIA		
Caretaker of a child under 6. Child does not have to be a part of AU or live in the same home.	CA	NI
Caretaker of an incapacitated individual. Need for continuous care must be verified by a medical source. The incapacitated individual does not need to be AU member or in the home.	CA	NI
PHYSICALLY OR MENTALLY UNFIT CRITERIA		
Temporarily ill/unfit for employment with medical verification	TI	NI
Receiving disability benefits (SSI, RSDI, 100% VA, Railroad Retirement, Worker's Compensation, etc.) Award letter or statement required from source.	FE	NI
SSI/FS initial application filed at SSA	SS	NI
High Risk Pregnancy (verified by a medical statement)	PR	NI

WORK REGISTRATION EXEMPTIONS	SUCCESS EXEMPT REASON CODE	SUCCESS WORK STATUS CODE
Regular participant in a drug/alcohol treatment or rehabilitation program (verification of participation is required.)	DR	NI
EMPLOYMENT AND WORK RELATED CRITERIA		
Employed at least 30 hours a week on a job expected to last at least 30 days (includes self-employment). Verification of hours worked and wages is required.	EM	NI
Receiving weekly earnings at least equal to 30 hours multiplied by the federal minimum wage. This includes temporary breaks in employment not expected to exceed 10 work days and self-employment. Verification is required.	EM	NI
Seasonal migrant or non-migrant farm worker who is under contract to begin work within 30 days (verification is required).	MI	NI
VISTA (Volunteer in Service to America) volunteer (verification of status is required)	VV	NI
Receiving, applied, or approved for Unemployment Compensation Benefits (UCB). Verification of income and/or application for benefits required if questionable.	UC	NI
Registered and complying with TANF Employment Services (a work program).	PC	NI
OTHER		
IPV disqualified, SSN Disqualified, and Ineligible AU members are not subject to work registration	AD	NI

Any AU member between the ages of 16 through 59 who does not meet one of the above exemptions is a mandatory registrant.

ABLED -**B**ODIED **A**DULTS **W**ITHOUT **D**EPENDENTS (ABAWDs)

An ABAWD is any individual who:

- 3 is a mandatory E & T registrant,
- 3 is age 18 (beginning with month following the month they turn 18) through 49 (up to month in which their 50th birthday falls),
- 3 is not included in the AU with a child under age 18 (The child can be an eligible, ineligible, disqualified or sanctioned AU member. The child may be related or unrelated to the adult(s). The exemption extends to all adults in the AU),
- 3 is physically and mentally fit for employment, and
- 3 is not pregnant.

Identifying ABAWDs is a Three-Step Process

Step 1: Identify Mandatory E & T registrants.

Step 2: From the E & T mandatory registrants, determine whether these individuals meet the definition of an ABAWD.

Step 3: Code the ABAWD Status as “AE” on WORK Screen.

FOOD STAMP SANCTIONS FOR WORK NON-COMPLIANCE MR 3380

When a mandatory registrant (including an ABAWD) fails, without good cause, to comply with work requirements, the individual is sanctioned and is not eligible to be included in the AU. However, the sanctioned individual's countable income is counted in its entirety in determining financial eligibility of the remaining AU. The penalties for violations of work requirements are:

- * first violation - one month minimum or until compliance, whichever is later
- * second violation - three months minimum or until compliance, whichever is later
- * third and subsequent violations - six months minimum or until compliance, whichever is later

NOTE: Failure of the AU member to comply continues the same sanction.

EXCEPTION: Sanction periods for voluntary quit and voluntary reduction of work hours to less than 30 hours per week are no longer than the minimum sanction period. The mandatory registrant or ABAWD is potentially eligible following the minimum sanction period.

A WORK SANCTION IS NOT IMPOSED IF:

- The AU member is exempt from work registration, or
- Good cause exists for failure to comply, or
- The mandatory registrant, including the ABAWD, complies by the effective month of sanction, or
- The AU requests a hearing and continuation of benefits during the timely notice period

The sanction is lifted if the mandatory registrant becomes exempt from work registration prior to completing the minimum sanction period.

TANF RELATED:

Food Stamp recipients who are sanctioned in TANF for failure to comply with work requirements will also have a food stamp sanction applied. The sanction is applied even when the individual is exempt from Food Stamp work requirements.

The FS work sanction is applied as long as the individual is TANF sanctioned. The sanction may last no more than 12 months when the registrant is sanctioned for TANF ES violations.

Failure to Perform a Required Action (MR 3385)

Food Stamp benefits will not increase when the AU's income is decreased or terminated due to failure to perform a required action under another federal, state or local means-tested public assistance program. The following chart provides an all-inclusive list of TANF requirements which when violated must not result in increased Food Stamps.

TANF REQUIREMENTS	TANF ACTION
SSN for all AU members	AU member is penalized
Immunization of pre-school children	AU member is penalized
Citizen/alien status (refusal to provide)	AU member is penalized
Minor parent living arrangement requirement	Minor parent is penalized
Minor parent must comply with school attendance requirement	Minor parent is penalized
Intentional Program Violation	AU member is disqualified
Prenatal Care	AU member is penalized
Employment Services Requirements	25% reduction or case is closed*
Personal Responsibilities	25% reduction or case is closed*
Failure to report child absent from the home	25% reduction or case is closed*

* When TANF benefits are reduced, continue to budget the previous TANF benefit amount, prior to the 25% reduction, in the FS case for the length of the TANF sanction. Refer to MR 3385-3, Step 3 for instructions.

* When TANF benefits are terminated, continue to budget the previous TANF benefit amount prior to the termination, in the FS case for the length of the TANF sanction. The maximum period that the FS recipient can be sanctioned is one year. Refer to MR 3385-3, Step 3 for instructions.

TO: Regional Directors, Regional Managers, OFI Staff

FROM: State Office of Family Independence

SUBJ: Minimum Wage Increase for 2008
FS Email #2008-20
TANF Email # 2008-11
Medicaid Email #08-14
CAPS Email #2008-01

DATE: June 24, 2008

The federal minimum wage will increase from \$5.85 per hour to **\$6.55** per hour in JULY 2008. This change will be effective JULY 24, 2008 and will impact our employed households.

FOOD STAMP PROGRAM

To comply with this change, guidelines for determining the work registration exemption for employed AU members, representative pay, and the WEX hours for food stamp E&T participants are provided.

FOOD STAMP CASES:

AU members must earn at least \$196.50 (\$6.55 x 30) per week to be exempt from work registration requirements. (Refer to Section 3350, Work Registration, for policy on work registration exemptions.)

Because the pay rate has increased to 6.55 per hour, the pay stubs provided by the AU may not be representative of the AU's regular income. At initial application and review, use the new pay rate, hours worked per week, and frequency of pay to determine representative pay for persons receiving pay at the minimum wage.

Do not convert when there is a change in the rate of pay and the income has been or will be received in the month. Use actual income for dates that have already occurred and use representative amounts for future pay dates in the month. Document the case record.

Example: AU applies for FS on 7/2/08. A/R is paid 5.85/hr and works 20-25 hours per week, paid weekly on Thursdays. A/R's pay rate will increase to 6.55/hr on 7/24/08 and she will continue to work at least 25 hrs per week.

The A/R provides the following pay stubs:

7/03 - \$146.25
7/10 - \$128.70
7/17 - \$117.00
7/24 - \$146.25
7/31 - \$163.25

For the month of July, actual wages are budgeted in the case because of the change in the rate of pay. $\$146.25 + \$128.70 + \$117 + \$146.25 + \$163.25 = \701.45 . Budget \$701.45 for the month of July.

For the month of August and the ongoing month, use prospective budgeting procedures to determine the monthly income. $\$6.55/\text{hr} \times 25 = \$163.75/\text{wk}$; $\$163.75/\text{wk} \times 4.3333 = \709.57 . Budget \$709.57 for August and the ongoing month

Example: AU comes in for a review appointment on 7/31/08. A/R is paid 6.25/hr, works 30 hours per week, and is paid biweekly on Thursdays. A/R's pay rate will increase to 6.55/hr on 7/24/08. A/R states she will continue to work 30 hours per week at the 6.55/hr pay rate in August. A/R provides the following pay stubs:

7/17 - \$375.00

7/31 - \$375.00

Use prospectively budgeting procedures to determine the monthly income for the new POE. $\$6.55 \times 30 \text{ hrs/wk} = \$196.50/\text{wk}$; $\$196.50 \times 2 = \$393/\text{biweekly pay}$. $\$393 \text{ biweekly} \times 2.1666 = \$851.47/\text{mon}$. Budget \$851.47 for the new POE.

Refer to Section 3605, Prospective Budgeting, for policy on how to determine representative pay and monthly income.

NOTE: SRR AUs are not required to report a change unless their gross income exceeds 130% of the FPL.

FOOD STAMP E&T CASES: This policy is no longer applicable effective 2/1/2009

Determine WEX hours based on the new federal minimum wage effective JULY 2008. The August participation hours will decrease as a result of the minimum wage increase.

Monthly participation hours for the AU are determined by dividing the food stamp benefit amount by the federal minimum wage, dropping fractions on the number.

Example: $\$162 \text{ divided by } \$6.55 = 24.73$, drop to 24 hours of work experience per month. WEX hours required = 24 hours per month.

Use the new FLSA requirement effective AUGUST 1, 2008. AU members must be informed of their change in participation hours **no later than the last week in JULY 2008**.

NOTE: E&T case managers will need to recalculate WEX hours in JULY for AUGUST participation. Update the work plans in JULY for WEX participants to reflect the decrease in participation hours for AUGUST 2008.

TANF

FLSA WORK ACTIVITIES:

Households participating in FLSA activities (Work experience and Community Service) may not participate beyond the allowable hours of participation for those activities. Hours beyond the maximum hours of participation in WPU/WPR and CSD activities will not be counted towards the federal work participation rate.

The maximum number of hours that can be permitted in a month is the sum of the TANF hours and the Food Stamp hours. When counting calculations, fractions of an hour are retained to 1/100th of

a whole number, and dropped after the TANF and FS hours are added together. Fractions of an hour cannot be rounded up. Refer to the example below.

Example: TANF = \$280 per month \div \$6.55 = 42.75 hours per month
FS = \$310 per month \div \$6.55 = 47.33 hours per month
Total = 42.75 + 47.33 = 90.08 hours per month

The FLSA hours of work activity permitted for the month in the above example would be 90 hours.

We will need to recalculate hours of participation for the first week in August 2008 (the week beginning August 4th.) Participants, Work Experience and Community Services site supervisors need to be informed of this change in hours no later than the last week in July, 2008.

PARTICIPANTS WITH EARNED INCOME:

The increase in the minimum wage will also impact our clients who are working and have remained eligible for TANF. Keep in mind that case managers will not need to make changes in these cases until the client reports their increase in wages. We will anticipate that clients should begin making these reports in August, so the earliest changes should be effective the September benefit month.

For TANF cases where the participants are doing odd jobs or who are considered self-employed, be aware that the requirements for participation is parents with children under six years old is 20 hours times the new federal minimum wage times the number of weeks in that month. Parents with children over six years old should meet the participation requirement of 30 hours times the new federal minimum wage times the number of weeks in that month. See the example below:

Parents with children under six year old-

20 hours X \$6.55 = \$131.00 X 4 weeks = \$524 per month

20 hours X \$6.55 = \$131.00 X 5 weeks = \$655 per month

Parents with children over six year old-

30 hours X \$6.55 = \$196.50 X 4 weeks = \$786.00 per month

30 hours X \$6.55 = \$196.50 X 5 weeks = \$982.50 per month

Note: The averaged weekly minimum amount that the participant must meet is spread over the entire month - meaning some weeks may be higher or lower than \$131.00 or \$196.50. Participants that fail to meet the monthly requirements will be required to participate in an additional work activity to make up the participation hours (20 hours or 30 hours depending on the age of the child or children in the AU) required.

MEDICAID

Households are required to report a change in income within 10 days to the agency. If a household reports a change in income at initial application, review, or as an interim change, verify the income and process the change in SUCCESS. If a change in income that causes LIM ineligibility is reported untimely, be sure to correctly determine the first month of LIM ineligibility (see section 2166 in the Medicaid Policy manual). Enter the correct date in the "Extended MAO Start DT" field on the Medicaid MISC screen in SUCCESS.

CHILDCARE

This minimum wage increase may affect the eligibility or the assessed family fee for some CAPS families. The CM is not expected to conduct a desk review of their caseload. Instead, they should

follow CAPS Policy Section 6904: "***The client is required to report any changes that may affect eligibility for child care within ten (10) calendar days of the changes.***" The client must report the minimum wage increase within ten days of the **pay day** that reflects the change.

If a client does not comply with policy by reporting the change by the deadline, the case manager should follow CAPS policy. The new minimum wage must be applied to all new CAPS cases, six month review or recertification that are scheduled on or after July 24, 2008.

Note: As a result of the minimum wage increase, the client's work hours may change. Please assess whether the client continues to meet the thirty-hour weekly participation requirement. Use the new hourly rate to determine ongoing representative pay.

If you have questions regarding this email, please email the appropriate program helpdesk on the OFI website or contact the Childcare Unit.



B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Family and Children Services • Mark A. Washington, Assistant Commissioner Two
Peachtree Street, Suite 19-490 • Atlanta, Georgia 30303-3142 • 404-651-8409 • 404-657-5105

TO: Regional Directors, Regional Managers, E&T Staff and OFI Staff
FROM: Food and Nutrition Programs Unit
DATE: February 12, 2009
SUBJECT: FS Email #2009-03 – Statewide Waiver for All ABAWDS in Georgia

Effective February 1, 2009, FNS has approved Georgia for a statewide waiver. ABAWDS who live in Georgia will be waived from the 3-month time limit and from participation in the E&T Program. All counties will be covered under the statewide waiver that was granted for a one year period. It is anticipated that pending stimulus legislation will extend the waiver period until September 2010.

ELIGIBILITY CASE MANAGERS TRANSITIONAL PROCEDURES

Effective immediately, all Eligibility staff must suspend ABAWD referrals to E&T staff.

1. Apply all sanctions for “failure to comply” if the non-compliance occurred prior to or in January 2009. All ABAWDS who are sanctioned for noncompliance must serve the appropriate sanction period. ABAWDS may regain eligibility at the end of the sanction period simply by reapplying and having the appropriate work code entered in SUCCESS.
2. **A Success change has been submitted to update the Work code for ABAWDS to change it to “AE” effective the month of February and ongoing.** All newly approved ABAWDS should be coded as “AE”.
3. During this period, there is no mandatory E & T requirement for ABAWDs and there is no time limit for ABAWDs receiving FS during this period.

E&T CASE MANAGERS CLOSE-OUT PROCEDURES

Effective immediately, all E&T staff must suspend orientation activities. All sanction notifications for failure to comply with work requirements prior to February 1, 2009 will need to be forwarded to the eligibility staff for processing. Notify all participating ABAWDS by February 20, 2009 that they are exempt from participation in the E&T program. Send a notice to the Work Experience Sponsors by February 20, 2009 informing them that ABAWDS will no longer be required to participate in work experience activities.

WORK EXPERIENCE

1. Terminate all work experience activities using the completion code of “N” and the closure code “OTH” after ensuring the hours have been entered for the final month of the activity. Identify cases via the SUCCESS DMB3430I Report. Update the WEX hours for January 2009 by February 20, 2009.

2. Enter final documentation on the REMA screen (ABAWD is exempt via a statewide waiver effective February 1, 2009 – January 31, 2010). Close the ES case by entering Participation Closure Reason "EXM" and a Participation Closure Date on the "ESPR" screen. Update the ABAWD calendar in all cases.

EDUCATION/TRAINING

If an ABAWD is participating in an Education/Training activity, do not change the work status code until the activity is complete. ABAWDS may choose to continue to participate in education or training activities until the scheduled completion date or June 30, 2009, whichever is earlier.

1. Update the work plans for these activities if there has been a change in participation status.
2. When the education or training activity ends, close all education and training activities using the closure code "ATT" after ensuring hours have been entered for the final month of activity.
3. When the education or training activity ends, enter the final documentation on REMA screen (ABAWD is exempt via a statewide waiver effective February 1, 2009 – January 31, 2010). Close the ES case by entering Participation Closure Reason "EXM" and a Participation Closure Date on ESPR. Update hours for the activity prior to closing the ES case. Update the ABAWD calendar in all cases.
4. Support services are provided to ABAWDS through the end of the activity.

To ensure that all E&T cases are closed, go into INFOPAC to obtain ALL caseload alphabetic listings for Food Stamp review and print them to ensure that all opened E&T cases are identified and closed correctly.

We will be exploring options for implementing a voluntary program. Further information will follow.

If you have questions regarding this email, please contact Sandra Frederick at 404-657-3738.

OUTLINE OF RESOURCES

- I. INTRODUCTION TO FINANCIAL ELIGIBILITY
- II. CATEGORICALLY ELIGIBLE AND TCOS CATEGORICALLY ELIGIBLE AUS (MR 3210)
- III. RESOURCES OVERVIEW (MR 3405 – 1)
- IV. OWNERSHIP OF RESOURCES (MR 3405 – 2/4)
- V. RESOURCE LIMITS (MR 3400-1)
- VI. DETERMINING THE VALUE OF RESOURCES (MR 3405-8)
- VII. TYPES AND TREATMENT OF COMMON RESOURCES (MR 3405 – 10/20)
- VIII. VERIFICATION OF RESOURCES (MR 3035 – 14; 3405 – 8 AND 10)



OBJECTIVES

- ✓ Participants will be able to determine if an AU is eligible for TANF Community Outreach Services (TCOS).
- ✓ Participants will be able to determine if an AU is categorically eligible or TCOS categorically eligible.
- ✓ Participants will be able to define resources.
- ✓ Participants will be able to define liquid resources and non-liquid resources.
- ✓ Participants will be able to determine whose liquid resources will be counted in determining an AU's eligibility for the Food Stamp Program.
- ✓ Participants will be able to identify different types of resources.
- ✓ Participants will be able to apply the appropriate resource limits.
- ✓ Participants will be familiar with common types of real property (home place) as a non-liquid resource.
- ✓ Participants will be able to request verification of liquid resources when appropriate.

Categorically Eligible and TCOS Categorically Eligible (MR 3210)

Type of AU	Who's Affected?	Non-Financial Eligibility	Financial Eligibility
Categorically Eligible	AU in which all members receive TANF, Work Support Payments (WSP), or Supplemental Security Income (SSI)	AU must meet all non-financial eligibility requirements to be eligible for benefits	<p>All resources are excluded. These AUs are not subject to the gross or net income limits.</p> <p>Exception: A categorically eligible AU of one or two individuals will receive the minimum benefits allotment even if over the net income limit. AUs of three or more individuals whose income is above the net income level will not receive benefits. These cases will be manually closed.</p> <p>TCOS brochure is explained and given to AUs at initial application with a face-to-face interview. TCOS eligibility is discussed with other AUs and the brochure mailed at their request.</p>
TCOS Categorically Eligible	AUs whose gross income does not exceed 130% of the FPL or 200% for AUs in which ALL adults are elderly or FS disabled	AU must meet all non-financial eligibility requirements to be eligible for benefits	<p>All resources are excluded. These AUs are not subject to the gross or net income limits.</p> <p>Exception: A categorically eligible AU of one or two individuals will receive the minimum benefit allotment even if over the net income limit. AUs of three or more individuals whose income is above the net income limit will not receive benefits. These cases will be manually closed.</p> <p>A/R statement of gross income is accepted to establish eligibility for TCOS.</p> <p>TCOS brochure is explained and given to AUs at initial application with a face-to-face interview. TCOS eligibility is discussed with other AUs and the brochure mailed at their request.</p> <p>TCOS does not continue if the gross income (when verified) is above the FPL. Notify AU of its ineligibility for TCOS on the FS notice.</p> <p>Re-establish TCOS eligibility at each review</p>

Note: All non-liquid resources of any AU member are excluded in determining FS eligibility.

WHOSE LIQUID RESOURCES TO COUNT (MR 3210, 3400, 3405-2)

DO NOT COUNT THE LIQUID RESOURCES OF:

Categorically Eligible AUs

- ☺ All AU members receive TANF, SSI or WSP

TCOS Categorically Eligible AUs

- ☺ Gross Income does not exceed 130% of FPL
- ☺ Gross Income does not exceed 200% of FPL (All Adult AU members are elderly or FS disabled)

Ineligible Students

SSI Individuals

TANF Individuals

COUNT THE LIQUID RESOURCES OF:

*An AU in which all adults are elderly or FS disabled whose income is greater than 200% of the FPL.

*An AU whose income is greater than 130% FPL with at least one elderly or FS disabled AU member

***These households do not meet the criteria for categorical or TCOS categorical eligibility.**



Resource Limits MR 3400



Limit	AU Type
No Limit	Categorically Eligible and TCOS Categorically Eligible AUs
\$3000	AUs which contain at least one member who is age 60 or older OR is disabled per FS policy (AU does not meet categorical criteria)
\$2,000	All other AUs (AU does not meet categorical criteria)

Note: All non-liquid resources of any AU member are excluded in determining FS eligibility.



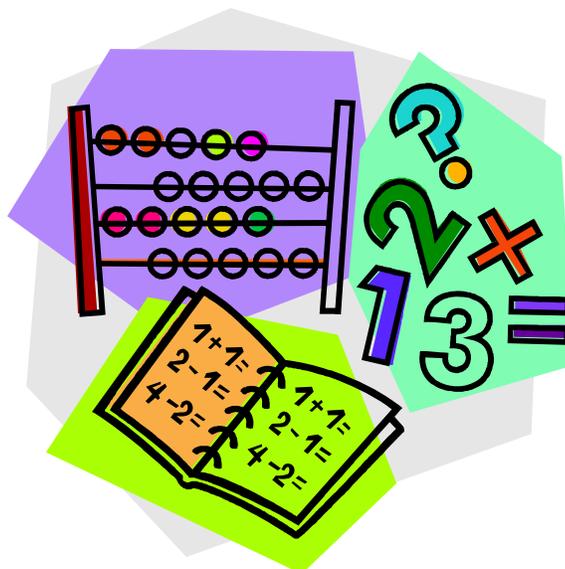


Determining the Value of Resources

MR 3405



Cash Value (CV)	Amount available if resource could be converted to U.S. funds
Fair Market Value (FMV)	Amount the resource can sell for on the open market in the geographical area
Equity Value (EV)	Fair Market Value minus debts or encumbrances $\begin{array}{r} \text{FMV} \\ - \text{amount owed} \\ \hline \text{Equity Value} \end{array}$





Types of Resources MR 3405

***This chart is not inclusive of all types of resources.
Refer to MR 3405 for a complete listing of resources.***

This chart lists the more common types of resources alphabetically and provides the following information:

- ▶ description of the resource
- ▶ whether the resource is liquid or non-liquid
- ▶ the value to consider: cash value (CV), equity value (EV), or fair market value (FMV)
- ▶ whether the resource is included (I) or excluded (E) in the eligibility determination

SOURCE/TYPE	DESCRIPTION/VALUE TO CONSIDER	INCLUDED OR EXCLUDED
<p>ANNUITIES (Supplemental Retirement Plans)</p> <p style="text-align: right;">Liquid</p>	<p>An investment plan. It can be established as a supplemental retirement plan through an insurance company or other investment source.</p> <p>EXCEPTION: Exclude if termination of employment or retirement is required for access and employment continues.</p> <p>NOTE: If recurring payments are made from the annuity, refer to Section 3420, Income.</p> <p>Count CV</p>	I
<p>BONDS</p> <p style="text-align: right;">Liquid</p>	<p>Government-issued interest-bearing certificates redeemable on a specific date, such as U.S. savings bonds, municipal bonds, etc.</p> <p>Count CV</p>	I
<p>BURIAL CONTRACTS AND BURIAL INSURANCE</p> <p style="text-align: right;">Liquid</p>	<p>Prepaid contracts to cover funeral expenses or an insurance policy specifically designated for burial</p> <p>NOTE: The funeral home is usually named as the beneficiary of the insurance policy.</p> <p>If not accessible, totally exclude.</p>	E

SOURCE/TYPE	DESCRIPTION/VALUE TO CONSIDER	INCLUDED OR EXCLUDED
<p>BURIAL PLOTS</p> <p>Non-liquid</p>	<p>One burial plot per AU member.</p> <p>Use EV for each additional plot and count toward the resource limit.</p>	<p>E</p>
<p>CASH</p> <p>Liquid</p>	<p>Money on hand.</p> <p>Count cash value less any money considered income in that month.</p> <p>Use CV</p>	<p>I</p>
<p>CERTIFICATES OF DEPOSIT (CD)</p> <p>Liquid</p>	<p>Certificate representing a specific sum on deposit with a financial institution which accrues interest over a set period of time less any penalties for early withdrawal</p> <p>Use CV</p>	<p>I</p>
<p>CHECKING ACCOUNTS</p>  <p>Liquid</p>	<p>An account on which checks may be written against amounts on deposit.</p> <p>Use CV less any money considered income in that month.</p> <p>EXCEPTION: Refer to Jointly Owned Resources in this section</p>	<p>I</p>
<p>COIN COLLECTIONS</p> <p>Liquid</p>	<p>A collection of coins.</p> <p>Use the face value of the coin collection as the cash value.</p>	<p>I</p>
<p>CREDIT UNION ACCOUNTS</p> <p>Liquid</p>	<p>Money on deposit with a cooperative organization with the functions of a bank.</p> <p>Use CV less any money considered income in that month.</p>	<p>I</p>
<p>DEFERRED COMPENSATION PLANS</p> <p>Liquid</p>	<p>Funds held in a salary reduction retirement plan. The funds are excluded as long as they remain in the plan.</p> <p>NOTE: If the funds are withdrawn, then the withdrawal amounts may be counted as a countable resource or income. For income, refer to RETIREMENT or PENSIONS in Section 3420, Income.</p>	<p>E</p>
<p>EARNED INCOME TAX CREDIT (EITC)</p>	<p>Tax credit that is received in one of the following ways:</p> <ul style="list-style-type: none"> ↳ Advanced Payments - tax credits received as part of the regular pay check 	<p>E</p>

SOURCE/TYPE	DESCRIPTION/VALUE TO CONSIDER	INCLUDED OR EXCLUDED
 <p style="text-align: right;">Liquid</p>	<p>non-recurring lump sum - tax credits received in the form of an income tax refund.</p> <p>*If the AU member received FS benefits at the time of receipt and continued to receive benefits for a 12-month period, exclude the EITC for 12 months from the month of receipt. Include any remainder as a resource in the 13th month after receipt.</p> <p>If the AU did not receive FS benefits at the time of receipt, exclude the money in the month of receipt and the following month for the individual and the individual's spouse.</p>	<p style="text-align: center;">*</p>
<p>ENERGY ASSISTANCE OTHER THAN LIHEAA</p> <p style="text-align: right;">Liquid</p>	<p>Monies retained from payments or allowance made under any federal, state, or local law for the purpose of energy assistance.</p> <p>Federal or State one-time assistance for weatherization or emergency repair or replacement of heating or cooling devices.</p> <p>Energy Assistance payments made under state law.</p>	<p style="text-align: center;">E</p> <p style="text-align: center;">I</p>
<p>GRANDPARENTS RAISING GRANDCHILDREN EMERGENCY/CRISIS INTERVENTION SERVICES (CRISP)</p> <p style="text-align: right;">Liquid</p>	<p>TANF lump sum payments in the amount of three times the eligible grant amount for the AU size.</p> <p>This payment is used to help pay for the cost of emergent needs incurred by the grandparents when the children come to live with them.</p>	<p style="text-align: center;">E</p>
<p>HOMEPLACE</p>  <p style="text-align: right;">Non-Liquid</p>	<p>The home and surrounding land occupied by the AU, if not separated by intervening property owned by others.</p> <p>A lot/partially built home that the AU owns, or a lot being purchased on which to build or place a permanent homeplace, provided the AU does not own another homeplace.</p> <p>Refer to Section 3415, Real Property, for additional information.</p>	<p style="text-align: center;">E</p> <p style="text-align: center;">E</p>

SOURCE/TYPE	DESCRIPTION/VALUE TO CONSIDER	INCLUDED OR EXCLUDED
HOUSEHOLD/ PERSONAL GOODS Non-Liquid	Household and personal effects or other belongings such as furniture, appliances, clothing, personal items or items required because of a disability.	E
HOUSEHOLD ITEMS OF UNUSUAL VALUE Non-Liquid	Items such as expensive silver, jewelry, stamps, guns, or other such collections.	E
INCOME TAX REFUND Liquid	<p>Monetary refunds paid to taxpayers from the state or federal government.</p> <p>Count the total amount of the refund if the refund is for a single individual. If the refund is a joint check for a jointly filed tax return, refer to Jointly Owned Resources in this section.</p> <p>If any portion of the refund includes EITC, refer to Earned Income Tax Credit (EITC) in this section.</p>	I
INDIVIDUAL DEVELOPMENT ACCOUNT (IDA) Liquid	<p>an account established by or on behalf of a TANF A/R for post-secondary educational expenses, first purchase of a home, or to start a new business. Exclude funds up to \$5000, including funds withdrawn and used for the stated purpose</p> <p>At the point the owner of the IDA is no longer a TANF recipient, the IDA becomes a countable resource</p>	E
INDIVIDUAL RETIREMENT ACCOUNT (IRA)  Liquid	<p>Funds deposited by an individual into a retirement account.</p> <p>NOTE: If the plan is owned by more than one person, refer to jointly owned resources.</p>	E
LIFE INSURANCE Liquid	insurance policy which pays a beneficiary on the death of an individual	E
LOW INCOME HOME ENERGY ASSISTANCE ACT (LIHEAA) PAYMENT Liquid	payments for home energy provided to, or indirectly on behalf of, an AU	E

SOURCE/TYPE	DESCRIPTION/VALUE TO CONSIDER	INCLUDED OR EXCLUDED
<p>LUMP SUM PAYMENTS</p> <p style="text-align: right;">Liquid</p>	<p>Money retained as result of a lump sum that is not expected to recur, i.e. rebates, retroactive or corrective payments for prior months, insurance settlements, federal or state tax refunds.</p> <p>Count cash value. AUs ineligible because of a lump sum must be given an opportunity to update the current resource amount.</p>	<p>I</p>
<p>NON-HOME PROPERTY</p> <p style="text-align: right;">Non-Liquid</p>	<p>Buildings and lands which are owned by the AU and not considered part of the homeplace.</p> <p>See Section 3415, Real Property</p>	<p>E</p>
<p>PASS ACCOUNT (Plan to Achieve Self-Sufficiency)</p> <p style="text-align: right;">Liquid</p>	<p>Money deposited in a bank account to be used for a SSI individual in a plan for self-sufficiency approved by the SSA.</p> <p>Note: The interest earned from a PASS account is disregarded as income.</p>	<p>E</p>
<p>PENSION PLAN</p> <p style="text-align: right;">Liquid</p>	<p>A retirement plan provided by an employer. The funds are excluded as long as they remain in the plan.</p> <p>Plans include 457 plans, 401(k) plans, the Federal employee thrift savings plan, 403(b) plans, 501(c)(18) plans and simplified employer pension (SEP) plans.</p> <p>NOTE: If the funds are withdrawn, the withdrawal amounts may be considered countable resources or income. For policy regarding income, refer to PENSION or RETIREMENT in Section 3420, Income.</p>	<p>E</p>
<p>PERSONAL PROPERTY</p> <p style="text-align: right;">Non-Liquid</p>	<p>Equipment, tools, machinery, stock and inventory essential to the production of goods or services, even during temporary periods of unemployment or inactivity.</p>	<p>E</p>

SOURCE/TYPE	DESCRIPTION/VALUE TO CONSIDER	INCLUDED OR EXCLUDED
<p>RESOURCES OF AN SSI RECIPIENT</p> <p style="text-align: right;">Liquid</p>	<p>An SSI recipient is a person who:</p> <ul style="list-style-type: none"> has been approved to receive benefits receives benefits is approved for/or receives benefits but the benefits are suspended, being recouped because of an overpayment or not paid because the amount is less than the maximum issuance amount. 	<p style="text-align: center;">E</p>
<p>RESOURCES OF A TANF RECIPIENT</p> <p style="text-align: right;">Liquid</p>	<p>A TANF recipient is a person who:</p> <ul style="list-style-type: none"> has been approved to receive benefits receives benefits is approved for/receives benefits but benefits are suspended, being recouped or not paid because the amount is less than the minimum issuance amount. 	<p style="text-align: center;">E</p>
<p>SAFE DEPOSIT BOX</p>  <p style="text-align: right;">Liquid</p>	<p>Secure storage in a bank or other institution where money and other valuable may be deposited.</p> <p>Obtain a list of items that are in the box from the A/R, Count CV unless otherwise excluded.</p>	<p style="text-align: center;">I</p>
<p>SAVINGS ACCOUNT</p> <p style="text-align: right;">Liquid</p>	<p>Monies held in a financial institution in an interest bearing account</p> <p>Count CV</p>	<p style="text-align: center;">I</p>
<p>SPENDING ACCOUNT</p> <p style="text-align: right;">Liquid</p>	<p>Funds which are held in an account to pay certain expenses such as child care or medical expenses.</p>	<p style="text-align: center;">E</p>
<p>STOCKS</p> <p style="text-align: right;">Liquid</p>	<p>A certificate which verifies ownership of share in a company.</p> <p>Consider CV.</p> <p>Count the value of stock at the time of the interview by verifying with the newspaper or a broker.</p>	<p style="text-align: center;">I</p>
<p>VEHICLES</p> <p style="text-align: right;">Non-Liquid</p>	<p>Vehicles are not countable resources.</p>	<p style="text-align: center;">E</p>

JOINTLY OWNED RESOURCES (FSP)

STEP 1:	Is jointly owned resource accessible and available? (If no, then exclude it) (If yes, go to Step 2)
STEP 2:	Is resource jointly owned solely for convenience or emergency purpose (and verification provided verifies that money does not belong to A/R)? (If yes, then exclude it) (If no, then go to Step 3)
STEP 3:	Is only a portion of the jointly owned resource accessible and available? (If yes, then count only the portion that is accessible and available) (If no, then go to Step 4)
STEP 4:	Is resource jointly owned and totally accessible and available? If yes, then count as follows:
	★ If jointly owned with person in the same AU: ✓ Count resource in full
	★ If jointly owned with person in the same AU and the other person receives TANF or SSI: ✓ If Liquid Resource - Exclude portion belonging to TANF/SSI Recipient ✓ If Non-Liquid Resource - Do not count
	★ If jointly owned with person in a separate FS AU (both receive FS) : ✓ If Liquid Resource - Count in full ✓ If Non-Liquid – Do not count*
	★ If jointly owned with person who is not receiving FS: ✓ If Liquid Resource - Count in full ✓ If Non-Liquid – Do not count*

- Remember that we are talking about a non-liquid resource (property, etc.) where the non-AU member who has ownership states they are giving up their ownership rights since the AU member has total accessibility to the value of the resource if sold. This would be extremely rare and would need to be verified.
- NOTE: Liquid resources are excluded for categorically eligible and TCOS categorically eligible AUs.
- NOTE: Non-liquid resources are excluded for all households since the FSP policy is aligned with TCOS regulations.

MR Manual Reference 3405



Life's a little easier with



The EITC is for people who earn less than \$42,000. If you qualify, it could be worth up to \$4,800 this year. So you could pay less federal tax or even get a refund. Just imagine what you could do with that.

Q & A

See if you qualify. Visit www.irs.gov/eitc

Department of the Treasury Internal Revenue Service Information 0711-1262-01-1001 10/08/08 Issued Pursuant to IRB 07-11 www.irs.gov

WHAT IS THE EARNED INCOME TAX CREDIT EITC?

It's a federal income tax credit for people who work, but don't earn much money. If you qualify, it could be worth up to \$4,800 this year. So you could pay less federal tax or even get a refund. But it's not just about the money, it's about the difference it can make in your life.

AM I ELIGIBLE FOR THE EITC IN 2008?

You may be if you meet the rules to claim the credit.

- You must have earned income from employment or self-employment.
- Your earned income and adjusted gross income (AGI) must be less than:
 - » \$12,880 (\$15,880 if married filing jointly) with no qualifying children
 - » \$33,995 (\$36,995 if married filing jointly) with one qualifying child
 - » \$38,646 (\$41,646 if married filing jointly) with more than one qualifying child
- Your investment income (such as interest) must be \$2,950 or less.
- Your filing status cannot be married filing separately.
- You must be a U.S. citizen or resident alien all year, or a nonresident alien married to a U.S. citizen or resident alien and filing a joint return.
- You must have a valid Social Security number (SSN).
- You cannot be a qualifying child of another person.
- If you do not have a qualifying child, you must:
 - » be age 25 but under 65 at the end of the year,
 - » live in the United States* for more than half the year, and
 - » not qualify as a dependent of another person.

* U.S. military personnel on extended active duty outside the United States are considered to live in the United States while on active duty.

WHO IS A QUALIFYING CHILD?

A child who meets the relationship, age and residency tests. Your credit amount may be larger if you have a child who:

- Is your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them.
- At the end of the year was:
 - » under age 19, or
 - » under age 24 and a full-time student, or
 - » any age if permanently and totally disabled at any time during the year.
- Lived with you in the United States for more than half the year.

An adopted child, including a child placed with you for adoption, is treated as your biological child.

A foster child is any child placed with you by an authorized placement agency or a court.

WHAT IF I HAVE THE SAME QUALIFYING CHILD AS SOMEONE ELSE?

If two or more persons have the same qualifying child for the [EITC](#), dependency exemption, child tax credit, head of household filing status, or credit for child and dependent care expenses, only one person can claim the child as a qualifying child for all those benefits.

You must decide who will claim the benefits, including the [EITC](#), using that qualifying child. If you cannot agree, and more than one person actually uses the same child, the tie-breaker rules apply.



Earned Income Tax Credit

WHAT ARE THE TIE-BREAKER RULES?

These rules state that the child is treated as a qualifying child only of:

- The parent, if only one of the persons is the child's parent, or
- The parent the child lived with the longest during the year, if two of the persons are the parents and they do not file a joint return together, or
- The parent with the highest AGI, if the child lived with each parent for the same amount of time during the year and they do not file a joint return together, or
- The person with the highest AGI if no one is the child's parent.

WHAT IS A VALID SOCIAL SECURITY NUMBER (SSN)?

You (and your spouse if filing jointly) must have a valid SSN to claim the [EITC](#). Any qualifying child listed on Schedule EIC must also have a valid SSN. SSNs are issued only by the Social Security Administration. To get one, you must prove your U.S. citizenship or immigration status, age and identity.

- If you are an alien who is not a permanent resident and have a Social Security card that says **VALID FOR EMPLOYMENT ONLY WITH INS/DHS AUTHORIZATION**, you have a valid SSN for the [EITC](#).
- If you obtained your SSN solely to receive a federally funded benefit, such as Medicaid, it is not valid for claiming the [EITC](#). The Social Security card usually says **NOT VALID FOR EMPLOYMENT**.
- If you (or your spouse if filing jointly) have an individual taxpayer identification number (ITIN), it is not valid for claiming the [EITC](#).
- If a child has an ITIN or an adoption taxpayer identification number (ATIN), it is not valid for claiming that child for the [EITC](#).



Earned Income Tax Credit

WHAT IS EARNED INCOME?

It is income you get from employment or self-employment. Here are some examples. Earned income includes:

- taxable wages, salaries and tips
- net earnings from self-employment
- gross income received as a statutory employee

Earned income does not include:

- nontaxable employee benefits such as education assistance
- pensions, alimony, child support, and Temporary Assistance for Needy Families (TANF)

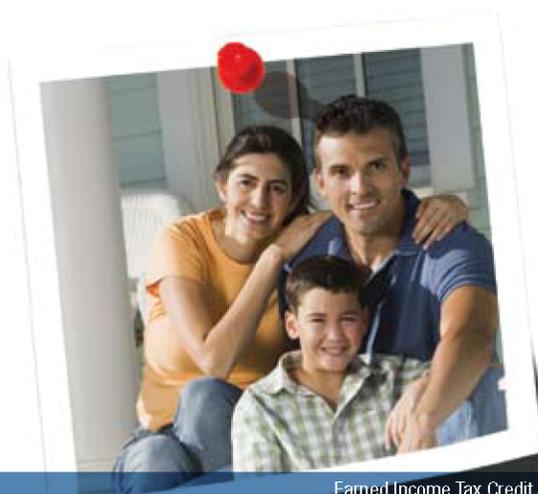
Special earned income rules apply for members of the U.S. Armed Forces in combat zones, members of the clergy, and those with disability retirement income.

HOW DO I FIGURE MY EITC?

If you qualify to claim it, you can figure the credit yourself or have the IRS figure it for you. Either way, you can use Publication 596, Earned Income Credit, for requirements, worksheets and examples on how to do it.

Keep in mind:

- If you are claiming a qualifying child, you must complete and attach Schedule EIC to your return.
- If your EITC for 1997 or later was denied or reduced by the IRS as the result of an audit, to claim the credit for 2008 you may need to attach Form 8862, Information to Claim Earned Income Credit After Disallowance, to your return.



Earned Income Tax Credit

HOW DO I GET ADVANCE EITC?

To get part of the credit in your paycheck during the year, you must:

- Receive wages
- Expect to qualify for the EITC
- Expect to have at least one qualifying child
- Complete Form W-5, Earned Income Credit Advance Payment Certificate, and give it to your employer.

If you later find out that you do not qualify, you will need to fill out a new Form W-5 and give it to your employer to stop the advance payments. You will have to repay all advance EITC money when you file your tax return.

HOW CAN I GET HELP?

- Go to www.irs.gov/eitc for free information and forms. And the interactive [EITC Assistant](#) can show you if you qualify.
- Visit a Volunteer Income Tax Assistance (VITA) site for free help and tax preparation.
- Use Free File at www.irs.gov, your link to free online filing through commercially available tax preparation software.
- Find a qualified tax preparer.
- Call [1-800-TAX-1040](tel:1-800-TAX-1040) for tax help and VITA site locations.
- Call [1-800-TAX-3676](tel:1-800-TAX-3676) for free IRS publications and forms.
- Call [1-800-TAX-4059](tel:1-800-TAX-4059) if you have access to TTY/TDD equipment for the hearing impaired.



Completing the FSP Budget Sheet (Form 74)

Ms. Mabel Jones (62) applies for Food Stamps on 7/15 for herself, her son Fred Jones (39), and Fred's daughter Judy (6).

County: Anywhere
Office: 404-333-1212
Case Number: 966532114



RESOURCES

Mabel: \$400 Savings Account
Fred: \$300 Checking Account

INCOME

Mabel: \$300/month RSDI (verified by SSA Award letter)
\$200/month VA benefits (verified by VA Award letter)
Fred: Wages (verified by check stubs):
6/19 \$200 7/2 \$200
6/26 \$200 7/9 \$200

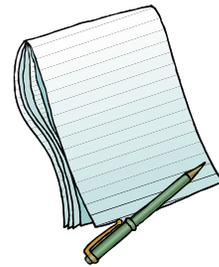
EXPENSES INCURRED BY AU

Mabel: \$95/month for prescriptions (verified by Drug Store receipts)
Fred: \$50/week child care for Judy (verified by Form 102)
\$30/week child support paid to a child outside of the home
(verified by divorce decree and canceled checks)



Shelter Costs:
\$500/month mortgage (verified by Mortgage Statement)
\$300/year property taxes (verified by Mortgage Statement)
\$150/quarter homeowner's insurance (verified by receipt)
Heats and cools with electricity

Participant Guide



Income

OUTLINE OF INCOME

- I. INTRODUCTION
- II. BASIC CONSIDERATIONS (MR 3420)
- III. INCOME LIMITS (MR 3400)
- IV. WHOSE INCOME IS CONSIDERED (MR 3420)
- V. TREATMENT OF COMMON INCOME TYPES (MR 3420-5/22)
- VI. VERIFICATION (MR 3035 and 3420-2/4)

OBJECTIVES FOR INCOME

- ✓ Participants will be able to identify earned and unearned income.
- ✓ Participants will be able to identify whose income is considered in determining eligibility for FS program.
- ✓ Participants will be able to identify appropriate income limits.
- ✓ Participants will be able to determine various common types of income.
- ✓ Participants will be able to determine how the various types of income will affect the case.
- ✓ Participants will be able to verify income.

Income Limit Tests MR 3400-2

<p style="text-align: center;">Categorically Eligible AU</p> <p style="font-size: small;">(All AU members receive SSI, TANF, or WSP)</p>	<p>No gross or net income limit tests</p>												
<p style="text-align: center;">TCOS Categorically Eligible AU</p> <p style="font-size: small;">(AU receives TCOS services)</p>	<p>No gross or net income limit tests</p>												
<p style="text-align: center;">Eligible AU with at least one elderly or FS disabled AU member</p>	<p style="text-align: center;">Complete Net Income Limit test only</p> <p style="text-align: center;">AU (2)</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Gross Income =</td> <td style="text-align: right; padding: 2px 10px;">\$1400</td> </tr> <tr> <td style="padding: 2px 10px;">Allowable Deductions</td> <td style="text-align: right; padding: 2px 10px;"><u>- 500</u></td> </tr> <tr> <td style="padding: 2px 10px;">Net Income</td> <td style="text-align: right; padding: 2px 10px;">\$900</td> </tr> <tr> <td style="padding: 2px 10px;">Net Income Limit</td> <td style="text-align: right; padding: 2px 10px;"><u>\$1,167</u> eligible</td> </tr> </table>	Gross Income =	\$1400	Allowable Deductions	<u>- 500</u>	Net Income	\$900	Net Income Limit	<u>\$1,167</u> eligible				
Gross Income =	\$1400												
Allowable Deductions	<u>- 500</u>												
Net Income	\$900												
Net Income Limit	<u>\$1,167</u> eligible												
<p style="text-align: center;">All other Eligible AUs</p>	<p style="text-align: center;">Complete Gross Income Limit (GIL) test first. If income is less than or equal to GIL, complete Net Income Limit test</p> <p style="text-align: center;">AU (4)</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Gross Income</td> <td style="text-align: right; padding: 2px 10px;">\$2,000</td> </tr> <tr> <td style="padding: 2px 10px;">Gross Income Limit</td> <td style="text-align: right; padding: 2px 10px;"><u>\$2,297</u> passed</td> </tr> <tr> <td style="padding: 2px 10px;">Gross Income</td> <td style="text-align: right; padding: 2px 10px;">\$2,000</td> </tr> <tr> <td style="padding: 2px 10px;">Allowable Deductions</td> <td style="text-align: right; padding: 2px 10px;"><u>- 700</u></td> </tr> <tr> <td style="padding: 2px 10px;">Net Income</td> <td style="text-align: right; padding: 2px 10px;">\$1,300</td> </tr> <tr> <td style="padding: 2px 10px;">Net Income Limit</td> <td style="text-align: right; padding: 2px 10px;"><u>1,767</u> eligible</td> </tr> </table>	Gross Income	\$2,000	Gross Income Limit	<u>\$2,297</u> passed	Gross Income	\$2,000	Allowable Deductions	<u>- 700</u>	Net Income	\$1,300	Net Income Limit	<u>1,767</u> eligible
Gross Income	\$2,000												
Gross Income Limit	<u>\$2,297</u> passed												
Gross Income	\$2,000												
Allowable Deductions	<u>- 700</u>												
Net Income	\$1,300												
Net Income Limit	<u>1,767</u> eligible												

Note: A categorically eligible or TCOS categorically eligible AU of one or two individuals is eligible for at least the minimum allotment, even if the adjustment is above the net income limit. A categorically eligible or TCOS categorically eligible AU of three or more individuals whose income is above the net income limit eligible to receive benefits is closed in SUCCESS. (MR 3210)

WHOSE INCOME TO COUNT (MR 3420-1)

ACTION:	INCOME OF:
COUNT	<p>All eligible AU members</p> <ul style="list-style-type: none"> ☺ Including SSI Individuals ☺ Including TANF Individuals <p>Deemed income of sponsors of aliens.</p> <p>Sanctioned/ Disqualified/Ineligible Individuals :</p> <ul style="list-style-type: none"> ☺ Enumeration Sanctioned - Income is prorated ☺ Work Sanctioned – Include all countable income ☺ Disqualified Individuals – Include all countable income ☺ Lawbreakers – Include all countable income ☺ Ineligible Aliens (adult or child) – Income is prorated
DO NOT COUNT	Ineligible Student

Types of Income (MR 3420)

This list is not inclusive. Refer to OFI manual for additional information.

This chart provides an alphabetic listing of the following:

- ▶ source or type of income
- ▶ whether the income is earned or unearned
- ▶ a description of the income
- ▶ if the income is included (I) or excluded (E) in the FS budget

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
CHARITABLE DONATIONS FROM PRIVATE, NON-PROFIT ORGANIZATIONS THAT ARE NOT STATE OR FEDERALLY FUNDED	UNEARNED - Charitable donations paid to the AU that total \$300 or less in a federal fiscal quarter	E
	UNEARNED - Donations given to the AU exceeding \$300 in a federal fiscal quarter	I
CHARITABLE DONATIONS FROM ORGANIZATIONS THAT ARE STATE OR FEDERALLY FUNDED	UNEARNED- Donations paid to the AU from organizations receiving state or federal funds. For example: Salvation Army, United Way, Catholic Charities, and Lutheran Social Services Agencies	I
CHILD SUPPORT	UNEARNED - Income received from an absent parent for the support of his/her child(ren).	I
	Payments are made to the AU as follows:	
	λ from the probation office	I
	λ directly from the absent parent	I
	λ from the Office of Child Support Services (OCSS)	I
	Refer to Military Allotment and Vendor Payments in this chart	
COMMISSION	EARNED-A payment, usually a set fee or percentage, made to an employee for his/her service in facilitating a transaction such as buying or selling goods. A commission may be paid in lieu of or in addition to a regular salary. Refer to <i>Wages</i> in this chart. If the payment is reoccurring, include it when determining representative pay. If not, do not include the pay. Refer to Section 3605, Prospective Budgeting.	I
CONTRIBUTION (CASH), GIFT, PRIZE OR REWARD	UNEARNED - Money given to the AU as a gift from individuals or organizations. Refer to Charitable Donations in this chart.	I
DIVIDEND	UNEARNED - a share of company profits received by a	I

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
	<p>policyholder or shareholder.</p> <p>Divide the amount of income anticipated to be received during the POE by the number of months in the POE. Count the prorated amount in each month of the POE. Accept the A/R's statement as verification for amounts equal to or less than \$10 per month or \$120 per year.</p>	
EARNED INCOME TAX CREDIT (EITC)	<p>EARNED-A special tax credit which reduces the federal tax liability of certain low income working taxpayers. This tax credit may or may not result in a payment.</p> <p>EITC payments can be received as an advance from an employer or as a refund from the IRS. EITC given as a tax credit (no payment) is not income.</p> <p>Refer to Chart 3405.1, Types of Resources for treatment of EITC received as an income tax refund.</p>	E
ENERGY ASSISTANCE OTHER THAN LIHEAA	<p>UNEARNED - Payments or allowances made under federal, state or local law for the purpose of assisting the AU with the cost of heating and/or cooling its home. Payments can be one of the following:</p> <ul style="list-style-type: none"> λ Federal or state assistance paid only once for weatherization, emergency repair, or replacement of heating or cooling devices. λ Energy assistance payments made under a state law. 	E I
GENERAL ASSISTANCE	UNEARNED - Payments received by the AU from county funds administered by a local DFCS office	I
GRANDPARENTS RAISING GRANDCHILDREN MONTHLY SUBSIDY PAYMENT	UNEARNED – TANF subsidy in the amount of \$50.00 per child per month used to assist low income (fixed income) grandparents (60+) to cover additional expenses associated with rearing their grandchildren	I
HOUSING AND URBAN DEVELOPMENT (HUD) RENTAL SUBSIDY	<p>UNEARNED - Rental assistance paid to or on behalf of an AU.</p> <p>Payments are sometimes distributed by the Georgia Residential Financial Authority (GRFA).</p> <p>Refer to Vendor Payments</p>	E
INTEREST	<p>UNEARNED - Income received on investments</p> <p>Divide the amount of interest income anticipated to be received during the POE by the number of months in</p>	I

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
	<p>the POE, and count the prorated amount in each month of the POE.</p> <p>Accept A/R's statement as verification for amounts equal to or less than \$10 per month or \$120 per year.</p> <p>Refer to Individual Development Account and PASS account in this chart.</p>	
LOANS (PERSONAL OR BUSINESS)	UNEARNED - Money received that the borrower must repay to the lender. A repayment agreement is not required. There must be an understanding between both parties that the money is a loan and there must be an accounting of the loan activity/balance.	E
LOTTERY WINNINGS	<p>UNEARNED - A sum of money received as a result of purchasing a winning ticket in a game of chance.</p> <p>Budget as income in the month of receipt.</p>	I
LOW-INCOME HOME ENERGY ASSISTANCE ACT (LIHEAA)	UNEARNED - Payments or allowance for home energy provided to, or indirectly on behalf of an AU.	E
MANAGED INCOME	<p>UNEARNED - Money received and used for the care of a third party who is not a member of the AU.</p> <p>All or any portion of the money used for the care of the third party.</p> <p>All or portion of the money used by the AU.</p> <p>UNEARNED or EARNED - Money that belongs to the AU that is under the control of a third party in order to pay debts owed by an AU member</p>	<p>E</p> <p>I</p> <p>I</p>
NATIONAL FLOOD INSURANCE PAYMENT (NFIP)	UNEARNED – Payments made for flood mitigation activities under the National Flood Insurance Act of 1968.	E
PENSION	UNEARNED - A payment received regularly as a retirement benefit.	I
REPAYMENT OF OVERPAYMENT OF BENEFITS	<p>UNEARNED-money withheld from an income source (earned or unearned) or money received from any income source, which are voluntarily or involuntarily returned to repay a previous overpayment received from that source. Do not count the repayment amount.</p> <p>Ex: An AU receives Social Security Administration (SSA) income of \$534/mon. SSA discovers that it overpaid the AU in benefits because the AU failed to report wages. SSA must now withhold \$100/mon from</p>	I

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
	<p>the AU's income to repay an overpayment of benefits. The overpayment amount is excluded as income. \$434 (\$534 - \$100) is counted in the budget.</p> <p>Wages or monies withheld by an employer/entity to pay a debt owed to a third party are garnishments. Money withheld from assistance from another program is included as income. Refer to Garnishments in this section. Ex: An AU receives Social Security Administration (SSA) Income of \$680/mon. SSA discovers that the AU owes the IRS in taxes. SSA must now withhold 80/mon to pay the IRS. This overpayment amount is included as income. \$680 is counted in the budget.</p> <p><u>Non-Means Tested Income</u></p> <p>For a non-means-tested program (e.g., RSDI, UCB), do not count the repayment amount. Count the gross minus the repayment amount.</p> <p><u>Means Tested Income</u></p> <p><i>For a means-tested program (e.g., TANF) count the income as follows:</i></p> <ul style="list-style-type: none"> • if fraud/IPV, count the gross income. • if AU error, count the gross income. • if agency error, do not count the repayment amount. • if the reason for the overpayment is unknown, do not count. <p>Exclude the repayment amount. Document the reason for the overpayment. If the worker is unable to verify the reason through third party verification, document the attempt and exclude the repayment amount.</p>	
SALARY	EARNED – Fixed compensation for services paid to a person on a regular basis. Most salaries are considered overtime exempt. Refer to <i>wages</i> in this chart.	I
SOCIAL SECURITY BENEFITS (RSDI)	<p>UNEARNED – Retirement, Survivors, Disability Insurance (RSDI) benefits received from the Social Security Administration (SSA).</p> <p>Do not use the check as the sole source of verification of the entitlement amount. Include the amount paid for Part B Medicare premium in the total gross amount if paid by the individual or DMA.</p>	I
SUPPLEMENTAL SECURITY INCOME (SSI)	UNEARNED – Benefits paid by the Social Security Administration for Aged, Blind, or Disabled Individuals.	I

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
	Refer to Lump Sum/SSI Back Payments in Chart 3405.1, Types of Resources	
TANF	UNEARNED – Benefits received from Temporary Assistance For Needy Families (TANF), including under issuance received in the month it is intended to cover	I
TANF CORRECTIVE	UNEARNED – TANF benefits for a previous month owed to the AU because of agency error	E
TANF EMPLOYMENT INTERVENTION SERVICES (EIS)	<p>UNEARNED – A non-recurrent lump sum payment that is equivalent to four times the maximum TANF grant amount for the AU size. The income is treated as a lump sum payment and is not counted in the food stamp budget.</p> <p>Refer to Lump Sum Payments in Chart 3405.1, Types of Resources</p>	E
TANF FROM ANOTHER STATE	<p>UNEARNED - TANF benefits received from another state</p> <p>Budget for the month of receipt only.</p>	I
TANF TRANSITIONAL SUPPORT SERVICES (TSS)	<p>UNEARNED – TANF support payment used to pay for or reimburse the cost of childcare, transportation, and incidental expenses to an applicant or a recipient. TSS is available for a period of six months beginning with the first month of TANF ineligibility.</p> <p>TSS is not counted in the food stamp budget.</p>	E
TANF WORK SUPPORT PAYMENT (WSP)	<p>UNEARNED-Work support payments provide time limited cash supplements to former TANF recipients who are transitioning from TANF dependency to self-sufficiency.</p> <p>WSP payments are available to former TANF AUs for a period of twelve months and twice in their lifetime receipt of TANF. They are paid through a two-tier process:</p> <p>During the first six (6) months, the former TANF AU receives a cash supplement of \$200 per month. If the AU is eligible for and/or receives TFS benefits, the income is not counted in the food stamp budget during the first five (5) months of TFS eligibility. NOTE: If the AU is not receiving TFS benefits, then the income is counted in the food stamp budget.</p>	E

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
	<p>support and alimony, to go directly to a third party to pay an AU expense</p> <p>Refer to General Assistance, Child Care Subsidy in this chart.</p>	
<p>VETERANS ADMINISTRATION (VA) BENEFITS EDUCATIONAL</p> <p>NON-EDUCATIONAL</p>	<p>UNEARNED - Benefits received from the VA by a veteran or a veteran's dependent(s) for educational purposes.</p> <p>UNEARNED - Disability and/or survivors benefits including Aid and Attendance Care, received from the VA by a veteran or a spouse or a dependent of a veteran. Also included are stipends paid for participation in a study of Vietnam-era veterans' psychological problems</p> <p>Refer to Agent orange Payment in this chart</p>	<p>E</p> <p>I</p>
<p>WAGES</p>	<p>EARNED- Payment given in return for labor, goods, and services rendered. Wages may be paid on an hourly, weekly, or daily basis.</p> <p>Include commissions, tips, overtime, vacation pay, bonus pay, flex benefits, and the employee's share of FICA when paid by the employer.</p>	<p>I</p>
<p>WAGES OF A CHILD</p>	<p>EARNED - Wages of a child under age 18 who is attending GED classes, in elementary or secondary school at least ½ time and who is under parental control of an AU member. Exclusions apply during school breaks as long as the intent is for the child to return to school.</p> <p>Wages of a child under age 18 not under parental control or not in school</p> <p>EARNED - Wages of a child who turns 18 are included effective the month following the month in which the 18th birthday falls, unless the birthday falls on the first day of the month.</p>	<p>E</p> <p>I</p> <p>I</p>
<p>WORKER'S COMPENSATION</p>	<p>EARNED or UNEARNED-Payments received by an employee injured on the job.</p> <p>EARNED-If the AU member remains employed during recuperation and expects to return to work.</p> <p>UNEARNED-If the AU member does not remain employed during recuperation.</p> <p>Include the full amount of the award. Do not exclude</p>	<p>I</p> <p>I</p>

SOURCE/TYPE	DESCRIPTION	INCLUDED OR EXCLUDED
	any amount withheld for legal expenses.	

RSDI vs. SSI

Social Security may be referred to as **RSDI** (Retirement, Survivors, Disability Insurance) and is administered by the Social Security Administration (SSA). Social Security consists of many different programs. Benefits may be for disability, retirement, or death benefits (a check for a widow(er) or a check for a child whose parent is deceased or disabled).

RSDI is not welfare, but a retirement program. **ALL** monthly benefit amounts are based on how much the individual paid into the program (earning record) during his/her working years of RSDI are made monthly.

Those adults under age 65 receiving RSDI are normally receiving disability payments. This coverage may continue even after age 65. This, however, is not always the case; therefore, the worker must determine the exact type of RSDI a person receives. This can be done by using the codes in the claim numbers.

A person determined eligible to receive RSDI disability by Social Security receives benefits based on how much s/he has paid into the system. If the monthly benefit amount falls below a specific limit, it will be supplemented with an SSI check. When this occurs, that person does not pay for Medicare insurance him/herself. The SSI entitles him/her to Medicaid.

Medicare is health insurance. Persons receiving RSDI Retirement become eligible for Medicare at age 65. Persons receiving Social Security Disability payment are eligible for Medicare (not Medicaid) after two years. Persons receiving dialysis become eligible for Medicare the month after dialysis begins.

Medicare consists of three parts. Part A provides payments for hospital stays. Medicare pays, after the set deductible, 80% of what it considers **Usual Customary Charges**. Medicare Part A is free to entitled individuals. Part B provides medical coverage at a rate of 80% after deductibles. Individuals pay a monthly premium for Part B coverage that is usually deducted from the recipient's RSDI check. The current monthly premium (effective 1/2008) for **Part B is \$96.40**. Medicare Part D provides prescription drug coverage for Medicare recipients. Individuals pay a monthly premium, deductibles, and co-payments. Assistance is available for some low income recipients to help defray the costs of the Medicare Part D coverage.

The SSA administers a second program, **Supplemental Security Income (SSI)**, which is based on disability and need. Disabled persons of any age might be eligible to receive SSI. There are income and resource limits for receiving an SSI check which are normally lower than Food Stamp limits. When a person applies for Social Security Disability, s/he must apply for SSI. If the disability can be determined before the payment history is researched and verified, the client can often receive an SSI check (based on disability) until Social Security (based on payment history) can be approved.

In general, a person eligible to receive SSI has not paid enough into the system to draw a Social Security check or has paid in so little that his/her Social Security check alone is not enough to live on. In the latter case, the person may receive a small SSI check in addition to his/her Social Security check. Also, a person over 65 is considered disabled in order to receive SSI even if they have never paid into Social Security.

In 2009 the maximum SSI benefit for an individual is \$674 when living in his or her own home. The maximum SSI benefit for an individual is \$449.34 when living in the home of another. For couples, the maximum SSI benefit is \$1,011 when living in their own home and \$674 when living in home of another.

A person who is approved for SSI automatically begins receiving Medicaid. Medicaid is free and is provided by the local DFCS office via DMA (Department of Medical Assistance). Some individuals are required to pay a minimal co-payment. Effective January 1, 2006, Medicaid does not cover prescription drugs. Drug coverage will be through Medicare Part D.

A person cannot receive both SSI and TANF. The individual must choose between the two programs.

SOCIAL SECURITY CLAIM SUFFIXES* (Or BICs - Benefit Identifying Codes)

(Person's own #)	DI	=	Supplemental Security Income (SSI)
(Person's own #)	A	=	Wage earner (person paid in - is retirement)
(Spouse's #)	B	=	Spouse benefit - living wage earner
(Parent's #)	C	=	Child benefit (parent is deceased or disabled - stops at age 18)
(Deceased person's #)	D	=	Widow/widower
(Deceased person's #)	E	=	Benefit for young widow with minor child (stops when youngest child turns 16)
(Child's #)	F	=	Parent's benefit - drawing on child's account
(Person's own #)	HA	=	Disability
(Person's own #)	J or K	=	Special age benefit (very few living)
(Person's own #)	T	=	Entitlement to hospital benefit (not enough quarters to draw a check - Medicare B only)
(Deceased person's #)	W	=	Widow under 60 who is disabled

* When a number follows the letter, more than one person is drawing on this claim number. The youngest individual has the lowest number.



WAGES OF A CHILD

(MR 3420-22)

IF	THEN
<p>Child is under 18 AND attending either GED, secondary school or elementary school at least ½ time AND is under the parental control of an AU member</p>	<p><u>EXCLUDE</u> earnings in FS</p>
<p>Child is 18 and in elementary or secondary school at least ½ time</p>	<p><u>INCLUDE</u> earnings in FS</p>
<p>Child, under 18, is not under the parental control of an adult AU member</p>	<p><u>INCLUDE</u> earnings in FS</p>
<p>Child is not in school</p>	<p><u>INCLUDE</u> earnings in FS</p>

NOTE: Earnings of a child who turns 18 are included effective the month following the month in which the 18th birthday falls, unless the birthday falls on the first day of the month.

VERIFICATION OF INCOME POLICY FOR FS (MR 3035, 3420, 3605)

✓ Verification of Fluctuating Income requires one month or 4 current consecutive weeks

✓ Verification of Stable Income requires one month or 4 current consecutive weeks

AT APPLICATION		
Verify by TPS all countable income (earned and unearned)		
Interest income	Verify by TPS only if the amount exceeds \$10 per month or \$120 per year	
Wages of a Child < 18 years of age	Verify by TPS the wages and attendance if the student is turning 18 during POE. Note: If student is working and not turning 18 during the POE, verify attendance.	
Terminated <u>Earned</u> Income:	Verify by TPS the final date of employment, final date of pay and the amount, and reason for separation if termination occurred within 30 days of the application date or thereafter. The wages must be verified if they will be budgeted in intervening or ongoing months.	
Example:	A/R applies on 4/12, states she is no longer employed, received her final paycheck on 4/9. Termination of earned income occurred within 30 days of the application date. FICM must verify final date of employment, final date of pay, final paycheck amount, and reason for separation.	
Terminated <u>Unearned</u> Income:	Verify date of final payment, final payment amount, and reason for termination if the income terminated within 30 days of the application date or thereafter.	
Example:	A/R applies on 10/18, states she received her final Worker's Compensation check on 10/13. This is terminated unearned income received in the month of application. FICM must verify date of final payment and final payment amount.	
AT REVIEW		
Earned Income	Verify by TPS all earned income including: <ul style="list-style-type: none"> • all new earned income • changes in the earned income amount • change in the earned income source • new earned income reported as an interim change during the previous POE and added to the budget using the AU's statement as verification 	
Wages of a Child < 18 years of age	Verify by TPS the wages and attendance if the student is turning 18 during the POE. Note: If student is working and not turning 18 during the POE, verify attendance.	
Unearned Income	Verify by TPS	
Termination of Unearned Income	Verify by TPS date of final payment, reason for termination and final payment amount (if income will be budgeted for ongoing month)	
Termination of Earned Income	Verify by TPS last day employed, last day of pay, reason for separation, and final payment amount (if income will be budgeted for ongoing month).	
CHANGES		
Reported Change	Results in Increased FS Benefits	Results in Decreased FS Benefits

New Earnings	*	Accept AU statement, process change
New Unearned Income	*	Accept AU statement, process change
Currently budgeted earned income	Verify TPS	Accept AU statement, process change
Currently budgeted unearned income	Verify TPS	Accept AU statement, process change
Terminated earned income	Verify by TPS the last day employed, last date of pay, reason for separation, and amount paid (if income will be budgeted for the ongoing month).	*
Terminated unearned income	Verify by TPS the date of final payment, reason for termination, and amount paid (if income will be budgeted for the ongoing month).	*

* These changes will not typically have this result. However, if a change of this nature is reported in conjunction with another change, determine the overall effect to benefits and request verification as needed.

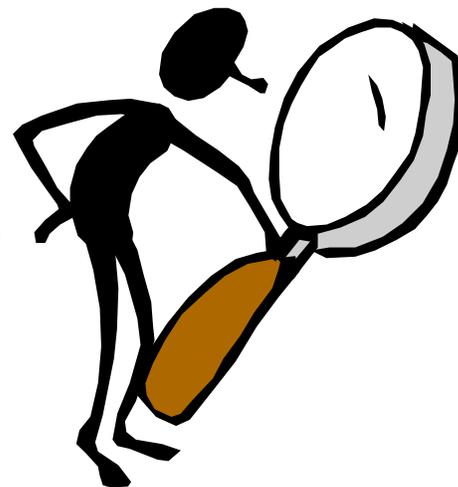
ORDER FOR REQUIRED VERIFICATION OF INCOME

(MR 3420-2)

OBTAIN VERIFICATION OF INCOME IN THE FOLLOWING ORDER:

1. Documentary evidence from the A/R. If not available, request that A/R obtain verification from the payment source.
2. If A/R cannot obtain the information, FICM should request verification directly from the payment source.
3. If verification cannot be provided by the payment source, allow the use of a collateral contact who has knowledge of the income.
4. Accept the A/R's statement if all other methods to verify income fail and the A/R has cooperated with previous attempts to obtain verification.

IF A COLLATERAL CONTACT OR A/R'S STATEMENT IS USED, DOCUMENTATION MUST BE COMPLETED FOR EACH STEP TO EXPLAIN WHY THE AGENCY HAD TO ULTIMATELY USE COLLATERAL CONTACT OR A/R'S STATEMENT.

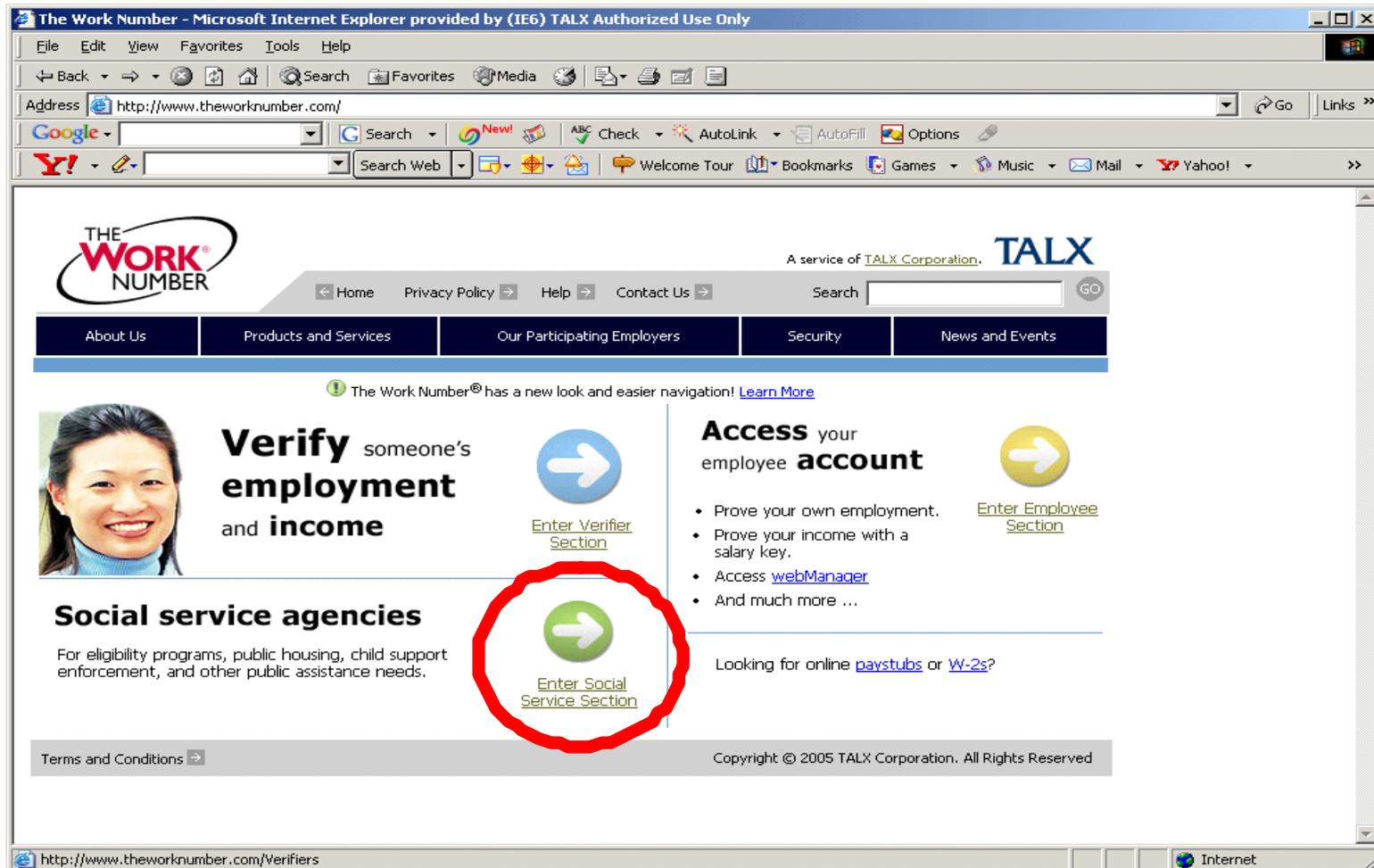


ORDER FOR REQUESTING EARNED INCOME VERIFICATION

(MR 3605-2)

1. The Work Number (primary source)
2. Pay stubs
3. Form 809
Note: The Form 809 should be sent to the corporate headquarters of the employer. Documentation is required if it is used as a source of verification.
4. The A/R's statement of earnings is used as verification (as a last resort) if no other source is available.

The WorkNumber.com Home Page





We Found These Records for Social Security Number: 123-45-6789

The following information was provided by the employer to The Work Number® to act as their official agent for issuing employment verifications. Information not provided by the employer is bla

Click the go button to order a Social Services Verification for any record listed.

Social Security Number	Company Code	Company Name	Employment Status	Get Verification
123-45-6789	10251	Tenet Healthcare Corporation	No Longer Employed	<input type="button" value="GO"/>
123-45-6789	20288	Service Merchandise	Terminated	<input type="button" value="GO"/>
123-45-6789	11109	Gap Inc.	Active	<input type="button" value="GO"/>
123-45-6789	10480	Spherion	Active	<input type="button" value="GO"/>

Work History Page.
Click the "GO" button across
from desired employer to view
income from that job.



America's Leader in Employment &
Income Verification

The following information is provided in response to your request on: 02/26/2005.
The employer provided this information to The Work Number to act as their official agent for employment and income verification. Any inconsistency between the most recent start date and the total time with the employer is due to a prior work period. If you have questions, please call our Client Service Center at 1-800-996-7566 (Voice) / 1-800-424-0253 (TTY/Deaf).

Information not provided by the employer is shown as "Data not provided."
Employment and Income Information current as of: 02/26/2005.
Reference Number for this verification: 107081181.

- Where can I go?
- ▶ [Print This Verification](#)
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 - ▶ [Get another verification](#)
 - ▶ [Exit/Logout](#)

Social Service Verification

EMPLOYER

Employer: 11109 - Gap Inc.
Headquarters Address: MERRICK, NY 11234
Federal Employer Identification Number (FEIN): 1234
Division: 07136

EMPLOYEE

Employee: MARY JONES
Social Security Number: 123-45-6789
Address: 123-67895
MERRICK, NY 11566
Employee Phone Number: 800-424-0253
Date of Birth: 12/06/1973

EMPLOYMENT

Employment Status: Active
Most Recent Start Date: 12/11/2003
Original Hire Date: 12/11/2003
Total Time with Employer: 1 Year, 2 Months
Job Title: STOCK SUPV
Union Affiliation: NO
Work Location (Job Site): MERRICK, NY 11566

MEDICAL INSURANCE

Medical Coverage: YES
Medical Carrier Name: BC/BS

DENTAL INSURANCE

Dental Coverage: NO
Dental Carrier Name:

VISION INSURANCE - Data not provided

WORKERS' COMPENSATION - Data not provided

INCOME AND DEDUCTIONS

Average Hours per Pay Period: 80
Rate of Pay: \$7.50 / Hourly
Pay Cycle: Bi-weekly

SAMPLE
VERIFICATION

The National Employment and Income Verification Service - Microsoft Internet Explorer provided by (IE6) TALX Authorized Use Onl

Address <https://verify.theworknumber.com/cgi-ospa/paVerify.asp>

Dental Carrier Name: Data not provided

MEDICAL INSURANCE
 Medical Coverage: No
 Medical Carrier Name: Data not provided

VISION INSURANCE - Data not provided

WORKERS' COMPENSATION - Data not provided

INCOME AND DEDUCTIONS
 Average Hours per Pay Period: 37
 Rate of Pay: Hourly
 Pay Cycle: Data not provided
 2004
 Total Gross: \$1,112.00
 Payroll Deduction for All Insurance Coverage: Data not provided

PAY PERIOD DETAIL - Data not provided

HISTORICAL PAY PERIOD SUMMARY

<u>Pay Period End Date</u>	<u>Pay Date</u>	<u>Hours Worked</u>	<u>Gross Earnings</u>	<u>Net</u>
11/14/2004	11/18/2004	37	\$294.00	
11/07/2004	11/11/2004	39	\$308.00	
10/31/2004	11/04/2004	40	\$318.00	
10/24/2004	10/28/2004	24	\$192.00	

SPECIAL INFORMATION ABOUT THIS EMPLOYER
Please note, as a temporary employment agency status may remain active even though the employee is not currently assigned and therefore not receiving wages.
 If the most current pay period is within the past two months, **please mail your garnishment order** to:
 Adecco Employment Services Attn: Garnishment Department, 175 Broad Hollow Rd., Melville, NY 11722.



B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Family and Children Services • Mark A. Washington, Assistant Commissioner
Two Peachtree Street, Suite 19-490 • Atlanta, Georgia 30303-3142 • 404-651-8409 • 404-657-5105

TO: Regional Directors, Regional Managers, and OFI Staff
FROM: Food and Nutrition Programs Unit
SUBJ: FS Email #2009-07 – Verification of Excluded Income
DATE: March 16, 2009

Effective immediately, verification of excluded income is ***no longer required*** if the income is not counted in the budget. Because exempt income such as vendor payments, loans, and educational income are not considered when determining eligibility and the benefit level, verification is no longer required.

Current policy states to verify both countable and excluded income in the food stamp budget. Only countable income must be verified when making an eligibility determination.

Documentation of all countable and excluded income is required to establish eligibility. Documentation of the type of income received, amount received, date of receipt, frequency, if the income will continue, if the income is terminated, and verification (if applicable) should be documented in SUCCESS. If the income is not entered in SUCCESS, then it has to be documented on REMA behind the appropriate income screen.

If the income reported is questionable or is unclear, then request third party information. Refer to Section 3035, Verification, for policy on unclear and questionable information.

We will update this policy change in a future transmittal.

If you have questions regarding this email, please email the Food and Nutrition Unit on the OFI website at <http://everythingofi.dhr.state.ga.us/ofii>

OUTLINE OF BUDGETING

- I. INTRODUCTION (MR 3600-1 and 3605)

- II. DETERMINING REPRESENTATIVE AMOUNTS (MR 3605)

- III. DETERMINING MONTHLY AMOUNTS (MR 3605)

- V. REVIEW FOR EXAM 1

OBJECTIVES

- ✓ Participants will be able to determine Representative Income.
- ✓ Participants will be able to determine Representative Expenses.
- ✓ Participants will be able to identify the prospective budgeting process.
- ✓ Participants will be able to calculate the monthly income and expenses using conversion factors.
- ✓ Participants will be able to identify situations in which incomes are not converted.
- ✓ Participants will be able to identify situations in which expenses are not converted.

BUDGETING FS CASES MR 3605

Use Prospective Budgeting to determine the AU's monthly income and expenses.

☞ First, determine the Representative amount.

☞ Then, multiply by the appropriate Conversion Factor: if the income and expense is continuing or received/incurred for a full month.

Weekly	=	4.3333
Bi-Weekly	=	2.1666
Semi-Monthly	=	2

OR

Use actual income/expenses depending on the case situation.

Terminated Income/Expenses	New Income/Expenses
<p>If received/incurred for a FULL month:</p> <ul style="list-style-type: none"> ✓ Convert if full pay is received each pay period ✓ Do not convert if full pay is not received each pay period. Use actual. 	<p>If received/incurred for a FULL month:</p> <ul style="list-style-type: none"> ✓ Convert if full pay is received each pay period ✓ Do not convert if full pay is not received each pay period. Use actual.

<p>If received/incurred for a PARTIAL month:</p> <ul style="list-style-type: none"> ✓ Do NOT Convert ✓ Use actual for dates that have already occurred ✓ Use representative for future dates 	<p>If received/incurred for a PARTIAL month:</p> <ul style="list-style-type: none"> ✓ Do NOT Convert ✓ Use actual for dates that have already occurred ✓ Use representative for future dates
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Examples of Budgeting Ongoing Income

EXAMPLE 1: Mr. Samuels' income varies from week to week. He applies 10/28 and provides 4 pay stubs as verification of his income at the interview on 10/28. FICM completes case on 11/12.

10/3 = \$107.10
 10/10 = \$110.27
 10/17 = \$100.50
 10/24 = \$ 97.86

EXAMPLE 2: Mr. Smith applies 3/12 and is paid bi-weekly on Fridays. His income varies and he provides the following verification of wages at his interview on 3/12.

2/20 = \$286.27
 3/6 = \$273.81

EXAMPLE 3: Mrs. Jones is paid semi-monthly and verifies her recent 2 pay stubs. She applies and is approved in May.

5/1 = \$350.00
5/15 = \$320.00



Examples of Budgeting New or Terminated Income

EXAMPLE 1: A/R applies 10/8 and reports job is terminated. A/R will receive final check on 10/30. A/R has been paid \$100/week on Fridays.

EXAMPLE 2: A/R applies 10/26 and reports receiving contributions of \$45 per week each Monday. However, s/he provides verification on 11/3 that this will be received only one more time, 11/9, and will not be received again.

EXAMPLE 3: A/R applies on 7/20 and is approved on 8/5. She has a new job and received her first check on 7/3. A/R provides the following weekly check stubs:

7/3	=	\$61.40
7/10	=	\$64.20
7/17	=	\$63.20



Examples of Budgeting a Partial Month's Income

EXAMPLE 4: A/R applies 10/15 and reports receiving direct child support \$20/week each Saturday until the child's father went to prison for the next 2 years as of 10/10. She received a child support payment on 10/3 and 10/10.

EXAMPLE 5: A/R applies 5/18 and reports her job has terminated. She received the last check on 5/15. A/R verifies the following bi-weekly pay:

5/15 = \$294
5/1 = \$273

EXAMPLE 6: A/R applies 10/16 and reports starting new job on 10/9 from which s/he will receive \$100 each Friday beginning 10/23. FICM completes the case on 10/28.

EXAMPLE 7: A/R applies on 5/28. She is starting a new job on 6/15. Her first check will be received 6/22. She will be earning \$95.00 weekly. FICM takes action on 6/2.

EXAMPLE 8: A/R applies on 5/25 and reports a new job beginning 6/1. She will earn \$100 weekly. First check is to be received on 6/8. FICM completes the case on 6/5.

Examples of Budgeting Child Support Income

EXAMPLE 1: A/R applies for Food Stamps on 10/2. She receives child support income through the OCSS and verifies the following amounts received:

September	=	\$200
August	=	\$275
July	=	\$250

A/R states these income amounts are representative of what she usually receives from OCSS. The application is approved in October.

EXAMPLE 2: A/R applies for Food Stamps on 11/18. She receives child support income through the OCSS and verifies the following amounts received:

August	=	\$1500
September	=	\$500
October	=	\$450

A/R states that the income received in August is not representative as it included payments for June and July.

Example of Continuing and Terminated Income

Mr. Alex Lewis was fired from his job at Acme Construction, 500 Jester St., Rockville, GA (phone # 654-3411) on 10/6. He had been working there for the last 2 years. He lives and eats with his sister and her child. His sister works part-time at Sonny's, 300 Jester St., Rockville, GA (phone # 458-4958). She is paid weekly on Saturdays. Since she is a hostess, she does not make any tips. Letter from employer verifying she earns \$120/week is provided. Mr. Lewis was paid on Fridays and received his last check on 10/9. Mr. Lewis applies for Food Stamps for all three of them on 10/12 and is approved on 10/29. His wages were his only income and he is not eligible for UCB. He brings his last 4 paycheck stubs and his separation notice dated 10/6.

10/9	\$ 95
10/2	\$ 87
9/25	\$102
9/18	\$ 80

A. How much income will be budgeted for October?

B. How much for November?



Example of Terminated and New Income

Mr. James Jackson lost his job in August from Acme Construction, 500 Jester St., Rockville, GA (phone # 654-3411). He last worked on 8/19 and received his last check on 8/20. He had been working there for the last 6 months. He applies 9/22 for himself, his wife, and four children, and is approved on 9/25. At the time of application, Mr. Jackson states that he has been hired by Motown Corporation. He will begin work on 9/26 and will receive his first paycheck on 10/2. He will be paid \$262/week on Fridays and provides a signed statement from his employer. He will be paid \$6.55 per hour for 40 hours per week.

A. How much income will be budgeted for September?

B. How much for October?

C. How much for November?



Examples of Continuing Income

Mr. Max Taylor applies on 10/28 and is approved on 11/20. He is employed by Smith Brothers, Inc., and has been for the last two years. Clearinghouse shows no discrepancies. Mr. Taylor is paid semi-monthly on the 15th and the last day of each month. He works approximately 20 hours/week at \$6.55/hour. He verifies his wages as follows:

10/15	\$262
9/30	\$270

- A. What is the amount used as representative income?

- B. How much income will be budgeted for October and ongoing?

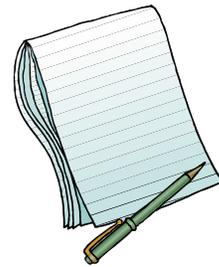
Ms. Tammy Sanders (20) applies on 11/13 for her review for herself and her daughter Maxie. She reports no earned income and no UCB, but she does continue to receive direct child support for her daughter from Allen Bell. The FICM requests verification. She provides verification (letter dated 11/27) that she continues to receive this income each Friday and the amounts vary significantly. The review is completed 11/30.

11/13	\$80
11/06	\$25
10/30	\$60
10/23	\$15

- A. What is the amount used as representative child support?

- B. How much income will be budgeted for December and ongoing?

Participant Guide



Deductions

OUTLINE FOR DEDUCTIONS

- I. DEDUCTIONS/OVERVIEW (MR 3611)
- II. EARNED INCOME DEDUCTION (MR 3612)
- III. STANDARD DEDUCTION (MR 3613)
- IV. EXCESS MEDICAL DEDUCTION (MR 3614 and 3035)
- V. DEPENDENT CARE DEDUCTION (MR 3615 and 3035)
- VI. CHILD SUPPORT DEDUCTION (MR 3616 and 3035)
- VII. EXCESS SHELTER DEDUCTION (MR 3617 and 3035)
- VIII. RESOLVING QUESTIONABLE INFORMATION (MR 3035)
- IX. COMPLETING FS BUDGETS (MR 3610 – 2 through 5)

OBJECTIVES FOR DEDUCTIONS

- ✓ Participants will be able to identify appropriate income limits for the AU.
- ✓ Participants will be able to identify the six FS deductions.
- ✓ Participants will be able to apply the earned income deduction.
- ✓ Participants will be able to apply the standard deduction.
- ✓ Participants will be able to apply the eligibility and verification requirements for the allowing the dependent care deduction.
- ✓ Participants will be able to apply the eligibility and verification requirements for allowing the child support deduction.
- ✓ Participants will be able to determine who is eligible for the excess medical deduction.
- ✓ Participants will be able to determine which medical expenses are allowed.
- ✓ Participants will review a medical bill.
- ✓ Participants will be able to apply the eligibility and verification requirements for allowing the excess medical deduction.
- ✓ Participants will be able to identify allowable shelter expenses.
- ✓ Participants will be able to determine the eligibility requirements for the appropriate utility allowance.
- ✓ Participants will be able to determine total shelter costs.
- ✓ Participants will be able to apply the eligibility and verification requirements for allowing the excess shelter deduction.
- ✓ Participants will be able to use Form 354 to address questionable information pertaining to AU's household circumstances.

- ✓ Participants will be able to complete manual budgets for FS cases.

Overview of Food Stamp Deductions

MR 3611-3617

<p>Earned Income Deduction 20% of countable gross earnings per AU</p>								
<p>Standard Deduction</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">AU Size 1-3:</td> <td>\$144 per month per AU</td> </tr> <tr> <td>AU Size 4:</td> <td>\$147 per month per AU</td> </tr> <tr> <td>AU Size 5:</td> <td>\$172 per month per AU</td> </tr> <tr> <td>AU Size 6 or more:</td> <td>\$197 per month per AU</td> </tr> </table>	AU Size 1-3:	\$144 per month per AU	AU Size 4:	\$147 per month per AU	AU Size 5:	\$172 per month per AU	AU Size 6 or more:	\$197 per month per AU
AU Size 1-3:	\$144 per month per AU							
AU Size 4:	\$147 per month per AU							
AU Size 5:	\$172 per month per AU							
AU Size 6 or more:	\$197 per month per AU							
<p>Excess Medical Deduction Allow medical expenses of ELDERLY or FS DISABLED AU members Total medical expenses exceeding \$35 per month per AU</p>								
<p style="text-align: center;">Dependent Care Deduction</p> <p>Allow if needed for an AU member to:</p> <ul style="list-style-type: none"> ▶ ACCEPT OR CONTINUE EMPLOYMENT, ▶ ATTEND SCHOOL OR TRAINING TO PREPARE FOR EMPLOYMENT, OR ▶ COMPLY WITH FS E&T REQUIREMENTS <p style="text-align: center;">The full-incurred costs for dependent care expenses, including transportation expenses, are allowable as a deduction</p>								
<p style="text-align: center;">Child Support Deduction</p> <p>Allow legally obligated child support payments paid by an AU member. AU must verify the:</p> <ul style="list-style-type: none"> ▶ legal obligation to pay child support ▶ amount legally obligated to pay ▶ current payment 								
<p style="text-align: center;">Excess Shelter Deduction</p> <p>Allow amount by which the Total Shelter Cost exceeds 50% of the Net Income</p> <p>Maximum of \$446 per month per AU UNLESS AU contains an Elderly/FS Disabled member</p> <p>TOTAL SHELTER COST = Rent, Mortgage, Tax, Insurance + Utility Allowance</p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="padding-right: 20px;">H/C SUA =</td> <td>\$323 per month</td> </tr> <tr> <td>LSUA =</td> <td>\$175 per month</td> </tr> <tr> <td>Telephone Standard =</td> <td>\$30 per month</td> </tr> <tr> <td>One Non-heating/non-cooling utility expense =</td> <td>Actual cost</td> </tr> </table>	H/C SUA =	\$323 per month	LSUA =	\$175 per month	Telephone Standard =	\$30 per month	One Non-heating/non-cooling utility expense =	Actual cost
H/C SUA =	\$323 per month							
LSUA =	\$175 per month							
Telephone Standard =	\$30 per month							
One Non-heating/non-cooling utility expense =	Actual cost							

Verification Requirements for Food Stamp Deductions (MR 3614-3617)

<i>Initial Applications</i>		
DEDUCTIONS	VERIFICATION REQUIREMENTS	IF VERIFICATION IS NOT PROVIDED
Excess Medical Expense	Third Party Source: Current, non-reimbursable expenses	Do Not Allow Expense
Dependent Care Expense	Third Party Source: Actual cost of care incurred and expected to be billed to the AU Note: Information received from CAPS is primary verification of childcare expenses billed to the AU.	Do Not Allow Expense
Child Support (payment)	Third Party Source: Legal obligation, amount of legal obligation, and amount actually paid	Do Not Allow Expense
Housing Expenses (rent, mortgage, taxes, insurance, etc.)	Third Party Source: Current housing costs (most recent bills received by the AU)	Do Not Allow Expense
Utility Expenses (H/C SUA, LSUA, or Telephone Standard)	Accept AU statement	N/A
Actual expense of one utility (other than telephone)	Third Party Source: Verify actual utility expense for the dwelling for the previous 12 months.	Do Not Allow Expense

<i>Interim Changes</i>		
REPORTED CHANGE	VERIFICATION REQUIREMENTS	IF VERIFICATION IS NOT PROVIDED
Excess medical expense which causes an increase in FS benefits	Verify by Third Party source Exception: Reported changes in medical expense(s) are not acted on if learned of from a source other than the AU and verification has to be obtained from the AU. These changes are acted on at the next review. If the reported change in medical expenses is considered verified upon receipt, action is taken on the change when reported.	Leave at original/lower amount
Dependent care expense Housing expense Utility expense which causes an increase in FS benefits	Accept A/R statement for dependent care and housing expense Exception: Verify by TPS if the AU is ineligible for the SUA because he/she has only one utility expense other than telephone.	Leave at original/lower amount
Child support expense which causes an increase in FS benefits	Verify by Third Party source	Do not allow the deduction
Excess medical expense Dependent care expense Housing expense Utility expense Child support expense which causes a decrease or termination in FS benefits	Accept AU statement, process change	N/A

Reviews		
DEDUCTIONS	VERIFICATION REQUIREMENTS	IF VERIFICATION IS NOT PROVIDED
Excess Medical Expense	Third Party Source	Do Not Allow Expense
Dependent Care Expense	Accept AU statement Exception: Verify Third Party Source if a new source, if provider changes OR the total amount has changed by more than \$25 per month Note: Information received from CAPS is primary verification of childcare expenses billed to the AU.	Do Not Allow Expense
Child Support Expense (Payment)	Third Party Source: If a new source, changed source, change in obligated amount OR obligated/payment amount has changed by more than \$25 per month	Do Not Allow Expense
Housing Expense (Rent, mortgage, taxes, insurance, etc.)	Accept AU statement Exception: Third Party Source: If the AU has moved, the total amount has changed by more than \$25 per month since the last review	Do Not Allow Expense
Utility Expense (H/C SUA, LSUA, or Telephone Standard)	Accept AU statement	N/A
Actual expense of one utility (other than telephone)	Third Party Source: If the AU is ineligible for the SUA because he/she has only one utility expense other than the telephone expense	Do Not Allow Expense

Grady Memorial Hospital

1921 Johnston Road P.O. Box 881 Atlanta, Ga., 30345 (404) 625-8974

Edna Farmer
2984 Mountain Creek Road
Atlanta, Ga. 30302

Statement Date 05/05/08

Shepherd, Samuel, MD			
Date of Service	Service Code	Charge Description	Patient Charge
3/03/08	5234532	Emergency Room Services	380.80
		TOTAL Balance Due	380.80
		Blue Cross Blue Shield PAYMENT 3/17/08	- 210.00
		CURRENT Balance Due	170.80

PLEASE CONTACT US TO MAKE PAYMENT ARRANGEMENTS

Explanation:

- 1

 Total Charge for Medical Service
- 2

 Payment made by Third Party (Reimbursed Amount - Paid by Insurance Provider)
- 3

Current Balance Due (A/R Responsibility, non-reimbursed amount, potential medical deduction if eligible). If there is no Third Party involved the A/R would be responsible for the Total Balance.



EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Page: 1
 Statement Date: 09/08/2007
 Claim Number: 170174656

Samantha Dews
 110 College Avenue
 Macon, Georgia 31201



IF YOU HAVE QUESTIONS, CALL 1-800-424-8950
 7 AM - 9 PM, Weekdays

Employee Name: Samantha Dews
 Employee ID Number: 05984240081
 Patient Name: Samantha Dews
 Contract Number (Patient): 889631124
 Group Name: Federated Class I
 Group Number: 30631305

Log on to www.bcbsga.com and get the power of BLUE working for you TODAY.

PROVIDER OF SERVICE SERVICE DATES	TYPE OF SERVICE	AMOUNT CHARGED	AMOUNT ALLOWED	PROVIDER RESPONSIBILITY	YOU OWE				OTHER INSURANCE PAYMENT	AMOUNT WE PAID	SEE REMARK
					NOT COVERED	DEDUCTIBLE	COINSURANCE	COPAY			
J. LUKE 08/27/07 08/27/07	SURGERY	394800	92040	302760			9204			82836	
TOTAL		394800	92040	302760	00	00	9204	00	00	82836	

THIS PRODUCT IS ADMINISTERED BY BLUE CROSS BLUE SHIELD OF GEORGIA (BCBSGA), AN INDEPENDENT LICENSEE OF THE BLUE CROSS BLUE SHIELD ASSOCIATION. BCBSGA PROVIDES ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.

CALENDAR YEAR DEDUCTIBLE SUMMARY FOR CLAIMS PAID THROUGH 09/08/07
 2007 INDIVIDUAL MEDICAL DEDUCTIBLE \$300.00
 2007 ACTUAL INDIVIDUAL COINSURANCE MAXIMUM MET \$1837.72
 2007 FAMILY MEDICAL DEDUCTIBLE MET \$363.93
 2007 ACTUAL FAMILY COINSURANCE MAXIMUM MET \$1901.65
 TOTAL LIFETIME MAXIMUM BENEFIT MET TO DATE \$15763.32

BENEFITS PAID THIS PAGE: \$828.36
 PAYMENT MADE TO: Dr. Jennifer Luke

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

PO Box 7728 - Columbus, GA 31908-7728
www.bcbsga.com

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CHILD SUPPORT DEDUCTION INFORMATION SHEET (MR 3616)

To get Deduction	The child support (CS) must be legally obligated .
Payments	<p>Allowable Payments include the following:</p> <ul style="list-style-type: none"> ✓ Cash paid directly to an individual. ✓ In-kind support (clothes, diapers, products). ✓ Vendor payment - direct payment to 3rd party in lieu of CS (e.g. mortgage).
Amount Allowed	The amount of CS deduction allowed in the budget includes the actual payment made each month as long as it does not exceed legal obligation (unless includes arrearages for a past due amount which was previously not allowed as a deduction).
Verification	<p>Verification Requirements - no deduction unless CS is verified</p> <ul style="list-style-type: none"> ⇒ Verify initially, at review, and when changes are reported ⇒ Verify legal obligation, amount legally obligated (court papers, separation, divorce, probation, OCSS), and current payment (receipts, checks, logs, records, statement, OCSS) ⇒ To allow past due amount - past due amount must be verified and not have been deducted in a previous FS budget.

Budgeting	<p>Budgeting procedures:</p> <ul style="list-style-type: none">┌ Use representative amount based on average of 3 recent months of paid child support.┌ If 3 months not available - use best estimate.┌ Consider any anticipated changes.┌ Allow deduction prior to shelter deduction.┌ IPV/E&T sanctioned - allow full deduction.┌ Ineligible Alien/Enumeration Sanctioned - prorate deduction.┌ Ineligible Student - no deduction.
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Excess Shelter Deduction

(MR 3617)

- **For shelter costs which exceed 50% of net income**

12. TOTAL SHELTER COSTS	\$ _____
13. Subtract 50% of Net Income (Line 11÷2) if applicable	\$ _____
14. EXCESS SHELTER COSTS =	\$ _____

- **Can't exceed \$446 unless one AU member is 60 or older or FS disabled**

Does the AU pay more than 50% of its net income for shelter?

If so, they have excess shelter costs.

The AU can receive a deduction for the excess shelter expense, but the deduction can't exceed \$446*

*unless at least one AU member is elderly or disabled

UTILITY EXPENSES MR 3617

IF	THEN
<p>The AU incurs or expects to incur a heating or cooling expense separately from rent or mortgage.</p> <p style="text-align: center;">OR</p> <p>The AU has received LIHEAP in the past 12 months at the current address.</p> <p style="text-align: center;">OR</p> <p>The AU lives in any housing and incurs or expects to incur excess utility costs that include a heating or cooling expense.</p>	<p>Eligible for Heating/Cooling (H/C) SUA Currently \$323 per month</p> <p>This SUA includes: heating, cooling, water/sewage, installation and maintenance for well or septic tank, electricity, cooking fuel, basic service for one standard phone, and garbage collection</p> <p>*Accept the applicant/recipient's statement unless questionable</p>
<p>The AU incurs or expects to incur two or more non-heating/non-cooling utility costs separately from the rent or mortgage</p> <p style="text-align: center;">OR</p> <p>The AU lives in any housing and incurs or expects to incur a non-heating/non-cooling excess utility cost.</p>	<p>Eligible for Limited Standard Utility Allowance (LSUA) Currently \$175 per month</p> <p>This SUA includes: cooking fuel, electricity not used for heating or cooling, basic service for one standard phone, water/sewage, installation and maintenance for well or septic tank, and garbage collection</p> <p>*Accept the applicant/recipient's statement unless questionable</p>
<p>The AU incurs/expects to incur a utility expense for a telephone only (installed or cellular)</p>	<p>Eligible for the Telephone Standard only* \$30</p> <p>*Accept the applicant/recipient's statement unless questionable.</p>
<p>The AU incurs/expects to incur only one utility other than a heating or cooling expense</p>	<p>Eligible for actual utility expense to be used as the deduction. Actual cost includes any one of the following utility expenses: cooking fuel, electricity, water/sewage, installation and maintenance for well or septic tank, and garbage/trash collection. Actual utility cost must be verified using bills for the dwelling from the previous 12 months.</p>

NOTE: The AU cannot receive both H/C or LSUA and the telephone standard, as the cost of the basic service for one standard phone is included in the SUA.

Utility Examples

Determine in the following situations which utility allowance the AU is eligible to receive.

Example 1: AU incurs an electric bill and uses a window air conditioner to cool the home. AU heats with gas which is included in the cost for rent.

Example 2: AU lives in public housing and incurs an excess utility bill. The AU received a LIHEAP payment 6 months ago.

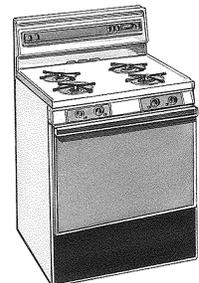
Example 3: AU's heat is included in rent. The AU has an electric bill and uses a small window air conditioner only during the hottest months of July and August.

Example 4: AU incurs an electric expense. AU heats with electric space heaters and cools with window and attic fans.

Example 5: AU heats and cooks with propane that is purchased quarterly. The AU does not have an air conditioner.

Example 6: Ms. Jones has moved to a new apartment that heats with gas, which will be billed separately from the rent. Since it is summer, she doesn't plan to have the gas turned on until it gets colder.

Example 7: The AU lives in public housing and incurs the following expenses: monthly rent of \$60 which includes electricity and a gas bill for heating (every three months if amount exceeds the limit). The AU cools with electric fans.



Example 8: AU's only shelter costs are rent, water, and garbage collection fee. The water and garbage collection fees are billed separately from the rent.

Example 9: AU incurs a bill for gas that is used for cooking and basic phone service. The AU heats with electricity, which is included in the rent.

Example 10: Mr. Teel lives alone. He incurs a monthly gas bill for cooking fuel and a garbage collection fee. He heats with electricity. His mother pays the electric bill directly to the provider each month to help him out.

Example 11: AU's rent is \$150 monthly and includes all utilities except for telephone services. The AU has a telephone expense separate from the rent.

Example 12: AU's rent is \$350 monthly. All utilities, except for electricity which is used for cooking, are included with the rent.



SPECIAL UTILITY SITUATIONS

In situations where an AU shares utility expenses with others, the FICM must determine what utility standard the dwelling is entitled to receive and allow that utility standard in full for each AU in the dwelling that incurs an allowable utility expense. Following are some example situations which may help to clarify this issue. In these situations, the recipients purchase food and prepare meals separately.

Example 1: Ms. Jones and Ms. Collins live together; they share the same kitchen. Ms. Jones pays all heating and cooling costs (gas and electric bills) and Ms. Collins pays the telephone bill. Since the dwelling qualifies for the H/C SUA and each person incurs an expense included in that SUA, each person would receive the H/C SUA.

Example 2: Ms. Davis, Ms. Hardaway, and Ms. George live together. Ms. Davis pays the gas bill (which is the heating source), Ms. Hardaway pays the electric and water bills, and Ms. George pays the telephone bill. Since the dwelling qualifies for the H/C SUA and each person incurs an expense which the SUA covers, each person would receive the H/C SUA.

Example 3: Ms. Vernon and Ms. Beal live together. Ms. Vernon pays all of the rent, and Ms. Beal pays all of the electric and phone bills. The home is heated with gas, which is included in the rent. There is no cooling expense. The dwelling qualifies for the LSUA. Ms. Beal incurs an expense which this SUA covers. Ms. Vernon does not incur any of the utility expenses which the LSUA is intended to cover. Ms. Beal would receive the LSUA. Ms. Vernon would receive only the rent expense as a shelter deduction, but no utility deduction.

Example 4: Ms. Calhoun lives alone and pays all utility expenses; she incurs an expense for heating with electricity. Sometimes Mr. Ford, who is homeless, stays with her and he pays a portion of the electric bill. The dwelling qualifies for the H/C SUA. Ms. Calhoun incurs an expense that this SUA covers, and Mr. Ford an expense which this SUA covers. Ms. Calhoun receives the H/C SUA; Mr. Ford receives the H/C SUA.

Example 5: Ms. Mary Sims lives with her sister, Ms. Jacquie Myers; they share the same kitchen. Both receive FS. Ms. Sims pays \$100 a month on all utility costs. Ms. Myers pays all of the rent and the remaining utility costs. The home is heated with gas which is not included with the rent. The dwelling qualifies for the H/C SUA. Ms. Mary Sims is eligible for the H/C SUA (she incurs an expense covered by this SUA) and Ms. Jacquie Myers is eligible for the rent and the H/C SUA (she incurs an expense covered by this SUA).

Example 6: Ms. Henry rents a basement apartment (including a separate kitchen and bath) to Mr. Parker who pays a set amount for rent and a separate amount towards electricity. Ms. Henry is billed for the heating/cooling costs. They do not live in the same dwelling, but they do share a meter. Ms. Henry receives H/C SUA as she is the one who is billed for the utilities. Mr. Parker receives the H/C SUA as he pays a separate utility cost to the landlord instead of the utility provider for a heating/cooling cost.

Example 7: Ms. Nolan rents a basement apartment (including a separate kitchen and bath) to Ms. James who pays a set amount for rent which includes utilities. In addition to the rent, Ms. James pays for her telephone. Ms. Nolan is billed for a heating/cooling expense. They do not live in the same dwelling. Ms. Nolan would receive the H/C SUA as she is the one who is billed for the utilities. Ms. James can receive a rent deduction and only the phone standard (\$30.00) since her “dwelling” does not pay any utility expense other than the phone. This is different from Example 1 because this is a situation where they are living in separate dwellings versus living in a shared dwelling.

These examples do not cover all the possibilities for shared expenses; see FS policy manual section 3617 for more information.



Example: No Excess Shelter Deduction

<p>Mr. Larry (58) and Mrs. Glenda (56) Peabody apply for FS for themselves. There are no other AU members. Mr. Peabody works at Fabritech Industries. His representative pay is \$315.58 weekly. $\\$315.58 \times 4.3333 = \\1367.50</p>	<p>IV. INCOME EARNED INCOME Monthly Gross Salaries, Wages; Self-employment or Farm income including Roomer/Boarder Payments (less cost of producing income)</p> <p>Mr. Peabody _____ \$ <u>1367.50</u> Name Amount</p> <p>_____ \$ _____ Name Amount</p> <p>1. Total Earned Income \$ <u>1367.50</u> 2. Less 20% of Line 1 \$ <u>273.50</u> 3. ADJUSTED EARNED INCOME = \$ <u>1094</u></p>
<p>There is no other AU income</p>	<p>V. OTHER MONTHLY INCOME</p> <p>Public Assistance Grant (TANF) \$ _____ Social Security \$ _____ SSI \$ _____ Other _____ \$ _____ Other _____ \$ _____</p> <p>4. TOTAL OTHER MONTHLY INCOME \$ <u>0</u> 5. TOTAL HOUSEHOLD INCOME (Add line 3 + line 4) \$ <u>1094</u></p>
<p>The AU is eligible for the standard deduction.</p>	<p>VI. DEDUCTIONS/DEDUCTIONS OTHER THAN SHELTER</p> <p>6. Standard Deduction \$ <u>144</u> 7. Excess Medical Expenses \$ _____ 8. Dependent Care Costs \$ _____ 9. Child Support Paid \$ _____</p> <p>10. TOTAL DEDUCTIONS OTHER THAN SHELTER (ADD Line 6 + Line 7 + Line 8 + Line 9) = \$ <u>144</u> 11. NET FS INCOME (Subtract Line 10 from Line 5) = \$ <u>950</u></p>
<p>The AU owns their home. Their property tax is \$240/year (\$20/mo). They incur an electric bill and cool with central air.</p>	<p>VII. SHELTER COST</p> <p><input type="checkbox"/> Rent <input type="checkbox"/> Mortgage \$ _____ <input checked="" type="checkbox"/> Other <u>Property Tax</u> \$ <u>20</u> <input checked="" type="checkbox"/> Utility Standard <input type="checkbox"/> Actual \$ <u>323</u> <input type="checkbox"/> Telephone Standard \$ _____</p> <p>12. TOTAL SHELTER COSTS \$ <u>343</u> 13. Subtract 50% of Net Income (Line 11 ÷ 2) \$ <u>475</u> 14. EXCESS SHELTER COSTS = \$ <u>0</u></p>

<i>The AU receives no shelter deduction.</i>	VIII. NET MONTHLY INCOME	
	15. NET FOOD STAMP INCOME (Line 11)	\$ <u>950</u>
	16. Maximum Shelter Deduction/ Excess Shelter Deduction	\$ <u>0</u>
	17. ADJUSTED NET FOOD STAMP INCOME	\$ <u>950</u>

Example: Excess Shelter Deduction Less than the Maximum

<p>Mr. Neal (28) and Mrs. Cheryl (27) Shedd apply for FS for themselves and three children, ages 6 years, 3 years, and 9 months.</p> <p>Mr. Shedd earns \$700 per month for full time work. Mrs. Shedd earns \$670 per month for full time work.</p>	<p>IV. INCOME EARNED INCOME Monthly Gross Salaries, Wages; Self-employment or Farm income including Roomer/Boarder Payments (less cost of producing income)</p> <p>Mr. Shedd _____ \$ <u>700</u> Name Amount</p> <p>Mrs. Shedd _____ \$ <u>670</u> Name Amount</p> <p>1. Total Earned Income \$ <u>1370</u></p> <p>2. Less 20% of Line 1 \$ <u>274</u></p> <p>3. ADJUSTED EARNED INCOME = \$ <u>1096</u></p>
<p>There is no other AU income</p>	<p>V. OTHER MONTHLY INCOME Public Assistance Grant (TANF) \$ _____</p> <p>Social Security \$ _____</p> <p>SSI \$ _____</p> <p>Other _____ \$ _____</p> <p>Other _____ \$ _____</p> <p>4. TOTAL OTHER MONTHLY INCOME \$ <u>0</u></p> <p>5. TOTAL HOUSEHOLD INCOME (Add line 3 + line 4) \$ <u>1096</u></p>
<p>The AU is eligible for the Standard Deduction for 5 AU members.</p> <p>The AU pays \$250/month dependent care for the 9-month- old child, and \$180/month for the 3 year old.</p>	<p>VI. DEDUCTIONS/DEDUCTIONS OTHER THAN SHELTER</p> <p>6. Standard Deduction \$ <u>172</u></p> <p>7. Excess Medical Expenses \$ _____</p> <p>8. Dependent Care Costs \$ <u>430</u></p> <p>9. Child Support Paid \$ _____</p> <p>10. TOTAL DEDUCTIONS OTHER THAN SHELTER (ADD Line 6 + Line 7 + Line 8 + Line 9) = \$ <u>602</u></p> <p>11. NET FS INCOME (Subtract Line 10 from Line 5) = \$ <u>494</u></p>
<p>The AU's mortgage is \$347/month.</p> <p>They incur electricity and phone bills. They heat with wood they cut from their homeplace, and they do not have air conditioning.</p>	<p>VII. SHELTER COST</p> <p><input type="checkbox"/> Rent <input checked="" type="checkbox"/> Mortgage \$ <u>347</u></p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p><input checked="" type="checkbox"/> Utility Standard <input type="checkbox"/> Actual \$ <u>175</u></p> <p><input type="checkbox"/> Telephone Standard \$ _____</p> <p>12. TOTAL SHELTER COSTS \$ <u>522</u></p> <p>13. Subtract 50% of Net Income (Line 11 ÷ 2) \$ <u>247</u></p> <p>14. EXCESS SHELTER COSTS = \$ <u>275</u></p>
<p>The AU receives an excess shelter deduction which is less than the maximum.</p>	<p>VIII. NET MONTHLY INCOME</p> <p>15. NET FOOD STAMP INCOME (Line 11) \$ <u>494</u></p> <p>16. Maximum Shelter Deduction/ Excess Shelter Deduction \$ <u>275</u></p> <p>17. ADJUSTED NET FOOD STAMP INCOME \$ <u>219</u></p>

Example: Excess Shelter Deduction Is Maximum

<p>Mr. Herb (36) and Mrs. Elaine (32) Collier apply for FS for themselves and son Roy (12).</p> <p>Mr. Collier has wages of \$1420 per month.</p>	<p>IV. INCOME EARNED INCOME Monthly Gross Salaries, Wages; Self-employment or Farm income including Roomer/Boarder Payments (less cost of producing income)</p> <p>Mr. Collier _____ \$ <u>1420</u> Name Amount</p> <p>_____ \$ _____ Name Amount</p> <p>1. Total Earned Income \$ <u>1420</u></p> <p>2. Less 20% of Line 1 \$ <u>284</u></p> <p>3. ADJUSTED EARNED INCOME = \$ <u>1136</u></p>
<p>There is no other AU income.</p>	<p>V. OTHER MONTHLY INCOME</p> <p>Public Assistance Grant (TANF) \$ _____</p> <p>Social Security \$ _____</p> <p>SSI \$ _____</p> <p>Other _____ \$ _____</p> <p>Other _____ \$ _____</p> <p>4. TOTAL OTHER MONTHLY INCOME \$ <u>0</u></p> <p>5. TOTAL HOUSEHOLD INCOME (Add line 3 + line 4) \$ <u>1136</u></p>
<p>The only deduction other than shelter is the standard deduction for this AU.</p>	<p>VI. DEDUCTIONS/DEDUCTIONS OTHER THAN SHELTER</p> <p>6. Standard Deduction \$ <u>144</u></p> <p>7. Excess Medical Expenses \$ _____</p> <p>8. Dependent Care Costs \$ _____</p> <p>9. Child Support Paid \$ _____</p> <p>10. TOTAL DEDUCTIONS OTHER THAN SHELTER (ADD Line 6 + Line 7 + Line 8 + Line 9) = \$ <u>144</u></p> <p>11. NET FS INCOME (Subtract Line 10 from Line 5) = \$ <u>992</u></p>
<p>The AU's rent is \$670/month. They incur an electric bill, which is used for heating, separately from the rent.</p>	<p>VII. SHELTER COST</p> <p><input checked="" type="checkbox"/> Rent <input type="checkbox"/> Mortgage \$ <u>670</u></p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p><input checked="" type="checkbox"/> Utility Standard <input type="checkbox"/> Actual \$ <u>323</u></p> <p><input type="checkbox"/> Telephone Standard \$ _____</p> <p>12. TOTAL SHELTER COSTS \$ <u>993</u></p> <p>13. Subtract 50% of Net Income (Line 11 ÷ 2) \$ <u>496</u></p> <p>14. EXCESS SHELTER COSTS = \$ <u>497</u></p>
<p><i>The AU is eligible for the maximum shelter deduction.</i></p>	<p>VIII. NET MONTHLY INCOME</p> <p>15. NET FOOD STAMP INCOME (Line 11) \$ <u>992</u></p> <p>16. Maximum Shelter Deduction/ Excess Shelter Deduction \$ <u>446</u></p> <p>17. ADJUSTED NET FOOD STAMP INCOME \$ <u>546</u></p>

Example: Excess Shelter Deduction for an AU with a FS Disabled Member

<p>Mr. Sheldon (49) and Mrs. Cassie (43) Letterman apply for FS for themselves, and three children, ages 14 years, 15 years, and 17 years.</p> <p>Mr. Letterman works at Flowers, Inc. full time, and earns \$1558.75 per month.</p>	<p>IV. INCOME EARNED INCOME Monthly Gross Salaries, Wages; Self-employment or Farm income including Roomer/Boarder Payments (less cost of producing income)</p> <p>Mr. Letterman _____ \$ <u>1558.75</u> Name Amount</p> <p>_____ \$ _____ Name Amount</p> <p>1. Total Earned Income \$ <u>1558.75</u></p> <p>2. Less 20% of Line 1 \$ <u>311.75</u></p> <p>3. ADJUSTED EARNED INCOME = \$ <u>1247</u></p>
<p>Mrs. Letterman receives RSDI disability.</p>	<p>V. OTHER MONTHLY INCOME</p> <p>Public Assistance Grant (TANF) \$ _____</p> <p>Social Security \$ <u>600</u></p> <p>SSI \$ _____</p> <p>Other _____ \$ _____</p> <p>Other _____ \$ _____</p> <p>4. TOTAL OTHER MONTHLY INCOME \$ <u>600</u></p> <p>5. TOTAL HOUSEHOLD INCOME (Add line 3 + line 4) \$ <u>1847</u></p>
<p>The AU is eligible for the Standard Deduction for 5 AU members.</p> <p>Mrs. Letterman has medical expenses totaling \$435 each month. \$435 - \$35 = \$400</p>	<p>VI. DEDUCTIONS/DEDUCTIONS OTHER THAN SHELTER</p> <p>6. Standard Deduction \$ <u>172</u></p> <p>7. Excess Medical Expenses \$ <u>400</u></p> <p>8. Dependent Care Costs \$ _____</p> <p>9. Child Support Paid \$ _____</p> <p>10. TOTAL DEDUCTIONS OTHER THAN SHELTER (ADD Line 6 + Line 7 + Line 8 + Line 9) = \$ <u>572</u></p> <p>11. NET FS INCOME (Subtract Line 10 from Line 5) = \$ <u>1275</u></p>
<p>The AU has a mortgage payment of \$800 each month. Their insurance is \$300/year (\$25/mo), and taxes \$228/year (\$19/mo).</p> <p>The AU heats and cools with electricity.</p>	<p>VII. SHELTER COST</p> <p><input type="checkbox"/> Rent <input checked="" type="checkbox"/> Mortgage \$ <u>800</u></p> <p><input checked="" type="checkbox"/> Other <u>Taxes and insurance</u> \$ <u>44</u></p> <p><input checked="" type="checkbox"/> Utility Standard <input type="checkbox"/> Actual \$ <u>323</u></p> <p><input type="checkbox"/> Telephone Standard \$ _____</p> <p>12. TOTAL SHELTER COSTS \$ <u>1167</u></p> <p>13. Subtract 50% of Net Income (Line 11 ÷ 2) \$ <u>637.50</u></p> <p>14. EXCESS SHELTER COSTS = \$ <u>529.50</u></p>
<p>The AU is eligible for the excess shelter deduction with no maximum limit because there is at least one AU member who is FS disabled.</p>	<p>VIII. NET MONTHLY INCOME</p> <p>15. NET FOOD STAMP INCOME (Line 11) \$ <u>1275</u></p> <p>16. Maximum Shelter Deduction/ Excess Shelter Deduction \$ <u>529.50</u></p> <p>17. ADJUSTED NET FOOD STAMP INCOME \$ <u>745.50</u></p>

HELPFUL HINTS FOR COMPLETING FORM 74, MANUAL FS BUDGET FORM

SECTION II - RESOURCES

Enter total countable resources

Enter allowable resource limit:

- At least one AU member is 60 or older or FS disabled = \$3000
- All other AUs = \$2000
- All AU members receive TANF or SSI = CATEGORICALLY ELIGIBLE
(Check Yes or No)
- AU is TCOS eligible = CATEGORICALLY ELIGIBLE
(Check Yes or No)

Eligible based on resources? Check Yes or No

IF AU IS CATEGORICALLY ELIGIBLE OR TCOS ELIGIBLE, RESOURCES ARE THEN EXCLUDED. FORM 74 HAS NOT BEEN UPDATED TO REFLECT TCOS CATEGORICAL ELIGIBILITY

SECTION III - GROSS INCOME LIMITS

Categorically Eligible AUs (All AU members receive TANF,WSP or SSI)	No Gross Income Limit Categorically Eligible
TCOS Categorically Eligible AUs (AU receives or is authorized to receive TCOS)	No Gross Income Limit Categorically Eligible
AU with at least one AU member FS Disabled or 60 or older	Exempt from Gross Income Limit
All other AUs	Apply Gross Income Limit

Income less than or equal to limit = Eligible
Income greater than limit = Ineligible, deny or terminate FS

*Drop third and subsequent decimal spaces. Do not round.

SECTION IV - INCOME EARNED INCOME

Total the Gross Countable Earned Income for All AU members (including sanctioned, disqualified and ineligible individuals)

Subtract the 20% Earned Income Deduction from AU's total gross countable earned income

*Drop third and subsequent decimal spaces. Do not round.

SECTION V - OTHER MONTHLY INCOME

Total Unearned Income for AU (including sanctioned, disqualified, and ineligible individuals)

Plus Adjusted Earned Income from Section IV

*Drop third and subsequent decimal spaces. Do not round.

SECTION VI - DEDUCTIONS / DEDUCTION OTHER THAN SHELTER

STANDARD DEDUCTION = \$144 for AU size 1-3
 \$147 for AU size 4
 \$172 for AU size 5
 \$197 for AU size 6 or more

EXCESS MEDICAL EXPENSES

- For AU members FS Disabled or age 60/older Only
- Total countable non-reimbursable amount - \$35 = Amount to be budgeted

DEPENDENT CARE COSTS

- For AU members to accept or continue employment, attend training or school to prepare for employment, or to comply with FS E & T requirements
- Full incurred costs are allowable

CHILD SUPPORT PAID EXPENSES

- Legally obligated payments made by AU to individual(s) who is not a member of the AU.
- Based on actual payments made not to exceed the legal monthly obligated amount.

SECTION VII - SHELTER COST: Determine Excess Shelter Costs (See PG-10)

	H/C SUA	=	\$323
	LSUA	=	\$175
	TELEPHONE STANDARD	=	\$30
	Actual		

LINE 13

- If line 12 (Total Shelter Costs) is less than line 13 (50% of net income on line 11) then enter **\$0** on line 14 - **no excess shelter**
- If line 12 (Total Shelter Costs) is more than line 13 (50% of net income on line 11) then enter the difference on line 14.

*Drop third and subsequent decimal spaces. Do not round.

SECTION VIII - NET MONTHLY INCOME

LINE 16

- If line 12 (Total Shelter Costs) is less than line 13 (50% of net income on line 11) then enter **\$0** on line 14 **and** line 16.
- If line 12 (Total Shelter Costs) is more than line 13 (50% of net income on line 11) then enter the difference on line 14.

To determine \$\$ amount to enter on line 16 consider:

If AU has member FS Disabled or age 60/older, then enter total amount from line 14

If AU has NO member FS Disabled or age 60/older, enter total amount from line 14 **or \$446** whichever is less.

ROUNDING

Throughout budget = Drop fractions of cents

Adjusted Net FS Income = Round net monthly income to the next whole dollar

☺ up if 50 cents or more

☹ down if less than 50 cents

SECTION IX – NET INCOME LIMITS

- Enter Countable Adjusted Net Food Stamp Income from Line 17.
- Enter Net Income Limit based on AU size.

Categorically Eligible AU (All AU members receive TANF, WSP or SSI)	No Net Income Limit Categorically Eligible
TCOS Categorically Eligible AU (AU receives or is authorized to receive TCOS)	No Net Income Limit Categorically Eligible
All other AUs	Apply Net Income Limit

Countable Adjusted Net Income less than or equal to limit = Eligible, determine allotment
 Countable Adjusted Net Income greater than limit = Ineligible, deny or terminate

NOTE: A categorically eligible or TCOS categorically eligible AU of one or two individuals is eligible for at least the minimum allotment even if adjusted net monthly income is above the Net Income Limit.

A categorically eligible or TCOS categorically eligible AU of 3 or more individuals whose adjusted net monthly income is above the net income eligible to receive benefits is closed in SUCCESS.

SECTION XI – BENEFIT AMOUNTS

Compare the countable adjusted net income and AU size to the Basis of Issuance Table to determine the AU's benefit amount as follows:

- Locate the AU's countable adjusted net monthly income
- Look under the appropriate AU size column to determine the benefit amount.

INTERVIEW DESK AID

This desk aid provides suggestions for interviewing. The focus is on gathering complete and accurate information. The questions emphasize assistance unit composition, resources, income, and expenses.

Assistance Unit Composition

1. "Tell me about the people who live/stay with you; full-time or part-time."
2. "Who usually eats with you?"
3. "Does anybody pay you for meals, or for room and meals (room and board)? How much?"
4. "Does anyone live/stay with you who usually does not eat with you? How much do they pay you?"
5. "Is there anybody who usually lives with you but is now out of town or away from home (at school, at work, in a hospital, in the military, or in jail)? How much money do they send you?"
6. "Is this everyone who lives/stays with you?"

Resources

Savings/ Checking

1. "Where do you cash your checks?"
2. "How much money do you have in your bank account?"
(Ask same question for each household member.)
3. "How much do you have in credit union, cash on hand?"
4. "Does anyone owe you money? How much and how often are they paying on this loan?"
5. "Do you or any household member have any savings bonds?"
6. "Is your name on anyone else's bank or savings account?"

Real Estate

1. "Do you own or are you buying your home? What other property do you own? What other property are you buying?"
2. "How much money do you get for the use of your property?"
3. "Has anyone left you any property or do you share property with someone?"

Income

- Income from Work
1. "Where do you work? How much do you earn before anything is taken out?" (Ask same questions for each household member of working age.)
 2. "Does anyone in your household do day work or hire out?"
 3. "Does anyone do any work for anyone or do anything for money?"
 4. "Does anyone work only at certain times of the year?"
 5. "Is anyone expecting to go to work soon?"
 6. "Are you seeking work regularly? Where have you looked? When?"

- Self-Employed
1. "Is anyone in business for him/herself?"
 2. "Tell me about his/her work."

Other Income Ask these questions for each AU member:

1. "Do you get a welfare/TANF check? How much and for whom?"
2. "Do you get a government check or an old age check, or a disability check?"
3. For members with RSDI:
 - a. "Is the amount of your check the amount they told you that you would get?"
 - b. "Is this the amount you get after they take out for your insurance?"
 - c. "How much do they take out for your insurance?"
4. "Does anyone lend you money to pay your bills?"
5. "Do you receive any help from the children's father?"

Expenses

- Dependent Care
1. "Do you ever have to pay anyone to look after your children or (name of disabled adult)? When do you have to do this?"
 2. "Do you leave your child at a daycare center or with anyone at no charge?"
- Medical Expenses
1. If there is anyone in the AU who meets the definition of Elderly or Disabled, then ask questions specifically naming that individual: "Do you or does ____ have any unpaid medical expenses?"
 2. "Do you or does ____ have any hospital bills or doctor bills?"
 3. "Are you or ____ billed for any medical insurance premiums?"
 4. "Do you or does ____ have any prescription drugs?"
 5. "What about reimbursement? Do you or does ____ expect to receive any reimbursement for any medical expenses paid?"
- Child Support Paid out:
1. "Do you or does anyone in your family pay any child support to someone else?"
 2. "How much and how often is child support paid?"
 3. "Is there a court order?" If so, how much is mandated by the court order to be paid?"
- Shelter:
1. "Do you share the rent/mortgage with anybody?"
 2. "Does anybody else help with the rent/mortgage?"
 3. "What other expenses are included in your rent?"
 4. "Are you billed for the taxes and insurance on your home?"
- Utilities:
1. "How often do you get a bill?"
 2. "Does anybody else help you with or pay part of your utility bills?"
 3. "Do you get a utility allowance?"
- Other Expenses:
1. "Do you owe money to a bank/finance company?"
 2. "Are you making payments on furniture, appliances, etc.?"
 3. "Do you have monthly credit card payments?"
- Students:**
1. "Does anybody go to school besides the ones in grade school or high school?"
 2. "Does the student get any money to pay for school?"
 3. "Does the student have to work to pay for school?"
 4. "Does the student have a dependent child in the household?"
 5. "How much does the student pay for ____'s (dependent child's name) expenses?"

RESOLVING QUESTIONABLE INFORMATION



FICM: Ms. Jones, let's review the information we've discussed so far about your income and expenses. You state your income includes wages of approximately \$800 per month. You've said your mother pays your telephone bill, but you pay your other bills. Your rent is \$650/month, your electric bill is \$85, your gas bill is usually about \$45, your water/sewage bill is \$50 every other month, your Life Insurance policy premiums are \$5.60 per month, and your furniture rental is \$60 per month. Now, that totals up to \$870.60 per month. This doesn't allow for basic expenses like soap, toiletries, and paper goods. How are you paying all of your bills?

MJ: We're not, really. It's hard.

FICM: I can see that it is . . . tell me more about how you get by.

MJ: We just struggle through . . .

FICM: Let's take this month, for example: Did you pay your rent this month?

MJ: Yes, they'd kick me out if I didn't pay the rent.

FICM: What about your electric bill, did you pay \$85 for that this month?

MJ: No, I actually only paid \$45 because that's all I had . . .

FICM: And your gas bill, how much was that this month?

MJ: \$45, like I wrote down on the paper.

FICM: What about your water bill?

MJ: That didn't come this month, I paid it last month.

FICM: All right, let's leave that for now . . . how about your furniture rental, did you pay that for February?

MJ: Yes, I need the bedroom furniture for the kids' room.

FICM: If we add up the rent and utilities, which adds up to \$780, this leaves \$20 for the whole month for other things the Food Stamps can't buy. How could you pay the \$60 for the furniture rental?

MJ: My mother helps me out sometimes . . .

FICM: Let's focus on this month for now . . . how did you pay everything this month?

MJ: My mother helped me with the furniture payment; she knows the kids need the bedroom furniture.

FICM: Tell me about that . . .

MJ: She gave me \$60 to pay the bill, but I have to pay her back.

FICM: Do you have an agreement with her about how you'll pay the money back?

MJ: She said I could give her \$5 a month, she knows the kids need the stuff.

FICM: That's good that she can help you out.

MJ: Yea, she helps out in other ways, too. Sometimes we go to the store together and she pays for stuff we need, like school clothes or laundry detergent, things like that.

FICM: That's wonderful, I'm glad you have her to help you. I know it's tough to raise two children yourself.

MJ: Yes

FICM: I need to have you get your mother to write a statement about how she pays the phone bill. It would be great if she could show a canceled check where she paid your bill . . .

MJ: She pays in cash

FICM: Okay, her statement will work. I'll give you a paper to have her complete if that will be easier for you.

MJ: Okay

FICM: I also need for her to write a statement about the money she let you borrow for the furniture. She needs to be sure and tell how the money will be paid back.

MJ: Okay



GEORGIA DEPARTMENT OF HUMAN RESOURCES EXPENSE STATEMENT

Application
 Review
 Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	\$650	monthly	2/1	me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	\$85	monthly	2/1	me
b. Gas	\$45	monthly	2/1	me
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage	\$50	bi-monthly	2/1	me
e. Garbage				
f. Telephone	\$50		2/1	mother
SUBTOTAL	\$880			
Medical Expense	\$80			
Child Care Expenses				
Child Support Paid Out				
Health Insurance	\$5.60			
Auto Expense (payments, insurance, maintenance)				
Other	\$60.00			
TOTAL	\$945.60			

1. Does anyone pay any of these bills or any other household bills for you? Yes No

If yes, who pays the bills? Mother

What bills are paid? telephone bill

2. Do you share the costs of monthly bills with anyone? Yes No

If yes, who? _____

What costs? _____

3. Comments / Documentation Unable to meet monthly payments with reported income even with mother paying phone bill.

STATEMENT OF INCOME AND RESOURCES

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | | | |
|---------------------------|---------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------|
| Wages or Salaries | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Tips or Commission | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disability or sick pay | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Self-employment or Odd jobs | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Unemployment Benefits | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Severance Pay | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Social Security Income | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Interest or Dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Worker's Compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veteran's Benefits | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pension or Retirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Property Income | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child support or Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | Military Allotments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adoption Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Foster/Relative Care Pay | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contributions from others | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other income (specify) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If you answered yes to any of these questions, please describe below.

AU Member	Type/Source of Income	Amount of Income	How often received
Wanda Jones	Wages	\$800 monthly	

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | | | |
|---------------------------------------|---------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|
| Cash | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Certificates of Deposit | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checking Accounts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Funeral Plans/Prepaid Burial | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Savings Accounts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Burial Plots or Contracts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Credit Union Accounts | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stocks and Bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annuities | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Trust Funds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Government Bonds | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Home Place Property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Deposit Box | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Refund | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retirement Accounts (401K, IRA, etc.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Real Home/Home Place Property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.

I have read and completed everything on this form that applies to my household. All the information that I have provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

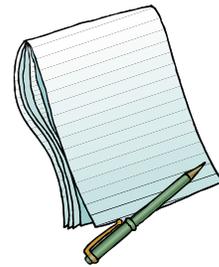
Wanda Jones
Signature

mm/dd/yy
Date

Maureen Lee
Authorized Representative
Case Manager

mm/dd/yy
Date

Participant Guide



Changes

OUTLINE FOR CHANGES

- I. INTRODUCTION (MR 3705 and 3715)
- II. WAYS TO REPORT A CHANGE (MR 3720-1)
- III. SIMPLIFIED REPORTING REQUIREMENTS (MR 3715-1, 3720-1 through 3)
- IV. PROCESSING CHANGES (MR 3715-8)
- V. EFFECTIVE MONTH OF CHANGES (MR 3715-2 through 4)
- VI. CHANGES REPORTED IN SUCCESS (MR 3715-7)
- VII. UNTIMELY REPORTING OF CHANGES (MR 3715-5 and 6)



OBJECTIVES

- ✓ Participants will be able to identify the Simplified Reporting Requirements.
- ✓ Participants will be able to identify what changes the A/Rs are required to report.
- ✓ Participants will be able to determine the verification requirements for the reported changes.
- ✓ Participants will be able to determine the time frames for taking action on reported changes.
- ✓ Participants will be able to process changes in income.
- ✓ Participants will be able to process changes in deductions.
- ✓ Participants will be able to identify if a change is reported timely or untimely.
- ✓ Participants will be able to identify what month a person is added to the FS AU.
- ✓ Participants will be able to identify what month a person is deleted from the FS AU.
- ✓ Participants will be able to identify when a supplemental is due.
- ✓ Participants will be able to correctly notify AUs of changes by providing adequate notice as appropriate.
- ✓ Participants will be able to correctly notify AUs of changes by providing timely notice as appropriate.

Simplified Reporting Requirements & Agency Action	
Who is affected?	All AUs
How may changes be reported?	Changes maybe reported in any of the following ways: <ul style="list-style-type: none"> ▲ In person ▲ By telephone ▲ By mail ▲ By computer match or update ▲ By fax ▲ Through the COMPASS system
What must be reported by AU?	The gross income exceeds 130% of the FPL for the AU size
When must the change be reported?	No later than the 10 th calendar day following the end of the month when the increase occurred.
What changes require agency action?	<p>The agency must complete the following changes within 10 days of receiving the report:</p> <ul style="list-style-type: none"> ▲ All changes reported by the AU to the FS worker for the purpose of updating the FS case. ▲ Changes processed in the TANF and Medicaid Programs that automatically update the FS case. ▲ Changes reported by the Social Services Program to the FS worker. ▲ Information received through Interfaces and data matches from Social Security (SDX, BENDEX) and related SUCCESS Alert. ▲ SUCCESS Alert that a child in AU has turned age 18 <p>The agency will act on the following received reports and notifications of possible changes at application and review:</p> <ul style="list-style-type: none"> ▲ Newborn Reports ▲ Prison Matches ▲ W4 Wage Matches, New Hires and related Alerts ▲ Child Care Updates ▲ DOL Report of UCB and related SUCCESS Alerts ▲ IEVS ▲ Medicaid Data Mining Interface
What forms are required?	Form 846 if required
What is the POE?	12 months – AUs in which all adults are elderly or FS

	disabled and there is no earned income. 6 months – All other AUs
--	---------------------------------------------------------------------

EXAMPLE #1: THE MORRIS FAMILY

The Morris family (Mark age 36 and Karen age 34) applies for FS for themselves and their two children on March 4. Mr. Morris works full time at the local grocery store. The AU's total gross countable income is \$1,300 per month. AU is approved in March.

Morris 130% FPL (4) =

Morris POE =

Mrs. Morris begins working part time on May 1st earning \$1000 per month. She earned \$1000 in May.

When must this change be reported?

How will this change affect the AU?



EXAMPLE #2: THE CAREY FAMILY

Alice Carey (27) applies for FS 12/15 with her sister Melodie (32). Ms. Alice Carey works 30 hours each week, and earns \$176 weekly. Melodie Carey is not pregnant and is looking for work. AU is approved 1/6.

Carey 130% FPL (2) =

Carey POE =

On 2/2, Alice Carey is given a raise in pay from \$176 weekly to \$200 weekly beginning 2/16.

Is Ms. Carey required to report this change?



EXAMPLE #3: THE SIMMONS' FAMILY

Ms. Simmons (60) (AU of 1) applies for FS 3/19. She receives a gross monthly retirement pension of \$1060. AU is approved 3/27.

Simmons 130% FPL (1) =

Simmons POE =

Ms. Simmons is notified on 6/1 that effective 7/1, her pension will increase to \$1,150 gross monthly.

Is Ms. Simmons required to report this change?

Will this change affect the 130% FPL for Reporting Requirements?

What must the FICM do?

EXAMPLE #4: THE JACKSON FAMILY

Ms. Jackson, who is pregnant, applies for FS for herself and her son on November 11. Ms. Jackson works full-time, earning \$900 per month. She also receives child support of \$100 per month. The AU is approved in November.

Jackson 130% FPL (2) =

Jackson POE =

Ms. Jackson delivers her baby in March, and her child support increases to \$200 per month on March 10. Ms. Jackson reports this on March 20 and provides a Certificate of Live Birth.

Is Ms. Jackson required to report this change?

What must the FICM do?

Will this change affect the 130% FPL for Reporting Requirements?



EXAMPLE #5: THE JONES FAMILY

Mr. and Mrs. Jones are receiving FS with a POE of June through November. Mr. Jones (61) works 40 hours per week earning \$6.55 an hour at the local supermarket. Mrs. Jones (60) does not work. Mr. Jones is notified on 8/24 that he will begin working 30 hours per week beginning 9/1.

Jones 130% FPL (2) =

Is Mr. Jones required to report this change?

What must the FICM do?

Will this change affect the 130% FPL for Reporting Requirements?



Steps In Processing A Change

1. Document the contact in SUCCESS; include:
 - a. Date change occurred
 - b. Date change was reported
 - c. How change was reported
 - d. If change was reported timely/untimely
 - e. Effect change has on continued eligibility
2. Request verification if required
3. Provide a new Form 846, Change Report Form, with a postage-paid envelope to AU if a completed form is used to report the change.
4. Enter the change information in SUCCESS
5. SUCCESS will notify the AU of the action taken, allowing adequate or timely notice as appropriate.



Verification Requirements for Changes

MR 3715

<i>If FS benefits increase due to a change in:</i>	<i>Verification Requirements</i>	<i>If Verification is not provided:</i>
Currently Budgeted Earned Income	TPS*	Close case, allow timely notice
Currently budgeted Unearned Income	TPS*	Close case, allow timely notice
Terminated Earned Income	TPS*, verify last day employed, last date of pay, reason for termination, and amount paid (if income will be budgeted for the ongoing month)	Close case, allow timely notice
Terminated Unearned Income	TPS*, verify date of final payment, reason for termination, and amount paid (if income will be budgeted for the ongoing month)	Close case, allow timely notice
Dependent Care Expense OR Shelter Expense	AU Statement	Leave at original/lower amount
Utility Deduction	AU statement when SUA/telephone standard is used EXCEPTION: Verify by TPS* if the AU is ineligible for the SUA because he/she has only one utility expense other than the telephone expense.	Leave at original/lower amount
Excess Medical Expense	TPS* if reported by the AU	Leave at original/lower amount
Child Support Expense	TPS*	Do not allow the deduction, allow Timely notice

* Third Party Source

Verification Requirements for Changes



MR 3715

<i>If FS benefits decrease due to a change in:</i>	<i>Verify by:</i>
New Earnings	AU statement
New Unearned Income	AU statement
Currently budgeted earned income	AU statement
Currently budgeted unearned income	AU statement
<ul style="list-style-type: none">• Excess medical expense• Dependent care expense• Shelter expense• Utility deduction• Child support deduction	AU statement

Request third party verification of these changes at the next review, if applicable.



Types of Notice

MR 3705



Adequate Notice

A written communication provided to the AU no later than the date the action is taken.

Applies To: FS applications, reviews, when a change causes benefits to increase, mass changes

Timely Notice

A written communication provided to the AU with at least a 14 day waiting period before the date the proposed action is effective. The proposed change is effective the month following the expiration of the 14 day timely notice period.

Applies To: A reported change which causes benefits to decrease or causes ineligibility (e.g. increase in income, AU member is deleted, or deductions decrease).

Examples: Processing Changes

Read each scenario carefully and answer the questions that follow.

EXAMPLE 1

Mr. Rogers (29) was receiving UCB. He calls on 9/4 to report he started a new job on 9/2. He will earn \$6.55 per hour and work 30 hours per week. A/R receives FS with no other AU members. The new wages will cause a decrease in benefits.

Is the A/R required to report this change?

Is third party verification required?

What is the case manager's deadline to take action?

What type of notice is appropriate for this AU?

If the case manager takes action on 9/10, when will timely notice expire?

EXAMPLE 2

Ms. Jamison had a baby on 2/4. She reports this on 2/6 and provides a live birth certificate. The baby has no income or resources. A/R's only income is a monthly contribution received from her parents. Addition of the baby will cause an increase in benefits.

Is the A/R required to report this change?

Is third party verification required?

What type of notice is appropriate for this AU?

Effective Month of Food Stamp

Changes*

(MR 3715-2 through 4)



Always ask yourself, “Will the change cause the Food Stamps to increase or decrease?”

If FS benefits increase or there is no change...

Provide Adequate Notice	
<p style="text-align: center;"><u>Expedited Changes</u> A decrease of \$50 or more gross monthly income OR The addition of new AU member (who is not a member of a certified AU)</p>	<p><i>These MUST be effective the month after report!</i></p> <p>If verification is provided in the month after report, issue a supplemental.</p>
<p>Change reported prior to the last 10 calendar days of the month</p>	<p>Change is effective the next month.</p>
<p>Change reported during the last 10 calendar days of the month</p>	<p>Change may be effective the next month but no later than the second subsequent month.</p>

If FS benefits decrease or terminate...

Provide Timely Notice	<p>Change is effective the month after the 14-day timely notice expires.</p>
------------------------------	-------------------------------------------------------------------------------------

* Changes that are reported timely by the A/R and acted on timely by the FICM.

Examples: Effective Month of Changes

Expedited Changes

EXAMPLE 1

Ms. Hyatt's 2-year-old daughter moved in with her on 11/10. She reports this on 11/12. She provides her daughter's DOB, SSN, and birth certificate and states she has no income or resources. The A/R will now be receiving benefits for herself and 3 minor children. This addition will cause an increase in benefits.

Is verification from a third party source required?

What is the case manager's deadline to take action?

If the case manager takes action on 11/22, what month will the change be effective?

EXAMPLE 2

Ms. Wright (51) lost her full time job on 3/30. She reports the change on 3/31. She was earning \$750 per month. AU has no other members. This change will cause an increase in benefits.

Is verification from a third party source required?

What is the case manager's deadline to take action?

If verification is received and the case manager takes action on 4/5, what month will the change be effective?

Are supplemental benefits appropriate in this situation?

EXAMPLE 3

Ms. Morgan (42) calls on 7/31 to report her 19-year-old daughter moved back home on 7/27. Her daughter has no resources and is not working. This change will cause her Food Stamps to increase.

What type of verification is needed?

If verification is received and the case manager acts on 8/6, what month will the change be effective?

Are supplemental benefits appropriate in this situation?

Examples: Effective Month of Changes

Increased FS Benefits

EXAMPLE 1

Ms. Johnson, age 70, reports on 11/10 that she was hospitalized from 11/8 until 11/10. She provides verification on 11/10 that she will pay \$100 each month on the hospital bill beginning in December. This new deduction will cause an increase in benefits.

What is the case manager's deadline to take action?

If verification is provided on 11/10 and the case manager takes action on 11/20, what month will the change be effective?

If verification is provided on 11/10 and the case manager takes action on 12/1, what month will the change be effective?

EXAMPLE 2

Ms. Cleveland (42) reports on 10/15 that the child support she receives for her children has decreased from \$275 per month to \$250 per month. The change occurred 10/14 and will cause an increase in benefits.

Is verification from a third party required?

What is the A/R's deadline to provide verification?

What is the case manager's deadline to take action?

If verification is received 10/24 and the case manager takes action 10/24, what month will the change be effective?

If verification is received 10/24 and the case manager takes action 11/2, what month must the change be effective?

EXAMPLE 3

Mr. Kessler calls on 7/25 to report that he moved on 7/15 and that his rent increased by \$15. This change will cause an increase in his benefits.

Is verification from a third party source required to make this change?

What is the case manager's deadline to take action?

If the case manager takes action on 7/29 what month will the change be effective?

If case manager takes action on 8/4 what month will the change be effective?

What type of notice is appropriate?

Examples: Effective Month of Changes

Decreased FS Benefits

EXAMPLE 1

Ms. Hampton (44) reports on 3/12 that her 20-year-old son moved in with her on 3/2. He is receiving Unemployment Compensation. A/R reports no change in her 25 hrs. per week, \$7.25/hr. job. This change will cause her FS to decrease.

Is verification from a third party source required?

What is the case manager's deadline to take action?

If the case manager acts on 3/20, when will timely notice expire?

What month will the change be effective?

EXAMPLE 2

AU consists of Mr. Paulson (65) and his 60-year-old wife. Their POE is January through December. Mr. Paulson started a new job on 4/28 and received his first check on 5/5. He reports on 5/5 that he earns \$150 per week. This change will cause a decrease in benefits.

Was Mr. Paulson required to report this change?

Is verification from a third party source required?

What is the case manager's deadline to take action?

Will we need to allow timely notice?

If the case manager acts on 5/15, when will timely notice expire?

What month will the change be effective?



Examples: Untimely Report of Changes

Example 1: Mr. Todd Willis (60) began working on 7/24 earning \$285 per week. He received his first paycheck on 8/3. A/R reports this change on 9/21 and the FICM takes action the same day. No overissuance exists if the change is made for November even though Mr. Willis reported untimely.

What should have happened:

9/10: 10th calendar days to report the change = 9/10
9/10 + 10 days for FICM to act = 9/20
9/20 + 14 days timely notice = 10/4
Change is effective November

What will happen:

9/21 + 10 days for FICM to act = 10/1
10/1 + 14 days timely notice = 10/15
Change is effective November

Example 2: Ms. Jean Gilmore (43), a SRR AU of one, began working on 8/24 earning \$300 per week. She received her first paycheck on 9/2. A/R reports this change on 12/2. An overissuance will exist for December.

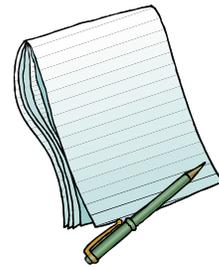
What should have happened:

10/10: 10th calendar day to report the change = 10/10
10/10+ 10 days for FICM to act = 10/20
10/20 + 14 days timely notice = 11/04
Change is effective December

What will happen:

12/2 + 10 days for FICM to act = 12/12
12/12 + 14 days timely notice = 12/26
Change is effective January; the case is terminated.

Participant Guide



Reviews

OUTLINE FOR REVIEWS

- I. OVERVIEW (MR 3710-1)
- II. TYPES OF REVIEWS (MR 3710-1)
- III. INTERVIEWING REQUIREMENTS (MR 3710 - 2-4)
- IV. FORMS AT REVIEW (MR 3710 - 5-6)
- V. CATEGORICAL and TCOS CATEGORICAL ELIGIBILITY (MR 3210 AND 3211)
- VI. NON-FINANCIAL CRITERIA (MR 3710-3, 3355, 3325-5, 3720-2)
- VII. FINANCIAL CRITERIA (MR 3710-3)
- VIII. VERIFICATION FOR STANDARD REVIEWS (MR 3035- 5-8)
- IX. PROCESSING REVIEWS (MR 3710 - 7-9, 3105 - 21)
- X. SUMMARY NOTIFICATION



OBJECTIVES FOR REVIEWS

- ✓ Participants will discuss the purpose of completing Food Stamp reviews.
- ✓ Participants will examine the interviewing requirements for reviews.
- ✓ Participants will identify forms used in the Food Stamp review process.
- ✓ Participants will be able to determine categorical and TCOS categorical eligibility at review.
- ✓ Participants will be able to reassess non-financial criteria at review.
- ✓ Participants will be able to determine financial eligibility based on information gathered during the review interview.
- ✓ Participants will be able to identify types of verification necessary to complete reviews.
- ✓ Participants will be able to identify appropriate standards of promptness for reviews.
- ✓ Participants will be able to assign a new POE according to the AU's circumstances.

Overview of the Review Process

SUCCESS identifies cases due for review and schedules appointment



AU appears for review. FICM addresses all points of eligibility



AU returns necessary verification



Worker processes information in SUCCESS

SUCCESS mails adequate notice. Benefits continue



Types of Reviews

MR 3710-1

Timely Review

A request for continued eligibility received from the AU between the 1st and the 15th day of the last month of the period of eligibility. An AU which completes a timely review will continue to receive FS benefits in its regular issuance cycle without interruption.



NOTE: A review interview done in the month next to the last month of the POE is processed as a timely review. Do not process the review until the last month of the POE.

Untimely Review

A request for continued eligibility received from the AU between the 16th and the last day of the month after the period of

eligibility. The AU loses its right to uninterrupted FS benefits.



Interviewing Requirements

A _____ interview is required with the AU at least once every 12 months.

Unless

The household requests a _____ due to difficulty in attending a scheduled interview or experiencing a hardship.

Or

The county opted for _____ for ALL _____ AUs with no _____.

Opportunities to Apply

The AU must have at least two opportunities to file a timely review.

First opportunity: _____

Second opportunity: _____

Notice of Continuing Your Food Stamps SUCCESS-generated Form

Client Name

Client ID

COUNTY DFCS

GA 30

Date: 02 13 2004

County:
Load:
Phone: (706)

Client Number:

If you disagree with or do not understand this decision, call your caseworker. If you decide to file for a fair hearing, the back of the last page of this notice tells how to file an appeal. If you need help with the appeal, or other legal problems, you can call your local Legal Aide Office at (800) 745-5717.

0016 REVIEW APPOINTMENT

It is time for us to review your eligibility for assistance. In order to do this, you must come to our office for an interview.

We have set aside a date and time for you to come in to our office. If you cannot come in at that time, please call your worker to arrange another time. If you do not come in or call, we will begin the process to terminate your assistance. Your worker's telephone number is listed above.

Your Food Stamps will end on the last day of 03/04 if it is not reviewed. Please come to our office on the date and time shown below. When you come in, please remember to bring this notice with you.

DATE: 03/02/04
TIME: 01:30
LOCATION: DFCS LOCAL OFFICE

Please bring in the things we need for the review.

If you receive any income, we need proof of how much, such as check stubs or a letter or notice from the people who give you money.

If you have resources we need proof of their value, such as bank books, bank statements, bonds, car registration and life insurance policies.

We will need proof of where you live and how much you pay for shelter, such as rent receipts, a copy of your lease, your utility bills or a letter from your landlord.

Other things we may need are proof of child care costs or birth certificates.



Food Stamp Forms at Review

Form Number	Form Name	Purpose
830, if required		
846		
297-A (not required if Form 286 is used)		
286	FS Review Form	
DS 2007, if appropriate	Voter Declaration Statement	
5460, if appropriate	HIPAA Notice of Privacy Practices	
339 (not required if Form 286 is used)		
173		
354 (not required if Form 286 is used)		
No number assigned	EITC Brochure	
863, if required		

Examples of Verification At Review

Ms. Alma Jackson comes in for her FS review on 3/12. She states she continues to work 35-40 hours per week, and earns \$7.00 per hour.

What verification should the worker request?



Ms. Cathy Fitzpatrick attends her review on 10/7. She reported in July that she began a new job that month, and that her UCB was terminated when she began working. Because FS benefits decreased, no verification was requested at the time the change was reported.

What information should the worker verify?

Mr. Louis Lane (54) attends his review appointment on 9/3. Mr. Lane receives weekly wages of \$145.00. He reports that his daughter Ellen (age 34) moved in with him on 8/25. Mr. Lane provides Ellen's birth certificate and Social Security Number. Ellen works full time at the nursing home earning \$200 weekly and has a credit union account with a balance of \$1600.

What information must be verified?

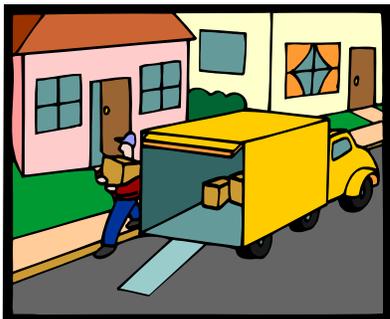
What action should the worker take if verification is not provided?



Ms. Artie Sanders attends her FS review on 9/10. She reported in August that her children (ages 6 and 8) no longer required full day child care because school was beginning. She was paying a total of \$200 per month child care; she now pays \$100 per month for after school care for her children. No verification was requested at the time of report because FS benefits decreased.

What type of verification is appropriate?





Mr. Bill Flannigan comes in for his FS review on 6/4. He reported on 3/13 that he moved, but the new rent amount was never verified because FS benefits decreased.

What verification should the worker request?

If Mr. Flannigan does not provide this verification, what action should the worker take?

Ms. Lucille Medlin (age 64) reports at her FS review on 12/4 that her prescriptions have increased \$45 per month. She reports no other changes.

What action should the worker take?



Budgeting Reviews

EXAMPLE # 1:

Mr. Fred Butler (48) comes in for review on 7/6. At the review he provides the following verification of wages:

6/12	\$210.00
6/19	\$190.00
6/26	\$150.00
7/3	\$175.00

Mr. Butler reports and verifies during his interview that his rent increased effective 7/1 from \$300 to \$450. He also reports that his sister moved in on 6/9. She is paid weekly on Fridays and received her first check on 6/19. He provides the following verification:

7/3	\$100.00
6/26	\$142.00
6/19	\$189.00

Mr. Butler now has 4 people in his AU (including his sister). No one is elderly or FS disabled.

- A. How much income would be budgeted for August?
- B. Does Mr. Butler meet TCOS eligibility?
- C. How much rent will be budgeted for August if the Butler AU is FS eligible?
- D. What type of notice is appropriate for this case action?

EXAMPLE # 2:

Ms. Able comes in for her review on 4/10. She provides the following wage verification:

3/20	\$175.00
4/3	\$275.00

At the interview Ms. Able reports and verifies her rent is increasing effective May from \$225 to \$275. She also reports and verifies that she was terminated 4/9 and will receive her last check 4/17.

- A. How much income will be budgeted for May?

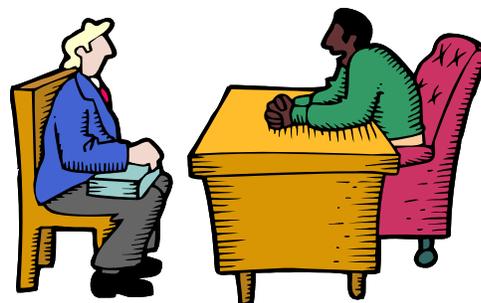
- B. How much rent will be budgeted for May?

EXAMPLE # 3:

Mr. Sandow (67) comes in for review on 8/26. He reports he is still receiving RSDI of \$460. He reports and verifies that his private pension increased effective this month from \$60 to \$80, and he receives the pension every other Friday. He also verifies his rent is increasing effective August from \$200 to \$250.

- A. How much income will be budgeted for September?

- B. How much rent will be budgeted for September?



EXAMPLE # 4:

Mr. Cotale (49) and his wife, Jen (45), and her 3 children, John (17), Jackie (15), and Ann (13) are receiving FS. Mr. Cotale comes in 8/15 for review. Mr. Cotale reports that he continues to receive Worker's Compensation of \$150 weekly on Saturdays. He reports Jackie and Ann still receive monthly RSDI of \$139 each. However, John received his last RSDI check 7/1. Mr. Cotale also reports and verifies his rent increased effective August from \$300 to \$350.

A. How much income will be budgeted for September?

B. How much rent will be budgeted for September?



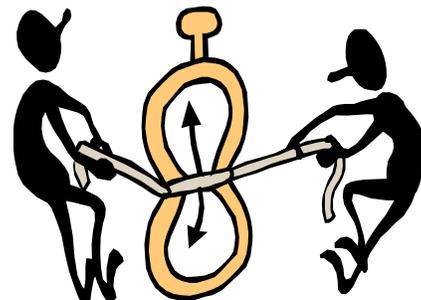


SOPs FOR REVIEWS(MR 3710)

TIMELY REVIEWS (1 st - 15 th)	
SOP to APPROVE	Last work day of the last month of the POE
RECEIVE BENEFITS	In regular issuance cycle
SOP to DENY	The day after the verification due date but no later than the last day of the last month of the POE ♦
UNTIMELY REVIEWS (16 th - End of the Month after POE)	
SOP to APPROVE	By the 28 th day from review application date; SUCCESS issues benefits timely – begin count the day after review application date
RECEIVE BENEFITS	By 30 th Day from review application date - begin count the day after the review application date. This could result in a break from AU's regular issuance Cycle
SOP to DENY	The day after the verification due date but no later than the 30 th day following the review application date. ♦♦

♦ If the last day of the POE falls on a weekend or a holiday, FICM must wait until the next workday to deny for failure to verify.

♦♦ If the 30th day falls on a weekend or holiday, FICM must wait until the next workday to deny the application.



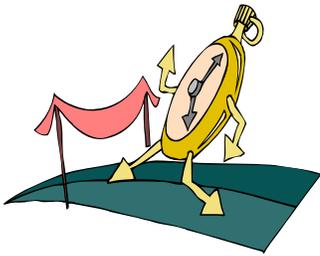
Processing Food Stamp Reviews

Chart 3710.1

MR 3710 – 8 and 9

IF	THEN
<p>AU files a review application on or before the 15th of the last month of the current POE (timely review)</p>	<p>Approve the review application by the last workday of the last month of the POE</p> <p style="text-align: center;">OR</p> <p>Deny the review application after the verification due date but no later than the last day of the last month of the POE. If verification is provided before the last day of the POE, re-open the review application beginning with the first month of the new POE.</p> <p>NOTE: These cases are not to be considered OSOP.</p>
<p>AU files a review application between the 16th and last day of the month of the current POE (untimely review).</p>	<p>Approve the review application by the 30th day following the review application date</p> <p style="text-align: center;">OR</p> <p>Deny the review application after the verification due date but no later than the 30th day following the review application date.</p> <p>If verification is provided prior to or no later than the 30th day following the review application date, reopen the review application beginning with the first month of the new POE.</p>

IF	THEN
<p>AU fails to provide verification of an allowable deduction</p> <p style="text-align: center;">AND</p> <p>The case is approved without the deduction</p> <p style="text-align: center;">AND</p> <p>The verification is provided at a later date</p>	<p>Process the case as follows:</p> <ul style="list-style-type: none"> ▶ If the verification is received prior to the applicable SOP, then issue a restoration for the first month of the new POE. ▶ If the verification is received anytime after the applicable SOP, then update the case as a reported change.
<p>AU files a timely or untimely application, fails to complete the review process (ex: return verification) by the applicable standard of promptness (SOP) but completes the required action within the 30 days following the last month of the current POE.</p>	<p>Reopen the review application using the date the review requirements are complete. Prorate benefits from the date review requirements are met.</p> <p>Process the case within 10 calendar days after receiving the verification.</p>
<p>The AU fails to submit a review application by the last day of the POE</p>	<p>No further action is needed.</p> <p>The POE expires and the case closes.</p> <p>NOTE: There is no good cause for failure to file a request for review.</p>
<p>AU fails to file a review application in the last month of the current POE but files an application within the 30 days following the last month of the current POE.</p>	<p>Complete the application as a review. Allow an SOP of 30 days and require verification as for a review. Prorate benefits from the date of application.</p>



SOP EXAMPLES FOR REVIEWS

DATE OF APPLICATION FOR REVIEW	TIMELY OR UNTIMELY	DATE TO APPROVE CASE IN SUCCESS	DATE BENEFITS AVAILABLE	SOP DATE TO DENY ■
6/2				
1/9				
3/16				
6/17				
8/21				

■ Indicate the SOP to deny if required verification is not received in 10 calendar days and also the latest date to deny the case within the appropriate SOP.

FOOD STAMP PERIODS OF ELIGIBILITY FOR REVIEWS (MR 3105-21)



SIMPLIFIED REPORTING AUs (SRR)	PERIOD OF ELIGIBILITY
<p>All Adult AU members are Elderly or FS Disabled</p> <p>AND</p> <p>There is no earned income</p>	<p style="text-align: center;">Twelve Months</p> <p>Example 1: Applies timely 3/10 - approved 3/20 POE = 4/1 - 3/31</p> <p>Example 2: Applies untimely 6/25 - approved 7/2 POE = 7/1 - 6/30</p> <p>Note: This is the only POE that can be assigned to these AUs and the POE cannot be shortened.</p>
<p>All other AUs</p>	<p style="text-align: center;">Six Months</p> <p>Example 1: Applies timely 3/10 - Approved 3/29 POE = 4/1 - 9/30</p> <p>Example 2: Applies untimely 1/31 - Approved 2/9 POE = 2/1 - 7/31</p> <p>Note: This is the only POE that can be assigned to these AUs and the POE cannot be shortened.</p>

REVIEWS DESK GUIDE

AU COMPOSITION:

- ★ Who *lives in your home* and *how* are they *related* to you?
- ★ Are *student status* requirements met?
- ★ Has anyone moved in or out of your home recently?
- ★ Do you buy food and prepare meals together?

RESOURCES :

- ★ How much do you have *in cash on hand*? (Ask the same question for each household member.)
- ★ Where do you cash your checks?
- ★ How much money do you have in your *bank account*? (Ask the same question for each household member.)
- ★ How much money do you have in your *credit union account*?
- ★ Do you or any household member have any *savings bonds, stocks, Certificates of Deposit, IRAs*?
- ★ Is your name on anyone else's *bank or savings accounts*?
- ★ Do you have any *retirement or pension plans*?
- ★ Do you own are you buying your home? What other property do you own? What other property are you buying?
- ★ How much money do you get for the use of your property?
- ★ Has someone left you property? Do you share property with someone?

INCOME/DEDUCTIONS:

- ★ Do you or does anyone in your home have any: *wages, self-employment, commissions/tips, WIA, Job Corps, training allowances, rental income, or income from roomer/boarder*?
- ★ Do you or does anyone in your home receive: *Social Security, SSI, child support, contributions, VA, Railroad Retirement, Worker's Compensation, Unemployment, sick pay, interest, or dividends, educational loans or income, striker benefits*?

- ★ Do you pay *child care*?
- ★ Do you or does anyone in your home pay child support to someone?

REVIEWS DESK GUIDE (continued)

MEDICAL EXPENSES:

- ★ Does anyone in your household who is *age 60 or older* or *receiving Social Security, VA disability* or *SSI* have any *medical bills*?

SHELTER:

- ★ Do you have any of the following expenses: *rent, mortgage payment, taxes, property taxes* or *insurance, gas, electricity, water, sewage, garbage, telephone, or other costs*?
- ★ Does anyone help you pay these expenses?
- ★ What is your primary source of heating/cooling?
- ★ Explain Standard Utility Allowances.

WORK REGISTRATION / EXEMPTION:

- ★ Review the work exemptions for each AU member.
- ★ Review ABAWD status of each mandatory registrant.

QUESTIONABLE INFORMATION:

- ★ Does the AU intend to pay the shelter, utility, medical, child care, child support and other expenses listed on Form 354 Expense Statement?
- ★ If available income is not enough to pay monthly expenses, are there available liquid resources which could be used for this purpose?

RESOLVING QUESTIONABLE INFORMATION



FICM: Ms. Smith, let me review what we've discussed about your resources, income and expenses. You state you have no resources. You state your only income is your TANF check of \$235/month. You've said that no one else pays any of your bills. In terms of expenses, you pay \$200/month rent, and about \$50/month in utilities. You receive Food Stamps of \$130/month which helps with groceries. That's a total of \$250/month expenses, yet your income is only \$235. How are you paying all of your bills?

MS: I don't always pay my whole electric bill.

FICM: How much do you usually pay on that?

MS: Usually about \$20/month, I have a receipt with me.

FICM: All right, may I see your receipt?

MS: Yes, (gives receipt to FICM to review).

FICM: Thanks, this explains the discrepancy.

NOTE: The worker chose to explore the discrepancy by asking additional questions pertaining to the AU's household circumstances. The worker documented the explanation given by the AU which resolved the discrepancy. This will entail a case-by-case judgment call on the worker's part.

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT**

Application
 Review
 Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	\$200	monthly	2/1	Me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	\$50	monthly	2/1	Me
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone				
SUBTOTAL	\$250			
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL	\$250			

1. Does anyone pay any of these bills or any other household bills for you? Yes No
 If yes, who pays the bills? _____
 What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No
 If yes, who? _____
 What costs? _____

3. Comments / Documentation Ms. Smith verified with receipt on 2/9 that she paid only \$20 on the electric bill on 2/1.

STATEMENT OF INCOME AND RESOURCES

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Wages or Salaries <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tips or Commission <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Disability or sick pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Self-employment or Odd jobs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Severance Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Social Security Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Interest or Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Worker's Compensation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veteran's Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Pension or Retirement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Rental Property Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Child support or Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Military Allotments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Adoption Assistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Foster/Relative Care Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Contributions from others <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other income (specify) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of these questions, please describe below.

AU Member	Type/ Source of Income	Amount of Income	How often received
Betty Smith	Unearned - TANF	\$235.00	Monthly

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Cash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Certificates of Deposit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checking Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Funeral Plans/Prepaid Burial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Savings Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Burial Plots or Contracts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Credit Union Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stocks and Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Annuities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Trust Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Government Bonds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Non-Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Safety Deposit Box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Tax Refund <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Retirement Accounts (401K, IRA, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Real Home/Home Place Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.

I have read and completed everything on this form that applies to my household. All the information that I have provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

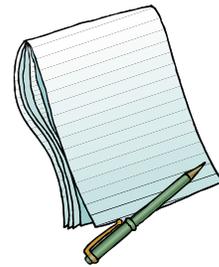
Betty Smith
Signature

2/9/4R
Date

Authorized Representative
Anna Worker
Case Manager

Date
2/9/4R
Date

Participant Guide



Forms

FOOD STAMP FORMS

FORM #	Name of Form	Rev. Date	Page
OSAH Form 1	Hearing Request	03/2008	F-1
VRA-07	Application for Voter Registration		F-2
47♦	The Food Stamp Program in Georgia	03/2007	F-3
74	Food Stamp Program Budget Sheet	05/1998	F-12
DS-2007	Agency-Based Registration Application Declaration Statement		F-13
104	Statement of Child Care Expense	04/2005	F-14
118	Request for Hearing	04/2004	F-15
139	Contribution Statement	05/2005	F-16
173	Verification Checklist	12/2007	F-18
173-A♦	Appointment Letter and Instructions	12/2007	F-20
173A-T♦	Appointment Letter for Telephone Interviews	01/2008	F-22
189♦	Referral for Social Security Number Application	03/2005	F-23
240	Transitional Food Stamps Fact Sheet	11/2006	F-24
249	Disposition Notification for all Programs	02/1998	F-25
256	Interview Guide for Financial Assistance, Food Stamps, and Medicaid (See Documentation Section)	01/1998	F-27
286	Food Stamp Review Form	01/2009	F-52
296♦	Expedited Food Stamp Screening Guide		F-58
297♦	Application for Financial, Food Stamp, or Medical Assistance	10/2006	F-60
297-A♦	TANF, FS or Medical Assistance Rights and Responsibilities	01/2009	F-65
333	Food Stamp Program Sanction/Penalty Notice	04/2004	F-73
339♦	Simplified Reporting Requirement Notice	09/2008	F-75
353	Family Independence Worker's Monthly Report	07/1997	F-76

FORM #	Name of Form	Rev. Date	Page
354	Expense/Resource and Income Statement	01/2008	F-77
492	Employment Services Communication Form	01/2003	F-79
524	TANF Community Outreach Services Brochure	07/2008	F-80
713	Inter-Agency/Inter-Office Referral and Follow-up	12/1997	F-82
713-G	Interagency/Interoffice Referral and Follow-up – Grandparents Raising Grandchildren	03/2007	F-83
804	Food Stamp Program Appointment Notice	04/2004	F-85
806	Medical Statement	01/2007	F-86
809	Verification of Earned Income	03/2008	F-88
820 ♦	Third Party Verification of Citizenship	08/2006	F-91
821 ♦	Statement of Shelter Cost	04/2007	F-93
830 ENG/SP	Employment and Training (E&T) Program Fact Sheet	05/2008	F-95
G-845	Document Verification Request	06/2000	F-96
846 ♦	Change Report	01/2009	F-98
862	Continuing Your Food Stamps	06/2007	F-100
862T	Continuing Your Food Stamps Telephone Interview Appointment Notice	06/2007	F-102
863	Notice of Missed Review Appointment	03/2008	F-104
875	Verification of Educational Assistance Income	05/2007	F-105
880 ENG/SP	Verification Your Case Manager May Ask for When You Apply for Food Stamps	05/2007	F-107
957	Resource Clearance	04/2004	F-108
5459	Authorization for Release of Information	04/2003	F-110
5460 ♦	HIPAA Notice of Privacy Practices	06/2005	F-111
5667	Request for Investigation	06/2005	F-113

♦ Although the Spanish versions of these forms are not included in the Training Manual, you can access them from the on-line policy manual (www.odis.dhr.state.ga.us).

**OSAH FORM 1—FOOD STAMP PROGRAM
(REPLACES DFCS FORM 166)**

Mail Hearing Packet to : DHR Legal Services, 2 Peachtree Street, NW, Room 29-210, Atlanta, GA 30303-3142
This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DFCS	CASE CODE FSP	DOCKET NUMBER	COUNTY	JUDGE
-----------------------------------------	------------------------	--------------------------	----------------------	---------------	--------------

USE ONLY FOR THE FOOD STAMP PROGRAM (FSP)

Check One: Denial of Application Case Closure Reduction in Benefits Disputed Benefit Amount
 Agency Inaction Failure to act within reasonable time for benefit change Denial of Expedited Services
 Denial of opportunity to apply for benefits Other: _____

CLAIMANT'S COUNTY OF RESIDENCE: _____ DATE NOTICE OF ADVERSE ACTION ISSUED: _____

DATE OF REQUEST FOR HEARING: _____

REGULATION(S) APPLIED: ESS Manual Volume 3, Chapter(s): _____ Section(s): _____

DATE DFCS RECEIVED CLAIMANT'S REQUEST FOR HEARING: Oral on: _____ Written on: _____

DFCS CASE NUMBER: _____ BENEFIT CONTINUED PENDING APPEAL: YES NO

CLAIMANT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	DOES THE CLAIMANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, SPECIFY LANGUAGE:	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? <input type="checkbox"/> YES (IF YES, PLEASE CHECK) <input type="checkbox"/> TANF <input type="checkbox"/> CAPS <input type="checkbox"/> MEDICAID <input type="checkbox"/> NO
ATTORNEY NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR #:	EMAIL:
PERSONAL REPRESENTATIVE NAME. PARALEGALS MAY BE A REPRESENTATIVE.	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO CLAIMANT:	EMAIL:

LOCAL DFCS OFFICE

NAME OF OFFICE:	OFFICE TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	CASEWORKER'S NAME: EMAIL:	CASE WORKER'S DIRECT TELEPHONE NUMBER:
INDICATE DOCUMENTS ATTACHED: <input type="checkbox"/> Copies of ESSM Procedures Utilized <input type="checkbox"/> Notice of Action Issued, either a copy of summary determination of the contents of the notice <input type="checkbox"/> Budgets utilized, if applicable <input type="checkbox"/> Claimant's written Hearing Request <input type="checkbox"/> Other – please specify document: _____	SUPERVISOR'S NAME: EMAIL:	SUPERVISOR'S DIRECT TELEPHONE NUMBER:

STATE OF GEORGIA APPLICATION FOR VOTER REGISTRATION

Fill out the bottom half of this application by following these directions. Print clearly and use blue or black ink.

1. **LEGAL NAME.** Your full legal name including any suffix such as Sr., Jr., III, is required on this form.
2. **ADDRESS.** Provide residential address. This information is required.
3. **MAILING ADDRESS.** If mailing address is different from residential address, complete the mailing address section.
4. **PERSONAL INFORMATION.** A telephone number is helpful to registration officials if they have a question about your application. Gender and race are requested and are needed to comply with the Voting Rights Act of 1965, but are not mandated by law.
5. **VOTER IDENTIFICATION NUMBER.** Federal law requires you to provide your full GA Drivers License number or GA State issued ID number. If you do not have a GA Drivers License or GA ID you must provide the last 4 digits of your Social Security number. Providing your full Social Security number is optional. Your Social Security number will be kept confidential and may be used for comparison with other state agency databases for voter registration identification purposes. If you do not possess a GA Drivers License or Social Security number please check the appropriate box and a unique identifier will be provided for you.
6. **OATH.** Federal law requires that you answer the citizenship and age questions. Read the oath and sign your name. If you cannot complete this application unassisted because of physical disability or illiteracy, you must either sign or make your mark on the signature line, and the person assisting you MUST sign the signature space for person assisting voter.
7. **POLL OFFICER QUESTION.** Your willingness to be a poll worker will have no bearing on your application for registration.
8. **NAME/ADDRESS CHANGE.** Complete these sections to change the name or address of your current voter registration.
9. **MAP/DIAGRAM:** If you live in an area without house numbers and street names, please include a drawing of your location to assist us in locating your appropriate voting precinct.
10. **DELIVERY INSTRUCTIONS:** Verify that you have completed and signed the application. Enclose a copy of your ID if you are submitting this form by mail and registering for the first time in Georgia. Fold the application in half, remove the tape at the top, and press the edges together. The application is ready for you to mail (postage is prepaid) or deliver to your county voter registration office.
11. **You are NOT officially registered to vote until this application is approved.** You should receive a voter precinct card in the mail. If you do not receive this acknowledgement within two to four weeks after mailing this form, please contact your county voter registration office. You can find your poll location and other election information on the Secretary of State's website at www.sos.state.ga.us/elections.



REQUIREMENT: If you are submitting this form by mail and you are registering for the first time in Georgia, enclose a copy of one of the following with your application: A copy of a current and valid photo ID, a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address. Those who are entitled to vote by absentee ballot under the Uniform and Overseas Citizens Absentee Voting Act are exempt from this requirement.

Place copy of ID in pocket

Trim copy of ID to size

						CHANGE OF ADDRESS <input type="checkbox"/>	
						CHANGE OF NAME <input type="checkbox"/>	
						OTHER <input type="checkbox"/>	
1	LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME	SUFFIX <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			
2	RESIDENCE ADDRESS: House No. and street name	APT. NO.	CITY	COUNTY	STATE GA.	ZIP CODE	
3	MAILING ADDRESS (if different from residence address): Post-office box or route			CITY	STATE	ZIP CODE	
4	TELEPHONE NUMBER ()	DATE OF BIRTH: MM/DD/YYYY	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	RACE/ETHNICITY: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other			
5	VALID GA. DRIVER'S LICENSE OR GA. I.D. NO. [] [] [] [] [] [] [] [] [] []	If no GA Driver's License or GA. I.D. No., must provide last 4 digits of your Social Security Number		FULL SOCIAL SECURITY NUMBER (OPTIONAL) Last 4 Digits (Required) [] [] [] [] [] [] [] [] [] []		Check if you do not have a GA Driver's License, GA. I.D. No. or Social Security No. <input type="checkbox"/>	
6	I SWEAR OR AFFIRM: (Your answer is required under federal law) Are you a citizen of the United States of America? Check One: Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be 18 years of age on or before election day? Check One: Yes <input type="checkbox"/> No <input type="checkbox"/> If you checked "No" in response to either of these questions, do not complete this form. I SWEAR OR AFFIRM THAT: I reside at the address listed above. I am eligible to vote in Georgia. I am not serving a sentence for having been convicted of a felony involving moral turpitude. I have not been judicially declared to be mentally incompetent.			WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own name, or who knowingly gives false information in registering shall be guilty of a felony. O.C.G.A. § 21-2-561			
		Date _____ X Signature		Signature of person helping illiterate or disabled voter _____			
7	May we contact you about working as an Election Day poll officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If you would like to receive additional information by email, please provide your e-mail address:		CHANGE OF NAME: If you are changing your name, list the name under which you were previously registered: Last Name Suffix First Middle or Maiden Name		CHANGE OF ADDRESS: If you are changing your address or if you were previously registered to vote, list your previous address: CITY COUNTY STATE		Military Active Duty? Yes <input type="checkbox"/> No <input type="checkbox"/>



Division of Family and Children Services

FOOD STAMP PROGRAM

IN

GEORGIA

THE FOOD STAMP PROGRAM IN GEORGIA

WHAT IS THE FOOD STAMP PROGRAM?

The Food Stamp Program provides monthly benefits to low-income households to help pay for the cost of food. Also, the program provides education and information to low-income households receiving food stamps to promote healthy eating; healthy lifestyles, employment and training opportunities for single childless adults; and outreach activities to promote the advantages of the Food Stamp Program to communities and low-income individuals.

WHAT IS A HOUSEHOLD?

A household may be one person living alone, a family, or several, unrelated individuals living together who routinely purchase and prepare meals together. Certain family members or individuals who live together and do not routinely purchase and prepare meals together do not have to be included in the household. For those individuals, social security numbers and immigration status do not have to be provided to the caseworker. The decision of whether or not an individual must be included in the household is based on federal regulations.

WHAT KIND OF APPLICANT SERVICES IS PROVIDED TO THE HOUSEHOLD?

If you need a language interpreter, help completing forms, require accommodations for a disability or assistance in obtaining information in order to complete your application, ask your caseworker. These services are free and will be provided to people who need them.

WHO CAN APPLY FOR FOOD STAMP BENEFITS?

Anyone may apply for food stamp benefits. The program helps households that have limited income and resources. This includes households which are experiencing temporary crisis as well as households whose income is at or below poverty level.

WHERE DO YOU APPLY?

Each county has a Department of Family and Children Services (DFCS) office. This department takes applications for food stamp benefits. Look under the county government section of your telephone book or go to the website of the Department of Human Resources at www.dfcs.dhr.georgia.gov/locations to find the address and telephone number of your local department.

WHEN CAN YOU APPLY?

All Department of Family and Children Services offices are open Monday through Friday, except for holidays, and office hours are usually from 8:00 a.m. to 4:30 p.m. Some offices are open until 5:00 p.m., have extended hours for employees, and may be open on certain holidays. Call your local county department for the office hours in your area.

WHAT IS AN AUTHORIZED REPRESENTATIVE?

An authorized representative is a person your household allows to apply for, to obtain and/or to use food stamp benefits on behalf of your household because you are unable to do so.

HOW DO YOU MAKE APPLICATION?

To make application for benefits, the head of household, household member, or authorized person representing the household completes an application for assistance. An application form can be obtained from your local County Department of Family and Children Services or from the website. You can go to the office to apply or call the office to request that an application form be mailed to your household or have someone get a form for you. You may copy the blank application found on the website at: www.dfcs.dhr.georgia.gov/foodstamps. Complete the form and mail or fax or take it to your local County Department.

WHEN IS AN APPLICATION CONSIDERED FILED?

When an application which provides the name of the head of household, date and signature of the head of household or another household member is received, either through the mail or in person or by fax, to the Department of Family and Children Services, the application is considered filed. You should try to complete the entire application. It is especially important that you give your telephone number or address so that DFCS can contact you. An application should be filed at your local Department of Family and Children Services, but any Department of Family and Children Services can accept your application.

WHAT HAPPENS ONCE THE APPLICATION IS FILED?

You or a member of your household (or someone authorized to make application for your household) must be interviewed by a staff person from DFCS. The individual who is interviewed must know about your household's situation. Interviews at local county departments are handled differently, some offices make appointments and others do not. For elderly/disabled individuals or individuals experiencing problems coming to the office, the interview may be done by a pre-arranged home visit, through the mail or by telephone. Contact your local department to find out about interviews.

WHAT HAPPENS IN THE INTERVIEW?

The caseworker asks questions about your household's income, resources, rent or mortgage, and utility costs. Certain households may also be asked about medical expenses, childcare and child support expenses. Proof of your household situation is necessary, so if you have the following information, you may bring it with you:

- * proof of your identity
- * proof of your citizenship such as birth certificate, U.S. passport, hospital record, etc.
- * immigration papers for persons applying for benefits and who are not U.S. citizens
- * social security numbers for persons applying for benefits
- * proof of income for each household member (check stubs, award letters for social security or veterans administration, unemployment benefits, contributions from family or friends, child support, etc.)
- * last month's rent receipt or mortgage payment book
- * medical bills for persons age 60 and older and/or disabled
- * information on educational expenses for persons enrolled in colleges, technical or vocational schools
- * child care receipts for children whose parents are working, in school, or in training
- * proof that you pay child support
- * additional information and proof may be required depending upon your situation.

If you do not have all the information when you first apply, you are given 10 days from the date of the interview to obtain the required proof.

The interview is an official and confidential discussion of the household's circumstances. The interviewer must not simply gather and review information but must explore and resolve unclear or incomplete information.

If an individual in your household does not want to give us a social security number or information about immigration status or citizenship, the individual will not be eligible for food stamp benefits. Other household members may still be eligible for benefits.

An individual is not reported to the Department of Homeland Security, United States Citizenship and Immigration Services, for choosing not to give a social security number.

An individual is not reported to the Department of Homeland Security, United States Citizenship and Immigration Services, for choosing or for refusing to tell us his/her immigration status.

Information that is provided by the household can be sent to other federal agencies to check to see if it is correct. If there are discrepancies, failure to resolve the discrepancies may result in not receiving food stamp benefits.

ARE YOU ELIGIBLE?

YOU MAY BE ELIGIBLE FOR FOOD STAMPS BENEFITS IF:

- you are a citizen of the United States or have a certain legal alien status
- you provide all of the required documents as proof of the household's situation
- resources such as checking accounts, savings accounts, and savings bonds are limited to a combined value of no more than \$2,000.00. A household with at least one person who is disabled or age 60 or older has a resource limit of \$3,000.00
- you and/or other household members comply with work requirements
- the household's gross monthly income does not exceed the income limits based on the number of people who live in the household
- the rent or mortgage payment, utility bills, and in some cases medical, child care and child support expenses are considered in the eligibility determination process if proof of these expenses are provided.

HOW LONG DOES IT TAKE TO GET BENEFITS?

Once all of the required proof is available to the caseworker, the application must be processed within 30 days from the date the application is filed. If your household has little or no income and meets specific criteria, the application must be processed within 7 days. A notice is sent to each household stating whether the household is eligible for food stamp benefits. If eligible, the notice states the amount of benefits the household will receive and how long the household will receive benefits before having to reapply.

HOW MUCH WILL YOU RECEIVE?

The amount of benefits your household receives depends upon the number of individuals in your food stamp household, the amount of household income and the amount of the deductions used in the budgeting process. The date of application affects the amount of benefits received by the household in the first month. As long as your household remains eligible, benefits are provided each month. Benefits remaining in your EBT account can be obtained until they are used up even if your food stamp case closes.

WHAT CAN YOU DO IF YOU THINK THE DECISION ON YOUR CASE IS UNFAIR?

You have the right to a fair hearing if you believe that the decision made on your case is not fair. You can request a fair hearing by writing or calling your local county department. You should contact your local county department within 10 days of receiving your notice of eligibility, if you want to request a fair hearing.

HOW ARE FOOD STAMP BENEFITS ISSUED TO YOU?

Benefits are issued using an electric benefit transfer (EBT) card and Personal Identification Number (PIN). If you are eligible for benefits, an EBT card and PIN are mailed to your household. The household uses the EBT card in authorized stores to purchase food. When the total amount of the food benefit purchase is determined at the check out counter, you swipe your EBT card through a point of sale device and enter your PIN number. The amount of the purchase is deducted from your total monthly allotment.

WHAT IS PURCHASED WITH FOOD STAMP BENEFITS?

Benefits may only be used to buy food and plants or seeds that grow food, for your household to eat. Certain food supplements such as Ensure may be purchased with food stamp benefits. Ice, water and cold or room temperature foods, which are not designed to be consumed in the store, may be purchased with food stamp benefits.

WHAT IS NOT PURCHASED WITH FOOD STAMP BENEFITS?

Food stamp benefits cannot be used to buy alcoholic beverages, cigarettes or tobacco, household supplies such as soap and paper products, medicines, vitamins, pet foods, or any non-food items.

WHERE CAN YOU SPEND FOOD STAMP BENEFITS?

Food stores which are authorized by the Food and Nutrition Service of the United States Department of Agriculture may accept EBT transactions to purchase food. Most stores provide signs to indicate that food stamp benefits may be used to purchase food products.

HOW LONG DO YOU GET FOOD STAMP BENEFITS?

If eligible, your household can receive food stamps for one month to one year before reapplying. In the last month of the certification period, your household should receive an appointment letter from DFCS. The letter tells you that your certification period is about to expire and that your household must reapply. If your response to this letter is timely, your benefits continue if your household is still eligible. If you do not respond to the appointment letter, your benefits stop. Certain participants cannot receive benefits for longer than 3 months within a 36-month period without meeting work requirements.

WHEN RECEIVING BENEFITS WHAT CHANGES MUST YOUR HOUSEHOLD REPORT?

Households with elderly/disabled persons and households with able-bodied adults without dependents are required to report the following changes. It is extremely important that you report changes, so that your household receives the right amount of food stamp benefits.

If you receive extra benefits because of failure to report a change, you will have to pay the state back for the benefits (owe the state for the value of these benefits.)

- you must report things like moving to a new address, new income, starting or leaving

a job, people moving in or out of your home, medical deductions, purchase of vehicles, monies from social security or other programs.

- you may report the information to your local county office by calling, writing a letter or sending in a change report form, which is provided by the department.
- you may report the change to the Call Center in your area. Please refer to the following section on Call Centers.

Simplified Reporting Households – If your household is a simplified reporting household, your caseworker will let you know. Households that have a simplified reporting requirement only have to report a change when their total gross income exceeds 130% of the federal poverty level based on the size of their households.

HOW ARE CHANGES REPORTED TO THE CALL CENTERS?

Recipients who live in Baldwin, Clayton, Cobb, Cherokee, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Richmond, Rockdale counties can report changes in their cases to the Metro Change Center at 404-463-0039 (for Atlanta Area residents only) all other counties dial 1-888-295-1769. The fax numbers are 404-463-8517 or 404-463-0687.

Recipients who live in Atkinson, Bacon, Baker, Ben Hill, Berrien, Brantley, Brooks, Bryan, Bulloch, Butts, Calhoun, Camden, Carroll, Charlton, Chattahoochee, Chatham, Coffee, Clay, Clinch, Colquitt, Crisp, Cook, Coweta, Decatur, Dooly, Dougherty, Early, Echols, Effingham, Glynn, Grady, Harris, Heard, Irwin, Lamar, Lanier, Lee, Liberty, Long, Lowndes, Macon, Marion, McIntosh, Meriwether, Miller, Mitchell, Muscogee, Pierce, Pike, Quitman, Randolph, Schley, Seminole, Spalding, Stewart, Sumter, Talbot, Taylor, Terrell, Tift, Thomas, Troup, Turner, Upson, Ware, Webster and Worth counties can report changes in their cases to the South Georgia Change Center at 1-888-295-1769 or (in the Albany area only) the number is 229-430-4487. The fax numbers are 229-430-4580 or 1-888-740-9355.

If your county is not listed above, report your change to your caseworker at your local DFCS office.

WHAT ARE YOUR RESPONSIBILITIES?

- you must answer all questions completely.
- you must sign your name to certify, under penalty of perjury, that all answers are true.
- you must provide proof that you are eligible.
- report changes in household circumstances within 10 days of the change.
- do not sell, trade, or give away your food stamp benefits.
- use food stamp benefits to buy only eligible items.

WHAT ARE THE PENALTIES FOR BREAKING THE RULES?

People who break the rules may be disqualified from the program from 6 months to permanently;

fined, imprisoned, or all three. Also, further food stamp benefits and tax refunds may be withheld to pay back benefits which your household should not have used.

WHEN ARE BENEFITS AVAILABLE TO THE HOUSEHOLD?

Benefits are credited to the EBT account from the 5th through the 14th of each month. To access your benefits, you need your EBT card and PIN. If your EBT card is lost or stolen or you forget your PIN, call the customer service help line at 1-888-421-3281. Your lost or stolen card will be cancelled. A new EBT card and/or PIN will be issued to your household. To obtain information on-line about your EBT account, log on to: www.ebtaccount.jpmorgan.com. Using your card number and Personal Identification Number (PIN), you can:

- Check your current account balance
- Review your transaction history
- Change your PIN
- Contact Customer Service

You must have your card number ready to access your information. Remember to keep your EBT and PIN in a safe place. If someone gets your EBT card and PIN, that individual is able to obtain your benefits. Benefits taken from your EBT account are **not** replaced by DFCS.

YOU HAVE THE RIGHT TO:

- receive an application on the day you ask for it.
- have your application accepted when you file it.
- have an adult apply for your household if you cannot get to the food stamp office.
- have a home visit or telephone interview if you are 65 or older or are disabled and cannot find someone to come into the food stamp office to apply for you.
- have your EBT card and PIN within 30 days of the date you file your application, if eligible, or
- have your EBT card and PIN within 5 days of the date you file your application, if eligible for expedited services.
- receive fair treatment without regard to age, sex, race, color, handicap, religious creed, national origin, or political beliefs.
- have a fair hearing if you disagree with any action on your case.
- examine your case file and the rules of the program.
- be notified in advance if your benefits are reduced or stopped due to a change that is not reported in writing.

The Division of Family and Children Services requires that no applicant or recipient for services of the agency shall: on the grounds of race, color, sex, age, religion, national origin, political affiliation, or handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted or supported by the Division. The requirement applies to individuals, childcare facilities, and other agencies/organizations in which the Division makes referrals or purchases services.

“In accordance with Federal law and the U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, 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 (voice) or (202) -720-6382 (TTY). USDA is an equal opportunity provider and employer.”

THE DEPARTMENT OF FAMILY AND CHILDREN SERVICES IS AVAILABLE TO HELP WITH PROBLEMS AND ANSWER ANY ADDITIONAL QUESTIONS YOU MAY HAVE ABOUT FOOD STAMP BENEFITS.

CONTACT YOUR LOCAL COUNTY OFFICE

OR

CALL THE NUMBERS BELOW

**TOLL FREE NUMBER 1-800-869-1150
IN ATLANTA AREA (404) 657-9358**

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
FOOD STAMP PROGRAM BUDGET SHEET**

DATE: _____

COUNTY _____

OFFICE _____

EW _____

CASE NAME _____

CASE NUMBER _____

I. <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Interim Change <input type="checkbox"/> Restoration <input type="checkbox"/> OI/UI AU Size? _____		Elderly AU member? <input type="checkbox"/> Yes <input type="checkbox"/> No Stabled AU member? <input type="checkbox"/> Yes <input type="checkbox"/> No													
II. RESOURCES Total Nonexempt Resources \$ _____ Allowable Resources for Household Size and Composition (consider age of members) \$ _____ Is AU categorically eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible based on resources? <input type="checkbox"/> Yes <input type="checkbox"/> No III. GROSS INCOME LIMITS Exempt from Gross Limit? (Consider Age and Disability of members) <input type="checkbox"/> Yes <input type="checkbox"/> No Is AU categorically eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Countable Gross Income \$ _____ Gross Income Limit \$ _____ Eligible based on GIL? <input type="checkbox"/> Yes <input type="checkbox"/> No IV. INCOME EARNED INCOME Monthly Gross Salaries, Wages; Self-employment or Farm income including Roomer / Boarder Payments (less cost of producing income) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Name _____</td> <td style="width:20%;">\$ _____</td> </tr> <tr> <td style="text-align: right;">Name</td> <td style="text-align: right;">Amount</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>1. Total Earned Income</td> <td>\$ _____</td> </tr> <tr> <td>2. Less 20% of Line 1</td> <td>\$ _____</td> </tr> <tr> <td>3. ADJUSTED EARNED INCOME =</td> <td>\$ _____</td> </tr> </table> V. OTHER MONTHLY INCOME Public Assistance Grant (TANF) \$ _____ Social Security \$ _____ SSI \$ _____ Other _____ \$ _____ Other _____ \$ _____ 4. TOTAL OTHER MONTHLY INCOME \$ _____ 5. TOTAL HOUSEHOLD INCOME (Add line 3 + line 4) = \$ _____ VI. DEDUCTIONS / DEDUCTIONS OTHER THAN SHELTER 6. Standard Deduction \$ _____ 7. Excess Medical Expenses \$ _____ 8. Dependent Care Costs \$ _____ 9. Child Support Paid \$ _____ 10. TOTAL DEDUCTIONS OTHER THAN SHELTER (Add Line 6 + Line 7 + Line 8 + Line 9) = \$ _____ 11. NET FS INCOME (Subtract Line 10 from Line 5) = \$ _____	Name _____	\$ _____	Name	Amount	_____	\$ _____	_____	\$ _____	1. Total Earned Income	\$ _____	2. Less 20% of Line 1	\$ _____	3. ADJUSTED EARNED INCOME =	\$ _____	VII. SHELTER COST <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Utility Standard <input type="checkbox"/> Actual \$ _____ <input type="checkbox"/> Telephone Standard \$ _____ 12. TOTAL SHELTER COSTS \$ _____ 13. Subtract 50% of Net Income (Line 11 ÷ 2) \$ _____ 14. EXCESS SHELTER COSTS = \$ _____ VIII. NET MONTHLY INCOME 15. NET FOOD STAMP INCOME (Line 11) \$ _____ 16. Maximum Shelter Deduction / Excess Shelter Deduction \$ _____ 17. ADJUSTED NET FOOD STAMP INCOME = \$ _____ IX. NET INCOME LIMITS Adjusted Net Food Stamp Income (Line 17) \$ _____ Net Income Limit \$ _____ Categorically Elig? <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible based on NIL <input type="checkbox"/> Yes <input type="checkbox"/> No X. PERIODS OF ELIG. From _____ Month to _____ Month or For _____ Month, only. XI. BENEFITS AMOUNTS \$ _____ Month _____ \$ _____ Month _____ \$ _____ Month _____ \$ _____ Month _____ IX. COMMENTS / CALCULATIONS
Name _____	\$ _____														
Name	Amount														
_____	\$ _____														
_____	\$ _____														
1. Total Earned Income	\$ _____														
2. Less 20% of Line 1	\$ _____														
3. ADJUSTED EARNED INCOME =	\$ _____														



**STATE OF GEORGIA
AGENCY BASED REGISTRATION APPLICATION
DECLARATION STATEMENT**

NAME: _____ DATE: _____

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?

- 1) I WANT TO REGISTER TO VOTE
- 2) I AM ALREADY REGISTERED TO VOTE
- 3) I DO NOT WANT TO REGISTER TO VOTE

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote or your right in privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the Secretary of State at 1104 West Tower, 2 Martin Luther King Jr. Drive, S.E., Atlanta, Georgia 30334 or by calling 404 / 656-2871.

If an applicant declines to register to vote, the declination shall be confidential and will be used only for voter registration purposes.

COMMENTS / REMARKS:

- A) REFUSED TO SIGN APPLICATION
- B) TOOK APPLICATION WITH THEM

OFFICE USE ONLY

If an applicant refuses to sign the registration application or takes the application, count this as a declination and mark box A or B in the Comment area on this form. If box 2 or 3 is checked, count as a declination. Place form in declaration file and retain for 24 months.

**Georgia Department of Human Resources
Statement of Child Care Expenses**

_____ County Department of Family and Children Services

Case Name _____ Case Number _____
 Client Name _____ Case Manager/Caseload _____
 Client ID Number _____ Case Manager Telephone _____

I, _____, do certify that I provide child care for _____
Name of Child Care Provider Name of Parent/Guardian

At a cost of \$ _____ per day week month, beginning on _____
Date of First Service

Name of the child (for whom care is provided)	Rate per child	Paid by parent/Guardian (Circle one)	Paid by others (Please specify)	Paid by DFCS
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

A child care fee is paid by the parent/care-taker for all of the children in child care in the amount of
 \$ _____ per _____.

Signature of Child Care Provider

Address

Phone Number

Date

Georgia Department of Human Resources
Request for Hearing

I request that the Department of Human Resources hold a fair hearing to review the action or inaction of the _____ County Department of Family and Children Services in regard to my claim for assistance as provided under the special assistance program checked below:

Temporary Assistance to Needy Families (TANF)

Food Stamps

Medical Assistance

Other (specify program) _____

The reason I want a hearing is:

Check the correct box if applicable:

I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.

I want to continue receiving the benefits I now receive while waiting for the hearing decision. **I understand that I may be required to repay the Department of Human Resources any overpayment in benefits if I continue receiving benefits the hearing officer later decides I was not entitled to. NOTE: Food stamp benefits are not continued at the pre-hearing level beyond the next periodic review. If food stamp benefits are denied at application or periodic review, they are not continued.**

Date: _____

Signature of Witness

Signature or Mark of Claimant

Address of Witness

Please return this completed form to your County Department
(The signature and address of one witness must appear above when the claimant signs with a mark.)

This space for use of State or County Department	Case Number	Date Received	
		By County	By State

Georgia Department of Human Resources

_____ County Department of Family and Children Services

CONTRIBUTION STATEMENT

To: _____

Date: _____

Re: _____
 Applicant / Recipient

 AU Number

 Case Manager / Caseload

Dear Mr./Ms. _____

The above individual has applied for assistance, or is currently receiving assistance through this agency. In order to determine his/her family's eligibility for assistance, we must verify monetary contributions received from you. Please complete this form with the requested information and return it to this office in the enclosed envelope by _____. If you have any questions regarding this form, please call me at the number listed below.

 Signature of Case Manager

 Telephone Number

I give \$_____ per week month directly to the individual named above. The money I give is not a loan and does not have to be paid back to me.

In the months listed below, I gave the following amounts:

Amount	Month/Year
_____	_____
_____	_____
_____	_____

I pay the following bills directly to the provider for the individual named above.

Amount	Month/Year	Provider's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

See Reverse Side

() I intend / do not intend to continue giving this money to the above person(s)/ provider(s)

If you **do**, please show the amount you intend to give in the future: \$ _____ every _____
(Week / Month)

If you **do not**, please show last date you gave any money: _____.

Comments: _____



PLEASE READ CAREFULLY BEFORE SIGNING:

The information provided on this form reflects my total contribution. If any of this information is found to be intentionally inaccurate I may be subject to criminal prosecution for knowingly providing false information. (See Georgia Code Section 49-4-15 for the full reference.) I understand the meaning of this paragraph.

Signature of Person Completing this Form Date

Address

City State Zip Code

Telephone Number



**Georgia Department of Human Resources
VERIFICATION CHECKLIST**

_____ County Department of Family and Children Services

_____ Case Number

_____ Case Manager / Caseload

_____ Telephone Number

_____ Date

The items checked below must be received by _____ (Due Date). If you cannot get the requested information or need more time, contact your case manager by phone or mail by _____ (Due Date). Your case manager may give you more time and may be able to help you get the information you need. Bring in or mail the items checked below or we will be unable to determine eligibility for an individual or the entire assistance unit.

TANF	Medicaid	FS		TANF	Medicaid	FS	
			Check stubs or statement from employer for:				Written Statement with name, address, and signature of any person(s) giving you any child support, alimony, or any other contributions.
			Proof of citizenship such as birth certificate/ proof of age for:				Address, social security number, phone number, and other information about the absent parent(s).
			Social Security card or number/ application for:			NA	Proof you have applied for:
			Bank statement: no more than 30 days old with account name, number, balance, and bank info.				Statement from physician or health department to verify pregnancy and due date.
	NA	NA	Immunization Form 3231 for:				Letter of Award for Social Security, SSI, Veterans benefits, unemployment benefits, worker's compensation for:
		NA	Other: HIPAA Form				Other:

Bring in or mail proof of items checked below or we will not use the expense as a deduction in Food Stamps, and we may not be able to determine your eligibility for TANF, Food Stamps, or Medicaid.

TANF	Medicaid	FS		TANF	Medicaid	FS	
	NA		Proof of rent /mortgage payment		NA		Proof of the amount of your gas, electric, telephone and other utility bills.
	NA		Proof of homeowner's insurance and/or property taxes.				Written statement of child care expenses for:
			Medical bills on which you still owe – physician, prescription drugs, health insurance premium, hospitalization.		NA		Proof of the legal obligation and the amount of child support paid to someone not in your home.
			Proof of the amount your insurance paid on your medical bills.	NA		NA	Other: Declaration of Citizenship Third Party Liability

If you want a hearing, fill out this form and return the top portion to your county Department of Family and Children Services office	Today's Date
Signature of Person Requesting Hearing	Telephone Number Where You Can Be Reached

Use this space to tell us why you want a hearing:

CHECK (✓) ONE

- I DO NOT WANT to continue receiving the assistance I now receive while waiting for the hearing decision.
- I WANT to continue receiving the assistance I now receive while waiting for the hearing decision. *I understand that I **WILL BE REQUIRED TO REPAY** the Department of Human Resources any overpayment in TANF cash assistance or Food Stamp benefits to which I was not entitled as determined by the hearing official.*

If your eligibility changes, you will be advised in writing. If, for any reason, you think proper consideration has not been given to your situation, you have the right to request a hearing with the Office of State Administrative Hearings.

Procedures for requesting a hearing are outlined below.

If you request a hearing within **14 days** from the date on the top front of this form, your TANF, FS, or Medicaid assistance may be continued, or your case returned to the same status it was in prior to this action, unless the hearing official decides the sole reason is one of state or federal law or policy.

HEARING PROCEDURES

You may request a hearing either orally or in writing by notifying the county Department of Family and Children Services. You have **30 days** from the date on this form to request a hearing for the TANF or Medicaid program. If you request a hearing for TANF or Medicaid orally, you have **15 days** from the date of your oral request to submit your request in writing. If you request a hearing for FS, you have **90 days** from the date of notification to request a hearing. The hearing is held for TANF, FS, or Medicaid by an Administrative Law Judge of the Office of State Administrative Hearings. Any member of the staff will be able to provide you with the necessary forms and assist you with requesting a hearing. Staff will also assist you with preparing for the hearing. You may be represented at a hearing by an authorized representative such as, legal counsel, a relative, a friend, or other spokesperson, or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services listed on the front of this form.

Georgia Department of Human Resources
APPOINTMENT LETTER

_____ County Department of Family and Children Services

_____	_____	Date
_____	_____	Case Number
_____	_____	Case Manager/Load
_____	_____	Contact phone number

Section A:

Appointment Notification

(If this box is checked, please complete section A)

To determine your eligibility for **TANF** **Food Stamps**

You have an appointment on _____ at _____,
Day Date Time
at _____
Location

IMPORTANT: If you cannot keep your appointment, call your case manager at _____ before your scheduled appointment. If coming into the office is a problem for you, you may call your case manager at the number printed on the top right hand corner of this form to arrange for a telephone interview.

You may be asked to bring the following documents to your appointment:

- * Proof of identification
- * Proof of citizenship or legal resident alien status
- * Proof of income
- * Proof of expenses
- * Any document you feel is necessary to determine your eligibility for assistance

Section B:

Missed appointment

Date Issued _____

(If this box is checked, please complete section B)

Food Stamps:

You missed your interview appointment, which was scheduled on _____.
You must call _____ to schedule a new appointment. If you do not request another appointment, your food stamp application will be denied on the 30th day from the date of application.

If you have already rescheduled an appointment and have been interviewed, please disregard this notice.

TANF:

For TANF applications, if an appointment is missed and no contact is made within 10 days, your application for assistance may be denied or your benefits may be terminated.

REGULATIONS OFI Volume 3, Food Stamp Program Manual, Section 3105, Application Processing
OFI Volume 1, TANF Manual, Section 1105, Application Processing

APPOINTMENT LETTER
Form 173-A

PURPOSE

Form 173-A may be used to notify the AU of an interview appointment and to notify the AU that it has missed an appointment.

INSTRUCTIONS

1. Check and complete the first block of the form to schedule an interview appointment. Send the white copy to the AU, and file the canary and pink copies in the case record.
2. Complete the second block of the form on the canary copy and send to the AU if the appointment is missed.
3. Leave the pink copy in the case record as documentation of the missed appointment.

DISTRIBUTION

This form is printed on three page NCR paper and is ordered from the State Office (SO).

Georgia Department of Human Resources
APPOINTMENT LETTER FOR TELEPHONE INTERVIEWS

_____ County Department of Family and Children Services

_____	_____
_____	Date
_____	Case Number
_____	Case Manager/Load
_____	Contact phone number

To determine your eligibility for **Food Stamps**, you must be interviewed. We are arranging for you to have a telephone interview because you are unable to come into the office.

You have a telephone interview on _____, _____ at _____
_____ day _____ date
_____ time

Your case manager will call you on _____ at _____ to talk with you about your food stamp case. This call will take about 30 minutes.

Please provide a phone number (your number, a relative's number, or a friend's number) so your case manager can call you on the date and time above. Failure to keep you appointment may result in your food stamp application being denied. If you do not request another appointment, your food stamp application will be denied on the 30th day from the date of application.

IMPORTANT: If you cannot keep your appointment, call your case manager at _____ before your scheduled appointment.

PLEASE SEND US PROOF OF THE FOLLOWING:

- Pay stubs from employer/s, provide at least one month or 4 weeks of income for each week paid in the month.
- Proof of Social Security, SSI, VA or any other kind of income such as child support or alimony, contributions; provide at least one month (statement) or 4 weeks of income for each week paid in the month.
- Proof of any expenses you have (rent/mortgage, taxes and/or insurance, child care costs, medical bills, child support you pay to someone who does not live with you, etc); provide at least one month or (4 weeks) of expenses paid for each week in the month.

GEORGIA DEPARTMENT OF HUMAN RESOURCES
REFERRAL FOR SOCIAL SECURITY NUMBER APPLICATION

TURN BY: _____

CASE NAME

CASE NUMBER

WORKER'S NAME

TELEPHONE NUMBER

COUNTY DFCS

DATE

SOCIAL SECURITY NUMBER APPLICATIONS MUST BE MADE FOR THE FOLLOWING PEOPLE:

NAME: _____	ID NO: _____
NAME: _____	ID NO: _____
NAME: _____	ID NO: _____

INSTRUCTIONS ON HOW TO APPLY FOR SOCIAL SECURITY NUMBERS

YOU MUST APPLY FOR A SOCIAL SECURITY NUMBER FOR THE PERSON(S) LISTED ABOVE. ADULTS AGE 18 OR OLDER THAT ARE LISTED SHOULD APPLY FOR THEIR NUMBER IN PERSON. YOU MUST GET VERIFICATION THAT YOU HAVE APPLIED BY TAKING THIS FORM WITH YOU TO YOUR LOCAL SOCIAL SECURITY OFFICE. YOU MUST TAKE PROOF OF AGE AND PROOF OF IDENTITY FOR EACH PERSON LISTED. IF YOU WERE BORN OUTSIDE THE U.S., YOU MUST ALSO TAKE PROOF OF U.S. CITIZENSHIP OR ALIEN STATUS. YOUR LOCAL SOCIAL SECURITY OFFICE WILL RETURN THIS FORM TO OUR OFFICE.

PROOF OF AGE—AN OFFICIAL BIRTH CERTIFICATE IS ALWAYS THE PREFERRED DOCUMENT. HOSPITAL BIRTH CERTIFICATES AND BAPTISMAL CERTIFICATES ARE ACCEPTABLE. SOCIAL SECURITY MAY ACCEPT OTHER DOCUMENTS THAT SHOW THE DATE OF BIRTH, IF THOSE DOCUMENTS ARE NOT AVAILABLE.

PROOF OF CITIZENSHIP/ALIEN STATUS — IF YOU WERE BORN OUTSIDE THE U.S., YOU MUST HAVE PROOF OF CITIZENSHIP OF LAWFUL ALIEN STATUS.

PROOF OF IDENTITY — A SECOND DOCUMENT IS REQUIRED FOR ALL PERSONS TO ESTABLISH IDENTITY. EXAMPLES OF A PROOF OF IDENTITY WOULD BE A DRIVER'S LICENSE, INSURANCE POLICY, OR DRAFT CARD. FOR CHILDREN OF SCHOOL AGE, A SCHOOL REPORT CARD, OR SCHOOL RECORD MAY BE ACCEPTABLE. FOR YOUNGER CHILDREN A DOCTOR OR MEDICAL RECORD MAY BE ACCEPTABLE.

REMEMBER, YOU MUST TAKE THIS FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE WHEN YOU APPLY FOR THE NUMBER(S)

SOCIAL SECURITY WILL RETURN THIS VERIFICATION TO YOUR COUNTY DFCS

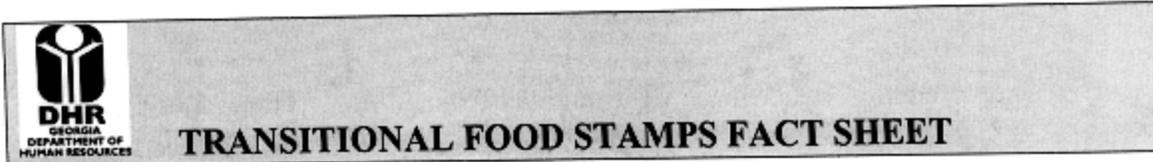
**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION
PROOFS NEEDED FOR APPLICATION**

NAME(S) OF PERSON(S) NEEDING NUMBER:	COMPLETED APPLICATION?	AGE	IDENTITY	OTHER
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____

COMMENTS: _____

SIGNATURE OF SOCIAL SECURITY OFFICIAL: _____

DATE: _____ TELEPHONE: _____



Congratulations, your household is now eligible for Transitional Food Stamps.

What is Transitional Food Stamps?

Transitional Food Stamps (TFS) is a way for you to continue getting food stamps after Temporary Assistance for Needy Families (TANF) ends. It is a special program for food stamp households leaving TANF due to employment.

If eligible you can get TFS for five months. During this time you will get the same amount of food stamps each month. The benefits will not be less than those you got the last month you received TANF.

What amount will I receive during the 5 month period?

The TFS benefit amount is based on household income, expenses and number of people in the household for the month prior to the TANF case closure. This month is called the "Freeze Month". No new income or support payments are included in the benefit calculation.

The transitional food stamp benefit amount will stay the same for the next five months.

What do you report?

Families do not have to report any changes while getting TFS. The only time a TFS benefit amount will change with-in the five-month period is if a Transitional Food Stamp member moves out and joins another food stamp household. The amount will change due to the change in the household size. The new benefit amount will remain the same for the remainder of the five-month benefit period.

What happens if you report a change?

You will need to reapply for food stamps if you have a change that will give you more food stamps. Your TFS benefits will end if you are eligible for more benefits using the new application. The TFS benefits will stay the same until the end of the 5-month TFS period if the benefits will be less.

What happens after the five-month Transitional Food Stamp Period is over?

The TFS household will receive a notice that the five-month period will end and that they must complete a recertification for regular foods stamps. A face-to-face recertification interview must be completed to continue benefits. To avoid a gap in food stamp benefits the recertification must be completed during the last month the family is eligible for TFS. If the household chooses not to apply for regular food stamps, the case will close.

The Department of Family and Children Services is available to help with problems and answer additional questions you may have about this change in reporting requirements. Contact your caseworker at the number listed below, or call the toll free information number 1-800-869-1150. (In the Atlanta area call 404-657-9358.)

You can contact your worker at the following telephone number _____.

Worker _____ Date _____

Georgia Department of Human Resources
NOTIFICATION FORM

Cash Assistance Food Stamps Medicaid Childcare Refugee Assistance Other _____

_____ County Department of Family and Children Services

_____ Case Number

_____ Caseworker Name

_____ Telephone Number

_____ Date of Action

Free legal service call: _____

TANF / Medicaid / Refugee	ABD / Cost Share Information
---------------------------	------------------------------

- _____ Application approved for \$ _____ Eff.: _____
- _____ Application denied effective: _____
- _____ Payment increased from \$ _____ to \$ _____ Eff. _____
- _____ Application withdrawn at your request
- _____ Case transferred to _____
- Approved for Medicaid effective _____
- Prior Medicaid approved for _____
- Payment decreased from \$ _____ to \$ _____ Eff. _____
- Medicaid discontinued effective _____
- SLMB/QMB () Approved effective: _____
() Denied _____

- Your level of care is _____ effective _____
- Your COA is _____ effective _____
- Beginning _____, you will pay \$ _____ to _____
- Beginning _____, you will pay \$ _____ to _____
- Beginning _____, you will pay \$ _____ to _____
- Your cost share is terminated effective _____
- Effective _____, DMA will no longer make a vendor payment on your behalf. You will remain eligible for other services under Medicaid.
- The cost share to Community Care / Nursing Home is being approved only through _____ unless a new form 5588/DMA-6 approving an extension of the care is received prior to this date. The Cost Share / Medicaid will stop effective _____

Medicaid APPROVED / DENIED for:

Approved	Denied	
<input type="checkbox"/>	<input type="checkbox"/>	_____ Name Medicaid # _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ Name Medicaid # _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ Name Medicaid # _____
<input type="checkbox"/>	<input type="checkbox"/>	_____ Name Medicaid # _____

Food Stamps

- Food Stamp allotment approved \$ _____ Eff.: _____
- Certification period _____ through _____
- Allotment increased \$ _____ Eff.: _____
- Allotment decreased \$ _____ Eff.: _____
- No change in allotment
- Food Stamp case denied
- Additional allotment of \$ _____ due for month(s) of _____
- Postponed verification required for allotment receipt for _____
- Initial allotment includes two months for total of \$ _____ for _____
Ongoing allotment of \$ _____ for _____

REGULATION:

Transitional Child Care

You may be eligible to receive help to pay child care. Contact your County Department for additional information.

REASON FOR ACTION:

POLICY REGULATIONS

If you want a fair hearing, fill out this form, cut it off at the dotted line and mail it to your Department of Family and Children Services

Today's Date:

Signature of Person Requesting Hearing

Telephone Number Where You can be Reached

Use this space to tell us why you want a fair hearing:

CHECK (✓) ONE

I DO NOT WANT to continue receiving the benefits I now receive while waiting for the hearing decision.

I WANT to continue receiving the benefits I now receive while waiting for the hearing decision.
*I understand that **I WILL BE REQUIRED TO REPAY** the Department of Human Resources any overpayment in TANF / FS benefits to which I was not entitled as determined by the Hearing Official.*

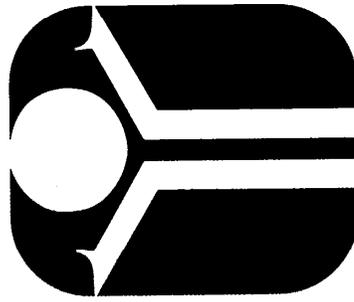
If your eligibility changes you will be advised in writing. If, for any reason, you think proper consideration has not been given to your situation, you have the right to appeal to the Office of Administrative Hearing for a fair hearing. Procedures for requesting a fair hearing are below.

If you request a fair hearing within 10 days from the date on the top front of this form, your Medicaid benefits will be continued or your case returned to the same status it was in prior to this action unless the hearing officer decides the sole reason is one of State or Federal law or policy

HEARING PROCEDURES

You may request a fair hearing either orally or in writing by notifying the County Department of Family and Children Services. You have thirty days from the date on this form to request a hearing. If you request a hearing for TANF orally, you have fifteen days from the date of your oral request to submit your request in writing. The hearing is held for TANF by a representative of the Office of Administrative Services. Any member of the staff will be glad to furnish the necessary forms and help you file your appeal, and assist you in every way possible to prepare for the hearing. You may be represented at such a hearing by an authorized representative such as legal counsel, a relative, friend or other spokesman or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services listed on the front of this form.

**INTERVIEW GUIDE FOR
CASH, FOOD STAMPS, MEDICAID
ASSISTANCE**



DHR

**GEORGIA
DEPARTMENT OF
HUMAN RESOURCES**

Georgia Department of Human Resources
**INTERVIEW GUIDE FOR
CASH/FOOD STAMPS/MEDICAID ASSISTANCE**

Benefits Applying For		<input type="checkbox"/> CA Application Date _____ AU# _____		<input type="checkbox"/> COA _____		<input type="checkbox"/> FS Application Date _____ AU# _____		<input type="checkbox"/> MA () FA Application Date _____ AU# _____		<input type="checkbox"/> MA () FA/Adoption Application Date _____ AU# _____																			
CO:	LO:	Land ID:	Worker ID:	<input type="checkbox"/> () Refugee Application Date _____ AU# _____		<input type="checkbox"/> MA () ABD Application Date _____ AU# _____		<input type="checkbox"/> MA () Prior Mo. Application Date _____ AU# _____																					
Person Applying (ADDR)																													
First Name:			MI:			Last Name:			Suffix:			Primary Language:			Public Housing:														
Home Address of AU: Street												Apt.:			City:			State:			ZIP Code:			Telephone No.:			Census Tract:		
Mailing Address: Street												Apt.:			City:			State:			ZIP Code:			Telephone No. (Other)					
Previous Address: Street												Apt.:			City:			State:			ZIP Code:			Telephone No. (Other)					
Authorized Representative Named (AREP)																													
First Name:			MI:			Last Name:			Suffix:			Rel.:																	
Address: Street												Apt.:			City:			State:			ZIP Code:			Telephone No.:					
Rep. Type:												Document Purpose:																	
Relationship:																													
First Name:			MI:			Last Name:			Suffix:			Rel.:																	
Address: Street												Apt.:			City:			State:			ZIP Code:			Telephone No.:					
Rep. Type:												Document Purpose:																	
Relationship:																													
First Name:			MI:			Last Name:			Suffix:			Rel.:																	
Address: Street												Apt.:			City:			State:			ZIP Code:			Telephone No.:					
Rep. Type:												Document Purpose:																	
Relationship:																													
Remarks:																													

Remarks:

Third Party Resources (TPLD)

Do you, anyone in your household, your spouse, parents or step-parents have any private group or governmental health insurance that pays the cost of your medical bills? Yes No

Policy Effective Date		Policy Number	Group Number	HIPP
From	To			
Coverage Type	Effective Date From To	Coverage Type	Effective Date From To	
Carrier Name:				
Carrier Address: Street		City:	State:	ZIP Code:
Premium Amount:	Premium Effective Date:	Paid By:		
Policy Holder:		Employer Name:		
Employer Address:				
Employer Telephone No.:		Employee:		

Recipient in LA "D" (Institutionalized) (INST)

INST. Type: _____ Provider ID: _____ Admission Date: _____ Discharge Date: _____
 INST. Type: _____ Provider ID: _____ Admission Date: _____ Discharge Date: _____

Provider Name: _____ Private Pay Perdiem: \$ _____
 Address: _____ Provider Name: _____

LOC _____
 LOC _____

Remarks: (Including incurred medical expenses)

Aliens Refugee/Entrant (ALAS)

Name	Citizen	Elig. Status Verification	Doc Type	Spouse Alien Y or N	Country of National Origin	Permanent Date	INS Number

Remarks: (Including emergency med., begin/end dates)

Students (ALAS)							
Name of Student	Student Status	Educ. Level	Name of School or Program	Dep. Care Respon.	Graduation Date	Meal Provided	20 HR/WK Work Req.
Remarks:							
Food Stamp Medical Expense (FSME)							
Name of AU Member	Frequency	Prorated No. of Months	Expense Type	Amount Verif.	Incurred	TPL Amount	
Remarks:							

Deprivation (Medical Assistance Only): Absent Parent Identification (APID)

AP Name (First, Middle, Last, Suffix): _____
 Social Security Number: _____

Dep. Name	Legal Rel.	Pat Type	Dep. Name	Legal Rel.	Pat Type

IV-D Coop: _____ Referral Date: _____ UCB: _____ Other In: _____
 130 Form Date: _____
 Good Cause Doc: _____

Absent Parent Address (APAD)

Current Address: Street	Apt.:	City:	State:	ZIP Code:	Telephone No.:	Date at Address:
Previous Address: Street						
AP's Father's Address: Street						
AP's Mother's Address: Street						

Remarks: _____

Absent Parent Demographic (APDE)											
Marital Information: Status			Date:		City:		State:			License Plate No.:	
Rel. of H/OH to AP:			Drivers License State:		License Plate State:						
Date of Birth:		Approx. Age:		Birth Place: City		Birth Place: State		Sex:		Race:	
Height (Inches):		Hair Color:		Eye Color:		Weight (lbs):					
Military Information: Status			ID No.:		Branch:		Entry Date:		Exit Date:		Allotment Pay:
Incarceration Information: Release Date:			Sentence Length (Mo./Yr.):		Min. Confinement (Mo./Yr.):		Inst.:				Allotment Receipt:
Absent Parent Employment (APEM)											
Primary Employer:											
Occupation:			Employer Address:			Telephone No.:			Empl. Date (Mo./Yr.):		
Secondary Employer:											
Occupation:			Employer Address:			Telephone No.:			Empl. Date (Mo./Yr.):		
Former Employer:											
Occupation:			Employer Address:			Telephone No.:			Empl. Date (Mo./Yr.):		
Employer Name:											
Occupation:			Employer Address:			Telephone No.:			Empl. Date (Mo./Yr.):		
Absent Parent Court Order (APCO)											
Order Date:			Support Obligation:			Support Arrears:			Freq.:		
Payer Code:											
Docket No.:			Date of Last Payment:			Last Amount:			\$.		
Agency Receiving Payment:											

Resources 1 (RES1)

Do you or anyone in your household have any of the following: Cash, money loaned out, checking, savings, credit union, CD's, stocks, bonds or secured notes?

Name	Type	Amount	Verification	Account No.	Inst. Name

Do you or anyone in your household have any of the following: Life insurance, pre-paid burial contracts, real estate or cemetery lots?

Name	Type	Face Amount	Cash Amount Verif.	Policy No.	Company Name

Resources 2 (RES2)

Do you or anyone in your household have any of the following: Truck, motorcycle, tractor, farm equipment, licensed/unlicensed vehicle(s), boat, camper, income producing vehicle?

Name	Type	USE MA/CA - FS	FMV Verif.	Encomb Verif.	Year	Make	Model No.	Lic. No.	Reg.	VIN.

Do you or anyone in your household have any of the following: Vacation home, real estate or rental property?

Name	Use	FMV Verif.	Encomb Verif.	Try To Sell	Annl Rate Ret. Amount Verif.	Age Life Est. Own

Form 256 (Rev. 1-98)

Resources 3 (RES3)

Do you or anyone in your household have any of the following: Safety deposit box, business holdings, non-home consumption produce, livestock or other valuables?

Name	Type	FMV Verif.	ENCOME Verif.	Annl Rate Return - Verification

Transfer of Resources (TRAN)

Has AU transferred any resources recently? Yes No Name: _____

Date of Transfer: _____ Discovery Date: _____ Transferee Relationship: _____

What? _____ Verif: _____ Amount Received: \$ _____ Verif: _____

Fair Market Value: _____

Reason for Transfer: _____

Undue Hardship (IND./Reason): _____

Remarks: _____

RESOURCES for prior months	Yes	No	OWNER	Month:		Month:		Month:	
				AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
-Cash									
-Money Loaned Out									
-Checking Account									
-Savings Account									
-Credit Union Savings									
-Certificates									
-Stocks / Bonds									
-Notes Receivable / Secured Notes									
-Safety Deposit Box (Cash Value of Contents)									
-Licensed Vehicles									
-Unlicensed Vehicles									
-Motorcycles or other Motorized Vehicles									
-Farm Equipment / Machinery / Livestock									
-Boats									
-Vacation Homes									
-Other Real Property (Non-home Place)									
-Other Property of Unusual Value									
-Nonrecurring Lump Sum Payment									
-Personal Property and Household Goods									
-Other Resource (s)									
-Trust Funds									
-Prepaid Burial Contract									
-Cemetery Lot									
-Burial Funds									

Earned Income 1 (ERN1)

Do you or anyone in your household have any of the following: Wages, self-employment, commission/tips, roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA, job corps, training allowance, use/sell of personal property or other income?

Name:		Employer Name:		Telephone No.:
Employer Address:				LT RPT:
Type:	Begin Date:	Ist. Pay Date:	End Date:	
Name:		Employer Name:		
Employer Address:				Telephone No.:
Type:	Begin Date:	Ist. Pay Date:	End Date:	LT RPT:
Name:		Employer Name:		
Employer Address:				Telephone No.:
Type:	Begin Date:	Ist. Pay Date:	End Date:	LT RPT:

Earned Income 2 (ERN2)

Have you or anyone in your household quit a job or refused a job in the last year? Yes No

If yes, who? _____

Date of Quit: _____

Good Cause: _____

Wages/Hrs: _____

Name of Person Working:		Employer Name:	
Average Hours:	Frequency of Pay:	Day of Week Paid:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Name of Person Working:		Employer Name:	
Average Hours:	Frequency of Pay:	Day of Week Paid:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Name of Person Working:		Employer Name:	
Average Hours:	Frequency of Pay:	Day of Week Paid:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	
Work Expenses Type:	Work Expenses Amount:	Work Expenses Freq./Verif.:	

Remarks:

EARNED INCOME for prior months	Yes	No	Month :		Month :		Month :	
			AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
OWNER (Person Receiving)								
-Wages / Salaries								
-Commissions / Tips								
-Roomers / Boarders								
-Self Employment								
-Job Corps								
-JTPA								
-Real Property (Mortgages, Rentals, Leases, Etc.)								
-Personal Property								
-Other								
OWNER (Person Receiving)								
EXPENSES for prior months	Yes	No						
-Child Care / Attendant Care								
-Taxes Deducted from Check								
-Child Support Paid Out								
-Other								

VERIFICATION and DOCUMENTATION

Potential Income Development

PAST EMPLOYMENT AND MILITARY SERVICE RECORDS
OF SPOUSE OR PARENTS (If Client is Child)

PAST EMPLOYMENT AND MILITARY SERVICE RECORDS
OF CLIENT

NAME and ADDRESS of EMPLOYER	TYPE of JOB	DATE of EMPLOYMENT		NAME and ADDRESS of EMPLOYER	TYPE of JOB	DATE of EMPLOYMENT	
		FROM	TO			FROM	TO
1.							
2.							
3.							
4.							

Based on the employment history, document possible entitlement to retirement benefits:

Document A / R's possible entitlement to other benefits, including union pensions, disability benefits, unemployment, VA benefits:

Deem/Allocate (DEAL)			
Deemer Budget:	No. of IRS Dep.:	Alimony/Verif.:	Other Exp/Verif.:
Child Support Paid Outside Home:	Oblig. Amount/Verif.:		Paid Amount/Verif.:
	Oblig. Amount/Verif.:		Paid Amount/Verif.:
	Oblig. Amount/Verif.:		Paid Amount/Verif.:
ABD Allocation:	Inelig. Ind.:	Amount/Verif.:	Inelig. Ind.:
	Inelig. Ind.:	Amount/Verif.:	Inelig. Ind.:
	Inelig. Ind.:	Amount/Verif.:	Inelig. Ind.:
No. of ABD Child Appl. Recip.:			
Amount Act. Contributed/Verif.:			
No. of other Sponsored Aliens:			
No. of other FS Recip Sponsored:			
Client ID who can allocate to me:			
AF Allocation:			
Remarks:			

Dependent Care (CARE)

Do you or anyone in your household pay dependent care expenses? Yes No

If yes, who?

Provider Name, Address & Telephone No.	Day of Week Paid	Reason	Name(s) of Person(s) Who Need(s) Care	Under 2 Yrs.: Y/N	Frequency	Date Paid	Amount of Expense/Verif.

Remarks:

Unemployed Parent							
Parent's Name	Princ. Earned Relationship	Princ. Earner	PE Over Qtr.	Status	Monthly Hours	Last Date of Full Employment	Doc. Qtrs/Status/Amts
Spouses Name: _____							
Remarks: (Document 2trs/Status/Amts)							

Unearned Income (UINC)

Do you or anyone in your household have any of the following: RSDI, alimony, direct child support, contributions, VA, worker's compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, education income or striker benefits?

Name	Source	Frequency	Claim No.	Deduct. Type/Amount Verif.	Doc. Date Received Amount Verif.

Is anyone potentially eligible for other benefits? Yes No Who? _____
 Appl type _____ Stat _____ Date _____ Appl Type _____ Stat _____ Date _____

Remarks:

UNEARNED INCOME for prior months	No	Yes	Owner (Person Receiving)	Month :		Month :		Month :	
				AMT.	EXC.	AMT.	EXC.	AMT.	EXC.
SSI									
Social Security									
TANF									
Alimony or Child Support									
Civil Service Annuity									
Allotments (Military or other)									
Union Funds / Pension Benefits									
Payments from Gov't Programs									
Annuities									
Contributions or Gifts									
Employee's Retirement									
Housing assistance									
Inheritance									
Interest or Dividends									
Life Insurance Proceeds									
Loans									
Support and Maintenance									
Railroad Retirement									
Rent Received									
Trust Proceeds									
Unemployment Compensation									
Veteran's Pension									
Veterans Check (Education)									
Veterans Check (Non-Educational)									
Vendor Payments									
Other Veteran Income (Veterans Aid & Attendance and VA Compensation)									
Worker's Compensation									
Other Disability or Sick Benefits									
Diverted Income									
Other Income Based on Need									
Strike Benefits									
IV-D Payments (Through CSE)									
Education Grants, Scholarships or Loans									
G.A. Payments									
Foster Care Payments									

Public Law (PLAW)

Client Name: _____ RSDI Claim No.: _____
 Previous Receipt of: SSI/MSS/AABD Yes No RSDI Initial/Increase Entitlement Amount: \$ _____ Concurrent & Correct
 Receipt of SSI/MSS/AABD Yes No Date of SSI/MSS/ABD Ineligibility: _____
 Reason for SSI/MSS/ABD Ineligibility: _____
 RSDI Initial/Increase Entitlement/Verif.: _____
 Cola Disregard Amount: _____

Remarks: _____

Work Registration/Participation (WORK)

Name	HIS Grad. Yes/No	Exempt Reason (EA)	Exempt Reason (FS)	Part. Date	No Offense	Supp Work	Designated Adult Yes/No

Remarks: _____

In-kind Support & Maintenance 1 (ISM1)			
III Expense Type	Amount/Verification	III Expense Type	Amount/Verification
Rent		Mortgage	
Electric		Taxes	
Gas		Water	
Sewer		Garbage	
Heating Fuel		Insurance	
Food		Other	

Clients Contribution Type	Amount/Verif.	Outside Contribution Type	Amount/Verif.
Food		Food	
Shelter		Shelter	
Other			

Inside Contribution Type	Amount/Verif.
Food	
Shelter	
Other	

Number Sharing: Food _____ Shelter _____ III Situation _____
 Ownership Rent Liability: _____ Parent/Child: _____

Remarks:

Shelter Expenses (SHEL)

Primary Heat/Cool: _____ Phone TD: _____ Rec. Liheap: _____ Switch Date (MM/YR) _____ Public Housing: _____ SUA Type: _____

No. Sharing: _____

Expense Type	Amount/Verification	Expense Type	Amount/Verification
Rent		Mortgage	
Taxes		Insurance	
Gas		Electric	
Telephone		Water	
Sewer		Garbage	
Maint.		Oil	
Other Fuel		Other	

Landlord Name: _____ Telephone No.: _____

Address: Street _____ City: _____ State: _____ ZIP Code: _____

Remarks: _____

Foster Care (FCAR)						
Name	Date Petition Filed	Type of Placement	Date of Court Order Placement Agreement	Order Wording Valid Agreement Indicator	Name of Agency Individual w/ Placement Respon.	Date Court Order Placement Expires
<p>Document</p> <p>1. Name of Foster Parent / Placement Source _____</p> <p>2. Explanation of Circumstances for AF-FC _____</p> <p>3. If not living with a specified relative in month of petition, was child eligible in any of 1 of 6 prior months? _____</p> <p>4. Does deprivation still exist in home from which removed? _____</p>						
<p>AU Non-Financial Misc. (MISC)</p> <p>1. Hand Typed Issuance _____</p> <p>2. Food Stamp Issuance type _____</p> <p>3. ATP Print County _____</p> <p>4. ATP Cycle Number _____</p> <p>5. QRF Sent Cd. _____</p> <p>6. QRF Center _____</p> <p>7. Presumptive Eligible _____</p> <p>8. Calculate Eligible Indicator _____</p> <p>9. Trial Household Indicator _____</p> <p>10. Pro OVR _____</p> <p>11. Exp. Service _____</p> <p>12. SLAM Indicator _____</p> <p>13. Extended MA Start Date _____</p> <p>COA Cor. _____</p> <p>14. Review Complete _____</p> <p>Mandatory Standard _____</p> <p>Reason OVR _____</p> <p>15. Delay Reason _____</p> <p>16. QMB OVR _____</p> <p>17. RSM Eligible OVR _____</p> <p>18. Next Review _____</p> <p>19. Appointment Date _____</p> <p>20. Appointment Type _____</p> <p>21. Appointment Letter Print Location _____</p>						
Remarks:						

Signatures

I certify that this Form has been examined by me. My answers are correct and complete to the best of my knowledge.

Applicant/Representative _____ Date _____

Witness _____ Date _____

In Accordance with the Rules and Regulations of the Georgia Department of Human Resources, I have investigated this case and recommend as indicated below (check box(es) and circle appropriate programs).

<input type="checkbox"/> Approve	CA	FS	MA	Refugee
<input type="checkbox"/> Deny or Disposition	CA	FS	MA	Refugee
<input type="checkbox"/> Continue Assistance	CA	FS	MA	Refugee

DFCS Staff _____ Date _____

Remarks:

Case Narrative:

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Form 256 (Rev. 1-98)

**Georgia Department of Human Resources
FOOD STAMP REVIEW FORM**

Client Name:	Date Form Received:
Address:	FS AU Number:
	Worker Load Number:
	Telephone Number:

It is time for your Food Stamp Review. This form must be completed, signed, and returned by _____ . Please mail-in or bring this form to the local DFCS office. If you need help, please call your worker.

If coming into the office is a problem for you because of age, health, work hours or other reasons, please call your worker to arrange for a telephone interview.

You may bring these items with you if you are coming into the office for an interview, or you may mail or fax these items to your worker if you are requesting a telephone interview. **Note:** If you are here for a TANF interview only, do not complete this form.

All questions must be answered and proof provided for all income and expenses paid. If you do not return this form and provide verification, your Food Stamp case will close effective _____. You will not receive a deduction for any allowable expenses if you do not report and verify timely.

HOUSEHOLD SIZE: List all persons living with you for whom you want Food Stamps

First Name	MI	Last Name	Race	Sex M/F	Date of Birth	Relationship To You	Social Security Number	Is this person a U. S. citizen?	Does the mother of this child live in the home?	Does the father of this child live in the home?

PREGNANCY: Is anyone in your household pregnant? Yes ___ No ___
If yes, Name _____ Father's Name _____ Baby's Due Date _____

**Georgia Department of Human Resources
FOOD STAMP REVIEW FORM**

EMPLOYMENT: 1.) Does anyone in your household work? Yes _____ No _____
If yes, list information about your pay from employment such as wages, bonus, and tips

(Attach check stubs for ALL income received in the last four (4) weeks)

PERSON WORKING	EMPLOYER	PAY PER HOUR	HOURS PER WEEK	HOW OFTEN PAID	DATES PAID	BONUS PAY	TIPS

2.) Did anyone in your household voluntarily quit a job within the last 30 days? Yes ___ No ___

If yes, who quit? _____
Why did he/she quit? _____

3.) Has anyone stopped working? Yes _____ No _____

If yes, list name of household member, date pay stopped, and date of final check: (Provide stubs from the last four (4) weeks)

Name _____ Date ended _____
Date of last Check _____ Gross Amount \$ _____

4.) Has anyone started working? Yes _____ No _____

If yes, complete and verify:
Name: _____ Date Started: _____
Employer: _____
Rate of pay per hour: \$ _____ Hours worked per week _____
How often paid: _____ Date first check: _____
Gross Monthly Wages: \$ _____

SELF-EMPLOYMENT: Is anyone self-employed? Yes _____ No _____

If yes, who? _____
Please verify self-employment income through tax files, business records, receipts, bills, or statements from customers of an established business.

Does this person have any self-employment expenses? Yes _____ No _____

CHILDCARE COSTS: Do you pay for childcare or the care of a disabled adult household member?

Yes _____ No _____
If yes, (provide statement from provider verifying amount paid and how often you pay.)
Amount paid? _____
Person who requires care? _____
Name of childcare provider: _____
How often paid? _____
Reason for care: _____

**Georgia Department of Human Resources
FOOD STAMP REVIEW FORM**

UNEARNED INCOME: Does anyone in your household receive money from contributions, social security, SSI, child support, unemployment, or other income. If yes, complete the information below. (Attach check stubs or statement for ALL income received in the last four (4) weeks)

WHO RECEIVES	SOURCE	HOW MUCH MONEY	HOW OFTEN RECEIVED

FOOD STAMP SHELTER COSTS: List the monthly expenses you pay for the residence where you live. Provide verification of the amount you pay and how often.

EXPENSE	AMOUNT PAID	HOW OFTEN PAID	LAST MONTH PAID & AMOUNT	PAID BY WHOM
Rent/Mortgage				
Property Taxes				
Property Insurance				
Electricity				
Gas				
Fuel oil/Wood/ Kerosene				
Well/Septic Tank/Water/Sewage				
Garbage				
Telephone				

Does someone else pay any of these household bills for you? Yes ___ No ___

If yes, who pays the bill? _____

What bills are paid? _____

What amount is paid? _____

To whom are the bill(s) paid? _____

Have you received energy assistance in the last 12 months? Yes ___ No ___

Do you share monthly household expenses with anyone in the home? Yes ___ No ___

If yes, who? _____

Comments/Documentation _____

**Georgia Department of Human Resources
FOOD STAMP REVIEW FORM**

MEDICAL EXPENSES: Does any person age 60 or older, or disabled have medical expenses?

Yes _____ No _____

Please attach receipts, computer printouts for prescriptions drugs, dental bill, or hospital bills you received since your last review.

PERSON WHO HAS THE BILL	TYPE OF EXPENSE (DOCTOR, HOSPITAL, PRESCRIPTION)	AMOUNT OWED	DATE OF BILL	WILL INSURANCE PAY?	
				Yes	No

Does someone else pay any of these medical expenses for you?

Yes ___ No ___

If yes, which expense is paid? _____

Who pays it? _____

To whom are the expenses paid? _____

CHILD SUPPORT EXPENSE: Do you or someone in your household pay child support to someone outside of the home? Yes ___ No ___

If yes, verify the legal obligation to pay child support and the amount of support paid last month.

Paid to whom _____ Amount paid \$ _____ per _____

RESOURCES: Does anyone in your household have any of the following resources?

TYPE OF RESOURCE	WHO OWNS IT?	WHAT IS IT WORTH?	AMOUNT OF INTEREST OR DIVIDENDS RECEIVED ON THE ACCOUNT
CASH			
CHECKING ACCOUNT			
SAVINGS ACCOUNT			
TRUST FUND			
STOCKS/BONDS/CERTIFICATES			
CAR/TRUCK (MAKE AND YEAR)			
MACHINERY			
FARM EQUIPMENT			

Georgia Department of Human Resources FOOD STAMP REVIEW FORM

RIGHTS AND RESPONSIBILITIES: You are responsible for:

- Giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, landlord, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- Telling the truth at all times. If you or someone who is applying for you provides the wrong information, you may be committing a crime, and you may go to jail.
- Providing proof that you or anyone in your household applying for benefits is a U.S. citizen or eligible immigrant.
- Cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate and we cannot determine that you are still eligible for Food Stamps, your case may be denied or closed.
- Cooperating with Quality Control reviewers when they call or come to your home to interview you about the information you have given to your worker. If you do not cooperate with them, your case may be denied or closed.
- Repaying benefits you should not have received.

Simplified reporting household must report when their total gross monthly income is more than the income limit for the household size. Changes must be reported no later than the 10th calendar day from the end of the month in which the change occurred.

If you are a single working adult with no children, you must report when your work hours fall below 20 hours per week, averaged 80 hours per month.

If you do not agree with the action taken on your case, you may ask for a fair hearing. You may ask for a hearing by calling the local county office at the number shown above. You have 90 days from the date of this notice to request a fair hearing. If you need help with the hearing or other legal problems, please call the Georgia Legal Services Program at 1-800-498-9469 or Atlanta Legal Aid Society, Inc. at 404-524-5811.

**Georgia Department of Human Resources
FOOD STAMP REVIEW FORM**

PENALTY WARNINGS: You may lose your Food Stamp benefits or be subject to criminal prosecution for knowingly providing false information.

Do not give false information or hide information.

I understand that the information I provide on this report may result in a change in my benefits, including a lower amount of benefits or no benefits. I understand that such changes may be made to my benefits without a timely notice.

I certify under penalty of perjury that all information that I have given on this report is true and correct to the best of my knowledge.

Client Signature _____ **Date** _____

AUTHORIZED REPRESENTATIVE SECTION

Signature of Person Helping With This Form _____

Do You Want This Person To Be Your Authorized Representative?

Yes _____ No _____

Address: _____

Phone Number _____

Worker Signature _____ **Date** _____



Georgia Department of Human Resources
EXPEDITED FOOD STAMP SCREENING GUIDE

Case Name: _____ Appointment Date: _____

Worker Name: _____ Appointment Time: _____

1. Is any AU member currently active in a food stamp case or any case in another county?

YES (not expedited) NO (continue)

2. Has the household received food stamps in another county/state this month?

YES (not expedited) NO (continue)

3. Was an application/review closed or denied within the last 30 days for reason (235) (288) or (566)?

YES (not expedited-register appl.) NO (continue)

4. Was an application/review closed or denied within the last 30 days for reason (552) or (230)?

YES (not expedited) NO (continue)

5. What is the total gross monthly income for the received from work, self-employment, odd jobs, child support, alimony, Social Security, SSI, unemployment, money from others, etc. for the application month?

\$ _____

6. What is the total amount of liquid resources such as cash, bank accounts, certificate of deposits (CD), etc. for the application month?

\$ _____

7. What are the total shelter expenses (mortgage, rent, taxes, insurance, electric, gas, water, telephone) for the application month? Do not include past due amounts – for phone use \$30) \$ _____



**Georgia Department of Human Resources
EXPEDITED FOOD STAMP SCREENING GUIDE**

Did a non-household member pay any of the bills this month?

- YES (not expedited) NO (continue)

8. Are the shelter expenses more than the total gross monthly income?

- YES (expedite application) NO (continue)

Total gross or anticipated income for the month of application:

\$ _____

Total liquid resources: \$ _____

Total shelter expenses for the month of application: \$ _____

9. Is anyone in your household a migrant or seasonal farm worker? If yes, are liquid resources less than \$100 and is the income received in the month of application from a terminated source?

- YES (expedite application) NO (continue)

Was application expedited? **YES / NO**

(Circle one)

Does household have an EBT card?	YES ___	NO ___
Does client need an account set up?	YES ___	NO ___
Was EBT account set up?	YES ___	NO ___

Screened by: _____ Date: _____



Georgia Department of Human Resources Application for Benefits



What Services Do You Offer at the Department of Family and Children Services (DFCS)?

DFCS offers the following services:



Food Assistance

Food Stamps are benefits that you can use to buy food at any store that has the EBT/Quest sign. We will subtract the price of your food purchase from your Food Stamp account.



Cash Assistance/Employment Support Services

Temporary Assistance for Needy Families (TANF) provides cash assistance for a limited time, and other support services, to families with dependent children. Parents or caretakers who are included in the grant are required to participate in a work program.



Medical Assistance

Medicaid, for those who are eligible, may help pay medical bills, doctor's visits, and Medicare premiums.

How Do I Apply for Benefits?

Step 1. Fill out this application.

Read the questions carefully and give accurate information. If you need help filling out this application, ask us. Sign and date the application.

Step 2. Turn in the application.

You will need to tear off page 1 and keep it for yourself.

Mail, fax, or bring pages 3–5 of this application to your local Department of Family & Children Services (DFCS) office. If you are eligible for benefits, they will be provided from the date that we get the application with your name, address and signature on it. The sooner we get it, the sooner you will know if you can get benefits.

Step 3. Talk with us.

You may need to complete an interview with a case manager. If so, we will give you an appointment.

See the Frequently Asked Questions (blue box) for more information.

Frequently Asked Questions

How long does it take to get benefits?

Food Stamps: up to 30 days

TANF: up to 45 days

Medicaid: 10 to 60 days

You may be able to get Food Stamps within 7 days if you qualify. See page 4.

How much will I get?

Your income, resources, and family size determine benefit amounts. We will be able to give you specific information once we determine your eligibility.

How will I get my benefits?

For Food Stamps and TANF, you will get an Electronic Benefit Transfer (EBT) card to access your benefits. For Medicaid, you will receive a medical card for each eligible member.

What information do I need to bring to my interview?

It is a good idea to bring the following:

- Proof of who you are, like an ID card or driver's license
- Proof of US citizenship/alien status
- Social Security numbers of everyone requesting assistance
- Proof of income like pay stubs, child support, and income award letters
- Proof of expenses like rent receipts, lease agreement, mortgage statement, child care receipts, medical bills and child support payments

If you need help getting this information, please tell us.

How do you use my personal information?

We will use your personal information to determine eligibility for the benefits you request. We also match your information against federal, state, and local records.

Can someone else apply for me?

Yes, for Food Stamps and Medicaid, you may ask someone to apply for you. For TANF, anyone can apply but the parent or caretaker must be interviewed.



"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-252, Atlanta, Ga. 30303, or call (404) 657-3735 or fax (404) 463-3978.

You may contact, Health and Human Services (HHS) Office of Civil Rights, Room 506F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

For Food Stamps Only – You may contact United States Department of Agriculture (USDA), Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA and HHS are equal opportunity providers and employers.

What Do the Words Used in this Application Mean?

This chart explains the words we have used in this application.

Caretaker	A parent, relative or legal guardian who applies for TANF for children in their care
Disqualified	The action taken to remove an individual from a Food Stamp or TANF case because they did not tell the truth and received benefits that they should not have received
Electronic Benefit Transfer (EBT)	The system used in Georgia to pay benefits to individuals who are eligible for Food Stamps or TANF. Individuals receiving assistance are issued an EBT debit card, which is used to withdraw cash benefits and to access their food stamp accounts
Household Members	Individuals who live in your home
Income	Payments such as wages, salaries, commissions, bonuses, worker's compensation, disability, pension, retirement benefits, interest, child support or any other form of money received
Migrant Farm Workers	Individuals who are seasonal farm workers and move from one home base to another to work or look for farm work
Resources	Cash, property, or assets such as bank accounts, vehicles, stocks, bonds, and life insurance
Seasonal Farm Workers	Individuals who work at certain times of the year planting, picking or packing produce. They are hired on a temporary basis when a job requires more workers than the farm employs on a regular basis
Trafficking	Selling or trading Food Stamp benefits for profit
United States Citizenship and Immigration Services (USCIS)	Agency formerly known as the Immigration and Naturalization Service (INS)



Georgia Department of Human Resources
Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

- Food Stamps**
The Food Stamp program helps meet the food and nutritional needs of eligible households.
- Temporary Assistance for Needy Families (TANF)**
Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.
- Refugee Cash Assistance**
The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.
- Medicaid**
Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself

What language do you use the most? _____

Please fill out the chart below about yourself.

First Name	Middle Initial	Last Name	Suffix
Street Address Where You Live			Apt
City	State	Zip Code	
Mailing Address (if different)			
City	State	Zip Code	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature		Date	
Witness Signature if signed by 'X'			
For Office Use Only		Date Received By The County	



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide who is eligible. Please answer only the questions about the benefits you want to receive.

1. Has anyone received any benefits in another county or state? Yes No
Who: _____
What: _____
Where: _____
When: _____

2. Is anyone pregnant? Yes No
Who: _____
Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? Yes No

4. Is anyone disqualified from the Food Stamp or TANF Program? Yes No
Who: _____
Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? Yes No
Who: _____

6. Is anyone violating conditions of probation or parole? Yes No
Who: _____

7. Has anyone been convicted of a violent or drug related felony? Yes No
Who: _____
When: _____

I have read and completed everything on this form that applies to my household. All the information that I provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date



Georgia Department of Human Resources Rights and Responsibilities



Welcome to the Georgia Division of Family and Children Services. We are giving you this information to help you understand your rights and responsibilities when you receive help for Food Assistance, Cash Assistance and Medical Assistance.

Please read over the Rights and Responsibilities for the programs for which you are applying, and sign the last page. If you are applying for someone else, these rights and responsibilities are for that person.

What Are My Rights in the Food Stamp, TANF and Medicaid Programs?

In all programs, you have the right to:

- request a fair hearing in writing or in person. You have the right to be represented by a household member, legal counsel, a relative, a friend or other spokesperson. If you are not satisfied with the action we have taken on your case, you can request a hearing by contacting the county office where you applied for benefits or by calling 1(800) 869-1150.
- review some of the material and information in your case file. However, you may not be able to see all of the information in the case file, such as names of people who have given us information about you or your household members or information about any criminal prosecutions involving you or any of your household members.
- decide if you want to provide a Social Security Number (SSN). Only the people who give information to us about their SSN will be eligible to receive benefits. If you or anyone in your household does not have a SSN, we can help you apply for one. We will use your SSN to verify your income and conduct computer matches with other agencies. We may also give this information to other Federal and State agencies to review and to law enforcement officials for them to use in catching people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSNs, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS).

What Are My Responsibilities in the Food Stamp, TANF and Medicaid Programs?

In all programs, you are responsible for:

- giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- telling the truth at all times. If you or someone who is applying for you provides incorrect information, you may be committing a crime, and you may go to jail.
- providing proof that you or anyone in your household applying for benefits is a U.S. citizen or eligible immigrant. **Note:** Your worker will give you a list of the ways you can prove your citizenship or immigration status.
- reporting certain changes in your household situation. Each program has different reporting requirements. See the responsibilities section for each program for things you need to report.



What Other Responsibilities Do I Have in the Food Stamp Program?

In the Food Stamp Program, you are also responsible for:

- cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate and we cannot determine that you are still eligible for Food Stamps, your case may be denied or closed.
- cooperating with Quality Control reviewers when they call or come to your home to interview you about the information you have given your case manager. If you do not cooperate with them, your case may be denied or closed.
- repaying benefits you should not have received.
- reporting when your household's total gross monthly income is more than 130% of the Federal Poverty Level for your household's size. You will be given a form 339, Simplified Reporting Requirement Notice, which explains more about this.

If you are an able-bodied adult without dependents (ABAWD), you must report when your work hours fall below 20 hours per week or 80 hours per month.

What Are My Rights and Responsibilities for Reporting Household Expenses in the Food Stamp Program?

In the Food Stamp Program, certain household expenses such as shelter costs, medical bills, dependant care, and child support paid outside the home may affect the amount of benefits you receive. If you want us to consider these expenses, you are responsible for reporting and verifying them. If you fail to report or verify these expenses, we will not use them to determine your benefit amount.

What Are the Penalties in the Food Stamp Program?

In the Food Stamp Program, there are penalties:

If you ...	You will lose food benefits ...
<ul style="list-style-type: none"> • hide information or don't tell the truth. • use EBT cards that belong to someone else. • use food benefits to buy alcohol or tobacco. • trade or sell benefits or EBT cards. 	<ul style="list-style-type: none"> • for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense.



What Are the Penalties in the Food Stamp Program (cont.)?

If you ...	You will lose food benefits ...
<ul style="list-style-type: none"> trade or sell food benefits for drugs and were convicted prior to 8/22/96. 	<ul style="list-style-type: none"> for 12 months for the first offense and permanently for the second offense.
<ul style="list-style-type: none"> trade or sell food benefits for drugs and were convicted of less than \$500 on or after 8/22/96. 	<ul style="list-style-type: none"> for 24 months for the first offense and permanently for the second offense.
<ul style="list-style-type: none"> trade or sell food benefits for drugs and were convicted of \$500 or more on or after 8/22/96. 	<ul style="list-style-type: none"> permanently.
<ul style="list-style-type: none"> trade food benefits for firearms, ammunition or explosives. 	<ul style="list-style-type: none"> permanently.
<ul style="list-style-type: none"> give false information about where you live so you can get food stamp benefits in more than one state. 	<ul style="list-style-type: none"> for 10 years.
<ul style="list-style-type: none"> commit and are convicted of a felony related to possession, use or distribution of drugs, on or after 8/22/96. 	<ul style="list-style-type: none"> permanently.
<ul style="list-style-type: none"> flee to avoid prosecution, custody or confinement for a felony. 	<ul style="list-style-type: none"> until you are no longer fleeing.
<ul style="list-style-type: none"> violate a condition of your probation or parole. 	<ul style="list-style-type: none"> until you are no longer a probation or parole violator.



What Other Rights Do I Have in the TANF Program?

In the TANF Program, you have a right to:

- be excused from certain rules if you are a victim of domestic violence. Your case manager will talk to you about the rules that you will not have to follow.

What Other Responsibilities Do I Have in the TANF Program?

In the TANF Program, you are responsible for:

- cooperating with state and federal personnel who work for Fraud Prevention or the Office of Investigative Services and who are doing special case reviews. If you do not cooperate, your case may be denied or closed.
- repaying benefits you should not have received.
- participating in a work activity if you are a parent or adult included in the TANF benefit, unless you are exempt. We will work with you to find the best work activities to help you become self-sufficient. We may have to reduce or stop your TANF benefits if you do not cooperate with us, and there is not a good reason.
- reporting that you or someone included in your TANF benefit has received or is expecting to receive a lump sum of money. Your TANF benefits may stop for one or more months and your family may have to live on the lump sum for several months.
- cooperating with the Office of Child Support Services if you receive TANF benefits. You must help the Office of Child Support Services determine who is the father(s) of your child/children and help them get a court order for child support. If you do not cooperate with them and there is not a good reason, your TANF benefits may stop.
- notifying your case manager if you want to receive child support money instead of your TANF benefits. When you get TANF benefits, you may not receive all of your child support payment. You may receive only a portion of it called a "gap" payment. The state keeps the rest of the child support payment to pay back the TANF benefits that you receive.
- reporting certain changes in your household situation about you and other eligible household members within 10 days of knowing about them. Please let us know if:
 - you change jobs, get a new job, quit a job or get laid off
 - you move
 - a family member moves in or out of your home
 - a baby is born
 - a child drops out of school or there is any other change.



What Are the Penalties in the TANF Program?

In the TANF Program, there are penalties:

If you ...	You will lose TANF benefits ...
<ul style="list-style-type: none"> • hide information, do not report changes on time or do not tell the truth. 	<ul style="list-style-type: none"> • for 6 months for the first violation. • for 12 months for the second violation. • permanently for the third violation.
<ul style="list-style-type: none"> • hide information, do not report changes on time or do not tell the truth and are convicted in a court of law. 	<ul style="list-style-type: none"> • for 12 months for the first violation. • permanently for the second violation.
<ul style="list-style-type: none"> • give false information about where you live so you can receive benefits in more than one state. 	<ul style="list-style-type: none"> • for 10 years.
<ul style="list-style-type: none"> • are convicted of a drug-related charge or a serious violent felony, on or after 1/1/97. 	<ul style="list-style-type: none"> • permanently.



What Other Rights Do I Have in the Medicaid Program?

In the Medicaid Program, you have a right to:

- receive Medicaid even if you have other health insurance.
- choose your Medicaid doctor or provider. Always ask your doctors if they accept Medicaid as payment for their services.
- have your Medicaid application approved or denied within 10, 45 or 60 days from the date you apply, depending on the type of Medicaid.
- be excused from providing information about your children's absent parent or from pursuing medical support from the absent parent if you have a good reason such as domestic violence. Talk to your case manager if you think you have a good reason.

What Other Responsibilities Do I Have in the Medicaid Program?

In the Medicaid Program, you are also responsible for:

- telling your worker if you or your children have other health insurance. If the health insurance changes or ends, you must tell your worker within 10 days. The health insurance information is sent to the Department of Community Health. In most cases, your other health insurance must pay your medical expenses first. You must tell your doctor or other health care providers that you have other insurance so that they can bill the other health insurance providers before they bill Medicaid.
- cooperating with the Medicaid Estate Recovery Program if you are:
 - a resident in a nursing home.
 - a resident in an intermediate care facility for mental retardation.
 - a resident in another mental institution where medical care is paid by Medicaid.
- cooperating with the Medicaid Estate Recovery Program if you are age 55 years or older and:
 - receive home and community-based services.
 - are enrolled in and receive services through a waiver program.
- signing your **application, which gives the Medicaid office permission to collect money** from any legally liable person or insurance company for bills paid by Medicaid. You also give Medicaid permission to give information about you or the person you are applying for to any legally liable person and the insurance company.



What Other Responsibilities Do I Have in the Medicaid Program? (continued)

- reporting changes about you and the other people in your Medicaid case. Please report:
 - if you or other household members move.
 - if you or other household members change jobs, get a new job, quit a job or get laid off.
 - if you or other household members have a change in income or resources.
 - if a family member moves in or out of your home.
 - if you or another household member inherits or receives money or property from any source.
 - if someone in your home dies or gets married.
 - any other changes.
- telling your case manager when your pregnancy ends. Pregnancy ends with the birth of the baby, a miscarriage or an abortion. You must report the end of the pregnancy within 10 days.
- giving us the right to require an absent parent to provide medical insurance, if available. You must get medical support from the absent parent if it is available. If you do not cooperate, you may lose your Medicaid benefits, and only your children will receive benefits unless good cause is established.



Signature Page

Initial Application

Review

"In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs."

To file a complaint of discrimination, you may contact the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-252, Atlanta, Ga. 30303, or call (404) 657-3735 or fax (404) 463-3978.

You may contact, Health and Human Services (HHS) Office for Civil Rights, Room 506F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY).

For Food Stamps Only – You may contact the United States Department of Agriculture (USDA), Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA and HHS are equal opportunity providers and employers.

All the information provided and everything I have told is the complete truth, as far as I know.

I have received a copy of Form 297A, Rights and Responsibilities for Benefits.

Signature

Date

Authorized Representative / Witness / Responsible Person

Date

I have reviewed and explained Form 297A, Rights and Responsibilities for Benefits, with the person who signed above.

Case Manager – Signature

Date

TCOS

I have been informed my household is eligible for Community Outreach Services and have received the brochure.

Signature

Date

Georgia Department of Human Resources
FOOD STAMP PROGRAM SANCTION/PENALTY NOTICE

_____ County Department of Family and Children Services

Date _____

Name _____

Client ID # _____

Address _____

Case # _____

Free legal Services Call _____

____ EMPLOYMENT AND TRAINING WORK SANCTION APPLIED

_____ failed/refused to meet his/her Food Stamp Employment and Training Program work requirement for the month of _____.

(MO/YR)

The above name individual failed/refused to (provide reason): _____

_____ is ineligible for food stamp benefits at least from _____ to _____ or until compliance or exemption from work registration or participation. This is the _____ violation. Following the above minimum sanction period, the individual may take the following action to become eligible for benefits again:

You may contact your caseworker to obtain information about complying with the food stamp work requirements. NOTE: If you are ineligible due to voluntarily quitting a job or voluntarily reducing your work hours to less than 30 hours per week, the sanction is lifted following the minimum sanction period.

____ PENALTY FOR FAILURE TO PERFORM A REQUIRED ACTION APPLIED:

If you are a TANF recipient and have failed/refused to comply with a TANF work or personal responsibility requirement, your food stamp benefits cannot increase because of the TANF action. Your prior TANF amount of \$ _____ will continue to be budgeted in your food stamp case from _____ to _____. If your TANF case is permanently closed, this food stamp penalty will be applied for no longer than six months.

Signature of Caseworker

Telephone #

Date

I WANT TO REQUEST A HEARING

If you are dissatisfied with the decision made on your case, you may request that the Department of Human Resources hold a fair hearing to review the action that the County Department of Family and Children Services is taking in regard to your Food Stamp Program benefits.

The reason I want a hearing is:

Please check the correct box if applicable: If you request a hearing within 10 days from the date you received this form, you may continue your food stamp benefits at the pre-hearing request level until your next periodic review.

- I do not want to continue to receive the benefits I now receive while I am waiting for the hearing decision.

- I want to continue to receive the benefits that I now receive while waiting for the hearing decision. I understand that I may be required to repay the Department of Human Resources for any overpayment in FS benefits to which I was not entitled as determined by the Hearing Officer. NOTE: Food stamp benefits are not continued at the pre-hearing request level beyond the next periodic review. If benefits are denied at application or the periodic review, benefits are not continued.

Signature of Person Requesting Hearing _____ Date: _____

Telephone Number Where You Can Be Reached _____

If you want to request a hearing, sign above and return this form to the County Department of Family and Children Services.

Hearing Procedures

You may request a hearing either orally or in writing by notifying the County Department of Family and Children Services. You have 30 days from the date on this form to request a hearing. The hearing is held for the Food Stamp Program by a representative of the Office of State Administrative Hearings. Any member of the staff will be glad to furnish the necessary forms, help you file your hearing request, and assist you in every way possible to prepare for the hearing. You may be represented at such a hearing by an authorized representative such as legal counsel, a relative, friend or other spokesperson or you may represent yourself. Free legal services may be available to you in your community. If you are interested in legal services, call the free legal services' number listed on the front of this form.

**Georgia Department of Human Resources
Food Stamp Program**

SIMPLIFIED REPORTING REQUIREMENT (SRR) NOTICE

Your household is eligible for Simplified Reporting in the Food Stamp Program. You must report when your monthly income is more than the amount listed in the chart below for your household size or provided on the blank below.

ABAWDS are required to report when work hours fall below 20 hours per week, averaged 80 hours monthly.

Each month you will need to **add up all the money** you get during the month before any taxes or other deductions are taken out. You must count all money you earn for working and all other money you get like Social Security, SSI, unemployment, child support, money people give you, and any other money you get.

When you add it all up if it is more than the amount listed in the chart below for your household size or on the blank below, you **MUST** report the change in income by the **10th day of the next month**.

Call the Call Center at _____ to report your change.

Food Stamp Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Total Gross Monthly Amount	\$1,127	\$1,517	\$1,907	\$2,297	\$2,687	\$3,077	\$3,467	\$3,857	+390

If you have more than 8 household members, your gross monthly income amounts are provided below.

HH size _____ Monthly Amt _____

If you fail to report this change, you will have to pay back food stamp benefits. **You may not receive your income tax refund if you do not report this change.**

This change is not true for your TANF, Child Care, or Medicaid case. If you receive TANF, Child Care or Medicaid, you must report all changes in your household circumstances within 10 days.

If changes in your address are not reported, important notices concerning your benefits may not be received.

Worker: _____ Date: _____

Family Independence Worker's Monthly Report

Food Stamp _____ TANF _____

Number	Date Received	SOP	FS	Expedited	TANF	MAO	Application	Review	Qmry Contact	AU Contact	Case Number	Case Name	Date Info	Date Notice	Date Notice Sent	Date Timely Notice Expires	Eligible	Ineligible	Pending End of Month	Strike	Comments		
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
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24																							
25																							

Worker _____ Mo/Yr _____ Co# _____ Supervisor _____

FORM 353 (Rev. 7/97)

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT**

Application
 Review
 Change

COUNTY:	CASE NUMBER:
---------	--------------

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage				
Property Taxes				
Property Insurance				
Utilities				
a. Electricity				
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone				
SUBTOTAL				
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL				

1. Does anyone pay any of these bills or any other household bills for you? Yes No

If yes, who pays the bills? _____

What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No

If yes, who? _____

What costs? _____

3. Comments / Documentation _____

STATEMENT OF INCOME AND RESOURCES

Income and Earnings: List all types of earnings and income that your household receives. List the income amount before deductions such as taxes, insurance or Medicare premiums are taken out.

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Wages or Salaries <input type="checkbox"/> Yes <input type="checkbox"/> No | Tips or Commission <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disability or sick pay <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-employment or Odd jobs <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No | Severance Pay <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Worker's Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran's Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pension or Retirement <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental Property Income <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child support or Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No | Military Allotments <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adoption Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No | Foster/Relative Care Pay <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contributions from others <input type="checkbox"/> Yes <input type="checkbox"/> No | Other income (specify) <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of these questions, please describe below.

AU Member	Type/ Source of Income	Amount of Income	How often received

Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

- | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Cash <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificates of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Checking Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No | Funeral Plans/Prepaid Burial <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No | Burial Plots or Contracts <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit Union Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks and Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Funds <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Government Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Home Place Property <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Safety Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Refund <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retirement Accounts (401K, IRA , etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Home/Home Place Property <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you or your spouse given away or sold any assets for less than its value? Yes No

If you answered yes to any of these questions, please describe below.

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.

I have read and completed everything on this form that applies to my household. All the information that I have provided is true and complete as far as I know. I understand I can be punished by law if I do not tell the complete truth.

Signature

Date

Authorized Representative

Date

Case Manager

Date

Georgia Department of Human Resources
EMPLOYMENT SERVICES COMMUNICATION FORM

_____ County Department of Family and Children Services

Case Name _____ Case Number _____
Client Name _____ Case Manager/Caseload _____
Client ID Number _____ Case Manager Telephone (____) _____
To _____ Caseload _____ Date _____

CLIENT STATUS CHANGE

Voluntary participant _____	Date of change _____ / _____ / _____	Effective date _____ / _____ / _____
Mandatory participant _____	Date of change _____ / _____ / _____	Effective date _____ / _____ / _____
Employment terminated _____	Date of change _____ / _____ / _____	Effective date _____ / _____ / _____
Newly employed _____	Date of change _____ / _____ / _____	Effective date _____ / _____ / _____
Sanction imposed _____	Date of change _____ / _____ / _____	Effective date _____ / _____ / _____

EMPLOYMENT INFORMATION

Employer _____ Employer's phone number _____
Employer's address _____
Client's job title/position _____ Employment begin date _____ / _____ / _____
Scheduled hours per week _____ Rate of pay \$ _____ Per hour Salary \$ _____ per _____
Day of week paid _____
Client paid weekly _____ every two weeks _____ twice monthly _____ monthly _____ other _____
Client pays child care of \$ _____ per week _____ Client receives child care assistance of \$ _____ per week

REQUEST FOR EXEMPTION FROM WORK REQUIREMENTS

Reason _____
Date requested _____ / _____ / _____

DISPOSITION OF EXEMPTION REQUEST

Approved _____
Denied/ reason _____

FAILURE TO PARTICIPATE

For TANF use only

Client failed to conciliate: Impose 1st sanction _____ 2nd sanction _____ Documentation attached _____

For FS (E&T) use only

Good cause determination: Yes _____ No _____
Client did not keep appointment: Date ____/____/____
Client failed to report to employer / work experience site / training site: Yes _____ No _____
Client refused bonafide offer of suitable employment : Yes _____ No _____ Job description _____
Non-compliance months: ____/____, ____/____, ____/____
Apply 1st sanction _____, 2nd sanction _____, 3rd/subsequent sanction _____.

OTHER INFORMATION

TEMPORARY

Programs to find child care or help pay for child care
Quality Care for Children
Childcare and Parent Services (CAPS)

Programs to assist families with nutrition assistance
Food Stamp Program
The Emergency Food Assistance Program (TEFAP)
United Way 2-1-1
Women, Infant & Children (WIC)
Community Action Agencies
Georgia Food Bank Assn.
Angel Food Ministries

Programs to assist with energy bills
Low Income Home Energy Assistance (LIHEAP)
Crisis Intervention Services
Weatherization Program

Programs to assist families with healthcare coverage
Babies Can't Wait Program
Low Income Medicaid
Right from the Start Medicaid
PeachCare for Kids
Pregnant Woman Medicaid
Emergency Medical Assistance (EMA)
Aged, Blind or Disabled Medicaid (ABD)
Georgia Partnership for Caring Foundation, Inc.

Programs to help with housing
United Way 2-1-1
Atlanta Urban League
Taskforce for the Homeless
Habitat for Humanity
Section 8/Public Housing Authority

ASSISTANCE FOR NEEDY

Programs to protect children and the elderly from abuse
Prevent Child Abuse GA
Child Protective Services
Adult Protective Services

Programs to adopt or care for children
Foster Care
Adoption Services

Programs to assist immigrants
Refugee Resettlement

Programs to assist kids after school
Youth Development
Department of Human Resources (DHR)
Youth Initiative

Programs to help you get a job
Georgia Department of Labor
Dept of Technical & Adult Education (DTAE)
Goodwill Industries

Programs to help receive or meet child support obligations
Georgia Fatherhood Program
Child Support Services

Programs to help individuals with criminal backgrounds
Federal Bonding Program
TOPSTEP

Note: Check with your case manager to determine if programs are offered in your community

FAMILIES

Tax incentives for working families
Earned Income Tax Credit (EITC)
Child Tax Credit
Child and Dependant Care Credit
Education Credit

Programs to help families without income
Temporary Assistance for Needy Families (TANF)
Social Security Administration (disability, survivors, or retirement benefits)
Unemployment Benefits
Dept of Veterans Affairs
Worker's Compensation
General Assistance

Elderly assistance programs

GeorgiaCares
Area Agencies on Aging
Senior Connections

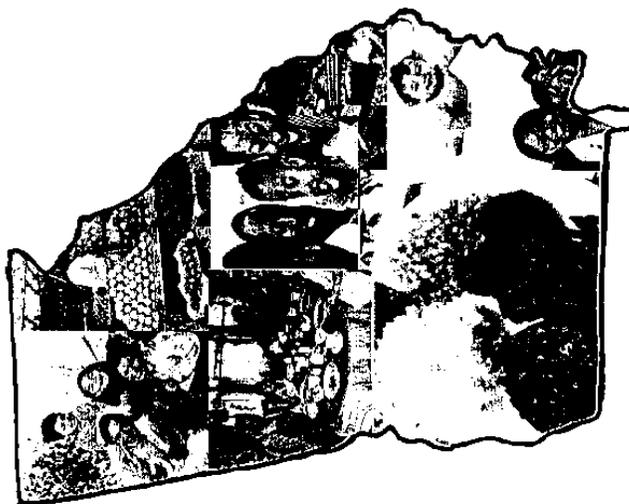
Agencies that offer individual, family, financial literacy or credit counseling

Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)
FDIC Money Smart©
Consumer Credit Counseling Services (CCCS)

Other Services

National Youth Crisis
Legal Aid Society
Salvation Army
Georgia Law Center for the Homeless
Partnership Against Domestic Violence
Grandparents Raising Grandchildren Assistance (GRG)
Furniture Bank
Community Action Agencies
Dress for Success©

Georgia Department Of Human Resources



Frequently Requested Numbers

Child Abuse/Neglect Reports
Call Police or local DFCS office

Adult Protective Services
1-888-774-0152 or 404-657-5250

Georgia Call Center
1.800.georgia or 404.656.2000

DFCS Call Center
1-888-295-1769 or 404-463-0039

DFCS Information Line
1-800-869-1150 or 404-657-3426

EBT Hotline
1-888-421-3281

Right from the Start Medicaid Project
1-800-809-7276

Georgia Housing Search
1-877-428-8844

Peachcare For Kids 1-877-GA-PEACH

Social Security Administration
1-800-772-1213

Domestic Violence Victims
1-800-33-HAVEN

Run Away Hotline
1-800-RUNAWAY

LifeLink of Georgia
1-800-544-6667

For more information, visit our website at:
<http://www.dfcs.dhr.georgia.gov> or 1-800-
869-1150 or 404-657-3426
Form 524 (Rev.07.2008)

Temporary Assistance for
Needy Families

Information and Referral Services

Georgia Department of Human Resources
INTERAGENCY / INTEROFFICE REFERRAL AND FOLLOW-UP

DATE: _____

TO: Division of Family and Children Services
 TANF Medicaid FS
 Social Services CSE

FROM: Division of Family and Children Services
 TANF Medicaid
 FS Social Services CSE

Division of MHMRSA
 Division of Physical Health
 Division of Rehabilitation Services
 Division of Juvenile Justice
 Social Security Administration
 DOL
 DTAE

Division of MHMRSA
 Division of Physical Health
 Division of Rehabilitation Services
 Division of Juvenile Justice
 Social Security Administration
 DOL
 DTAE

ATTN: _____

BY: _____

RE: _____
 NAME (First, Middle, Maiden Last) ADDRESS (Number, Street-Route-P.O. Box) Apt. No.

CITY _____ ZIP CODE _____ COUNTY _____ AREA CODE / TELEPHONE (Home) _____ (Other) _____
 SEX _____ BIRTHDATE _____ RACE _____ SOC. SEC. NO. _____
 Medicaid CASE # _____ SERVICE CASE # _____
 TANF CASE # _____ FOOD STAMP # _____
 REFERRAL & COMMENTS SSA CLAIM # _____
 FOLLOW-UP COMMENTS OTHER I.D.# _____

REPLY TO: _____
 NAME _____ TITLE _____

 AGENCY _____ AREA CODE / TELEPHONE _____ EXT. _____

 ADDRESS _____ PLEASE REPLY BY: _____

Georgia Department of Human Resources
INTERAGENCY/INTEROFFICE REFERRAL AND FOLLOW-UP
Grandparents Raising Grandchildren (GRG)

DATE: ___ / ___ / ___

- TO: Division of Family and Children Services
 Division of Aging Services
 AAA
 Office of Child Support Services
 Division of Public Health
 Division of MHDDAD

- From: Division of Family and Children Services
 Division of Aging Services
 AAA
 Office of Child Support Services
 Division of Public Health
 Division of MHDDAD

County:

County:

ATTN:

BY:

RE:

GrG Name (First, Middle, Maiden, Last)

Address (Number, Street-Route-P.O. Box)

Apt. No.

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE – Home

Telephone – Other

Gender: M F DOB: / /

RACE

SOC. SEC. NO.: - -

Language (if other than English):

Division of Aging Services

- | | | |
|-------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Caregiving, including GrG. | <input type="checkbox"/> Community Care Services Program | <input type="checkbox"/> Wellness Programs |
| <input type="checkbox"/> Elder Rights and Advocacy Programs | <input type="checkbox"/> Home and Community Based | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Long Term Care Ombudsman | <input type="checkbox"/> AAA Information & Assistance Services | <input type="checkbox"/> Home Delivered Meals |
| <input type="checkbox"/> GeorgiaCares | | |

Adult Protective Services: **DO NOT USE 713G, Call 1-888-774-0152** to report instances of abuse, neglect or exploitation of disabled adults or elder persons (**who are NOT residents of nursing homes or personal care homes**)

CHILD SUPPORT

- Medical support for child Payment Redirect

(NOTE: Complete Page 2)

Division of Family and Children's Services

- OFI** TANF (review for enhanced services) Food Stamps Medicaid Child Care Energy Assistance
 Refugee Assistance

- Social Services** Adoption Services ICPC Foster Care Child Protective Services
 Relative Care Subsidy Subsidized Guardianship Relative Foster Care Enhanced Relative Rate

Division of Public Health

Referral Services requested for Grandparent, child or both.

- Services** Child Health Family Planning Oral Health STD/HIV
 Adolescent Health Immunizations WIC Adult Health
 Perinatal Services Birth or Death Certificates

Division of Mental Health, Developmental Disabilities and Addictive Diseases

To refer for services, call 1- 800-715-4225 AND forward 713G to MHGRG@dhr.state.ga.us

FOLLOW-UP COMMENTS

- Referral accepted Incorrect referral Referred to: _____ Unable to contact Grandparent

REPLY TO:

PLEASE REPLY BY:

NAME

AGENCY

E-MAIL ADDRESS

If referring to OCSS: complete page 2 in it's entirety

If referring to DMHDDAD: next section must be completed

If referring to DFCS, DAS/AAA or DPH: next section is optional

NAME OF CHILD(REN):

_____ M F; Race: _____ DOB: ____/____/____ SSN: _____ Medicaid/SUCCESS ID: _____
 _____ M F; Race: _____ DOB: ____/____/____ SSN: _____ Medicaid/SUCCESS ID: _____
 _____ M F; Race: _____ DOB: ____/____/____ SSN: _____ Medicaid/SUCCESS ID: _____

Race: Asian: American Indian/Alaska Native: Black or African American: Multi-Racial: Native Hawaiian/Pacific Islander: Unknown: White

Please note: For OCSS Referrals:

If the mother has children by different fathers, list only the children of one (1) father per referral form.

Complete sections below ONLY IF referring to OCSS:

<p>Office of Child Support Services</p> <p>Grandparents Intervention Referral Form</p>	<input type="checkbox"/> IV-B MEDICAID (Foster Care Medicaid) <input type="checkbox"/> IV-B NON- MEDICAID (Adoption Assistance) <input type="checkbox"/> IV-E (Foster Care) <input type="checkbox"/> No Services (No application fee is required.)
------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Referral Source: Aging DFCS RevMax Center **Phone Number:** _____
Referring Party: _____ **Fax Number:** _____

Name of Mother:

Name: _____ Race: ____ SSN: _____ DOB: ____/____/____

Mother's Address _____

Mother's Employer (Last Known) and Work Address _____

Name of Legal Father Putative Father **Father Is Receiving (check all that apply):** TANF; SSI

Name: _____ Race: ____ SSN: _____ DOB: ____/____/____

Father's Address *(If Different than Mother)* _____

Father's Employer (Last Known) and Work Address _____

Grandparent Guardian: _____

Grandparent's Address: _____

Phone Number: _____ Race: ____ SSN: _____ DOB: ____/____/____

IMPORTANT:

Has Paternity Been Established? Yes No If yes, how? _____

Parents Are: Married; Never Married; Separated; Divorced

Parent(s) Receiving Adoption Assistance Payments? Yes Amount? \$_____ Paid to Whom? _____

Has child support been ordered in the juvenile court? Yes No If YES, attach a copy of the order for OCSE.

If child support was ordered in another court of competent jurisdiction, specify the type of order and **attach a copy**, if available.

OCSE order Divorce order Order issued in _____ County, State of _____

Medicaid eligibility determination is "pending".

COMMENTS _____

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY AND CHILDREN SERVICES
FOOD STAMP PROGRAM

APPOINTMENT NOTICE

COUNTY

DATE

DEAR FOOD STAMP APPLICANT:

You are scheduled for your first interview appointment on _____
at _____.

Your caseworker will be _____.

The interview will be held in the following location:

If you are unable to keep your appointment, you must specifically request a second appointment within 30 days from the date you filed your application in order to received benefits back to the date of application.

Please call us at _____ within 10 days of your initial appointment date to schedule the second appointment. If you do not request another appointment, your application is automatically denied 30 days from the date of application.

Form 804 (Rev. 04/04)

Georgia Department of Human Resources
MEDICAL STATEMENT

TO _____

RE. _____
Client's name
Case number _____
Case Manager _____

The above named person has applied for or is receiving Temporary Assistance for Needy Families (TANF) and/or Food Stamps. Everyone who receives TANF is required to participate in work activities. TANF is limited to 48 months in a lifetime. Ms./Mr. _____ has received TANF for _____ months. Please answer all questions about _____'s current medical condition and the anticipated date of recovery.

Authorization for Release of Medical Information

(To be completed by the TANF applicant/recipient)

I, _____ hereby authorize _____ to furnish to the _____ County Department of Family & Children Services the requested information about my medical condition, ability to participate, suitable activities, and employability.

Date _____ Signature or Mark _____

If signed by an 'X', person who witnesses the mark sign below:

Signature of Witness

Date

(To be completed by the medical provider)

Date of examination _____

Diagnosis of present condition _____

Expected duration of illness _____

Is the patient able to work now? Yes No (If not, how long has the patient been unable to work) _____

Prognosis (please be specific): _____

When do you estimate the patient will be able to work? _____

Does the patient need a full-time caretaker? Yes No

If yes, why? _____

Date to return for re-examination _____

Comments _____

Please indicate if any of the following activities are appropriate for this individual. If accommodations are needed, please specify in the space provided below. Check all boxes that you think are appropriate.

- Full-time employment _____ Yes _____ No
- Part-time employment _____ Yes _____ No
- Volunteer employment activity _____ Yes _____ No
- Light community service _____ Yes _____ No
- Adult Literacy/GED _____ Yes _____ No
- Short-term technical training _____ Yes _____ No

Accommodations needed _____

Doctor's Name _____
(Please print)

Date _____

Doctor's Signature _____

Address _____

Phone Number: _____

Georgia Department of Human Resources

_____ County Department of Family and Children Services

Case #: _____
Date: _____

RE: _____
SSN: _____

Dear Sir/Madam,

The above named individual is an applicant/recipient of assistance in this county. Regulations require us to verify income for all applicants/recipients. Your company was listed by this person as a place of employment, either within the past ___ years or at the present time. In order to complete this application/review, it is necessary that we contact you to verify this person's employment and address.

Please complete the questions on the reverse side as fully as possible. Please sign, date and return this information within **FIVE DAYS** as the application/review must be completed in a timely manner.

The authorization to release information signed by the client is included on this form.

Your cooperation is appreciated.

Sincerely,

.....
Authorization to Release Information

I _____ hereby authorize my employer to furnish complete information about my earnings to the _____ County _____.

Signature or Mark

Date

If signed by an "X", person who witnesses the mark must sign below.

Signature of Witness

Georgia Department of Human Resources

Employee Information

(a) Name and address of employee from your records: _____

(b) Beginning date of employment: _____ Job title of the employee: _____

(c) Date of first pay _____ Gross amount of first pay \$ _____

(d) Rate of pay: \$ _____

(e) Number of hours per week this employee works: _____

(f) Employee is paid weekly: ___ bi-weekly: ___ semi-monthly: ___ monthly: ___ daily: ___

(g) Employee receives a \$ _____ salary: ___ weekly: ___ bi-weekly: ___ semi-monthly: ___ monthly

(h) Day of the week this employee is paid: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___
___ Saturday ___ Sunday

(i) Employee going to another job/position: Yes _____ No _____ If so, where?

Please complete the following for the last _____ weeks/months. Please show the date this employee actually **received** the checks.

Pay Period End Date	Date received	# of Hours Worked	*Gross Earnings	Net Earnings	Tips (if applicable)

*DO NOT include advance EITC payments in Gross Earnings

Georgia Department of Human Resources

Employer's Comments

(Person completing this form must sign, date and provide his/her phone number at the bottom of this form)

(a) Do you expect a change in pay? ¶ Yes ¶ No

If yes, what change do you expect? _____

When do you expect this change? _____

(b) If the employee is no longer employed or was terminated, provide **reason** for termination/separation:

(c) Last date this employee worked: _____

(d) Last date this employee was paid/will be paid: _____

(e) Total gross amount of the last pay check for this employee (Please include vacation, severance or special pay, if applicable): _____

Signature and job title

Phone number

Date

Georgia Department of Human Resources

_____ County Department of Family and Children Services

THIRD PARTY VERIFICATION OF CITIZENSHIP

To: _____

Date: _____

Re: _____

Applicant/Recipient

AU Number

Case Manager/Caseload

Dear Mr./Ms. _____

The above individual has applied for assistance or is currently receiving assistance through this agency. In order to determine this family's eligibility or continued eligibility for assistance, we must verify citizenship for the household members provided below. Please complete this form with the requested information and return it to this office in the enclosed envelope by

_____.

If you have questions about this form, please call me at the number listed below.

Signature of Case Manager

Telephone Number

I hereby authorize _____ to provide complete information about

Individual's Name

my place of birth to the _____ County Department of Family and

Services.

Signature or Mark



I, _____, do state under penalty of perjury that _____
Individual's Name Client's Name

was born in _____ on _____
Place of birth Month Day Year



The information provided on this form reflects the personal knowledge that I have about the household's place of birth. If any information is found to be intentionally inaccurate, I may be subject to criminal prosecution for knowingly providing false information. I understand the meaning of this paragraph.

Signature of Person Completing this Form

Date

Address

City State Zip Code

Telephone Number



Georgia Department of Human Resources
STATEMENT OF SHELTER COSTS

Date: _____

Case Name: _____

Case Number: _____

.....

Dear Landlord:

The individual named above is an applicant/recipient of public assistance in this county. The Division of Family and Children Services requires verification of all shelter costs. **Please complete the shelter statement and provide requested information by**

_____. Your assistance is greatly appreciated.
Due Date

Sincerely,

Signature of Case Manager/Telephone Number

.....

I hereby authorize my landlord or responsible person to provide complete information about my shelter costs to the _____ County Department of Family and Children Services.

Signature or Mark

If signed by a person who witnesses the mark

Signature of Witness

Household Information

Name of renter/(s): _____

Rental Property Address: _____

.....

Shelter Cost Section

Please state who lives in the home _____

Amount of rent charged to household (exclude late charges and fees): _____

Monthly, weekly, biweekly

Amount of lot rent charged to household: _____
Monthly, weekly, biweekly

Is the rent up-to-date, and if not, is the household still being charged for rent _____

If tenant is working in exchange for rent, please indicate the amount paid for rent in the last 2 months.

Month _____ Amount paid _____ / Month _____ Amount paid _____

.....

Utility Cost Section

What utilities are included in the rent? _____

Amount of utilities charged to household by landlord: _____

How often are the utilities paid? _____
Monthly, weekly, biweekly, etc.

How is this home heated? _____

Does this home have air conditioning? _____

Does anyone not living in the household pay the rent and/or utilities? If so, who pays them?

.....

Landlord Information

Landlord's name: _____ Date _____

Landlord's Address _____

Landlord signature _____ Phone Number _____

Food Stamp Employment and Training (E&T) Program Facts

What is E&T?

E&T is the Food Stamp Employment and Training Program. The program helps Food Stamp recipients get the skills, training or experience needed to get jobs.

E&T Activities

Georgia's E&T Program offers adult education, vocational training, job skills training for specific jobs, and work experience (a short-term unpaid work assignment).

Who Must Participate?

Food stamp recipients, who do not meet a work registration exemption, and are ages 16-59, must register for the E&T Program. Work registrants between the ages of 18-49, who are not pregnant and who do not have children under age 18 living with them, are considered able-bodied adults without dependents (ABAWDs). ABAWDs must participate in E&T activities. Federal law states that ABAWDs are eligible for food stamps for only three months out of every 36 months, unless they are working, or in training at least 20 hours per week. In Georgia, ABAWDs who are not meeting the requirement to work or to be in training are offered opportunities to participate in work experience.

Complying with E&T Requirements

Work registrants must register for work. They cannot voluntarily quit a job or reduce work hours and must provide information to determine their employment status. In addition to these requirements, ABAWDs must attend assessment and orientation sessions, complete work experience activities, training or educational programs. ABAWDs who meet their work requirements by working 20 to 29 hours per week must report to their caseworker when their number of work hours goes below 20 hours per week and when their income exceeds 130% of the FPL.

Support Services

ABAWDS participating in E&T activities receive help with transportation and incidentals. Funds are available for incidentals such as tools, supplies and fees, testing fees, tuition and other items needed to accept employment.

Sanctions

Work registrants who fail, without good cause, or refuse to cooperate with E&T Program requirements are sanctioned. Sanctioned means that the work registrant who failed or refused to cooperate cannot receive benefits. Even though the sanctioned work registrant does not receive benefits, his/her resources and income may be counted to determine eligibility and benefit amount for family members who may continue to receive benefits.

The minimum sanction periods are as follows:

- 1st failure or refusal to comply — 1 month or until compliance, whichever is longer
- 2nd failure or refusal to comply — 3 months or until compliance, whichever is longer
- 3rd & subsequent failures or refusals to comply — 6 months or until compliance, whichever is longer

If a sanction is applied, the sanctioned work registrant is not included in the food stamp benefits for the minimum period or until compliance, whichever is longer. After the minimum sanction period has been served, the sanctioned individual may contact the worker to make arrangements to comply with the requirements. A sanction remains in place until compliance, except for voluntarily quitting a job or reducing work hours sanctions. Sanctions for voluntary quit and reduction of your hours are imposed only for the appropriate minimum periods. If it is determined that there was good cause for failure to comply, a sanction is not applied.

E&T Works!!!

The E&T Program has helped many food stamp recipients get jobs, and reduce or eliminate their dependency on food stamps. They are employed in a variety of fields from health care and manufacturing, to teaching and welding. They are proving daily that E&T works successfully in helping food stamp recipients get the skills, training and work experience they need to build productive lives and end poverty.

For More Information, Contact Your

Form 830 ENG/SP (Rev. 05-08)

County Department of Family and Children Services

Department of Homeland Security
U.S. Citizenship and Immigration Services

SAVE

G-845S, Document Verification Request

OMB No. 1653-0032; Expires 04/30/05

Section A-To be completed by the submitting agency.

To: U.S. Citizenship and Immigration Services (USCIS)

6. Verification Number

7. Photocopy of Document Attached.
(If printed on both sides, attach a copy of the front and ___ back.)

Other Information Attached (Specify documents).

From: Typed or Stamped Name and Address of Submitting Agency

8. (Benefit)	(Your Case Number)
AFDC	
Education Grant/Loans/Workstudy	
Food Stamp	
Housing Assistance	
Medicaid/Medical Assistance	
Unemployment Insurance	
Employment Authorization	
Other (specify)	

Attn: Status Verifier

(USCIS may use above address with a No. 20 window envelope)

1. Alien Registration Number or Form I-94 Number

9. Name of Submitting Official

2. Applicant's Name (Last, First, Middle)

10. Title of Submitting Official

3. Nationality

11. Date

4. Date of Birth (mm/dd/yyyy)

5. U.S. Social Security Number

12. Telephone Number
()

Section B-To be completed by USCIS

USCIS RESPONSE: From the documents or information submitted and/or a review of our records we find that:

1. This document appears valid and relates to a **Lawful Permanent Resident alien** of the United States.
2. This document appears valid and relates to a **Conditional Resident alien** of the United States.
3. This document appears valid and relates to an alien **authorized employment** as indicated below:
 - a. Full-Time
 - b. Part-Time
 - c. No Expiration (Indefinite)
 - d. Expires on:
(Specify mm/dd/yyyy below)
4. This document appears valid and relates to an alien who has an application pending for:
(Specify USCIS below)
5. This document relates to an alien having been granted asylum/refugee status in the United States.
6. This document appears valid and relates to an alien paroled into the United States pursuant to Section 212 of the I&N Act.
7. This document appears valid and relates to an alien who is a Cuban/Haitian entrant.

8. This document appears valid and relates to an alien who is a **conditional entrant**.
9. This document appears valid and relates to an alien who is a **nonimmigrant**.
(Specify type or class below)
10. This document appears valid and relates to an alien not authorized employment in the United States.
11. Continue to process as legal alien. USCIS is searching indices for further information.
12. This document is not valid because it appears to be:
(Check all that apply)
 - a. Expired
 - b. Altered
 - c. Counterfeit

USCIS Stamp

Please see reverse for additional comments.

Form G-845S (Rev. 01/31/05) N (Prior versions may be used until 06/30/05)

Comments

13. No determination can be made from the information submitted. Please obtain a copy of the original alien registration documentation and resubmit.
14. No determination can be made without seeing **both** sides of the document submitted. (Please resubmit request.)
15. Copy of document is not readable. (Please resubmit request.)

"PRUCOL"

For Purposes of Determining Only If Alien Is Permanently Residing Under Color of Law!

16. USCIS is actively pursuing the removal of an alien in this class/category.
17. USCIS is not actively pursuing the removal of an alien in this class/category at this time.

18. Other.

Instructions

- **Submit copies (*front and back*) of alien's original documentation.**
- **Make certain a *complete return address* has been entered in the "From" portion of the form.**
- The Alien Registration Number ("A" Number) is the letter "A" followed by a series of seven or eight digits. The number found on Form I-94 may also be recorded in this block. (Check the front and back of the Form I-94 document. If the "A" Number appears, record that number when requesting information instead of the longer admission number because the "A" Number refers to the most integral record available.)
- If Form G-845 is submitted without copies of the applicant's original documentation, it will be returned to the submitting agency without any action taken.
- Address this verification request to the local office of the U.S. Citizenship and Immigration Services.

Georgia Department of Human Resources
CHANGE REPORT FORM

Use this form to report changes in your household circumstances to your caseworker.
DO NOT RETURN THIS FORM UNLESS YOU ARE REPORTING A CHANGE IN CIRCUMSTANCES.

Name: _____ Case # _____

Address: _____ SSN _____

_____ Phone # _____

Simplified Reporting Households must report:

- When their total gross income is more than 130% of the income level for their household size.
- When an Able Bodied Adult without Dependents (ABAWD)'s work hours fall below 20 hours per week or 80 hours per month.

Changes must be reported no later than 10 days from the end of the month in which the increase or change occurred.

My household had total gross monthly income (earned - before deductions, AND unearned) that is more than the 130% income limit.

In what month/year did the household's income exceed the 130% amount? _____

What is the total gross monthly income amount? _____

Signature _____ Date _____

My household had an ABAWD member whose work hours fell below 20 hours per week.

I, _____, am an unemployed ABAWD who was working 20-29 hours per week or 80 hours per month. My work hours have decreased to _____ hours per week.

Signature _____ Date _____

Although your household only has simplified reporting requirements, you may report any of the following changes:

Check the changes that you are reporting and complete the questions on the back of the form.

- Change in who lives in home because someone moved in or out
- Household moved to a new address
- Household member(s) started to work
- Household member(s) stopped working
- Household member(s) has a change in hourly pay rate or hours
- Household member(s) started to receive or stopped receiving SS1, social security, VA, pension, retirement, disability, money from friends or relatives, child support, unemployment, etc.
- Someone starts or stops paying your household bills
- You or someone in your household has resources of \$2,000 or more

Georgia Department of Human Resources
CHANGE REPORT FORM

Do you have other changes to report?

I N C O M E

- Who had a change in income or employment? _____
Explain _____
- Where does the income come from? _____
- What is the new amount of income? _____
- How often is the income received? _____
- When did the income/employment start or stop? _____

A D D R E S S

- My household has moved to a new address. The new address is _____
- New Rent or Mortgage Amount \$ _____ If a mortgage, the annual property tax is \$ _____ and the amount for homeowner's insurance is \$ _____.
- Does anyone help you pay your rent, mortgage or utilities? Yes No If yes, who? _____
- At your new address, what utilities do you pay? _____
- Do you have to pay for heating or air conditioning? Yes No

H O U S E H O L D C O M P O S I T I O N

- Who moved in? _____ Who moved out? _____
- When did the person move in or out? _____

C H I L D S U P P O R T

- You or someone in your household is reporting that the amount of child support paid to someone who does not live in your home has changed from \$ _____ to \$ _____.

R E S O U R C E S

You or someone in your household has more than \$2,000 in savings, cash, stocks, bonds or credit union accounts.
How much \$ _____ Where _____

I understand that the information I provide on this report may result in a change in my benefits, including a lower amount of benefits or no benefits.

I certify under penalty of perjury that all information that I have given on this report is true and correct as far as I know.

Signature _____

Date _____

Georgia Department of Human Resources
CONTINUING YOUR FOOD STAMPS

_____ County Department of Family and Children Services

_____ Date _____
_____ Case Number _____
_____ Case Manager /Load _____
_____ Telephone No _____

It is time for your household to reapply for food stamp benefits. Your certification period will end on _____.

You have an appointment on _____ at _____
Day Date Time
_____ Location

IMPORTANT: If you do not keep your appointment, you must call and ask for another appointment no later than _____ and provide required verification. You must request a 2nd appointment, and your application must be received by the 15th day of this month IF YOU WANT TO KEEP GETTING YOUR FOOD STAMPS WITHOUT A BREAK. Failure to keep your appointment and to provide required verification may result in your food stamp case being closed. If you do not request another appointment at all, you will stop getting food stamps.

Please bring the following documents to your appointment:

- Proof of your checking and/or savings account such as a bank statement received within the last 30 days
- Pay stubs from employer/s, provide at least one month or 4 weeks of income for each week paid in the month.
- Proof of Social Security, SSI, VA or any other kind of income such as child support or alimony, contributions; at least one month or 4 weeks of income for each week paid in the month.
- Proof of any expenses you have (rent/mortgage, taxes and/or insurance, child care cost, medical bills, child support you pay to someone who does not live with you, etc) ; provide at least one month or 4 weeks of expenses paid for each week in the month.

Note: If you are a Supplemental Security Income (SSI) recipient you may reapply for food stamp benefits at any Social Security Administration office.

**Georgia Department of Human Resources
CONTINUING YOUR FOOD STAMPS**

If you cannot keep your appointment, and you can not find someone to come in for you, please call your case manager at the telephone number listed above to make other arrangements.

If you disagree with or do not understand the decision we have made on your case, call your case manager.

If you decide to file for a fair hearing, you may request one either by phone or in writing by contacting the Department of Human Resources. You have 30 days from the date of this notice to request a hearing. If you need help with legal problems, you may call your local Legal Aide Office at 1-800-745-5717.

**Georgia Department of Human Resources
CONTINUING YOUR FOOD STAMPS**

_____ Date: _____
_____ FS Case Number: _____
_____ County Department: _____
_____ Case manager Name/Load #: _____
_____ Phone Number: _____

.....
It is time for your household to reapply for food stamp benefits. Please complete the forms and mail them back with the enclosed envelope to your county office. Forms must be received at least one (1) week prior to your appointment time. Be sure you sign your name and date the forms.

We must receive all of your forms by the 15th of this month IF YOU WANT TO KEEP GETTING YOUR FOOD STAMPS WITHOUT A BREAK. If we receive your forms after this date, your food stamps may be late. If you do not return these forms at all, you will stop getting food stamps.

Your case manager will call you on _____ at _____ to talk with you about your food stamp case. This call will take about 30 minutes.

Please provide a phone number (your number, a relative's number, or a friend's number) so your case manager can call you on the date and time above. **IF WE DO NOT RECEIVE YOUR FORMS, WE WILL NOT CALL YOU. Failure to keep your appointment may result in your food stamp case being closed.**

If you do not have a phone number for us to call, please come to the office on the date and time above to keep your appointment. Please call your case manager at the number above if you cannot come to the office. If you cannot keep your appointment, you must request a 2nd appointment. If you do not request another appointment, you will stop getting food stamps.

PLEASE SEND US PROOF OF THE FOLLOWING:

Please bring the following documents to your appointment:

- Proof of your checking and/or savings account such as a bank statement received within the last 30 days
- Pay stubs from employer/s, provide at least one month or 4 weeks of income for each week paid in the month.

**Georgia Department of Human Resources
CONTINUING YOUR FOOD STAMPS**

PLEASE SEND US PROOF OF THE FOLLOWING (cont.):

- Proof of Social Security, SSI, VA or any other kind of income such as child support or alimony, contributions; at least one month (statement) or 4 weeks of income for each week paid in the month.
- Proof of any expenses you have (rent/mortgage, taxes and/or insurance, child care cost, medical bills, child support you pay to someone who does not live with you, etc) ; provide at least one month or (4 weeks) of expenses paid for each week in the month.

Note: If you are a Supplemental Security Income (SSI) recipient you may reapply for food stamp benefits at any Social Security Administration office.

If you disagree with or do not understand the decision we have made on your case, call your case manager.

If you decide to file for a fair hearing, you may request one either by phone or in writing by contacting the Department of Human Resources. You have 30 days from the date of this notice to request a hearing. If you need help with legal problems, you may call your local Legal Aide Office at 1-800-745-5717.

**Georgia Department of Human Resources
NOTICE OF MISSED REVIEW APPOINTMENT**

_____ **County Department of Family and Children Services**

_____ Date _____
_____ Case Number _____
_____ Case Manager /Load _____
_____ Telephone No _____

You missed your review appointment, which was scheduled on _____.
You must call _____ to schedule a 2nd
appointment. You must have an interview by the 15th day of this month IF
**YOU WANT TO KEEP GETTING YOUR FOOD STAMPS WITHOUT A
BREAK.** If you do not request another appointment, you will stop getting
food stamps. Your certification period will end on _____.

If you have already rescheduled an appointment and have been interviewed,
please disregard this notice.

**REGULATIONS: OFI Volume 3, Food Stamp Program Manual,
Section 3710, Reviews**

Georgia Department of Human Resources
VERIFICATION OF EDUCATIONAL ASSISTANCE INCOME

Date: _____

Re: _____

Case Name _____

Case Number _____

TO: _____ ATTN: Financial Aid Officer
NAME OF SCHOOL

The above named individual is an applicant/recipient of public assistance. Federal regulations require verification of educational assistance income received by students. Your institution is asked to verify the source of income, amount of income and the educational expenses of the above named student.

Thank you for your assistance and cooperation.

Caseworker/ Load Number

Telephone Number

.....
I hereby authorize the release of information concerning my educational assistance income, tuition, mandatory fees, other costs assessed by the institution and student status to the _____ County Department of Family and Children Services. I understand this information is used to determine my household's or an individual household member's eligibility for food stamps and/or public assistance benefits or services.

Student Signature and Identification Number

Student: _____ SSN: _____

**Georgia Department of Human Resources
VERIFICATION OF EDUCATIONAL ASSISTANCE INCOME**

Does the school or program in which the student is enrolled require a high school diploma or equivalency certification for enrollment? Yes _____ No _____

Does the school or program in which the student is enrolled require high school diploma or equivalency certification prior to completion of the program? Yes _____ No _____

Are there standard requirements to obtain the degree or certificate? Yes _____ No _____

Is the student enrolled at least halftime? Yes _____ No _____

List the student's sources of education assistance. (Include any PELL, BEOG, SSIG, Perkins, HOPE, Grants, Scholarships, Fellowship, Internships, Work Study Programs, etc.)

SOURCE	AMOUNT	PERIOD OF TIME COVERED		List type of expense and amounts of money specifically earmarked
		FROM	TO	

INTERNSHIPS ONLY
If the student is in an internship program, does the student receive earned income/wages and educational assistance? Is the student considered to be an employee and/or a student? Please explain below.

WORKSTUDY (Note: For work study programs, the student must be approved for the program and actually working during the school term.)

Has this student been approved for state or federally financed work-study? Yes _____ No _____

School term of student work-study program: _____

Work-study start date: _____ End date: _____

Signature of School Official Completing This Form: _____

Title: _____

Telephone # _____

Date: _____

GEORGIA DEPARTMENT OF HUMAN RESOURCES
VERIFICATION YOUR CASE MANAGER MAY ASK FOR
WHEN YOU APPLY FOR FOOD STAMPS

For your convenience, it is recommended that you apply for food stamps in the county where you live. You have the right to file a food stamp application on the same day you receive it. The amount of food stamps you receive for the first month is based on the day you file your application. Before you get food stamps, you may need to give us proof of some of things listed below. During your interview, your case manager will tell you what you need to give us. It is a good idea to bring these things when you come for your interview. You may need to bring some of these things for yourself and/or others who live and eat with you. **If you have trouble getting these things, your case manager may be able to help you.**

- Proof of who you are, like a driver's license, ID card
- Social Security numbers for everyone you want to get food stamps. If someone does not have a Social Security number, your case manager will give you a form to apply for one.
- Proof of your citizenship such as a birth certificate, U.S. passport, hospital record
- Proof of your checking and/or savings account such as a bank statement received within the last 30 days
- Immigration papers for persons applying for benefits and who are not United States citizens
- Pay stubs from employer(s), provide at least one month or 4 weeks of pay for each week paid in the month.
- Termination statement from ex-employer if you have lost your job in the past 30 days
- Proof of money made from self-employment-farming, doing odd jobs, working for yourself
- Proof of money from a roomer or boarder
- Proof of Social Security, SSI, VA or any kind of pension payments such as an award letter
- Proof of worker's compensation or sick pay, provide at least one month or 4 weeks of pay for each week paid in the month
- Proof of child support or alimony; provide at least one month or 4 weeks of income for each week paid in the month
- Statement from anybody who gives you money or pays any of your bills (include address and phone)
- Proof of child support that you pay to someone who does not live with you such as a court order and one month of support paid/ 4 weeks of stubs for each week in the month
- Proof of rent or house payment such as a current lease or payment book statement; proof of taxes and insurance on the house such as a tax and/or insurance statement
- Proof of how much is paid for childcare or the care of a sick person; provide a statement from provider or one month (4 weeks of expenses) paid for each week in the month
- Proof of medical bills for an individual/s age 60 or older or disabled. This could be doctor bills, hospital bills, medical supplies, health insurance and prescriptions.

Georgia Department of Human Resources
Resource Clearance

To: _____

Date: _____

From: _____

Re: _____

Applicant/Recipient

AU Number

Spouse's Name

Address

Address

Social Security Number

Social security number

The above individual has applied to this agency for assistance and has given us permission, as evidenced by the signed authorization attached, to make the necessary financial investigation. We must act upon this case prior to _____ (date). Therefore, we appreciate your entering the information on resources in the section provided and returning the completed form to us at the earliest date possible.

Signature of Case Manager / Telephone Number

Federal Regulations require that we verify resources as of the first day of the month

Does our client have checking/savings account(s) in your institution? Yes No Closed _____ (date).

If yes, please provide information requested below:

Account Number	Month/Year	Balance as of First day/Month	Interest Paid During Month	Account Holder(s) as shown on Signature Card
<input type="checkbox"/> Checking	1. _____	\$ _____	\$ _____	_____
<input type="checkbox"/> Savings	2. _____	\$ _____	\$ _____	_____
	3. _____	\$ _____	\$ _____	_____
	4. _____	\$ _____	\$ _____	_____

Account Number	Month/Year	Balance as of First day/Month	Interest Paid During Month	Account Holder(s) as shown on Signature Card
<input type="checkbox"/> Checking	1. _____	\$ _____	\$ _____	_____
<input type="checkbox"/> Savings	2. _____	\$ _____	\$ _____	_____
	3. _____	\$ _____	\$ _____	_____
	4. _____	\$ _____	\$ _____	_____

Does this person have a safety deposit box in your institution? Yes No

If yes, please give legal title of ownership: _____

Are you aware of any other deposit, loan, credit card, or trust accounts involving this person being maintained by your institution?

Yes No

If yes, please describe: _____

Signature

Title

Phone Number

Date

Authorization for Resource Clearance

Date: _____

To Whom It May Concern:

I, the undersigned, hereby authorize the representative of:

_____ County Department of Family and Children Services

_____ Division of Family and Children Services-Quality Control

_____ Division of Medical Assistance – Quality Control

be given any information that they may desire concerning my resources.

Signature: _____

Address: _____

Georgia Department of Human Resources



Name of Individual/Consumer/Patient/Applicant

Date of Birth

IF AVAILABLE:

ID Number Used by
Requesting Agency

ID Number Used by
Releasing Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize:

(Name of Person or Agency Requesting Information)

(Address)

to obtain from:

(Name of Person or Agency Holding the Information)

(Address)

the following type(s) of information from my records (and any specific portion thereof):

for the purpose of:

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here: _____

(Date)

one (1) year.

the period necessary to complete all transactions on matters related to services provided to me.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Date)

(Signature of Individual/Consumer/Patient/Applicant)

(Signature of Witness)

(Title or Relationship
to Individual)

(Signature of Parent or other legally Authorized
Representative, where applicable)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

(Date this authorization is revoked by Individual)

(Signature of Individual or legally authorized Representative)

Form 5459 (Rev. 4-11-03) Previous versions are obsolete and should not be used.

Notice of Privacy Practices
Georgia Department of Human Resources

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice please contact the Legal Services Office at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs, which deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. **This notice relates only to health information.** It describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information." Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Coordinator, or in person at any facility where you receive services from the Department.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

Treatment: Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

Payment: Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as: making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations: The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in the provision of your services.

Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object

The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information

Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person's involvement in your health care and may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object

The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director; for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

Required Uses and Disclosures: Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department's compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et. seq.

2. Your Rights under the federal Privacy Rule

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

You have the right to request restriction of your protected health information. You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

You may have the right to request amendment of your protected health information. If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

You have the right to receive an accounting of certain disclosures the Department has made of your protected health information. This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from the Department. upon request.

All written requests regarding your rights as set forth above should be sent to the Privacy Coordinator for the DHR Division, Office or facility which maintains your PHI.

3. Complaints related to use or disclosure of your protected health information

You may complain to the Department and to the Secretary of Health and Human Services **if you believe your health information privacy rights have been violated.** You may file a complaint in writing with the DHR Division, Office or Facility which maintains your PHI at telephone () - , facsimile () - , or by mail to:

You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may also contact the Privacy Coordinator at telephone (404) 657-3735, facsimile (404) 463-3978, or by mail to DFCS HIPAA Privacy Coordinator, 2 Peachtree Street, N.W. Suite 19-233, Atlanta, Georgia 30303-3142 for further information about the complaint process or this notice. **Please sign a copy of this Notice of Privacy Practices for the Department's records.**
I have received a copy of this Notice on the date indicated below:

_____ <i>Signature</i>		_____ <i>Mailing Address</i>
_____ <i>(Please print name)</i>	_____ <i>Date</i>	_____ <i>City, State, Zip</i>
After you sign and date please mail or bring the original to:		
_____ <i>County Office</i>	_____ <i>Case Manager</i>	_____ <i>Lead #</i>
_____ <i>Mailing Address</i>	_____ <i>City, State, Zip</i>	

Georgia Department of Human Resources OFFICE OF INVESTIGATIVE SERVICES REQUEST FOR INVESTIGATION Two Peachtree Street, NW, Room 23-293 Atlanta, GA 30303-3142		1. COUNTY NAME/NUMBER: _____		
		2. HOTLINE REFERRAL NUMBER: _____		
		3. DFCS LOG NUMBER: _____		
HEAD OF HOUSEHOLD INFORMATION				
4. SOCIAL SECURITY # _____	5. DOB: _____	6. SEX: <input type="checkbox"/> M <input type="checkbox"/> F		
7. SUCCESS CLIENT ID# _____	8. RACE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> W			
9. FIRST NAME: _____	10. INITIAL _____	11. LAST NAME: _____		
12. ADDRESS 1: _____	13. ADDRESS 2: _____			
14. CITY: _____	16. STATE: _____	17. AREA/PHONE/EXT. _____		
15. ZIP: _____				
SECONDARY HOUSEHOLD INFORMATION				
18. SOCIAL SECURITY NO.	NAME	DOB		
		RELATIONSHIP		
		SUCCESS CLIENT ID NO.		
		REPEAT OFF.		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
		<input type="checkbox"/> Y <input type="checkbox"/> N		
SUSPECTED PROGRAM VIOLATION				
19. CATEGORY	20. STATUS		21. ESTIMATED OVERPAYMENT	22. SUCCESS AU ID NO.
PROGRAM	ACTIVE	CLOSED	FALSE STMT	START DATE
				END DATE
				AMOUNT
				CHILD CARE CASE NO.
<input type="checkbox"/> EBT	<input type="checkbox"/> EBT Trafficking ONLY			
<input type="checkbox"/> FS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> CAPS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> NON EBT				
<input type="checkbox"/> FS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> TANF	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> CAPS	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
23. METHOD OF DISCOVERY: <input type="checkbox"/> CLEARINGHOUSE <input type="checkbox"/> CLIENT REPORT <input type="checkbox"/> CSE <input type="checkbox"/> HOTLINE				
<input type="checkbox"/> QC <input type="checkbox"/> E4 LIST <input type="checkbox"/> PRISONER ALERT <input type="checkbox"/> UCB MATCH <input type="checkbox"/> OTHER				
24. SOURCE OF REFERRAL: _____				
25. OP RESULTED FROM:				
<input type="checkbox"/> A. UNREPORTED EARNED (Wages, Self Employment, ETC.)		Employer: _____		
		Employer Address: _____		
		(Address Continued)		
<input type="checkbox"/> B. UNREPORTED UNEARNED (SS, SSI, WC, UCB, VA, CS, ETC.)		Source: _____		
		Date Income Began: _____		
<input type="checkbox"/> C. RESOURCES (Insurance, Property, Bank Accounts, Etc.)		List Resources, Value, Property Location, Insurance Co., Name of Bank, Etc.		
<input type="checkbox"/> D. HOUSEHOLD COMPOSITION/RESIDENCY (Child out of Home, Spouse in Home, Out of State, ETC.)		Name: _____		
<input type="checkbox"/> E. EBT TRAFFICKING (Card #, Store Name & Address, FCS #)		Name: _____		
<input type="checkbox"/> F. OTHER (Explain Dual Assistance)		Name: _____		
26. REPEAT OFFENDER: <input type="checkbox"/> Y <input type="checkbox"/> N				
27. Explain: (Describe Violation checked in #25. Include Names, Addresses, and Telephone Numbers, if known. Include Names of Respondent(s) if other than #18 above. Attach additional sheet if needed)				
28. WORKER/ORIGINATOR SIGNATURE		29. DATE	30. TELEPHONE NO.	

Form 5687 (Rev. 06/05)

INSTRUCTIONS FOR THE REQUEST FOR INVESTIGATION***

The OIS Form 5667 is to be completed per the following instructions. Numbers refer to the numbered boxes on the form. Fields designated with an asterisk (*) are mandatory fields.

1. * COUNTY DFCS: Enter the name of the current county in which the client's benefits are determined.
2. HOTLINE REFERRAL LOG #
3. DFCS LOG #

HEAD OF HOUSEHOLD INFORMATION:

4. HEAD OF HOUSEHOLD SOCIAL SECURITY NUMBER
5. *DATE OF BIRTH (Month/Date/Year)
6. SEX (Male or Female)
7. *SUCCESS CLIENT ID#
8. RACE (Asian, Black, Hispanic, Other, and White)
9. *FIRST NAME
10. MIDDLE INITIAL
11. *LAST NAME
12. *ADDRESS 1 (enter the most current address)
13. ADDRESS 2
14. *CITY
15. *STATE
16. ZIP CODE
17. AREA CODE AND TELEPHONE NUMBER

SECONDARY HOUSEHOLD INFORMATION:

18. SOCIAL SECURITY NUMBER
 - *NAME OF SECONDARY HOUSEHOLD MEMBER (First, Middle, Last name). This is the respondent/person that actually contributed to the suspected violation, i.e., adult child working, spouse/boyfriend in the home.
 - DATE OF BIRTH (Month/Date/Year)
 - *RELATIONSHIP (Example: Son, Daughter, Husband, etc)
 - SUCCESS CLIENT ID #

*REPEAT OFFENDER (Check yes if central fraud files, SUCCESS, DRS or case records contain evidence of previous adjudication(s) for this recipient from a court proceeding, Administrative Fraud Hearing or WDH.

SUSPECTED PROGRAM VIOLATION

19. *CATEGORY/PROGRAM: Check the Category (At least one, EBT or NON EBT, is mandatory):
 - EBT TRAFFICKING – Refers to allegations of EBT trafficking of benefits. i.e., selling the EBT card or a portion of the benefits on the card to another individual or vendor.
 - NON EBT – Refers to allegations involving any other eligibility requirement other than trafficking of benefits.
 - Check the Program Type. At least one Program Type (Food Stamp, TANF, CAPS) is mandatory. If multiple programs are involved, check the appropriate boxes.
20. *STATUS: Check the box to indicate whether the program is Active or Closed. Check the box labeled False if a false statement was made.
21. *ESTIMATED OVERPAYMENT: For all referred programs, an estimated overpayment period must be entered. This is an estimation of the first month and last month of overpayment. The estimated amount is usually the amount of benefits received during that period of time
22. *SUCCESS AU ID/Child Care #: Enter the case number and SUCCESS AU ID for the corresponding program, (i.e. Food Stamps, TANF and/or Child Care number).

INSTRUCTIONS FOR THE REQUEST FOR INVESTIGATION***

The OIS Form 5667 is to be completed per the following instructions. Numbers refer to the numbered boxes on form. Fields designated with an asterisk (*) are mandatory fields.

23. ***METHOD OF DISCOVERY:** Select the appropriate choice: Clearinghouse, Client Report, CSE, E4 List, Prisoner Alert, Hotline, QC, UCB Match or Other. IF "Other" is selected, please include a brief description.
24. ***SOURCE OF REFERRAL:** State where the referral originated. Example: DFCS, CSE, QC.
25. ***OP RESULTS FROM:** These six information fields are very important. The Request for Investigation can be processed in a timely and efficient manner only if necessary background information is provided by complainant. Check those that apply and be as specific as possible with your information. Attach additional sheets as necessary. Indicate if verification is available in the county office. Do NOT attach original verification. Maintain all original verification in the county; attach copies if appropriate.
26. ***REPEAT OFFENDER:** Circle "yes" if central fraud files, DRS, SUCCESS or case records contain evidence of previous adjudication(s) for this recipient from a court proceeding, Administrative Fraud Hearing or WDH.
27. **EXPLAIN:** Describe the violation and provide any additional details.
28. ***WORKER/ORIGINATOR:** The person who is completing 5667 should sign here.
29. ***DATE OF REFERRAL:** Enter the date that the 5667 is completed. This is the date from which the FNS 12-month disposition timeframe is tracked. Submit completed 5667's to OIS immediately upon completion to avoid loss for investigative purposes based on the FNS 12-month rule.
30. **TELEPHONE NUMBER OF WORKER/ORIGINATOR.**

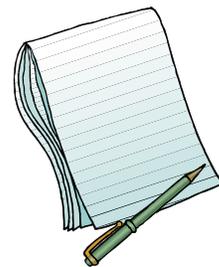
NOTE: Any supplemental information concerning the same allegations but uncovered subsequent to submission of the Form 5667 should be submitted on Form 713 or via GroupWise to the OIS investigator. A new Form 5667 should be completed for any new/different allegations of suspected fraud in the household.

******* SPECIAL NOTE:**

This form was created using the Excel program. Due to the limitations of the program, if the person completing the referral enters more data than a field can accommodate, the information will not print when the form is printed. Therefore, be careful to limit data to the size of the cell. If it is necessary to submit further information, please attach extra sheets.

The form has been configured to print correctly on most printers. Due to the infinite variety of printers used by staff, you may need to adjust your page set up to accommodate your printer. For most printers the optimum setting for the page scale is 85% of normal size.

Participant Guide



Policy Excerpts

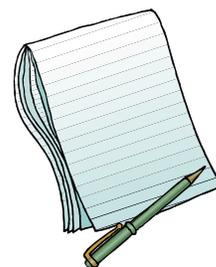
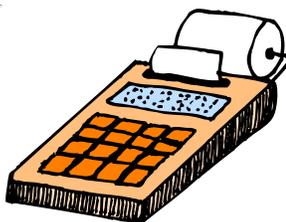
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Excerpted from the online OFI Food Stamp Policy Manual (ODIS.DHR.STATE.GA.US)

NOTE: THE POLICY EXCERPTS ARE PROVIDED FOR USE IN THIS TRAINING CLASS ONLY. PLEASE REFER TO THE ONLINE POLICY MANUAL FOR FUTURE UPDATES.

Policy Section	Subject
3010 (MT 23)	Voter Registration
3020 (MT 1)	Mandated Reporting of Child Abuse or Neglect
3035 (MT 26)	Verification
3105 (MT 23)	Application Processing
3320 (MT 26)	Citizenship/Alien Status
3400 (MT 24)	Financial Eligibility Criteria Overview
3600 (MT 1)	Budgeting Overview
3605 (MT 23)	Prospective Budgeting
3610 (MT 25)	Food Stamp Budgeting
3611 (MT 19)	Deductions Overview
3612 (MT 14)	Earned Income Deduction
3613 (MT 25)	Standard Deduction
3614 (MT 23)	Excess Medical Deduction
3615 (MT 25)	Dependent Care Deduction
3616 (MT 14)	Child Support Deduction
3617 (MT 25)	Shelter and Utility Deductions
3710 (MT 26))	Reviews
3715 (MT 26)	Interim Changes
3720 (MT 26)	Reporting Requirements
Appendix E (MT 10)	Glossary

Participant Guide



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Weekly Planner



January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Eligibility / Payment Tables

TANF & LIM Gross Income Ceiling & Standard of Need / TANF Family Maximum

Family Medically Needy Income Level / RSM Income Levels / TMA Earnings Level

Food Stamp Income Ceiling / Net Income Limit / Maximum SNAP Allotment

No in AU	TANF / LIM		TANF Family Max	TANF 160%FPL GRG	Family MNIL	235%FPL Peach Care	200%FPL RSM PgW, Newborn	185%FPL RSM/TMA Child 0-1 WIC	133%FPL RSM child 1 through 5	100%FPL RSM child 6 to 19	FOODSTAMP LIMITS					
	Gross Income Ceiling	Standard of Need									TCOS elderly disabled 200% FPL	Elderly/ Disabled Reference 165%FPL	Gross Income 130%FPL	Net Income 100% FPL	Max * Allotment	
1	435	235	155	1445	208	2123	1805	1670	1201	903	1	\$1,734	\$1,430	\$1,127	\$867	\$200
2	659	356	235	1944	317	2856	2429	2247	1615	1215	2	2,334	1,925	1,517	1,167	367
3	784	424	280	2442	375	3587	3052	2823	2030	1526	3	2,934	2,420	1,907	1,467	526
4	925	500	330	2941	442	4320	3675	3400	2444	1838	4	3,534	2,915	2,297	1,767	668
5	1060	573	378	3440	508	5053	4299	3976	2859	2150	5	4,134	3,410	2,687	2,067	793
6	1149	621	410	3938	550	5784	4922	4553	3273	2461	6	4,734	3,905	3,077	2,367	952
7	1243	672	444	4437	600	6517	5545	5130	3688	2773	7	5,334	4,400	3,467	2,667	1052
8	1319	713	470	4936	633	7250	6169	5706	4102	3085	8	5,934	4,898	3,857	2,967	1202
9	1389	751	496	5435	667	7984	6793	6284	4517	3397		600	495	390	300	150
10	1487	804	530	5934	708	8718	7417	6862	4932	3709	(Each Additional Member)					
11	1591	860	568	6434	758	9452	8041	7440	5347	4021	Std Deduction (members) TELEPHONE (1-3)\$144 (4)\$147 (5)\$172 (6+)\$197 Owns Phone \$30.00					
(Each Additional Member)											H/C SUA \$323 Medicare \$96.40		Non H/C SUA \$175 SSI(1) \$674 (2)\$1011			
Notes: Can accept A/R's statement of income only for P01s											Excess Shelter Limit \$446		TANF Dep. Care (each)			
FPL 100% to 200% covers months children turns 1, 6, & 19, respectively											(Except AUs With Elderly or Disabled Members)		Child <2 \$200			
Newborn (mother was P01 or received Medicaid) vs Infant (mother not certified for birth month)											Vehicles - Disregarded		Child 2+ \$175			
Web Addresses PeachCare (1-877-GA-PEACH) http://www.peachcare.org											ABAWD WE min hrs/ person:		Month a child turns 2 is \$200			
Internet Policy Training http://www.gadfcs.org/dfcs/ss/sshome.html											allot / 6.55, (up to 80 hrs), effective July 24,09 Allot / 7.25		TCOS categorical eligibility extended to elderly/disabled AUs at or below 200% FPL			
Georgia Health Partnership http://www.ghp.georgia.gov EBT https://169.176.40.123																
Policy Manuals www.odis.dhr.state.ga.us Groupwise http://gw.dhr.state.ga.us																

Information is verified either by Third Party Source (TPS) or the AU's statement (AUS). Chart 3035.1, Summary Verification Chart, is used to determine verification that is required at application, review, or an interim change.

Summary Verification Chart – Chart 3035.1			
Basic Eligibility Criteria	Application	Review	Interim Change
Identity	TPS	AUS	AUS <u>Exception:</u> Verify if identity has changed.
AU Composition	AUS	AUS	AUS
Citizenship	TPS Ex: birth certificate, hospital record	N/A, if verified initially. <u>Exception:</u> If good cause was granted or a newborn's citizenship has not been verified within 6 months of birth, TPS is required. <u>Note:</u> Citizenship has to be verified only once.	TPS Ex: birth certificate, hospital record
Alien Status	TPS Ex: Alien Registration Card (green card)	N/A, if verified initially. If initially approved for 6-months without G-845 or other USCIS documents, then a third party source is required.	TPS Ex: Alien Registration Card (green card)
Enumeration	AUS <u>Exception:</u> If SSN was previously known to the system, TPS is required. Verify if SSN is not validated	N/A <u>Exception:</u> If good cause was granted or a newborn's enumeration has not been verified within 6 months of birth, TPS is required. Verify if SSN is not validated	AUS <u>Exception:</u> Verify by TPS, if SSN is unknown or, SSN is not validated
Residency	TPS Ex: lease or utility bill	AUS Verify by TPS, if AU has moved or information is <i>questionable</i>	AUS
Lawbreakers	AUS Verify by TPS, if information is <i>questionable</i>	AUS Verify by TPS, if information is <i>questionable</i>	AUS

Summary Verification Chart – Chart 3035.1 (cont.)

Basic Eligibility Criteria (cont.)	Application	Review	Interim Change
Prison Matches	AUS <u>Exception:</u> Verify by TPS, if information is <i>questionable</i> or has changed.	AUS <u>Exception:</u> Verify by TPS, if information is <i>questionable</i> or has changed.	AUS <u>Exception:</u> Verify by TPS, if information is <i>questionable</i> , has changed, or addition of AU member.
Work Registration: Incapacity	TPS Ex: statement from doctor	TPS Ex: statement from doctor	TPS Ex: statement from doctor
Work Registration: High Risk Pregnancy	TPS Ex: statement from doctor	TPS Ex: statement from doctor	TPS Ex: statement from doctor
Work Registration: Enrollment in School/ Training	AUS If A/R is < 18 years old and a student, refer to earned income. If A/R is in higher education, refer to student status.	AUS If A/R is < 18 years old and a student, refer to earned income. If A/R is in higher education, refer to student status.	AUS If A/R is < 18 years old and a student, refer to earned income. If A/R is in higher education, refer to student status.
Work Registration: Caretaker of Incapacitated Person Required Care	TPS Ex: statement from doctor	TPS Ex: statement from doctor	TPS Ex: statement from doctor
Work Registration: Employment	AUS Refer to earned income requirements at application.	AUS Refer to earned income requirements at review.	AUS Refer to earned income requirements at interim change.
Work Registration: Application or Receipt of Unemployment Compensation	AUS Refer to unearned income requirements at application.	AUS Refer to unearned income requirements at review.	AUS Refer to unearned income requirements at interim change.

Summary Verification Chart – Chart 3035.1

(cont.)

Basic Eligibility Criteria (cont.)	Application	Review	Interim Change
Work Registration: ABAWD Employed 20-29 hours per week*	TPS Ex: pay stubs	TPS Ex: pay stubs	AUS Exception: Verify by TPS, if there is an increase in benefits
Work Registration: ABAWD Participation in E&T Activities*	TPS Ex: Attendance Sheet	TPS Ex: Attendance Sheet	TPS Ex: Attendance Sheet
School Attendance for a child <18 years of age	AUS <u>Exception:</u> Verify by TPS, if the student is employed.	AUS <u>Exception:</u> Verify by TPS, if the student is employed.	AUS <u>Exception:</u> Verify by TPS, if the student is employed.
Wages of a child < 18 years of age	AUS <u>Exception:</u> Verify by TPS, if the student is employed and will turn 18 during the POE.	AUS <u>Exception:</u> Verify by TPS, if the student is employed and will turn 18 during the POE.	AUS <u>Exception:</u> Verify by TPS, if the student is not in school.
Student Status for Higher Education: Enrollment Criteria	TPS Ex: Form (875) or statement from school	TPS Ex: Form (875) or statement from school	AUS <u>Exception:</u> Verify by TPS, if there is an increase in benefits Ex: Form (875) or statement from school
Student Status for Higher Education: Employment Criteria	TPS Ex: statement from employer, pay stubs	TPS Ex: statement from employer, pay stubs	AUS <u>Exception:</u> Verify by TPS, if there is an increase in benefits
Student Status for Higher Education: Work Study Criteria	TPS Ex: Form (875) or statement from school	TPS Ex: Form (875) or statement from school	TPS Verify by TPS if there is an increase in benefits Ex: Form (875) or statement from school

*NOTE: For ABAWDs the only requirement is to identify the ABAWD and code as AE with no further action until the waiver is lifted

Summary Verification Chart – Chart 3035.1

(cont.)

Resources	Application	Review	Interim Changes
Liquid Resources	<p>AUS</p> <p>Exception: Verify by TPS, if total countable liquid resources exceed 75% of the limit. Refer to Section 3405, Resources.</p>	<p>AUS</p> <p>Exception: Verify by TPS, if total countable liquid resources exceed 75% of the limit. Refer to Section 3405, Resources.</p>	<p>AUS</p> <p>Exception: Verify by TPS, if total countable liquid resources exceed 75% of the limit. Refer to Section 3405, Resources.</p>
Income	Application	Review	Interim Changes
Earned Income	<p>TPS</p> <p>Ex: The Work Number, pay stubs, Form 809.</p>	<p>TPS</p> <p>Ex: The Work Number, pay stubs, Form 809.</p>	<p>AUS</p> <p>Exception: Verify by TPS, if there is an increase in benefits.</p>
Termination of Earned or Unearned Income	<p>TPS</p> <p>Verify by TPS if termination is within 30 days of the application. Verify last day employed, last date of pay, and reason for separation or termination. Verify amount paid if income is budgeted for the intervening and/or ongoing month.</p>	<p>TPS</p> <p>Verify last day employed, last date of pay and reason for separation/termination. Verify amount paid if income will be budgeted for the ongoing month.</p>	<p>AUS</p> <p>Exception: Verify by TPS if there is an increase in benefits. Verify last day employed, last date of pay, and reason for separation or termination.</p> <p>Verify amount received if income will be budgeted for the ongoing month.</p>
Self Employment Income	<p>TPS</p> <p>Ex: tax return, monthly receipts or business records, work log</p>	<p>TPS</p> <p>Ex: tax return, monthly receipts, business records, work log</p>	<p>AUS</p> <p>Exception: Verify by TPS, if there is an increase in benefits.</p>
Unearned Income	<p>TPS</p>	<p>TPS</p>	<p>AUS</p> <p>Exception: Verify by TPS, if there is an increase in benefits.</p>

Summary Verification Chart – Chart 3035.1

(cont.)

Deductions	Application	Review	Interim Change
Dependent Care Deduction	<p>TPS</p> <p>Ex: statement from provider</p>	<p>AUS</p> <p><u>Exception:</u> Verify by TPS if there is a new source, change in provider, or the amount has changed by > \$25 since the last review.</p>	AUS
Child Support Deduction	<p>TPS</p> <p>Verify obligation to pay and actual amount paid.</p> <p>Ex: court order, receipts, check</p>	<p>TPS</p> <p>Verify by TPS when there is a new source, change in obligated amount, or payment amount has changed by > \$25.</p>	<p>AUS</p> <p><u>Exception:</u> Verify by TPS if there is an increase in benefits.</p>
Shelter Deduction	<p>TPS</p> <p>Ex: lease or statement from landlord</p>	<p>AUS</p> <p><u>Exception:</u> Verify by TPS if AU has moved, or amount has changed by > \$25 since the last review.</p>	AUS
Utility Deductions	<p>AUS</p> <p><u>Exception:</u> Verify if the AU is ineligible for the SUA because he/she has only one utility expense other than the telephone expense.</p>	<p>AUS</p> <p><u>Exception:</u> Verify by TPS if the AU is ineligible for the SUA because he/she has only one utility expense other than the telephone expense</p>	<p>AUS</p> <p><u>Exception:</u> Verify by TPS if the AU is ineligible for the SUA because he/she has only one utility expense other than the telephone expense.</p>
Medical Deductions	<p>TPS</p> <p>Ex: hospital bill, prescription drug printout, SSA award letter to verify Medicare premium</p>	<p>TPS</p> <p>Ex: Hospital bills, prescription drug printout,</p>	<p>AUS</p> <p>Verify by TPS if reported by the AU and there is an increase in benefits.</p>

Note: If any information is questionable, the AU may be required to verify eligibility by Third Party Source (TPS).

VOLUNTARY QUIT/VOLUNTARY REDUCTION OF HOURS TO LESS THAN 30 HOURS/WEEK (MR 3380)

DETERMINING IF SANCTION SHOULD BE IMPOSED:

Step 1	<p>At the time of the voluntary quit or voluntary reduction of hours to less than 30 hours/week, would the AU member be a mandatory registrant?</p> <p>If no, STOP! DO NOT APPLY SANCTION. If yes, continue.</p>
Step 2	<p>Did the wages from the employment involve 30 hours or more per week or a weekly earning equivalent to 30 hours multiplied by the federal minimum wage?</p> <p>If no, STOP! DO NOT APPLY SANCTION. If yes, continue.</p>
Step 3	<p>Did the AU member have Good Cause for voluntarily quitting the employment or reducing hours worked to less than 30 hours/week?</p> <p>If yes, STOP! DO NOT APPLY SANCTION. If no, continue.</p>
Step 4	<p>Did the voluntary quit or voluntary reduction of work hours to less than 30 hours/week occur within 30 days prior to the application date or anytime thereafter?</p> <p>If the voluntary quit or voluntary reduction of work hours occurred more than 30 days prior to the application date, STOP! DO NOT APPLY THE SANCTION.</p> <p>If the voluntary quit or voluntary reduction of hours occurred within 30 days prior to the application date - the sanction period is applied as follows:</p> <ul style="list-style-type: none"> * first violation - for month of application * second violation - for first three months * third or subsequent violation - for first six months <p>If the voluntary quit or voluntary reduction of work hours to less than 30 hours/week occurred anytime after approval, apply the sanction the month after timely notice expires:</p> <ul style="list-style-type: none"> * first violation - for one month * second violation - for three months * third or subsequent violation - for six months <p>Sanction the mandatory registrant who voluntarily quit or voluntarily reduced work hours to less than 30 hours/week.</p>

NOTE: THE AU MUST MEET ALL FOUR OF THE ABOVE CRITERIA IN ORDER FOR THE SANCTION TO BE IMPOSED.

BASIS OF ISSUANCE

09/08

October 1, 2008

\$/cents

48 States and the District of Columbia

Note: These tables are extended to meet the needs of certain categorically eligible households. Therefore, the amounts shown on the tables are higher than the net income limits for some household sizes. Households, which are not categorically eligible for food stamps, must have incomes below the appropriate income limits.

To determine a household's monthly food stamp coupon allotment using the Basis of Issuance tables:

- 1) Calculate the household's net monthly income. Households which are not categorically eligible for food stamps will have net monthly incomes which are lower than or equal to the amounts shown in Column C on this page.
- 2) Find the allotment by reading in the attached tables down to the appropriate income and across to the appropriate household size.
- 3) Persons in household sizes one and two and which are categorically eligible will be eligible for benefits of at least \$14, even if the tables do not show a benefit amount at their net income levels.

To calculate the allotment manually (in lieu of step 2 above) or if the household is size 21 or larger;

- 1) Multiply the net monthly income by 30 percent;
- 2) Round the product up to the next whole dollar if it ends in 1-99 cents;
- 3) To obtain the household's allotment, subtract the result from the Maximum Allotment (Column D) for the appropriate household size. However if the computation results in \$1, \$3 or \$5, round up to \$2, \$4 or \$6, respectively.
- 4) If the allotment is for a one- or two-person household and is less than \$14, or is a negative number, round to the minimum allotment of \$14 for one- and two-person households.

Household Size	Monthly Elderly/Disabled Separate 165% of Poverty	Income Household*	Maximum Gross Monthly Income* 130% of Poverty	Maximum Net Monthly Income* 100% of Poverty	Maximum Allotment
	Col. A		Col. B	Col. C	Col. D
1	\$1,430		\$1,127	\$ 867	\$ 176
2	1,925		1,517	1,167	323
3	2,420		1,907	1,467	463
4	2,915		2,297	1,767	588
5	3,410		2,687	2,067	698
6	3,905		3,077	2,367	838
7	4,400		3,467	2,667	926
8	4,895		3,857	2,967	1,058
Each Additional Member	+495		+390	+300	+132

*Maximum Gross and Net Monthly Income figures are not used for computing the coupon allotment. They are included as a reference for determining the household's eligibility.

7/25/2008

Food & Nutrition Service
Basis of Coupon / EBT Issuance
48 States & DC
October 1, 2008

Reduction Amt: 30%

Monthly Net Income	Coupon / EBT Allotments by Household Size									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
0 - 0	176	323	463	588	698	838	926	1058	1190	1322
1 - 3	175	322	462	587	697	837	925	1057	1189	1321
4 - 6	174	321	461	586	696	836	924	1056	1188	1320
7 - 10	173	320	460	585	695	835	923	1055	1187	1319
11 - 13	172	319	459	584	694	834	922	1054	1186	1318
14 - 16	171	318	458	583	693	833	921	1053	1185	1317
17 - 20	170	317	457	582	692	832	920	1052	1184	1316
21 - 23	169	316	456	581	691	831	919	1051	1183	1315
24 - 26	168	315	455	580	690	830	918	1050	1182	1314
27 - 30	167	314	454	579	689	829	917	1049	1181	1313
31 - 33	166	313	453	578	688	828	916	1048	1180	1312
34 - 36	165	312	452	577	687	827	915	1047	1179	1311
37 - 40	164	311	451	576	686	826	914	1046	1178	1310
41 - 43	163	310	450	575	685	825	913	1045	1177	1309
44 - 46	162	309	449	574	684	824	912	1044	1176	1308
47 - 50	161	308	448	573	683	823	911	1043	1175	1307
51 - 53	160	307	447	572	682	822	910	1042	1174	1306
54 - 56	159	306	446	571	681	821	909	1041	1173	1305
57 - 60	158	305	445	570	680	820	908	1040	1172	1304
61 - 63	157	304	444	569	679	819	907	1039	1171	1303
64 - 66	156	303	443	568	678	818	906	1038	1170	1302
67 - 70	155	302	442	567	677	817	905	1037	1169	1301
71 - 73	154	301	441	566	676	816	904	1036	1168	1300
74 - 76	153	300	440	565	675	815	903	1035	1167	1299
77 - 80	152	299	439	564	674	814	902	1034	1166	1298
81 - 83	151	298	438	563	673	813	901	1033	1165	1297
84 - 86	150	297	437	562	672	812	900	1032	1164	1296
87 - 90	149	296	436	561	671	811	899	1031	1163	1295
91 - 93	148	295	435	560	670	810	898	1030	1162	1294
94 - 96	147	294	434	559	669	809	897	1029	1161	1293
97 - 100	146	293	433	558	668	808	896	1028	1160	1292
101 - 103	145	292	432	557	667	807	895	1027	1159	1291
104 - 106	144	291	431	556	666	806	894	1026	1158	1290
107 - 110	143	290	430	555	665	805	893	1025	1157	1289

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Food & Nutrition Service
Basis of Coupon / EBT Issuance
48 States & DC
October 1, 2008

Reduction Amt: 30%

Monthly Net Income	Coupon / EBT Allotments by Household Size									
	Number of Persons in the Household									
	1	2	3	4	5	6	7	8	9	10
	Person	Persons								
111 - 113	142	289	429	554	664	804	892	1024	1156	1288
114 - 116	141	288	428	553	663	803	891	1023	1155	1287
117 - 120	140	287	427	552	662	802	890	1022	1154	1286
121 - 123	139	286	426	551	661	801	889	1021	1153	1285
124 - 126	138	285	425	550	660	800	888	1020	1152	1284
127 - 130	137	284	424	549	659	799	887	1019	1151	1283
131 - 133	136	283	423	548	658	798	886	1018	1150	1282
134 - 136	135	282	422	547	657	797	885	1017	1149	1281
137 - 140	134	281	421	546	656	796	884	1016	1148	1280
141 - 143	133	280	420	545	655	795	883	1015	1147	1279
144 - 146	132	279	419	544	654	794	882	1014	1146	1278
147 - 150	131	278	418	543	653	793	881	1013	1145	1277
151 - 153	130	277	417	542	652	792	880	1012	1144	1276
154 - 156	129	276	416	541	651	791	879	1011	1143	1275
157 - 160	128	275	415	540	650	790	878	1010	1142	1274
161 - 163	127	274	414	539	649	789	877	1009	1141	1273
164 - 166	126	273	413	538	648	788	876	1008	1140	1272
167 - 170	125	272	412	537	647	787	875	1007	1139	1271
171 - 173	124	271	411	536	646	786	874	1006	1138	1270
174 - 176	123	270	410	535	645	785	873	1005	1137	1269
177 - 180	122	269	409	534	644	784	872	1004	1136	1268
181 - 183	121	268	408	533	643	783	871	1003	1135	1267
184 - 186	120	267	407	532	642	782	870	1002	1134	1266
187 - 190	119	266	406	531	641	781	869	1001	1133	1265
191 - 193	118	265	405	530	640	780	868	1000	1132	1264
194 - 196	117	264	404	529	639	779	867	999	1131	1263
197 - 200	116	263	403	528	638	778	866	998	1130	1262
201 - 203	115	262	402	527	637	777	865	997	1129	1261
204 - 206	114	261	401	526	636	776	864	996	1128	1260
207 - 210	113	260	400	525	635	775	863	995	1127	1259
211 - 213	112	259	399	524	634	774	862	994	1126	1258
214 - 216	111	258	398	523	633	773	861	993	1125	1257
217 - 220	110	257	397	522	632	772	860	992	1124	1256
221 - 223	109	256	396	521	631	771	859	991	1123	1255
224 - 226	108	255	395	520	630	770	858	990	1122	1254
227 - 230	107	254	394	519	629	769	857	989	1121	1253

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Food & Nutrition Service
Basis of Coupon / EBT Issuance
48 States & DC

October 1, 2008

Reduction Amt: 30%

Monthly Net Income	Coupon / EBT Allotments by Household Size									
	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
231 - 233	106	253	393	518	628	768	856	988	1120	1252
234 - 236	105	252	392	517	627	767	855	987	1119	1251
237 - 240	104	251	391	516	626	766	854	986	1118	1250
241 - 243	103	250	390	515	625	765	853	985	1117	1249
244 - 246	102	249	389	514	624	764	852	984	1116	1248
247 - 250	101	248	388	513	623	763	851	983	1115	1247
251 - 253	100	247	387	512	622	762	850	982	1114	1246
254 - 256	99	246	386	511	621	761	849	981	1113	1245
257 - 260	98	245	385	510	620	760	848	980	1112	1244
261 - 263	97	244	384	509	619	759	847	979	1111	1243
264 - 266	96	243	383	508	618	758	846	978	1110	1242
267 - 270	95	242	382	507	617	757	845	977	1109	1241
271 - 273	94	241	381	506	616	756	844	976	1108	1240
274 - 276	93	240	380	505	615	755	843	975	1107	1239
277 - 280	92	239	379	504	614	754	842	974	1106	1238
281 - 283	91	238	378	503	613	753	841	973	1105	1237
284 - 286	90	237	377	502	612	752	840	972	1104	1236
287 - 290	89	236	376	501	611	751	839	971	1103	1235
291 - 293	88	235	375	500	610	750	838	970	1102	1234
294 - 296	87	234	374	499	609	749	837	969	1101	1233
297 - 300	86	233	373	498	608	748	836	968	1100	1232
301 - 303	85	232	372	497	607	747	835	967	1099	1231
304 - 306	84	231	371	496	606	746	834	966	1098	1230
307 - 310	83	230	370	495	605	745	833	965	1097	1229
311 - 313	82	229	369	494	604	744	832	964	1096	1228
314 - 316	81	228	368	493	603	743	831	963	1095	1227
317 - 320	80	227	367	492	602	742	830	962	1094	1226
321 - 323	79	226	366	491	601	741	829	961	1093	1225
324 - 326	78	225	365	490	600	740	828	960	1092	1224
327 - 330	77	224	364	489	599	739	827	959	1091	1223
331 - 333	76	223	363	488	598	738	826	958	1090	1222
334 - 336	75	222	362	487	597	737	825	957	1089	1221
337 - 340	74	221	361	486	596	736	824	956	1088	1220
341 - 343	73	220	360	485	595	735	823	955	1087	1219
344 - 346	72	219	359	484	594	734	822	954	1086	1218

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Food & Nutrition Service
Basis of Coupon / EBT Issuance
48 States & DC
October 1, 2008

Reduction Amt: 30%

Monthly Net Income	Coupon / EBT Allotments by Household Size									
	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
347 - 350	71	218	358	483	593	733	821	953	1085	1217
351 - 353	70	217	357	482	592	732	820	952	1084	1216
354 - 356	69	216	356	481	591	731	819	951	1083	1215
357 - 360	68	215	355	480	590	730	818	950	1082	1214
361 - 363	67	214	354	479	589	729	817	949	1081	1213
364 - 366	66	213	353	478	588	728	816	948	1080	1212
367 - 370	65	212	352	477	587	727	815	947	1079	1211
371 - 373	64	211	351	476	586	726	814	946	1078	1210
374 - 376	63	210	350	475	585	725	813	945	1077	1209
377 - 380	62	209	349	474	584	724	812	944	1076	1208
381 - 383	61	208	348	473	583	723	811	943	1075	1207
384 - 386	60	207	347	472	582	722	810	942	1074	1206
387 - 390	59	206	346	471	581	721	809	941	1073	1205
391 - 393	58	205	345	470	580	720	808	940	1072	1204
394 - 396	57	204	344	469	579	719	807	939	1071	1203
397 - 400	56	203	343	468	578	718	806	938	1070	1202
401 - 403	55	202	342	467	577	717	805	937	1069	1201
404 - 406	54	201	341	466	576	716	804	936	1068	1200
407 - 410	53	200	340	465	575	715	803	935	1067	1199
411 - 413	52	199	339	464	574	714	802	934	1066	1198
414 - 416	51	198	338	463	573	713	801	933	1065	1197
417 - 420	50	197	337	462	572	712	800	932	1064	1196
421 - 423	49	196	336	461	571	711	799	931	1063	1195
424 - 426	48	195	335	460	570	710	798	930	1062	1194
427 - 430	47	194	334	459	569	709	797	929	1061	1193
431 - 433	46	193	333	458	568	708	796	928	1060	1192
434 - 436	45	192	332	457	567	707	795	927	1059	1191
437 - 440	44	191	331	456	566	706	794	926	1058	1190
441 - 443	43	190	330	455	565	705	793	925	1057	1189
444 - 446	42	189	329	454	564	704	792	924	1056	1188
447 - 450	41	188	328	453	563	703	791	923	1055	1187
451 - 453	40	187	327	452	562	702	790	922	1054	1186
454 - 456	39	186	326	451	561	701	789	921	1053	1185
457 - 460	38	185	325	450	560	700	788	920	1052	1184
461 - 463	37	184	324	449	559	699	787	919	1051	1183

7/25/2008
Food & Nutrition Service
Basis of Coupon / EBT Issuance
48 States & DC
October 1, 2008
Reduction Amt: 30%

Monthly Net Income	Coupon / EBT Allotments by Household Size																			
	Number of Persons in the Household																			
	1	2	3	4	5	6	7	8	9	10	Person	Persons								
464 - 466	36	183	323	448	558	698	786	918	1050	1182	35	182	322	447	557	697	785	917	1049	1181
467 - 470	34	181	321	446	556	696	784	916	1048	1180	33	180	320	445	555	695	783	915	1047	1179
471 - 473	32	179	319	444	554	694	782	914	1046	1178	31	178	318	443	553	693	781	913	1045	1177
474 - 476	30	177	317	442	552	692	780	912	1044	1176	29	176	316	441	551	691	779	911	1043	1175
477 - 480	28	175	315	440	550	690	778	910	1042	1174	27	174	314	439	549	689	777	909	1041	1173
481 - 483	26	173	313	438	548	688	776	908	1040	1172	25	172	312	437	547	687	775	907	1039	1171
484 - 486	24	171	311	436	546	686	774	906	1038	1170	23	170	310	435	545	685	773	905	1037	1169
487 - 490	22	169	309	434	544	684	772	904	1036	1168	21	168	308	433	543	683	771	903	1035	1167
491 - 493	20	167	307	432	542	682	770	902	1034	1166	19	166	306	431	541	681	769	901	1033	1165
494 - 496	18	165	305	430	540	680	768	900	1032	1164	17	164	304	429	539	679	767	899	1031	1163
497 - 500	16	163	303	428	538	678	766	898	1030	1162	15	162	302	427	537	677	765	897	1029	1161
501 - 503	14	161	301	426	536	676	764	896	1028	1160	14	160	300	425	535	675	763	895	1027	1159
504 - 506	14	159	299	424	534	674	762	894	1026	1158	14	158	298	423	533	673	761	893	1025	1157
507 - 510	14	157	297	422	532	672	760	892	1024	1156	14	156	296	421	531	671	759	891	1023	1155
511 - 513	14	155	295	420	530	670	758	890	1022	1154	14	154	294	419	529	669	757	889	1021	1153
514 - 516	14	153	293	418	528	668	756	888	1020	1152	14	152	292	417	527	667	755	887	1019	1151
517 - 520	14	151	291	416	526	666	754	886	1018	1150	14	150	290	415	525	665	753	885	1017	1149
521 - 523	14	149	289	414	524	664	752	884	1016	1148										

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	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
581 - 583	14	148	288	413	523	663	751	883	1015	1147
584 - 586	14	147	287	412	522	662	750	882	1014	1146
587 - 590	14	146	286	411	521	661	749	881	1013	1145
591 - 593	14	145	285	410	520	660	748	880	1012	1144
594 - 596	14	144	284	409	519	659	747	879	1011	1143
597 - 600	14	143	283	408	518	658	746	878	1010	1142
601 - 603	14	142	282	407	517	657	745	877	1009	1141
604 - 606	14	141	281	406	516	656	744	876	1008	1140
607 - 610	14	140	280	405	515	655	743	875	1007	1139
611 - 613	14	139	279	404	514	654	742	874	1006	1138
614 - 616	14	138	278	403	513	653	741	873	1005	1137
617 - 620	14	137	277	402	512	652	740	872	1004	1136
621 - 623	14	136	276	401	511	651	739	871	1003	1135
624 - 626	14	135	275	400	510	650	738	870	1002	1134
627 - 630	14	134	274	399	509	649	737	869	1001	1133
631 - 633	14	133	273	398	508	648	736	868	1000	1132
634 - 636	14	132	272	397	507	647	735	867	999	1131
637 - 640	14	131	271	396	506	646	734	866	998	1130
641 - 643	14	130	270	395	505	645	733	865	997	1129
644 - 646	14	129	269	394	504	644	732	864	996	1128
647 - 650	14	128	268	393	503	643	731	863	995	1127
651 - 653	14	127	267	392	502	642	730	862	994	1126
654 - 656	14	126	266	391	501	641	729	861	993	1125
657 - 660	14	125	265	390	500	640	728	860	992	1124
661 - 663	14	124	264	389	499	639	727	859	991	1123
664 - 666	14	123	263	388	498	638	726	858	990	1122
667 - 670	14	122	262	387	497	637	725	857	989	1121
671 - 673	14	121	261	386	496	636	724	856	988	1120
674 - 676	14	120	260	385	495	635	723	855	987	1119
677 - 680	14	119	259	384	494	634	722	854	986	1118
681 - 683	14	118	258	383	493	633	721	853	985	1117
684 - 686	14	117	257	382	492	632	720	852	984	1116
687 - 690	14	116	256	381	491	631	719	851	983	1115
691 - 693	14	115	255	380	490	630	718	850	982	1114
694 - 696	14	114	254	379	489	629	717	849	981	1113

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	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
697 - 700	14	113	253	378	488	628	716	848	980	1112
701 - 703	14	112	252	377	487	627	715	847	979	1111
704 - 706	14	111	251	376	486	626	714	846	978	1110
707 - 710	14	110	250	375	485	625	713	845	977	1109
711 - 713	14	109	249	374	484	624	712	844	976	1108
714 - 716	14	108	248	373	483	623	711	843	975	1107
717 - 720	14	107	247	372	482	622	710	842	974	1106
721 - 723	14	106	246	371	481	621	709	841	973	1105
724 - 726	14	105	245	370	480	620	708	840	972	1104
727 - 730	14	104	244	369	479	619	707	839	971	1103
731 - 733	14	103	243	368	478	618	706	838	970	1102
734 - 736	14	102	242	367	477	617	705	837	969	1101
737 - 740	14	101	241	366	476	616	704	836	968	1100
741 - 743	14	100	240	365	475	615	703	835	967	1099
744 - 746	14	99	239	364	474	614	702	834	966	1098
747 - 750	14	98	238	363	473	613	701	833	965	1097
751 - 753	14	97	237	362	472	612	700	832	964	1096
754 - 756	14	96	236	361	471	611	699	831	963	1095
757 - 760	14	95	235	360	470	610	698	830	962	1094
761 - 763	14	94	234	359	469	609	697	829	961	1093
764 - 766	14	93	233	358	468	608	696	828	960	1092
767 - 770	14	92	232	357	467	607	695	827	959	1091
771 - 773	14	91	231	356	466	606	694	826	958	1090
774 - 776	14	90	230	355	465	605	693	825	957	1089
777 - 780	14	89	229	354	464	604	692	824	956	1088
781 - 783	14	88	228	353	463	603	691	823	955	1087
784 - 786	14	87	227	352	462	602	690	822	954	1086
787 - 790	14	86	226	351	461	601	689	821	953	1085
791 - 793	14	85	225	350	460	600	688	820	952	1084
794 - 796	14	84	224	349	459	599	687	819	951	1083
797 - 800	14	83	223	348	458	598	686	818	950	1082
801 - 803	14	82	222	347	457	597	685	817	949	1081
804 - 806	14	81	221	346	456	596	684	816	948	1080
807 - 810	14	80	220	345	455	595	683	815	947	1079
811 - 813	14	79	219	344	454	594	682	814	946	1078

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	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
814 - 816	14	78	218	343	453	593	681	813	945	1077
817 - 820	14	77	217	342	452	592	680	812	944	1076
821 - 823	14	76	216	341	451	591	679	811	943	1075
824 - 826	14	75	215	340	450	590	678	810	942	1074
827 - 830	14	74	214	339	449	589	677	809	941	1073
831 - 833	14	73	213	338	448	588	676	808	940	1072
834 - 836	14	72	212	337	447	587	675	807	939	1071
837 - 840	14	71	211	336	446	586	674	806	938	1070
841 - 843	14	70	210	335	445	585	673	805	937	1069
844 - 846	14	69	209	334	444	584	672	804	936	1068
847 - 850	14	68	208	333	443	583	671	803	935	1067
851 - 853	14	67	207	332	442	582	670	802	934	1066
854 - 856	14	66	206	331	441	581	669	801	933	1065
857 - 860	14	65	205	330	440	580	668	800	932	1064
861 - 863	14	64	204	329	439	579	667	799	931	1063
864 - 866	14	63	203	328	438	578	666	798	930	1062
867 - 870	14	62	202	327	437	577	665	797	929	1061
871 - 873	14	61	201	326	436	576	664	796	928	1060
874 - 876	14	60	200	325	435	575	663	795	927	1059
877 - 880	14	59	199	324	434	574	662	794	926	1058
881 - 883	14	58	198	323	433	573	661	793	925	1057
884 - 886	14	57	197	322	432	572	660	792	924	1056
887 - 890	14	56	196	321	431	571	659	791	923	1055
891 - 893	14	55	195	320	430	570	658	790	922	1054
894 - 896	14	54	194	319	429	569	657	789	921	1053
897 - 900	14	53	193	318	428	568	656	788	920	1052
901 - 903	14	52	192	317	427	567	655	787	919	1051
904 - 906	14	51	191	316	426	566	654	786	918	1050
907 - 910	14	50	190	315	425	565	653	785	917	1049
911 - 913	14	49	189	314	424	564	652	784	916	1048
914 - 916	14	48	188	313	423	563	651	783	915	1047
917 - 920	14	47	187	312	422	562	650	782	914	1046
921 - 923	14	46	186	311	421	561	649	781	913	1045
924 - 926	14	45	185	310	420	560	648	780	912	1044
927 - 930	14	44	184	309	419	559	647	779	911	1043

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	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
931 - 933	14	43	183	308	418	558	646	778	910	1042
934 - 936	14	42	182	307	417	557	645	777	909	1041
937 - 940	14	41	181	306	416	556	644	776	908	1040
941 - 943	14	40	180	305	415	555	643	775	907	1039
944 - 946	14	39	179	304	414	554	642	774	906	1038
947 - 950	14	38	178	303	413	553	641	773	905	1037
951 - 953	14	37	177	302	412	552	640	772	904	1036
954 - 956	14	36	176	301	411	551	639	771	903	1035
957 - 960	14	35	175	300	410	550	638	770	902	1034
961 - 963	14	34	174	299	409	549	637	769	901	1033
964 - 966	14	33	173	298	408	548	636	768	900	1032
967 - 970	14	32	172	297	407	547	635	767	899	1031
971 - 973	14	31	171	296	406	546	634	766	898	1030
974 - 976	14	30	170	295	405	545	633	765	897	1029
977 - 980	14	29	169	294	404	544	632	764	896	1028
981 - 983	14	28	168	293	403	543	631	763	895	1027
984 - 986	14	27	167	292	402	542	630	762	894	1026
987 - 990	14	26	166	291	401	541	629	761	893	1025
991 - 993	14	25	165	290	400	540	628	760	892	1024
994 - 996	14	24	164	289	399	539	627	759	891	1023
997 - 1000	14	23	163	288	398	538	626	758	890	1022
1001 - 1003	14	22	162	287	397	537	625	757	889	1021
1004 - 1006	14	21	161	286	396	536	624	756	888	1020
1007 - 1010	14	20	160	285	395	535	623	755	887	1019
1011 - 1013	14	19	159	284	394	534	622	754	886	1018
1014 - 1016	14	18	158	283	393	533	621	753	885	1017
1017 - 1020	14	17	157	282	392	532	620	752	884	1016
1021 - 1023	14	16	156	281	391	531	619	751	883	1015
1024 - 1026	14	15	155	280	390	530	618	750	882	1014
1027 - 1030	14	14	154	279	389	529	617	749	881	1013
1031 - 1033	14	14	153	278	388	528	616	748	880	1012
1034 - 1036	14	14	152	277	387	527	615	747	879	1011
1037 - 1040	14	14	151	276	386	526	614	746	878	1010
1041 - 1043	14	14	150	275	385	525	613	745	877	1009
1044 - 1046	14	14	149	274	384	524	612	744	876	1008
1047 - 1050	14	14	148	273	383	523	611	743	875	1007

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	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1051 - 1053	14	14	147	272	382	522	610	742	874	1006
1054 - 1056	14	14	146	271	381	521	609	741	873	1005
1057 - 1060	14	14	145	270	380	520	608	740	872	1004
1061 - 1063	14	14	144	269	379	519	607	739	871	1003
1064 - 1066	14	14	143	268	378	518	606	738	870	1002
1067 - 1070	14	14	142	267	377	517	605	737	869	1001
1071 - 1073	14	14	141	266	376	516	604	736	868	1000
1074 - 1076	14	14	140	265	375	515	603	735	867	999
1077 - 1080	14	14	139	264	374	514	602	734	866	998
1081 - 1083	14	14	138	263	373	513	601	733	865	997
1084 - 1086	14	14	137	262	372	512	600	732	864	996
1087 - 1090	14	14	136	261	371	511	599	731	863	995
1091 - 1093	14	14	135	260	370	510	598	730	862	994
1094 - 1096	14	14	134	259	369	509	597	729	861	993
1097 - 1100	14	14	133	258	368	508	596	728	860	992
1101 - 1103	14	14	132	257	367	507	595	727	859	991
1104 - 1106	14	14	131	256	366	506	594	726	858	990
1107 - 1110	14	14	130	255	365	505	593	725	857	989
1111 - 1113	14	14	129	254	364	504	592	724	856	988
1114 - 1116	14	14	128	253	363	503	591	723	855	987
1117 - 1120	14	14	127	252	362	502	590	722	854	986
1121 - 1123	14	14	126	251	361	501	589	721	853	985
1124 - 1126	14	14	125	250	360	500	588	720	852	984
1127 - 1130	14	14	124	249	359	499	587	719	851	983
1131 - 1133	14	14	123	248	358	498	586	718	850	982
1134 - 1136	14	14	122	247	357	497	585	717	849	981
1137 - 1140	14	14	121	246	356	496	584	716	848	980
1141 - 1143	14	14	120	245	355	495	583	715	847	979
1144 - 1146	14	14	119	244	354	494	582	714	846	978
1147 - 1150	14	14	118	243	353	493	581	713	845	977
1151 - 1153	14	14	117	242	352	492	580	712	844	976
1154 - 1156	14	14	116	241	351	491	579	711	843	975
1157 - 1160	14	14	115	240	350	490	578	710	842	974
1161 - 1163	14	14	114	239	349	489	577	709	841	973
1164 - 1166	14	14	113	238	348	488	576	708	840	972

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	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1167 - 1170	14	14	112	237	347	487	575	707	839	971
1171 - 1173	14	14	111	236	346	486	574	706	838	970
1174 - 1176	14	14	110	235	345	485	573	705	837	969
1177 - 1180	14	14	109	234	344	484	572	704	836	968
1181 - 1183	14	14	108	233	343	483	571	703	835	967
1184 - 1186	14	14	107	232	342	482	570	702	834	966
1187 - 1190	14	14	106	231	341	481	569	701	833	965
1191 - 1193	14	14	105	230	340	480	568	700	832	964
1194 - 1196	14	14	104	229	339	479	567	699	831	963
1197 - 1200	14	14	103	228	338	478	566	698	830	962
1201 - 1203	14	14	102	227	337	477	565	697	829	961
1204 - 1206	14	14	101	226	336	476	564	696	828	960
1207 - 1210	14	14	100	225	335	475	563	695	827	959
1211 - 1213	14	14	99	224	334	474	562	694	826	958
1214 - 1216	14	14	98	223	333	473	561	693	825	957
1217 - 1220	14	14	97	222	332	472	560	692	824	956
1221 - 1223	14	14	96	221	331	471	559	691	823	955
1224 - 1226	14	14	95	220	330	470	558	690	822	954
1227 - 1230	14	14	94	219	329	469	557	689	821	953
1231 - 1233	14	14	93	218	328	468	556	688	820	952
1234 - 1236	14	14	92	217	327	467	555	687	819	951
1237 - 1240	14	14	91	216	326	466	554	686	818	950
1241 - 1243	14	14	90	215	325	465	553	685	817	949
1244 - 1246	14	14	89	214	324	464	552	684	816	948
1247 - 1250	14	14	88	213	323	463	551	683	815	947
1251 - 1253	14	14	87	212	322	462	550	682	814	946
1254 - 1256	14	14	86	211	321	461	549	681	813	945
1257 - 1260	14	14	85	210	320	460	548	680	812	944
1261 - 1263	14	14	84	209	319	459	547	679	811	943
1264 - 1266	14	14	83	208	318	458	546	678	810	942
1267 - 1270	14	14	82	207	317	457	545	677	809	941
1271 - 1273	14	14	81	206	316	456	544	676	808	940
1274 - 1276	14	14	80	205	315	455	543	675	807	939
1277 - 1280	14	14	79	204	314	454	542	674	806	938
1281 - 1283	14	14	78	203	313	453	541	673	805	937

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	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1284 - 1286	14	14	14	202	312	452	540	672	804	936
1287 - 1290	14	14	76	201	311	451	539	671	803	935
1291 - 1293	14	14	75	200	310	450	538	670	802	934
1294 - 1296	14	14	74	199	309	449	537	669	801	933
1297 - 1300	14	14	73	198	308	448	536	668	800	932
1301 - 1303	14	14	72	197	307	447	535	667	799	931
1304 - 1306	14	14	71	196	306	446	534	666	798	930
1307 - 1310	14	14	70	195	305	445	533	665	797	929
1311 - 1313	14	14	69	194	304	444	532	664	796	928
1314 - 1316	14	14	68	193	303	443	531	663	795	927
1317 - 1320	14	14	67	192	302	442	530	662	794	926
1321 - 1323	14	14	66	191	301	441	529	661	793	925
1324 - 1326	14	14	65	190	300	440	528	660	792	924
1327 - 1330	14	14	64	189	299	439	527	659	791	923
1331 - 1333	14	14	63	188	298	438	526	658	790	922
1334 - 1336	14	14	62	187	297	437	525	657	789	921
1337 - 1340	14	14	61	186	296	436	524	656	788	920
1341 - 1343	14	14	60	185	295	435	523	655	787	919
1344 - 1346	14	14	59	184	294	434	522	654	786	918
1347 - 1350	14	14	58	183	293	433	521	653	785	917
1351 - 1353	14	14	57	182	292	432	520	652	784	916
1354 - 1356	14	14	56	181	291	431	519	651	783	915
1357 - 1360	14	14	55	180	290	430	518	650	782	914
1361 - 1363	14	14	54	179	289	429	517	649	781	913
1364 - 1366	14	14	53	178	288	428	516	648	780	912
1367 - 1370	14	14	52	177	287	427	515	647	779	911
1371 - 1373	14	14	51	176	286	426	514	646	778	910
1374 - 1376	14	14	50	175	285	425	513	645	777	909
1377 - 1380	14	14	49	174	284	424	512	644	776	908
1381 - 1383	14	14	48	173	283	423	511	643	775	907
1384 - 1386	14	14	47	172	282	422	510	642	774	906
1387 - 1390	14	14	46	171	281	421	509	641	773	905
1391 - 1393	14	14	45	170	280	420	508	640	772	904
1394 - 1396	14	14	44	169	279	419	507	639	771	903
1397 - 1400	14	14	43	168	278	418	506	638	770	902

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Food & Nutrition Service
Basis of Coupon / EBT Issuance
48 States & DC
October 1, 2008

Reduction Amt: 30%

Monthly Net Income	Coupon / EBT Allotments by Household Size									
	Number of Persons in the Household									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1517 - 1520	14	14	7	132	242	382	470	602	734	866
1521 - 1523	14	14	6	131	241	381	469	601	733	865
1524 - 1526	14	14	6	130	240	380	468	600	732	864
1527 - 1530	14	14	4	129	239	379	467	599	731	863
1531 - 1533	14	14	4	128	238	378	466	598	730	862
1534 - 1536	14	14	2	127	237	377	465	597	729	861
1537 - 1540	14	14	2	126	236	376	464	596	728	860
1541 - 1543	14	14	125	125	235	375	463	595	727	859
1544 - 1546	14	14	124	124	234	374	462	594	726	858
1547 - 1550	14	14	123	123	233	373	461	593	725	857
1551 - 1553	14	14	122	122	232	372	460	592	724	856
1554 - 1556	14	14	121	121	231	371	459	591	723	855
1557 - 1560	14	14	120	120	230	370	458	590	722	854
1561 - 1563	14	14	119	119	229	369	457	589	721	853
1564 - 1566	14	14	118	118	228	368	456	588	720	852
1567 - 1570	14	14	117	117	227	367	455	587	719	851
1571 - 1573	14	14	116	116	226	366	454	586	718	850
1574 - 1576	14	14	115	115	225	365	453	585	717	849
1577 - 1580	14	14	114	114	224	364	452	584	716	848
1581 - 1583	14	14	113	113	223	363	451	583	715	847
1584 - 1586	14	14	112	112	222	362	450	582	714	846
1587 - 1590	14	14	111	111	221	361	449	581	713	845
1591 - 1593	14	14	110	110	220	360	448	580	712	844
1594 - 1596	14	14	109	109	219	359	447	579	711	843
1597 - 1600	14	14	108	108	218	358	446	578	710	842
1601 - 1603	14	14	107	107	217	357	445	577	709	841
1604 - 1606	14	14	106	106	216	356	444	576	708	840
1607 - 1610	14	14	105	105	215	355	443	575	707	839
1611 - 1613	14	14	104	104	214	354	442	574	706	838
1614 - 1616	14	14	103	103	213	353	441	573	705	837
1617 - 1620	14	14	102	102	212	352	440	572	704	836
1621 - 1623	14	14	101	101	211	351	439	571	703	835
1624 - 1626	14	14	100	100	210	350	438	570	702	834
1627 - 1630	14	14	99	99	209	349	437	569	701	833
1631 - 1633	14	14	98	98	208	348	436	568	700	832

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Monthly Net Income	Coupon / EBT Allotments by Household Size									
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons
1634 - 1636	14	97	207	347	435	567	699	831		
1637 - 1640	14	96	206	346	434	566	698	830		
1641 - 1643	14	95	205	345	433	565	697	829		
1644 - 1646	14	94	204	344	432	564	696	828		
1647 - 1650	14	93	203	343	431	563	695	827		
1651 - 1653	14	92	202	342	430	562	694	826		
1654 - 1656	14	91	201	341	429	561	693	825		
1657 - 1660	14	90	200	340	428	560	692	824		
1661 - 1663	14	89	199	339	427	559	691	823		
1664 - 1666	14	88	198	338	426	558	690	822		
1667 - 1670	14	87	197	337	425	557	689	821		
1671 - 1673	14	86	196	336	424	556	688	820		
1674 - 1676	14	85	195	335	423	555	687	819		
1677 - 1680	14	84	194	334	422	554	686	818		
1681 - 1683	14	83	193	333	421	553	685	817		
1684 - 1686	14	82	192	332	420	552	684	816		
1687 - 1690	14	81	191	331	419	551	683	815		
1691 - 1693	14	80	190	330	418	550	682	814		
1694 - 1696	14	79	189	329	417	549	681	813		
1697 - 1700	14	78	188	328	416	548	680	812		
1701 - 1703	14	77	187	327	415	547	679	811		
1704 - 1706	14	76	186	326	414	546	678	810		
1707 - 1710	14	75	185	325	413	545	677	809		
1711 - 1713	14	74	184	324	412	544	676	808		
1714 - 1716	14	73	183	323	411	543	675	807		
1717 - 1720	14	72	182	322	410	542	674	806		
1721 - 1723	14	71	181	321	409	541	673	805		
1724 - 1726	14	70	180	320	408	540	672	804		
1727 - 1730	14	69	179	319	407	539	671	803		
1731 - 1733	14	68	178	318	406	538	670	802		
1734 - 1736	14	67	177	317	405	537	669	801		
1737 - 1740	14	66	176	316	404	536	668	800		
1741 - 1743	14	65	175	315	403	535	667	799		
1744 - 1746	14	64	174	314	402	534	666	798		
1747 - 1750	14	63	173	313	401	533	665	797		