TITLE 18: HUMAN SERVICES

PART 14: DIVISION OF FIELD OPERATIONS
SNAP POLICY MANUAL

Revised 03-01-11

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GENERAL

The Food Stamp Program, authorized by the Food Stamp Act of 1977, is administered by the Food and Nutrition Service (FNS) under the United States Department of Agriculture (USDA). The Food Stamp Program is designed to help low income households obtain a more nutritious diet by supplementing the funds they have to spend on food.

CONTENTS OF VOLUME V

Volume V contains policies and procedures necessary to administer the Food Stamp Program.

Volume V is divided into chapters which contain the following material:

1. Chapter 1, General - Policy in this chapter outlines general information pertaining to the Food Stamp Program.

2. Chapter 2, Definitions - This chapter provides the meaning to Food Stamp terminologies used primarily by the certification worker.

3. Chapter 3, Nonfinancial Criteria - Policy in this chapter specifies the national uniform standards on nonfinancial eligibility criteria which must be applied to all households in determining eligibility for food stamps.

4. Chapter 4, Income - Material in this chapter provides instructions for the certification worker to follow in the consideration of income available to all households. This section also specifies allowable exclusions and deductions from income.

5. Chapter 5, Resources - Material in this chapter provides guidelines for the certification worker's use in establishing the presence of a resource and whether it must be included or excluded for food stamp purposes. This chapter also contains facts about ownership of real property in Mississippi.

6. Chapter 6, Determining Eligibility and Benefit Levels - This chapter contains methods for determining eligibility and benefit levels based on financial criteria.

7. Chapter 7, Special Circumstances - This chapter provides instructions for determining eligibility and benefit levels for households with special circumstances. Any exceptions to ongoing policy are covered in this chapter.

8. Chapter 8, Certification Process - Policy in this chapter outlines procedures and standards to be followed in determining eligibility for both assistance and non-assistance households. Also included in this chapter is policy pertaining to the Choctaw Food Distribution Program.

9. Chapter 9, Early Detection/Fraud Prevention Process - Material in this chapter provides

purpose and procedural guidelines for the Early Detection/Fraud Prevention (EDFP) process.

10. Chapter 10, Hearings - This chapter contains policy pertaining to complaints and hearings and outlines procedures to be followed by both the county and state office in handling the complaint and/or hearing. This chapter also outlines the client's rights regarding hearings.

11. Chapter 11, Claims - Policy in this chapter pertains to procedures to be followed in establishing and handling any overissuance and/or misuse of food stamp benefits.

12. Chapter 12, Restoration - Policy in this chapter outlines procedures to be followed when restoring lost benefits to a household.

13. Chapter 13, Tables - This chapter contains tables which outline income eligibility standards and deduction standards and which outline the benefit level of each eligible household.

DEFINITION OF PROGRAM INFORMATIONAL ACTIVITIES

Program informational activities are those activities that convey information about the Food Stamp Program, including household rights and responsibilities, to applicant and recipient households through means such as publications and face-to-face contacts.

REQUIRED ACTIVITIES

The following program informational activities are required:

1. The following materials shall be displayed in the county offices.

   (1) Nutrition Information:

   Posters and pamphlets containing information regarding foods containing substantial amounts of the recommended daily allowances of protein, minerals and vitamins, menus making use of these foods, and the relationship between health and diet.

   (2) Nutrition Programs:

   Printed materials such as posters, fliers, and pamphlets that explain the Special Supplemental Food Program for Women, Infants and Children (WIC). Such materials may also include information regarding client participation in the Family Nutrition Program (FNP).

   (3) Rights and Responsibilities:

Printed materials such as posters, fliers and pamphlets that explain the application processing standards, the right to file an application on the day of initial contact and a nondiscrimination statement to comply with Civil Rights requirements.

The poster "AND JUSTICE FOR ALL" displays the nondiscrimination statement to comply with Civil Rights requirements (posters may be requested from State Operations).

2. Counties shall monitor closely the population of non-English speaking households to determine the need for bilingual services and interpreters. Program materials in the Spanish language (and other languages, when deemed necessary based on census data and information from local agencies knowledgeable about population trends) including applications, informational pamphlets, and notices of client rights and responsibilities must be available for applicants and recipients. These materials shall include a statement that the Food Stamp Program is available to all persons without regard to race, color, sex, age, disability, religion, national origin or political belief.

VOTER REGISTRATION

The National Voter Registration Act (NVRA) of 1993 contains provisions which made it easier for individuals to register to vote in all elections. Under this Act, all agencies in a state that provide public assistance are designated as a voter registration agency. The following services must be **provided** by a voter registration agency:

1. Distribution of voter registration application forms and declination forms to applicants/recipients of agency assistance;
2. Assistance in completing voter registration application forms unless the applicant/recipient refuses such assistance; and
3. Acceptance of completed voter application forms for transmittal to the county Circuit Clerk for processing within five days of receipt by the agency.

The NVRA prohibits any person providing voter registration services from:

1. Seeking to influence an applicant's political preference or party registration;
2. Displaying any political preference or party allegiance;
3. Discouraging registration;
4. Implying in any way that the availability of Agency services or eligibility for benefits is dependent upon voter registration; or
5. Disclosing any applicant's voter registration information except as needed for the administration of NVRA or identifying the agency's name on the application form.

Agency Responsibilities

Each voter registration agency must provide each applicant/recipient the opportunity to register to vote or to update a voter registration record by offering the Mississippi Voter Registration Application form and declination form at the time of each:

- Application or reapplication,
- Recertification/reevaluation, and -
Report of change of address.

When providing the applicant/recipient the opportunity to register to vote, the applicant must be verbally asked "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"

Any applicant or recipient who contacts the worker to request an application, either in person or by phone, will be provided a voter registration form and declination form (see discussion of the declination form below). If the household requests that an application form be mailed, a voter registration form and declination form must be mailed along with the application. If the client who initiates an application or recertification by mail or telephone later comes into the office for the face-to-face interview, voter registration services must also be provided at that time.

Assistance in completing the voter registration forms must be offered in the same manner as an application for agency assistance. Clients must clearly be provided the option to either complete the registration form in the office or take the form with them to complete at a later time. Caseworkers, though, should encourage clients who check "yes," or otherwise say they'd like to register to vote, to complete the application on site to ensure timely delivery to the Circuit Clerk. Households that do not complete the forms in the office may either hand deliver or mail completed forms to the county Circuit Clerk's office or return the forms to the MDHS county office. Clients should be informed that completed voter registration forms will be submitted to the county circuit clerk within five (5) business days of completion or from the date received by the county office. During the application process, if the individual completes and signs the voter registration form, the date of signature must be entered on the MAST screen in MAVERICS. See "Declination Forms" below for procedures when the client declines the opportunity to register to vote.

Whenever a client contacts the county office by phone or in person to report a change of address, a voter registration application must also be provided. If the report is made by phone, a voter registration application must be mailed to the household. When the form is used to update voter registration, Section II of the form, along with all other sections of the registration form, must be completed.

Declination Forms

Regardless of whether or not a client wishes to register to vote, a voter Declination form must be completed by the client. This form indicates if a client wishes either to register or not register to vote. Workers should remind clients that this form is for voter registration purposes only and in no way affects their application for benefits. Completion of the declination form should be handled as follows:

1. The client should check the box next to the appropriate answer to the question of whether he or she wishes to register to vote.

2. The client should sign and date the form. It is also recommended that the client print his or her name beside the signature. If the client receives assistance from agency staff in completing the form, the staff person assisting should sign and date the form as well.

3. If the client refuses to sign the declination form, the worker processing the form should print the client's name, and date and initial the form. The form must be scanned to the Temporary Documents folder of the household's case record, with documentation of the action taken entered on the IIDO screen and the FOES (Forms/Explanations/Screens Documentation) screen in MAVERICS.

NOTE: In the event that a household's authorized representative is being interviewed, a declination form will not be required. The case should be documented on IIDO that the authorized representative has been informed of the opportunity for household members to register to vote and that voter registration forms can be provided to the household upon request.

Agency Coordinator Duties and Responsibilities

To oversee and coordinate agency and local office compliance with NVRA, the State Operations Director will serve as the agency's NVRA Coordinator. The State Operations Director will be responsible for:

- compiling and analyzing voter registration data provided by county offices
- answering questions submitted by county offices regarding voter registration procedures
- serving as liaison to the Secretary of State's office on issues of voter registration and NVRA compliance
- ensuring that NVRA training materials are incorporated into agency training materials and that semi-annual training in voter registration is conducted
- ensuring that NVRA compliance is incorporated into standard monitoring procedures
- ensuring that agency offices have an adequate supply of voter registration materials at all times
- developing and maintaining an up-to-date list of site NVRA contacts

Site Coordinator Duties and Responsibilities

The County Director or his/her designee will serve as Site Coordinator to ensure that voter registration services are successfully administered. Responsibilities of the Site Coordinator include the following:

- maintain adequate supplies of voter registration applications, declination forms, transmittal forms, training materials, and posters
- train new or reassigned employees on voter registration duties immediately upon hiring or reassignment and ensure re-training twice annually
- monitor and resolve any issues relating to the voter registration process
- ensure the timely and accurate transmittal of completed voter registration applications to the county circuit clerk within 5 business days of completion by the client communicate with local and state election officials to ensure that materials are current
- contact State Operations concerning any issues or problems regarding the voter registration process
- serve as contact person on voter registration matters for state and county election officials on a weekly basis, review completed voter registration applications and declination forms to ensure the forms are completely filled out. Ensure that the county office name is noted in Section I of the voter registration application.
- display NVRA posters in the office's lobby

NOTE: Regional Directors shall monitor county voter registration activities to ensure that NVRA guidelines are being met.

The Site Coordinator is responsible for supervising the daily voter registration activities at the location. The Site Coordinator should monitor agency activities and quickly work with employees to resolve any noted deficiencies.

The Agency Coordinator will review the data compiled by Site Coordinators from the NVRA Data Reports on a monthly basis to determine whether offices are performing their NVRA responsibilities. If a review of the numbers indicates that an office is underperforming in its obligations, as required by the NVRA training manual, the Agency Coordinator shall require the Site Coordinator to take immediate action and submit a report on such follow-up measures

within a month of being notified by the Agency Coordinator. The Agency Coordinator shall forward copies of all such communications to the Secretary of State's office. If the Agency does not take appropriate remedial measures, the Secretary of State shall perform an audit of the office's voter registration practices.

NVRA performance should be included in all employees' evaluations.

NVRA Reporting

County offices will be responsible for submitting all voter registration applications to the county circuit clerk's office within five (5) business days of completion of the application. This includes any applications completed to update an existing registration. **Attachment C, NVRA Transmittal Form**, should be used to submit the applications to the circuit clerk. The timely delivery of voter registration applications is extremely important to ensure that all individuals are properly registered to vote. When submitting voter registration applications to the county circuit clerk's office, please use the following procedure:

- All fields on the NVRA Agency Voter Registration Application Transmittal Form should be completed, with a copy of the form retained in an office administrative file.

- The transmittal, along with all voter registration applications, should be placed in a secure and sealed envelope. Date of birth, social security numbers, telephone numbers and the agency of registration are confidential and should be kept from public view.

- For every Mississippi election, the voter registration deadline falls 30 days prior to the election. County office staff should be aware of these deadlines and transmit applications as soon as possible when a registration deadline is near.

In order to meet NVRA reporting requirements, special coding must be entered on the Marital Status (MAST) screen in MAVERICS to capture voter registration activity. Coding entered on MAST will indicate the date of voter registration for the household member being interviewed, when the registration took place (either at application, reevaluation, or when the household reports an address change), and whether or not the client checked "yes" or "no" on the declination form (or left the form blank). Using this MAST coding of voter registration activity, Management Information Systems (MIS) will produce the "NVRA Data Report" to be submitted by State Operations via email to the Mississippi Secretary of State's office. This monthly report will indicate the date of actual voter registration, not the MAVERICS system month, in which the registration occurred.

Example: At recertification interview on March 5th for the new certification period beginning in April 2011, the 35-year-old PI wishes to register to vote. The PI checks "yes" on the declination form and fills out and signs the voter registration form on the date of interview. On the MAST screen, the worker enters the NVRA date of 03/05/2011, along with the NVRA "type" code of "R" to indicate registration occurred at recertification/reevaluation and the NVRA code of "Y" that the client indicated on the declination form that he/she wished to register to vote. Even though the system month at the time of voter registration is April 2011, the application is considered to have occurred in March 2011 and the form will be included in the applications submitted to the circuit clerk's office during the month of March. The NVRA Data Report will reflect that voter registration associated with this case occurred in March.

Example: The PI reports in person on April 27 that the household has moved. Based on this reported change, the PI is offered the chance to update voter information and fills out the voter registration form including the section used to update the household's address. The county worker will access the MAST screen in the current system month of June and enter the NVRA date 04/27/2011, the NVRA "type" code of "C" to indicate an address change and the NVRA code "Y" to indicate the client's desire to be registered at the new address. Though the change of address is documented in the system month of June, the change is considered to have occurred in April and the form will be included in the applications submitted to the circuit clerk's office during the month of April. The NVRA Data Report will reflect that the address change occurred in April.

Upon request, voter registration forms may be provided for other household members who may wish to register. If additional voter materials are provided, the case should be documented and the household member or representative informed that completed forms may either be returned to the county office or submitted to the county circuit clerk's office. When voter registration forms are returned to the county office, the worker must enter the appropriate information on the MAST screen and document IIDO.

See Volume X, Chapter 3, for instructions on MAST coding of voter registration activity.

Training

All county offices must train new or reassigned employees on voter registration duties immediately upon hiring or reassignment. All staff must be trained regarding NVRA procedures on a semi-annual basis. For training assistance, county offices should contact State Operations who will coordinate training through the Secretary of State's office. Training material will include NVRA policy found in Chapter 1 of Volume III and Chapter 1 of Volume V, along with the NVRA Training Manual located in the "Training Resources" folder in Interwoven/Worksite.

County offices will be required to submit a report of all employees who attended the training via the MDHS-EA-106 to State Operations within one month of the training.

Prohibitions

When providing voter registration services, MDHS employees must not engage in the following:

- seek to influence a client's political preference or party designation (voter registrants are not required to declare party affiliation in Mississippi)
- display any political preference or party allegiance
- make any statement to a client or take any action for the purpose of discouraging the client from registering to vote; or
- make any statement to a client or take any action that would lead a client to believe that a decision to register or not to register has any bearing on the availability of services or benefits the client will receive.

Registration of 17-Year-Olds

Mississippi law allows persons who will be 18 years of age on or before the date of a November general election to vote in a primary election associated with that general election. Therefore, the agency may determine that in some instances a 17-year-old household member is eligible to register to vote. If a 17-year-old will turn 18 on or before the general election date in November, the 17-year-old can register and vote in the primary election held earlier in the same year, and must be provided with a voter registration application and declination form at each application, reapplication, and change of address transaction

FEDERAL LAWS PROHIBITING DISCRIMINATION

No applicant or participant shall be discriminated against in any aspect of the Food Stamp Program administration including, but not limited to, the certification of households, the issuance of benefits, fair hearing procedure, and any other service for reasons of age, race, color, sex, disability, religion, national origin or political beliefs. The Food Stamp Act, the Age Discrimination Act of 1975 (Public Law 94-135), the Rehabilitation Act of 1973 (Public Law 93-112, Section 504), and Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibit discrimination in any aspect of program administration. Enforcement may be brought under any applicable Federal Law. Title VI complaints are processed in accord with 7 CFR 15.

HOW TO FILE A DISCRIMINATION COMPLAINT

Individuals who believe that they have been discriminated against because of age, race, color, sex, disability, religion, national origin or political belief may file a written complaint with the Secretary of Agriculture or the Administrator of FNS-USDA, Washington, D.C. 20250, or with the State Agency. An explanation of both FNS and the State Agency complaint system shall be given to each individual who expresses an interest in filing a discrimination complaint, and he shall be advised of the right to file a complaint in either or both systems.

1. Complaints should contain the following information to facilitate investigations:

    a. The name, address, and telephone number or other means of contacting the person alleging di1051scrimination.

    b. The location and name of the organization, individual or office accused of discriminatory practices.

    c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.

    d. The reason for the alleged discrimination (race, age, color, sex, disability, religion, national origin or political belief).

    e. The names, title (if appropriate), and addresses of persons who may have knowledge of the alleged discriminatory acts.

    f. The date or dates on which the alleged discriminatory actions occurred.

    g. The provision for the complainant to select whether the complaint will be investigated by USDA, the State Agency, or both.

2. If the client makes verbal allegations and is unable or reluctant to put the allegations in writing, the person to whom the allegations are made shall document the complaint in writing. Every effort shall be made to obtain information specified in Item 1 above.

3. If the person making the complaint chooses to remain anonymous, the person to whom the complaint is made will document the problem or circumstances as described by the complainant including as much information as possible as listed in Item 1 above. The person recording the complaint will sign and date the documentation.

4. When agency staff receive and document complaints as described in Items 2 and 3 above, that person will immediately alert his immediate supervisor or county director for further handling.

5. Complaints should normally be filed no later than 180 days from the date of alleged discrimination. USDA must grant extensions of filing time prior to investigation to those complaints received or referred to USDA. Reasons for delay in filing must be included when requesting an extension.

WHERE TO FILE A DISCRIMINATION COMPLAINT

An individual has the right to file a discrimination complaint with USDA, or the State Agency or both. A complaint may also be filed at the local office. The person accepting the complaint must fully explain all options to the person filing the complaint. Complaints may be made directly to the State Agency or USDA or both and the client shall be provided self-addressed envelopes for this purpose. The individual may mail his written complaint to the Secretary of Agriculture, Washington, D.C. 20250.

RESPONSE TO DISCRIMINATION COMPLAINTS

USDA Office

Complaints made to the Federal Agency will be reviewed and investigated by USDA.

County Office

When the discrimination complaint is received in the county office, the initial report will be made to the Regional Director and to Field Operations by phone or in MAVERICS mailbox (registered) on the day received or no later than the next working day. Based upon the nature of the complaint, the county will follow guidance from the Regional Director and Field Operations for any unusual situations.

Complaints received in the county office will be immediately forwarded to the State Office with a copy of the complaint to the Regional Office. The State Office will acknowledge receipt of the complaint to the complainant within five (5) working days. A copy of the acknowledgment will be mailed to the county office and regional office.

The county office will maintain a permanent administrative file to record all discrimination complaints received and contain copies of correspondence related to each complaint.

State Office

Complaints received in the county office will be immediately forwarded to the State Office with a copy of the complaint to the Regional Office. The State Office will acknowledge receipt of the complaint to the complainant within five (5) working days. A copy of the acknowledgment will be mailed to the county office and regional office.

Based on the analysis of the complaint, one of three (3) situations will occur:

a. Referral: cases received that required no action; cases in this category will be considered closed at this point.
b. Age discrimination: cases will be forwarded to the FNS Regional Office of Civil Rights (OCR).
c. Investigation: cases that contain alleged violations in FNS program, a prohibited basis of discrimination and an adverse action as determined by the complainant.

An onsite investigation must consist of an interview with the complainant. The investigation may be discontinued at this step if the complainant indicates that discrimination did not occur; that he/she understands how the case was handled; does not wish to pursue the complaint; or withdraws the complaint. The person conducting the investigation should obtain a signed statement from the complainant at this point. The signed statement should be included with the investigative report.

If investigation is necessary to substantiate or refute the allegations, the following steps will be taken in addition to the interview with the complainant: (1) review of the complainant's case file; (2) review of other similarly situated case files concluding with not less than ten (10) percent of the applicant pool; (3) interviews with management in the county offices; (4) interviews with relevant witnesses and other applicants/participants; and, (5) interviews with representative of grassroots/advocacy organizations, if warranted.

Field Operations will gather facts that will either support or refute the complainant's allegation(s) ensuring that all relevant sources of information are investigated. The facts will be reviewed and evaluated. A decision letter informing the complainant of closure or follow-up action and the right to appeal to the Secretary of Agriculture will be written and submitted to FNS Regional OCR. FNSRO will maintain rights to oversight and concurrence with the agency's decision. Upon FNSRO's approval, the decision letter will be issued to the complainant. Corrective action, when necessary, will be implemented. All complaints, regardless of the originating office, shall be processed and closed within 90 days of receipt.

Field Operations maintains a log of all civil rights complaints processed by MDHS which is available for review by FNS officials.

The final disposition of all discrimination complaints will be forwarded to the FNS Regional Office upon completion.

AGE DISCRIMINATION COMPLAINTS

All age discrimination complaints must be immediately forwarded to the FNS Regional Civil Rights Office for referral to the Federal Mediation and Conciliation Service (FMCS). When an age discrimination complaint is received in the county office, notify Field Operations immediately and confirm the report in writing or forward complainant's written statement no later than the next working day to Field Operations with a copy to the Regional Director.

COMPLAINT INVOLVING OTHER AGENCIES

When a complaint involves another Federal Agency, Field Operations will refer the complaint to that agency and will notify complainant of the referral.

PROGRAM COMPLAINTS

When the complaint is strictly a program issue (not a discrimination issue based on age, race, color, sex, disability, religion, national origin, or political belief), it will be processed through the routine program hearings procedure and not as a discrimination complaint. Discrimination complaints will not be handled in the hearing process.

PUBLIC NOTIFICATION

Applicants and recipients will be informed of nondiscrimination compliance via the following:

1. The State Agency shall publicize the procedures for filing state and federal complaints. This includes nondiscrimination statements on the application, pamphlets, etc.

2. All certification offices shall display the nondiscrimination poster(s).

3. Information regarding the complaint system and an explanation of the procedure must be provided to all persons within ten (10) days from the request.

COMPLAINTS MADE BY OR ON BEHALF OF APPLICANTS OR RECIPIENTS

Complaints require a prompt review of previous action or lack of action, enabling the county to explain to the complainant reasons for the action and/or to make any required adjustments.

Complaints may be made by any interested person, but information concerning an individual household is not to be released unless there is a written request by a responsible member of the household, its currently authorized representative, or a person acting in its behalf to review materials contained in its case file. If any doubt exists as to whether a person is acting on behalf of the household, the household should be contacted.

Complaints Made to the County Department

If the complaint is made in person by the head of the household, spouse, or authorized representative, it is customary for him to see the worker first and talk over the matter, or sometimes the worker will request the supervisor or county director to handle the interview if this seems wise; or the complainant may request that he be allowed to talk with someone other than the worker.

When a complaint is received by letter or telephone, the county director or his designee will review the action in question with the worker. A decision must be made as to whether the action or lack of action being protested was in order. If the review shows that an error was made, the necessary adjustments will be made and the claimant will be appropriately notified. If, as a result of the review, it is found that the action was proper, an explanation will be made to the claimant by personal interview, telephone call or letter.

If the complaint cannot be adjusted to the satisfaction of the complainant, he shall have the right to request an agency conference and/or a state hearing.

Complaints Made to the State Office

All complaints concerning food stamps made to the state office are referred to the appropriate administrative level for handling.

OTHER COMPLAINTS

The following discussion includes, but may not be limited to, the additional types of complaints that the county office may receive.

Complaints Made About Applicants and Recipients

If a person in the community makes a complaint about the receipt of food stamps, the amount of food stamps, or the conduct of the recipient, refer to the material on confidentiality in Chapter 1. The worker will, however, make a general explanation of the eligibility requirements and in addition take other steps as may be appropriate to the complaint.

The identity of the complainant shall be kept confidential.

General Complaints About the Food Stamp Program

Complaints may be made regarding the regulations and/or the administration of the food stamp program. These complaints should be referred to the county director or his designee who will provide general information regarding regulations and administration; and take other steps a may be appropriate to the complaint. It must be remembered that the administration of the food stamp program is funded by the public and that interested citizens have the right to knowledge of the program provided confidentiality is not violated.

If a group of individuals arrive at the county office without prior appointment for the purpose of discussing program matters, the county director has the authority to use discretion in determining whether the day's schedule would allow for such a meeting without disrupting certification interviews or other activities which are necessary in carrying out the responsibilities of administering the food stamp program; however, every effort should be made to meet with the group as soon as possible.

When meeting with a group, local fire code regulations should be observed in considering the number of people allowed to be in the meeting area.

Complaints Regarding Retailers Authorized to Accept Food Stamp Benefits

Complaints may be made to the county office regarding violations by retailers authorized to accept food stamp benefits. These complaints are confidential and shall be made known only to the county director or his designee who will immediately notify by memorandum the Division Director's Office. A copy of the memorandum should be filed in a confidential folder set up for this purpose.

COMPLAINT RECORDS

It is required that the county keep a record of all food stamp complaints outlined in this material, as well as the disposition of the complaint. Each complaint received will be documented using the **MDHS-EA-111, Customer Service Documentation Form,** and filed in a folder set up for this purpose. If the complaint is received orally, in person or by telephone, or writing, the complaint and disposition will be documented and filed. If the complaint is in the form of a letter, the letter will be attached to the form.

The county director is responsible for reviewing complaint records quarterly to assess whether patterns of problems are present in the county's operation. The results of the tally of complaints documented on **MDHS-EA-111, Customer Service Documentation Form,** will be documented on the Customer Service (CUSE) screen in MAVERICS. County, regional and state customer service reports will be generated monthly based on the information entered in MAVERICS.

In addition, the complaint records and reports, including the validity of figures, are subject to review by appropriate State, Regional, and USDA Personnel.

The above record keeping procedure does not apply to complaints alleging discrimination which is outlined in NONDISCRIMINATION COMPLIANCE. It also does not apply to complaints that are pursued through an agency conference and/or fair hearing.

In addition, the complaint records are subject to review by ME staff, Regional Staff, and appropriate USDA Personnel.

INTRODUCTION

The electronic case record is maintained in the county office through the Interwoven/Worksite system and contains recorded information pertaining to the applicant or recipient. The case record also includes the household/individual data contained in MAVERICS.

PURPOSE OF THE CASE RECORD

The purpose of the case record is directly related to the purpose of the Supplemental Nutrition Assistance Program (SNAP). The case record serves its primary purposes to the Agency when:

1. It clearly furnishes eligibility data on households which have applied for or are receiving SNAP benefits.

2. It validates the action taken by the Agency, based on data, to grant, deny or authorize a change in the SNAP benefit amount.

3. It furnishes verification for the validity of expenditure of public funds on behalf of needy people.

The secondary purposes which do not relate to the standards for basic minimum content, but which the case record may serve are:

1. To aid in the supervision of work.

2. To assist in the development of the worker's skill.

3. To evaluate the performance of the worker.

The case record is a permanent source of information which prevents the need for repetition of certain information by the client, and duplication of work by the worker. It protects the client, the county office, and the community against inaccuracies which might arise from errors of memory. To assure accuracy of statements, recording should be done promptly during an interview or when the information is secured.

The purpose of the case record is centered around the household's needs and is not set up as a record of the worker's activities. It has value only as it results in more adequate, helpful, and efficient administration of food assistance for the household.

CONTENT OF CASE RECORD

The electronic case record must contain historical information, not just the latest information in order to provide an audit trail. The case record must be made available upon request for quality control audits or other reviews. Recent applications and supporting documentation must be retained in the electronic files for accountability purposes.

DOCUMENTATION IN CASE RECORD

The case record must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of each determination. Case record documentation is required in the use of IEVS data, both when an adverse action is and is not initiated. IEVS screens in MAVERICS (not IEVS State Resource Data) may be used and the record clearly notated to identify the resulting case action.

CONFIDENTIAL NATURE OF CASE RECORD

To assure the right of the household to a confidential relationship with the Agency, the worker must know and observe regulations regarding the release of information about households and individual household members from the case records. For a detailed discussion of these regulations, see CONFIDENTIALITY, later in this chapter.

Case record documents may be provided:

1. For the Quality Control Unit as required by Federal regulations. Quality Control will have access to the electronic case record.

2. To a county or district attorney for purposes directly related to the administration of the SNAP program. Printed copies of documents will be provided.

3. When subpoenaed by the court. Refer to Chapter 1, CONFIDENTIALITY, SUBPOENA OF CASE RECORDS, for the procedure to be followed. Printed copies of documents will be provided.

PURPOSE OF CASE RECORD FORMS

The worker is responsible for the completion of case forms, entering data in MAVERICS, and scanning pertinent documents into the case record. Case record forms have been designed for:

1. Economy of time, space, material, and uniform organization to facilitate location of specific materials.

2. Inclusion of a written explanation when needed to clarify or to explain without repetition.

Case record forms and MAVERICS screens also provide the mechanics necessary for the worker to determine eligibility and provide services. In this capacity, forms and screens provide for:

1. Authorization of action, whether approving, denying, increasing, reducing or terminating SNAP benefits.

2. A clear and usable record.

3. Maintaining the electronic case record in Interwoven, based on the county of residence.

THE CASE NUMBER

The case number is assigned by MAVERICS to the case head (primary individual). It is not to be assigned to any other person. Once the unique case number is assigned by MAVERICS, the same case number will be used each time that person applies for assistance as the case head (PI).

Therefore, each case head applying for SNAP benefits anywhere in the State has a unique case number. For the procedures for assignment of case numbers, see Volume X.

THE INDIVIDUAL NUMBER

Each adult and child will be assigned an individual number by MAVERICS for identification purposes. Each person will be assigned only one individual number even though he may be receiving SNAP benefits and/or TANF. The person retains his individual number when the case is closed and reopened and when transferring between households. The individual number for the SNAP case head will not be the same as the SNAP case number. See Volume X for Assignment of Individual Numbers.

MAINTENANCE OF INDIVIDUAL RECORDS

Each case head who applies for SNAP benefits shall have a separate electronic case record folder. All forms, correspondence, and other pertinent information will be scanned and electronically filed in accordance with instructions in this chapter.

Destruction of Case Records

To assist in case record disposal, county offices will receive reports each year with instructions for destroying and weeding case records. Special MAVERICS reports will be produced the first weekend in July each year until all county paper case records are destroyed and archived. The reports will identify and provide instructions for cases that meet the retention period (cases closed and claims/restorations paid out or otherwise closed for 3 years, remaining Health Benefits cases closed for 5 years) and certain cases that have not been archived:

. The **Annual Destruction/Archive Report** will list cases already archived and will identify cases that should be destroyed. Cases noted on this report should be pulled and shredded.

. The **Annual MSCAP Destruction/Archive Report** will list cases already archived and will identify MSCAP cases by resident county that can be destroyed. Cases noted on this report should be pulled and shredded.

- The **Annual Weed/Destroy Report** will identify cases that meet the retention period policy and will indicate by program which program material should be destroyed and which program material should be weeded. For combination cases, the report will determine whether each program's material should be destroyed or weeded. The destroy report will also identify claim related cases that meet the destruction criteria.

- The **MSCAP Annual Weed/Destroy Report** will identify MSCAP cases by resident county that meet retention period policy and will indicate by program which program section should be destroyed and which program section should be weeded.

In situations where cases are transferred from one county to another after the annual MAVERICS reports are provided but before required action has been taken, the receiving county should be notified of the action needed for each case.

ARRANGEMENT OF DOCUMENTS IN ELECTRONIC CASE FOLDER

An electronic case record must be created for each case head who applies for SNAP benefits. Case record material may include a combination of manually completed forms, appropriate verification documents, and other eligibility related materials. Documents must be scanned into SNAP electronic file folders contained in the Interwoven/Worksite system. Individual file folder options will be available, depending on the nature of each document. The file folders will be identified as follows:

SNAP ONLY CASES:

Application Forms:

MDHS-EA-180 Expedited Screening Form (if system is down)
MDHS-EA-900 Application
MDHS-EA-900 Supplement
MDHS-EA-940 Notice of Appointment
Any document serving as notice of expiration

Permanent Documents:

MDHS-EA-941 Notice of Child Support Enforcement

Temporary Documents:

Shelter Expense Verification
Resource and Income Verification, including Work Number Information
Child Care Expense Verification
Medical Expense Verification
Child Support Deduction Verification
MDHS-EA-504C Work Registration

MDHS-EA-508 Household Statement of Food Loss Due to Household Disaster
MDHS-EA-510 Communication Form/Choctaw Food Distribution Program
MDHS-EA-511 Notice of Household Request for Termination
MDHS-EA-918 Representative Authorization

Personal Data Folder

Identification
Social Security Card
Birth Certificates
Marriage Licenses
Child Support Orders
Divorce Decree
Conviction documents (drug, parole, fleeing felon, etc.)

Case Review Documents:

MDHS-EA-173 Case Review Guide (2nd and/or 3rd party)
MDHS-EA-173T Case Target Review Guide Client
Inquiry Documents

SNAP Hearings:

Request for the Hearing
Other Supporting Documents Related to the Hearing Request

For combination SNAP/TANF cases, documents should be scanned into electronic Generic Case folders. File folders will be identified as follows:

COMBINATION CASES:

Application Forms:

MDHS-EA-180-Expedited Screening Worksheet (if system is down)
MDHS-EA-900 Application Form
MDHS-EA-900 Supplement
MDHS-EA-940 Notice of Appointment for Determination of Eligibility (if system is down)

Permanent Documents:

MDHS-EA-941 Notice of Child Support Enforcement

Temporary Documents:

Resource and Income Verification, including Work Number Information
Child Care Expense

Personal Data Folder
Identification
Social Security Card
Birth Certificate
Marriage Licenses
Child Support Orders
Drug Felony Documentation

Case Review:

MDHS-EA-173 Case Review Guide (2nd or 3rd party)
MDHS-EA-173T Case Target Review Guide Client
Inquiry Documents

Fair Hearing

Hearing request and other supporting documents related to the hearing request that have not been previously scanned into Interwoven/Worksite

ADDING TO DOCUMENTS IN INTERWOVEN/WORKSITE

Documents may be added to existing case folders, provided the documents being added are related to the same case action. For example, when a new application is being processed and certain document folders are being established, additional related documents, such as multiple documents to establish shelter deductions (rent receipt, along with utility bills) may be contained in a single Temporary Documents folder until final case disposition. Any **new** case action would require the establishment of new folders related to the case change.

Example: A household applies for SNAP in January. The household provides verification of shelter expenses which are scanned to the case's Temporary Documents folder at the time of interview. A household member qualifies for a medical exemption, and at interview the household is provided a request to provide verification of the allowable medical expenses. The household provides the medical expense verification within the ten-day notice period and these documents are added to the existing Temporary Documents folder, with the application subsequently approved. Later in April, the household reports and verifies an increase in rent which causes a change in benefits. The document verifying the rent increase is scanned to a new Temporary Documents folder because this represents a new case action separate from that established at the time of application.

Refer to the Interwoven/Worksite Users Guide for instructions on use of the Adding To documents function.

REGULATIONS SAFEGUARDING CONFIDENTIAL INFORMATION

The Assistance Titles of the Social Security Act require that the Department provide safeguards which restrict the use of or disclosure of information concerning applicants and recipients of TANF, Child Support or Social Services to purposes directly connected with the administration of the programs. These regulations also specify that information can be shared with programs administered under Title IV-A, IV-B, IV-C, IV-D, IV-E, XIX, XX, XVI and any federal or federally assisted program which provides assistance, in cash or in-kind, or services, directly to individuals on the basis of need. The federal laws and regulations governing the Supplemental Nutrition Assistance Program (SNAP) specify that information from these records shall be disclosed only for purposes directly connected with the administration of the program. The State statutes prescribe that the State Department shall establish rules and regulations restricting the use or disclosure of information, records, papers, files, and communications concerning applicants and recipients to purposes directly connected with the administration of the programs.

The information which may be disclosed and that which must be safeguarded is set out below.

INFORMATION TO BE SAFEGUARDED

Agency employees, state or local, working in any capacity are prohibited from disclosing information concerning any applicant or recipient of assistance, or services, except in the administration of the program described in this material. The information which is considered confidential shall be:

1. Names and addresses of applicants and recipients or lists of applicants/recipients,

2. Case records with each and every document,

3. Information provided by another agency without permission from that agency. Examples are BENDEX, SDX, Unemployment Compensation IEVS, etc.,

4. Social Security Administration (SSA) information.

Employees shall not disclose information of a confidential nature even though a record of the information has not been made.

PENALTY

Disciplinary action will be taken against any Agency employee violating the regulations pertaining to the safeguarding of information in accordance with the disciplinary policies and procedures of the State Department of Human Services and/or the State Personnel Board. A willful violation of this regulation will be termed inefficiency in office and the employee may be suspended or removed.

In addition, State statutes specify that such acts can be considered as misdemeanors and upon conviction an individual may be fined or imprisoned or both. The specific details of these penalties are located in Sections 43-15-21, 43-17-7 and 43-19-45 of the Mississippi Code of 1972.

If the representative of an agency or organization to whom information has been disclosed violates the regulations, the Executive Director of the Mississippi Department of Human Services, after conducting an investigation, will report the employee or representative to the head of the Agency involved.

The State Department of Human Services will provide all employees of the State and County Offices with a copy of the rules and regulations governing the safeguarding of information, including a statement regarding the penalty for any use of such information in violation of the regulations. The Department will also make available copies for distribution to all agencies and individuals who are interested.

PENALTIES FOR IMPROPER DISCLOSURE – SSA INFORMATION

Federal law restricts the use of SSA information obtained through computer access or other means to purposes directly connected to the administration of the SNAP. Any agency employee that publishes, discloses, or makes known in any manner confidential SSA information is subject to a civil money penalty of $10,000 for each such unauthorized publication or disclosure, or a criminal penalty of a fine of not more than $10,000 or imprisonment of not more than 1 year, or both, for each such unauthorized publication or disclosure.

PERSONS AUTHORIZED TO DISCLOSE INFORMATION

Disclosure of all information, including records of every kind, shall be governed by these regulations. Observe these regulations as set out below regarding the release of information when a request is made and the Department does not have an agreement with the agency requesting the information:

1. Information from State Office records. Refer the request to Field Operations for information on persons or families applying for or receiving SNAP. The Director of the Department will obtain information about the request and make a decision in accordance with the regulations.

2. Information from county department records. Refer the request to the County Director, who will investigate the request and release the information in accordance with these regulations or deny the request if not in accord.

3. Court subpoenas. When a state or county staff member receives a subpoena for the record, this must be obeyed. See discussion, SUBPOENA OF CASE RECORDS, later in this chapter.

INFORMATION TO BE RELEASED

The information listed below will be released under the circumstances described:

1. Members of the Joint Oversight Committee will have access to the eligibility data of applicants and recipients when needed for discussion at Legislative meetings.

2. Information shall be provided to County and District Attorneys in connection with fraudulent receipt of SNAP.

3. The client or his authorized representative will have access to certain information in his case record as set out below under the discussion, DISCLOSURE TO CLIENT OR CLIENT REPRESENTATIVE.

OTHER INFORMATION TO BE DISCLOSED

The State department prepares and publishes regularly statistical and financial data about the programs. The county and state staff is authorized to release and to interpret the following information regarding SNAP:

1. Number of applications received, number approved, number rejected, type of assistance requested, and similar data, compiled monthly, quarterly, or annually in the several instances.

2. Services available from the department and the conditions under which services can be given. Number of persons requesting services and number receiving them, by nature of the request when available.

The department prepares and publishes an annual report on the operation of the programs, in accordance with the State statute. Other reports, usually those required by Federal regulations, are also available and are published.

DISCLOSURE TO GRAND JURIES

When cases involving fraud are presented to the grand jury in active session, the information necessary for their consideration and decision will be made available. Members of such bodies are expected to observe the regular court ethics with regard to use of this information.

DISCLOSURE OF INFORMATION FROM SNAP CASES

SNAP case information can only be released to individuals/agencies as outlined below:

1. Persons directly connected with the administration or enforcement of:

    a. The Supplemental Nutrition Assistance Program or,

b. Other Federal assistance programs or Federally-assisted State programs which provide assistance based on need, to low income individuals. These programs include but may not be limited to TANF, SSI, Health Benefits, etc.

2. Employees of the Comptroller General's Office of the United States for audit examination authorized by provision of law.

3. Officials of local, State or Federal law enforcement, upon their written request, for the purpose of investigating an alleged violation of SNAP. The written request must include the identity of the individual requesting the information and his authority to do so, the violation being investigated, and the identity of the person for whom the information is requested.

DISCLOSURE TO LOCAL, STATE AND FEDERAL LAW ENFORCEMENT

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires State agencies to make available, upon written request, to any Federal, State, or local law enforcement officer the address, social security number, and (if available) photograph of a SNAP recipient under certain conditions. The officer must furnish the recipient's name and notify the agency that the individual is fleeing to avoid prosecution, custody, or confinement for a felony, is violating a condition of parole or probation, or the individual has information necessary for the officer to conduct an official duty related to a felony/parole violation.

DISCLOSURE TO INTER AGENCY DEPARTMENTS

Access to SNAP case file information shall, upon request, be made available to persons directly connected with the administration of other Agency administered programs.

DISCLOSURE TO SOCIAL SECURITY ADMINISTRATION

There may be instances when the Social Security Administration conducts audits of the Wire Third Party Query (WTPQ) process. Although the SNAP case should not be turned over to SSA officials, it is permissible to cooperate with the officials to the extent of validating the WTPQ/SSA requirements.

DISCLOSURE TO CLIENT OR CLIENT REPRESENTATIVE

The County Director will release certain information to a client or his authorized representative as follows:

1. In connection with a request for a hearing, state or local. Refer to Volume V, Chapter 10 for information to be included in the hearing folder and the circumstances under which the client has access to the information.

2. Information supplied by the client or obtained by the worker that the client needs in order to be able to qualify for a benefit which he has requested, including proof of age,

documents relating to real and personal property, and other factual material that will assist a client in obtaining a service or benefit.

3. Client's statement of income and resources and other forms which the client has signed which are contained in SNAP case records.

4. Budgets worked to determine eligibility for SNAP.

A responsible member of the SNAP household, its currently authorized representative or a person acting in the household's behalf must present a written request to the County Director to examine the case record. The request must specify the material desired, the purpose for which the material will be used and contain an acknowledgment from the household that MDHS is not responsible for the manner in which the information is used once it is in the possession of the household or its representative. Copies of such requests should be filed in the case record and kept in an office file. At the discretion of the County Director, confidential information may be withheld from release, such as medical or medical social information obtained by the agency, the names of individuals who have disclosed information about the household without the household's knowledge or the nature or status of pending criminal prosecutions. The case record may only be examined in the county office during normal business hours, and may not be removed from the county office.

HANDLING OF COMPLAINT LETTERS

When a SNAP applicant, recipient, or authorized representative makes a complaint, usually by letter, to a public official about his denial, inadequate receipt, or other action taken about his request, the State or County Department handling the complaint may include that information in the reply which will provide an adequate explanation of the Department's action. That is, when the person or authorized representative sets out facts about the person's circumstances and enters a complaint against the Department, this implies the consent of the client for the Department to reply to the complaint.

Determine first that the client himself knows that the other person is writing the Department about his dissatisfaction with the action or lack of action. When a client or his authorized representative writes to a public official, either State or Congressional, or other public agency, the public official usually sends the letter, so that the County or State Department knows that the inquiry or complaint is from the client. Do not include more information than is necessary to explain the Department's position or action.

SUBPOENA OF CASE RECORDS

When the court issues a subpoena to the County Director or a county staff member to personally appear, or produce a case record, the employee must appear or be held in Contempt of Court.

Follow these procedures:

1. The County Director of his representative will notify the State Office by providing via

email a copy of any subpoena immediately to the Office of Field Operations, State Department of Human Services, Jackson, Mississippi. Contact Field Operations by phone to advise the Director that the subpoena is being emailed so that handling can be expedited. All activities to release case records in this circumstance must be coordinated through Field Operations and will be forwarded to the Office of the Attorney General for review and advice on any special handling prior to release.

2. If the court will permit, do not turn over the entire case but read from it the portions pertinent to the legal action.

Note that with reference to fraudulent activities, the County Director, upon request of the County or District Attorney, may provide copies of any material pertinent to the legal action at the time of the trial, without a subpoena being issued.

DISCLOSURE TO LEGISLATIVE OFFICIALS

The Federal regulations also provide for the disclosure of such information to committee or legislative body (Federal, State or local) when such body certifies that the information is needed in connection with their official duties with regard to the program and that the information will not be used for any other purpose.

RELATED AND/OR PERSONAL INTEREST CASES

Any staff member and relatives and/or personal interest cases of staff members may apply for and receive assistance; however, there are special procedures for taking and processing applications for employees and individuals related to, or of personal interest to, a staff member as listed below.

The county director is responsible for taking and processing applications for employees or personal interest cases and for submitting the case to the Regional Director for review and authorization of the approval or denial. The county director may delegate intake or case reviews, but not the regional director's task, to a county supervisor who has no close relationship to the employee or individual applying. Applications for assistance from supervisors or their relatives will be assigned to the county director for processing, and submitted to the regional director for final approval or denial. Applications submitted by a county director or his/her relatives will be taken and processed by the regional director. Applications received from individuals who have a close relationship with the worker's supervisor will be submitted to the county director for review and authorization or denial.

The relatives for whom the special procedures must be used include a staff member's spouse, grandparents (*also great, great-great, and great-great-great grandparents*), parents (*including stepparents*), brothers and sisters (*including stepbrothers and stepsisters, half-brothers and half-sisters*), children (*including stepchildren*), grandchildren, aunts, uncles, nieces, nephews, first cousins, first cousins once removed, and these relatives of a staff member's spouse who are related to this degree by marriage. These relationships are the same as those for TANF specified relatives. Furthermore, the interests of the agency will be served by not assigning any eligibility determination to an employee who has a particularly close relationship with the applicant.

Since county staff are prohibited from processing applications for relatives within the degree described above, the county director must not process an application for one of his/her close relatives. In these instances, the regional director or program specialist will take the application. The regional director will review the facts, make the decision, and authorize or deny assistance.

Applications from relatives of staff members other than the county director do not require the review and approval of regional directors. The county director is responsible for assigning the application to an eligibility worker who can process the application objectively and for authorizing eligibility for such relatives. However, cases should not be assigned to a worker supervised by the relative of the applicant.

DEPARTMENT OF HUMAN SERVICES EMPLOYEE CASES

In order to avoid a conflict of interest which might occur if a county staff member is allowed to take the application of a fellow employee, it is required that the county director, or the county supervisor, if the county director so designates, take the application or application for recertification, provided there is no degree of relationship or personal interest involved.

INTRODUCTION

In accordance with federal regulations, Quality Control (QC) Staff review a sample of the caseload to determine eligibility and correct basis of issuance for active cases and the validity of denials and closures for inactive cases.

The QC review may or may not immediately follow the certification approval or negative action taken by county staff. Differences between the county's eligibility/benefit level determination and the findings of the quality control review sometimes occur due to misunderstanding or failure to report on the part of the recipient, error on the part of the county worker or error on the part of the QC Reviewer.

The Quality Control Unit will delay reporting differences to FNS for 10 calendar days from the date on Form MDHS-QA-250, as outlined below. This allows the County and Regional Director time to review and investigate the findings and to agree or disagree with the QC determination.

It is very important that any disagreement with the findings of the quality control review be expressed for the following reasons:

1. Reconciliation of the disagreement results in the proper action being taken on the case.

2. Because the findings are an important part of formulating plans for corrective action to reduce the error rate, it is necessary that the findings be as accurate as possible. Through the procedure of agreeing or disagreeing, both QC Reviewers and county eligibility staff are made aware of their errors in interpreting and applying policy. This procedure is actually a form of corrective action in itself, in that repetition of the misinterpretation or misapplication of policy can be avoided in handling other cases.

3. The report to FNS will properly reflect error rates.

QUALITY CONTROL STAFF RESPONSIBILITIES

Upon completion of a review, the Quality Control Unit will scan the review findings for cases reviewed into the Case Review folder in Interwoven/Worksite. The County Director and the Regional Director will be notified via email of cases requiring corrective action. All Quality Control reviews citing ineligibility or eligibility with a benefit amount error greater than $50 will be retained in the office as follows:

1. For 10 calendar days from the date on Form MDHS-QA-250 when no response or other contact regarding the error has been received from the County or Regional Director; or

2. Until the disagreement is resolved if the Regional Director has notified the Quality Control Unit of a disagreement. The contact and resolution must be achieved within the 10-day arbitration period.

Upon receipt of the completed response form(s), the Quality Control Unit will scan the response form(s) into the Case Review folder in Interwoven/Worksite. A listing of correct and drop cases will be posted monthly to Interwoven/Worksite.

COUNTY RESPONSIBILITIES

The county does not have to respond when QC reports findings of a correct case. The County Director, or his designee, will review and print required forms prior to routing to appropriate staff and set a tickler to ensure that the response is handled no later than 7 calendar days from the date entered at the top of the response form when the findings are that of eligibility but incorrect benefit amount or ineligibility.

Eligibility and supervisory staff must review the case record and Quality Control findings to determine whether to agree or disagree with the review findings. When the county disagrees with the QC findings, the County Director, or his designee, must complete the original MDHS-QA-250 and attachments or Invalid Closure/Denial Error Summary and route to the Regional Director.

The eligibility worker will take immediate corrective action when the county agrees with the findings. Required actions include, but are not limited to, reworking the case, preparing a claim for an overissuance, preparing restoration of lost benefits, etc.

If the county disagrees with the Quality Control findings, the worker will delay taking corrective action until disagreements are resolved.

REGIONAL DIRECTOR RESPONSIBILITIES

The Regional Director will review the county's agreement or disagreement as soon as possible upon receiving the response form, consult with county staff if necessary to obtain additional information, and take steps as outlined below:

1. When the county agrees with the Quality Control findings:

    a. The Regional Director will forward the response to the Quality Control Unit if he/she concurs with the county's agreement.

    b. If the Regional Director does not agree with the county's decision then he/she will follow the procedure set out below for resolving differences and advise the county on proper handling.

    NOTE: Unless the Quality Control Unit receives notice from the Regional Director within 10 calendar days from the date shown at the top of the response form, the Quality Control findings will be included in the error report.

2. When the county disagrees with the Quality Control findings:

   a. If the Regional Director believes the county's basis for disagreement is valid, he/she will notify the Quality Control Director prior to the 10 day deadline and provide the response and information or verification to support the disagreement, keeping a copy for his/her records.

      The QC Director will be responsible for contacting the Regional Director and they will attempt to resolve the difference. If the difference is resolved at this level, the response confirming resolution will be scanned into Interwoven/Worksite and the County and Regional Director notified via email from the Quality Control Unit.

   b. If there is a disagreement which cannot be resolved between the QC Director and the Regional Director, the issue will be resolved by the QC Director in conjunction with appropriate staff from the SNAP Policy Unit and State Operations.

      If the decision is that the first findings were correct, the QC Director will explain the basis of the decision to the Regional Director. The Regional Director will notify the county in writing and advise of appropriate handling.

      If the decision is different from the original QC findings, the County and Regional Director will be notified with revised MDHS-QA-2081 and MDHS-QA-250, if applicable, from the Quality Control Unit.

   c. If the Regional Director does not believe that the county's disagreement is valid, he/she will advise the county in writing of appropriate actions and forward the response to the Quality Control Unit.

REFUSAL TO COOPERATE WITH QUALITY CONTROL

When a household refuses to cooperate with the Quality Control Reviewer and the agency has taken other administrative steps to obtain that cooperation without obtaining it, the household shall be notified by the Quality Control Reviewer of the penalties for refusing to cooperate with respect to termination and reapplication. If a household refuses to cooperate after such notice, the Quality Control Reviewer may attempt to complete the case and shall report the household's refusal to the QC Supervisor for termination of its participation without respect for the outcome of that attempt. The QC Supervisor will enter in MAVERICS a “REFUSED TO COOPERATE WITH QC” alert. The alert will be generated to the case worker and their supervisor notifying them of the refusal. MAVERICS will automatically generate a ten day closure notice.

If a household is terminated for refusal to cooperate with the Quality Control Reviewer, the household may reapply but shall not be determined eligible until it cooperates with the Quality

Control Reviewer. Cooperation with the QC Reviewer will be pended as verification. One exception to this is that, in the instance of an expedited application, the case will be processed according to expedited procedures with cooperation with the QC Reviewer as postponed verification.

If the household which was terminated for refusal to cooperate with a State Quality Control Reviewer reapplies after 95 days from the end of the annual review period (September 30), the household shall not be determined ineligible for its refusal to cooperate with the Quality Control process, but it must provide verification to the county in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION.

DUTIES OF THE OIC

The Officer-in-Charge or OIC, as it is commonly called, is a representative of the Atlanta Regional Office of Food and Nutrition Service, United States Department of Agriculture, and is under the direct supervision of the District Manager of USDA, FNS, in Mississippi. Each Officer-in-Charge is assigned a specified group of counties/states.

The OIC will call on the County Director, or his designee, before transacting any business at the county office. The OIC is to visit the director to obtain general information on staffing and certification responsibilities and to make arrangements for access to case records and issuance records. The OIC will not pull any material from the files but will make his needs known to the county staff. Generally, the duties and responsibilities of an OIC are as follows:

1. Periodically, the OIC may be required to make administrative reviews of the food stamp offices in this region.

2. The OIC is required to conduct non-discrimination reviews of the county offices including all certification and issuance sites. These reviews are in addition to administrative reviews and are not contingent on audits scheduled.

3. Both the State Department of Human Services and OIC received complaints or inquiries from recipients which require follow-up action. Therefore, it is frequently necessary for the case record to be reviewed by the OIC before the client is contacted. This would necessitate a visit by the OIC to the county office.

4. Frequently, the OIC is in need of statistical data for his region. If it is necessary to visit a county office to obtain this type of information, visits of this nature should be coordinated with the Director of Economic Assistance by the District Manager, USDA.

5. Occasionally, the OIC is required by the Regional Office of USDA in Atlanta or by the Washington Office to make special reviews in county offices such as participation profiles. These reviews could possibly be scheduled during an audit but every effort is made to avoid this occurrence.

6. In addition to the duties outlined above, the OIC is responsible for authorizing retail grocery stores, meal delivery services, communal dining facilities, and drug or alcoholic treatment and rehabilitation centers, and determining continued eligibility of these establishments to accept food stamp benefits. Any inquiries or complaints concerning these establishments should be referred to the OIC.

NOTE: Inquiries from Mississippi grocers/retailers who wish to participate in the Food Stamp Program as authorized retailers should be informed of the call-in application procedure by USDA, Food and Nutrition Service. To request an Application for Authorization to Participate in the Food Stamp Program, the business must call the Atlanta, Georgia Field Office at (404) 562-7060. This telephone number is for new authorization and change of ownership of retailers only. Currently approved retailers should contact the Raleigh, North Carolina Field Office at (919) 790-2927.

County Workers are not to seek clearance of food stamp policy from the OIC, but will direct any questions to the appropriate supervisor within the Department of Human Services.

FNS Compliance Management Centers have been established in the following locations: Tallahassee, Florida (phone: 850-942-8315), Montgomery, Alabama (phone: 334-272-0844), and Jackson, Mississippi (phone: 601-965-4562). These centers have responsibility for retailer compliance activities for the southeast region, and will receive reports of suspected retailer fraud and/or abuse. However, when county offices receive such information on suspected retailer fraud, **the county should take no action to investigate the charges.** Rather, the county office must forward the information in the form of a memorandum to the Director of the Division of Economic Assistance. The memorandum should include all pertinent information obtained from the person making the report.

USDA FNS FIELD OFFICE

All Mississippi counties will be served by one office. Correspondence and phone calls should be addressed as follows:

Don Horne, Officer-in-Charge
USDA - Food and Nutrition Service
Federal Building, Suite 1233
100 West Capitol Street
Jackson, Mississippi 39269

Phone: (601) 965-4562
Fax: (601) 965-4426

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ADDICT/ALCOHOLIC REPRESENTATIVE

A person who is an employee of and designated by the private nonprofit organization or institution or the publicly operated community mental health center that is administering the treatment and rehabilitation program to act on behalf of the resident addict or alcoholic in applying for, receiving and using SNAP benefit amount for food prepared by and/or served to the addict or alcoholic. See Chapter 8, REPRESENTATIVES.

ADVERSE ACTION

Action taken to reduce or terminate a household's SNAP benefits within the certification period. See Chapter 8, DECISION AND NOTIFICATION.

AGENCY CONFERENCE

A formal review at the local level of a client complaint conducted by the county director or designee. See Chapter 10, GENERAL.

ADMINISTRATIVE DISQUALIFICATION HEARING

A hearing initiated by the department whenever there is documented evidence to substantiate that a member of a SNAP household intentionally committed an act that constitutes a violation of SNAP Regulation or any related state statute. See Chapter 10, GENERAL.

AND JUSTICE FOR ALL POSTER

Displays the nondiscrimination statement to comply with Civil Rights requirements. Posters may be requested from State Operations. See Chapter 1, PROGRAM INFORMATIONAL ACTIVITIES.

APPLICATION FORM

The MDHS-EA-900 form which is used by a household member or authorized representative to make application for participation in SNAP. See Chapter 8, APPLICATION FORM and the GENERIC FORMS MANUAL.

ASSISTANCE HOUSEHOLD

A household in which all members are included in a TANF money payment budget. See Chapter 2, CATEGORICALLY ELIGIBLE HOUSEHOLD, and Chapter 7, CATEGORICALLY ELIGIBLE HOUSEHOLDS.

AUTHORIZED REPRESENTATIVE

An adult non-household member authorized to act on behalf of the household in making application for SNAP. See Chapter 8, REPRESENTATIVES.

BASIC UTILITY ALLOWANCE

The BUA is a standard deduction allowed for households who incur at least two out-of-pocket non-cooling or non-heating expenses and do not receive LIHEAP. See Chapter 6, EXPENSES - UTILITY EXPENSES and Chapter 13, TABLE I.

BENEFIT REPRESENTATIVE

Individuals designated to receive an EBT card and use SNAP benefits for the household. See Chapter 8, REPRESENTATIVES.

BLIND/DISABLED GROUP HOME REPRESENTATIVE

An appointed staff member of a blind/disabled group home may act as the authorized representative for the residents. See Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.

BOARDERS

Boarders are individuals or groups of individuals (excluding residents of a commercial boarding house) residing with others and paying reasonable compensation to others for lodging and meals. Boarders are ineligible to participate in the program independent of the household providing the board. They may participate as members of the household providing the boarder services to them, at such household's request. See Chapter 7, BOARDERS.

BOARDING HOUSE

An establishment which is licensed as a commercial enterprise which offers meals and lodging for compensation. In counties without licensing requirements, a boarding house is a commercial

establishment which offers meals and lodging for compensation with the intention of making a profit. See Chapter 7, BOARDERS, NON-COMMERCIAL BOARDING HOUSES.

BUA - See Basic Utility Allowance.

BROAD-BASED CATEGORICAL ELIGIBILITY (BBCE)

BBCE households are not subject to a resource test. All households are considered to be broad-based categorically eligible, with the following exceptions: (1) households containing a member currently disqualified for Intentional Program Violation (IPV); (2) households with a member convicted of a drug felony; (3) households containing at least one elderly or disabled member that fail the gross income test but pass the net income test. Resources of all members of such non-BBCE households must be verified and tested. See Chapter 5, RESOURCES. Refer to "Categorically Eligible Household" later in this chapter for the definition of a "regular" categorically eligible household.

CAPITAL GAINS

Profits made from the sale of a capital asset (such as equipment, property, share of stock, etc.). The full amount of the capital gain is counted as income in the SNAP case. Capital gains are typically taxed at a lower rate than other income. See Chapter 7, SELF-EMPLOYMENT INCOME.

CASE HEAD

The person in whose name application is made for participation in the program. This is the person who normally assumes primary responsibility and leadership in making decisions which affect the household. The PI in MAVERICS. See definition of PI. See Chapter 8, FILING AN APPLICATION.

CATEGORICALLY ELIGIBLE HOUSEHOLD (Regular)

A categorically eligible household is one in which all members are recipients of public assistance and/or Supplemental Security Income (SSI). (See Chapter 3, Ineligible Aliens for exception.) See Chapter 8, CATEGORICALLY ELIGIBLE HOUSEHOLDS and Chapter 6, GENERAL PROVISIONS, and "Broad-Based Categorical Eligibility" earlier in this chapter.

CERTIFICATION

The process necessary to determine a household's eligibility and SNAP benefits. See Chapter 8, THE CERTIFICATION PROCESS.

CERTIFICATION PERIOD

The established period of specific calendar months during which the household is eligible to receive SNAP. See Chapter 8, THE CERTIFICATION PROCESS.

CHOCTAW FOOD DISTRIBUTION

Under provisions of the Food and Nutrition Act of 2008 the Mississippi Band of Choctaw Indians is authorized to administer a Food Distribution Program. Under this program commodity assistance is available to all eligible Choctaw Indians living on or near the Choctaw Reservation. This commodity package is an acceptable alternative to SNAP. Duplicate participation in both programs is prohibited. See Chapter 8, CHOCTAW FOOD DISTRIBUTION.

COLLATERAL CONTACT

A verbal confirmation of a household's circumstances by a person outside of the household. See Chapter 8, SOURCES OF VERIFICATION

COMMINGLED FUND

A fund that includes assets from several accounts, pooled together, to reduce management and administrative cost, also known as a pooled fund. See Chapter 5, RESOURCES TO BE EXCLUDED

COMMUNAL DINING FACILITY

Any facility such as senior citizen's centers, apartment buildings occupied primarily by elderly persons or SSI households or any public or non-profit private school (tax exempt) which prepares meals especially for elderly persons during special hours and certain other public or private nonprofit establishments (tax exempt) which prepare and serve meals for elderly or SSI recipients. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

COMPLAINT REVIEW

An informal review at the local level of a client complaint. A complaint review enables the county to explain to the complainant reasons for action and/or to make any required adjustments. See Chapter 1, COMPLAINT REVIEW.

DELIVERED MEALS

Any member of an eligible household, who is 60 years of age or older or incapacitated or otherwise disabled to the extent that he/she is unable to adequately prepare meals, may use all or

any part of his/her benefit amount to purchase meals from a non-profit meal delivery service authorized by FNS for such purpose. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

DESTITUTE

Extreme lack of resources or means of subsistence utterly impoverished. See Chapter 7, DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL FARM WORKERS.

DISABLED PERSON

A member of a household who:

1. receives or has been certified to receive Supplemental Security Income benefits under title XVI of the Social Security Act or disability or blindness payments under titles I, II, XIV, or XVI of the Social Security Act. An individual is considered disabled if he has been certified for one of these benefits or payments but the initial payment has not yet been received. Also, persons who remain certified for disability benefits or payments, but whose checks are entirely recouped to recover a prior overpayment are considered disabled;

2. is a recipient of state or federally administered Supplemental Security Income (SSI) payments under Section 1616(a) of the Social Security Act (optional State supplementation) provided that eligibility to receive the benefits is based upon the disability or blindness criteria used under title XVI of the Social Security Act or payments under Section 212(a) or Pub. L. 93-66 (mandatory minimum State supplementation of SSI benefits);

3. is a veteran receiving a pension for non-service connected disability;

4. is a veteran with a service-connected disability rated or paid as total under title 38 of the United States Code or is considered in need of regular aid and attendance or permanently housebound under such title of the Code;

5. is a surviving spouse of a veteran and considered in need of aid and attendance or permanently housebound or a surviving child of a veteran and considered to be

permanently incapable of self-support under title 38 of the United States Code;

6. is a surviving spouse or child of a veteran and entitled to compensation for a service-connected death or pension benefits for a non service-connected death under title 38 of the United States Code and has a disability considered permanent under section 221(i) of the Social Security Act. "Entitled" as used in this definition refers to those veterans' surviving spouses and children who are receiving the compensation or benefits stated or have been approved for such payments, but are not receiving them;

7. is a recipient of Federal, State, or local public disability retirement pension who has a disability considered permanent under Section 221(i) of the Social Security Act;

8. is a Railroad Retirement disability annuitant who either meets the Social Security disability criteria in order to receive an annuity or who is determined to qualify for Medicare by the Railroad Retirement Board;

9. is a recipient of interim assistance benefits pending the receipt of Supplemental Security Income, disability related medical assistance under Title XIX of the Social Security Act (Medicaid), or disability-based state general assistance benefits, provided that the eligibility to receive benefits is based upon disability or blindness criteria that are at least as stringent as those used under Title XVI of the Social Security Act;

10. is a recipient of Federal Employee Compensation Act (FECA) payments for permanently disabled employees who opt for FECA benefits in lieu of Civil Service Retirement benefits. Temporary FECA payments to employees injured on the job do not satisfy the definition of disability.

DOCUMENTARY EVIDENCE

Written confirmation of a household's circumstances. Examples include, but are not limited to, wage stubs, written statements from employer, rent receipts and utility bills. See Chapter 8, SOURCES OF VERIFICATION.

DRUG ADDICTION OR ALCOHOLIC TREATMENT AND REHABILITATION PROGRAM

Any drug addiction or alcoholic treatment and rehabilitation program conducted by a private nonprofit organization or institution or by a publicly operated community mental health center which is certified by the Department of Mental Health.

See Chapter 7, RESIDENT ADDICTS AND ALCOHOLICS.

E & T - See Employment and Training.

EBT - See Electronic Benefit Transfer.

ELDERLY PERSON

A person 60 years of age or older. Consider an individual elderly if he is fifty-nine years old on the date of application, but will become sixty before the end of the month of application. See Chapter 3, HOUSEHOLD COMPOSITION.

ELECTRONIC BENEFIT TRANSFER (EBT)

A program using an electronic method to disburse SNAP benefits using plastic debit card technology. Recipients access their benefits at participating retailers using a point-of-sale (POS) device. See Chapter 8, EBT CARD.

ELIGIBLE FOODS

Any food or food product intended for human consumption, seeds and plants to grow for personal consumption of SNAP eligible households and certain prepared meals for SNAP eligible households as follows: meals delivered by an authorized delivery service, meals served by a communal dining facility for elderly and/or SSI households, meals served by drug and alcohol rehabilitation centers, meals served to an authorized group living arrangement facility to residents who are blind or disabled under Title II or Title XVI of the SS Act, meals served by a shelter for battered persons and children and meals served by an authorized homeless meal provider. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

EQUITY

The money value of a property beyond any mortgage or liabilities existing on it. The fair market value less encumbrances. Encumbrances are determined by the number of scheduled monthly payments, including interest owed, that remain in a loan agreement (this is not the same as the "payoff" amount, which indicates the amount that could currently be paid to erase the debt). See Chapter 5, ALL RESOURCES

EMPLOYMENT AND TRAINING PROGRAM (E&T)

E & T is a program for SNAP participants operated by the agency consisting of one or more work, training, education or job search components. See Chapter 3, WORK REQUIREMENTS/ABAWDS.

ENCUMBRANCE

A financial lien or claim (liability) on real property held by another party, such as a mortgage, which usually impacts the transferability of the property. A burden or hindrance. See Chapter 5, ALL RESOURCES.

EXCLUDED HOUSEHOLD MEMBERS

Individuals not included as eligible members of a SNAP household when determining the household's size for the purpose of monthly income and benefit level. See Chapter 3, NONFINANCIAL CRITERIA, for definition of excluded household members and Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS, for treatment of income and resources.

EXPEDITED

To speed up the process, to perform efficiently and quickly, accelerate. See Chapter 8, EXPEDITED SERVICE.

EXPUNGEMENT

To erase, delete, to obliterate totally. Benefits are expunged from the EBT account after 365 days of inactivity. See Chapter 8, DECISION AND NOTIFICATION.

FNS

The Food and Nutrition Service of the U.S. Department of Agriculture. See Chapter 1, GENERAL.

FOOD AND NUTRITION ACT

The Food and Nutrition Act of 2008 is an act to strengthen the agricultural economy; to help achieve a fuller and more effective use of Food abundances; to provide for improved levels of nutrition among low income households through a cooperative Federal-State program of food assistance to be operated through normal channels of trade; and other purposes; including any subsequent amendments thereto. See Chapter 1, INTRODUCTION.

GENERAL ASSISTANCE (GA)

GA is cash and in-kind assistance programs financed and administered entirely by the state, county, or locality in which they operate. They are designed to meet short term or ongoing needs of low income individuals ineligible for (or awaiting approval for) federally funded cash assistance such as TANF or SSI. Thirty-five states (24 of which are statewide) and the District of Columbia have general assistance programs. Mississippi does not offer a general assistance program. The Mississippi Band of Choctaw Indians offers a general assistance program for tribal members. See Chapter 4, INCOME TO BE INCLUDED.

GROUP LIVING ARRANGEMENT

A public or private non-profit residential setting that serves no more than 16 residents and that is certified by the State Department of Health under regulations issued under Section 1616(e) of the Social Security Act. To be eligible for SNAP benefits, a resident of such a group living arrangement must be blind or disabled and receiving benefits under Title II or Title XVI of the Social Security Act. See Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.

HEAD OF HOUSEHOLD

The head of household shall always be the PWE unless the household has the option to select the head of household. Households containing adult parents and their children (of any age) or an adult with parental control of a child (under 18 years of age) living in the home, may be allowed to designate an adult parent as head of household. When head of household designation is allowed all adults in the household must agree to the selection. The selection/designation of the head of household is important for purposes of failure to comply with work registration/E & T requirements. Head of household is documented in MAVS on the WORE screen. Not to be confused with the PI. See Chapter 3, WORK REGISTRATION.

HEARING

A procedure whereby an appeal may be made by any household aggrieved by any action of the Department of Human Services which affects the household. See Chapter 10, HEARINGS.

HEARINGS OFFICER

An impartial person who conducts hearings and renders hearing decisions. See Chapter 10, HEARINGS.

HEARING REQUEST

Any clear expression, oral or written, by the household or its representative to the effect that it wishes to appeal a decision or that an opportunity to present its case to a higher authority is desired. See Chapter 10, STATE HEARINGS.

HOME

A place where one lives. For SNAP purposes the home includes the house, its outbuildings and surrounding property which is not separated by intervening property owned by others. See Chapter 5, RESOURCES TO BE EXCLUDED.

HOMELESS INDIVIDUAL

An individual who lacks a fixed and regular night time residence, or an individual whose primary night time residence is:

1. A supervised shelter designed to provide temporary accommodations (such as a welfare hotel or congregate shelter);

2. A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized;

3. A temporary accommodation in the residence of another for no more than 90 days;

4. A place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (a hallway, a bus station, a lobby, or similar places).

HOMELESS MEAL PROVIDER

A private or public non-profit establishment, e.g., soup kitchen, temporary shelter, etc., approved by a State or local agency, that feeds homeless persons. See Chapter 3, NONFINANCIAL CRITERIA, USE OF SNAP/MEAL SERVICES.

HOUSEHOLD

A household may be composed of various individuals or groups of individuals, with certain exceptions, an individual who lives alone, individuals who live with others but purchase and prepare meals separately, a group of individuals who live together and purchase and prepare meals together, and an individual who is 60 years old or older who is unable to purchase and prepare meals. See Chapter 3, NONFINANCIAL CRITERIA, HOUSEHOLD CONCEPT.

IDENTIFIABLE APPLICATION

An application form containing the applicant's name and address, and signed by a responsible household member or the household's authorized representative. See Chapter 8, APPLICATION.

IEVS

The Income and Eligibility Verification System collects and exchanges income and resource data from other federal and state agencies to be used in verifying eligibility for benefits for eligible households. See Chapter 8, INCOME AND ELIGIBILITY VERIFICATION SYSTEM.

INCOME

Monies received by household members. See Chapter 4, INCOME.

INCOME MAXIMUM

Table of national standards based on household size which shows the highest monthly net and gross (if applicable) income a household may have and be eligible for participation in SNAP. See Chapter 13, TABLE II.

INELIGIBLE ALIEN

An alien who does not meet one of the conditions to be a qualified alien is not eligible for SNAP

benefits. See Chapter 3, CITIZENSHIP AND ALIEN STATUS and Chapter 7, EXCLUDED HOUSEHOLD MEMBERS.

INITIAL MONTH

The first month for which a household is certified for participation in SNAP following any period during which the household was not certified. See Chapter 6, GENERAL Provisions.

INSTITUTION

Generally, an institution is an establishment which provides professional services beyond meals and day-to-day living needs. Professional services means services provided by those whose occupations require advanced education or training, and involve intellectual skills such as medicine, psychology, etc. Generally, the determination of whether professional services are being provided in a particular institution could be based on whether the services provided would be more than could be provided by a non-professional live-in attendant and are not ordinarily provided in a private home. See Chapter 3, HOUSEHOLD CONCEPT.

INSTITUTION OF HIGHER EDUCATION

Any institution which normally requires a high school diploma or equivalency certificate for enrollment, including but not limited to colleges, universities, and vocational or technical schools at the post-high school level. See Chapter 7, STUDENTS.

INSTITUTION OF POST-SECONDARY EDUCATION

Any public or private educational institution which normally requires: 1. a high school diploma or equivalency certificate for enrollment; 2. Admits persons who are beyond the age of compulsory school attendance in the State in which the school is located provided that the institution is legally authorized or recognized by the State to provide an educational program beyond secondary education in the State; 3. Provides a program of training to prepare students for gainful employment. See Chapter 7, SPECIAL CIRCUMSTANCES, STUDENTS.

INTERACTIVE INTERVIEW

An interview technique that requires the worker to complete data entry in real time during the client interview as opposed to entering data at a later time after the interview. See Chapter 8, THE INTERVIEW.

ISSUANCE CYCLE

The method during each month of the certification period in which benefits are issued to an eligible household through the EBT process. See Chapter 8, DECISION AND NOTIFICATION**.**

ISSUANCE MONTH

The calendar month for which a SNAP benefit amount is issued.

IVAS

IEVS Alert Selection Screen in the MAVERICS system used to process IEVS. See Chapter 8, INCOME AND VERIFICATION SYSTEM-SYSTEM ALERTS, and Volume X, Chapter 11, INCOME AND VERIFICATION SYSTEM-SYSTEM ALERTS**.**

KEOGH PLAN

A tax-deferred qualified retirement plan for self-employed individuals and unincorporated businesses, also called self-employed pension. See Chapter 5, RESOURCES TO BE INCLUDED.

LIHEAP - See Low-Income Home Energy Assistance Program.

LIVE-IN-ATTENDANT

Individuals who reside with a household to provide medical, housekeeping, child care, or similar services. See Chapter 3, NON-HOUSEHOLD MEMBERS.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

LIHEAP provides financial assistance for home heating and cooling, energy crisis intervention and low cost weatherization to low-income households, including the elderly, people with disabilities, families with young children, the working poor, and those making the difficult transition from welfare to work. Families receiving LIHEAP have incomes below 150 percent of the federal poverty level. LIHEAP is handled by the Mississippi Division of Community Services. See Chapter 6, EXPENSES.

LOW-INCOME HOUSEHOLD

A household whose annual income does not exceed 125% of the Office of Management and Budget poverty guidelines.

MANAGEMENT EVALUATION (ME) REVIEW

ME Reviews conducted at the county level to determine if the State agency is administering and operating SNAP in accordance with program requirements.

ME - See Management Evaluation Review.

MSCAP - See Mississippi Combined Application Project.

MISSISSIPPI COMBINED APPLICATION PROJECT

MSCAP is a demonstration project and a cooperative effort between MDHS, FNS, and SSA implemented October 1, 2001. MSCAP is designed to simplify the application process for SSI recipients or applicants who choose to also apply for SNAP benefits. The goal of the program is to increase SNAP enrollment and promote program satisfaction. See Chapter 7, MISSISSIPPI COMBINED APPLICATION PROJECT.

MOTOR VOTER ACT - See National Voter Registration Act of 1993.

NATIONAL VOTER REGISTRATION ACT OF 1993

Section 7 of the Act requires states to offer voter registration opportunities at all offices that provide public assistance and all offices that provide state-funded programs primarily engaged in providing services to persons with disabilities. Each applicant for any of these services, renewal of services, or address changes must be provided with a voter registration form as well as assistance in completing the form and forwarding the completed application to the appropriate state or local election official. Also known as NVRA and the Motor Voter Act. See Chapter 1, VOTER REGISTRATION REQUIREMENTS.

NON-HOUSEHOLD MEMBERS

Individuals not included as eligible members of the household when determining household size for the purpose of income eligibility standard, resources and benefit level. Their income and resources are considered differently according to their categorization. Non-Household members

include the following; Ineligible Aliens, Individuals with Questionable Citizenship, Disqualified Individuals (various reasons), Roomers, Live-in-Attendants, Ineligible Students, Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household. See Chapter 3, NON-HOUSEHOLD MEMBERS, and Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

NVRA - See National Voter Registration Act of

1993. **OIC** - See Officer-in-Charge. **OFFICER-**

IN-CHARGE

The OIC is a representative of the Atlanta Regional Office of FNS and is under the direct supervision of the District Manager of USDA, FNS. The OIC conducts certain reviews, receives complaints, and determines the establishment's eligibility to accept SNAP benefits. See Chapter 1, USDA OFFICER-IN-CHARGE.

OPPORTUNITY TO PARTICIPATE

An applicant household has been provided an opportunity to participate when benefits are available and the household possesses an EBT card to access benefits within application processing time frames. A recipient household has been provided an opportunity to participate when benefits are accessible to the household within the appropriate processing standard for the case. See Chapter 8, APPLICATION-DELAYS IN PROCESSING.

OVERISSUANCE

The amount by which benefits issued to a household exceeds the amount the household was eligible to receive. See Chapter 11, GENERAL.

PI-PRIMARY INDIVIDUAL

The MAVS relationship code for the primary information person in the household in whose name the case is registered. Not to be confused with the head of household which may be the same or different. See Volume X, Chapter 3, REGISTRATION OF CASE MEMBERS and Chapter 12, RELATIONSHIP.

PRIMARY WAGE EARNER

The household member (including excluded household members) who has the greatest source of earned income in the two months prior to the month of the failure to comply with work registration/E & T. Note: This provision only applies if the earned income is for 20 or more hours per week or at least its equivalent multiplied by minimum wage. See Chapter 3, WORK REGISTRATION.

PROMPT ACTION

The time limit in which a worker must take action in determining eligibility and making required changes.

PRORATION

Calculating the benefit amount for the initial month based on the date of application. See Chapter 6, GENERAL PROVISIONS and Chapter 13, TABLE IV.

PROSPECTIVE BUDGETING

The computation of a household's SNAP benefit amount for an issuance month based on an estimate of income and circumstances which will exist in that month. See Chapter 6, PROSPECTIVE BUDGETING.

PROSPECTIVE ELIGIBILITY

Looking ahead to the issuance month and making an eligibility determination based on income and other household circumstances anticipated for that month. See Chapter 6, PROSPECTIVE BUDGETING.

PWE - See Primary Wage Earner**.**

QUALITY CONTROL

An administrative system for documenting the extent of and reasons for errors in eligibility and benefit amounts of participating households. See Chapter 1, QUALITY CONTROL REVIEWS.

RECERTIFICATION

The process by which eligibility for SNAP is re-established. An application taken prior to the end of the certification period or during the month which follows, provided the case has not been officially closed in accordance with agency procedures, is an application for recertification regardless of whether disposition is made at that time. See Chapter 8, RECERTIFICATION.

RESIDENTS OF INSTITUTIONS

Individuals shall be considered residents of an institution when the institution provides them with the majority of their meals as part of the institution's normal services and the institution has not been authorized to accept SNAP benefits. See Chapter 3, RESIDENCY IN COMMERCIAL BOARDING HOUSES and INSTITUTIONS.

RESOURCE MAXIMUM

Table of national standards showing the maximum value of resources a household may retain and be eligible for participation in SNAP. See Chapter 13, TABLE II.

RESOURCES

Certain holdings, cash or property, having value. See Chapter 4, RESOURCES.

RETAIL FOOD STORE

The following are types of retail food stores:

1. An establishment or recognized department of an establishment, or a house-to-house trade route, whose eligible food sales volume is more than 50% staple food items for home consumption;

2. Public or private communal dining facilities and meal delivery services; public or private non-profit drug addict or alcoholic treatment and rehabilitation programs; certain blind and disabled group living arrangements; public or private nonprofit shelters for battered persons and children;

3. Any private nonprofit cooperative food purchasing venture, including those whose members pay for food prior to receipt of the food; and

4. A farmer's market.

See Chapter 1, USDA Officer-in-Charge.

ROOMER

Individuals to whom a household furnishes lodging, but not meals, for compensation. See Chapter 3, HOUSEHOLD CONCEPT.

SHELTER FOR BATTERED PERSONS AND CHILDREN

A public or private nonprofit residential facility that serves battered persons and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a longterm basis to serve only battered persons and children. See Chapter 7, RESIDENTS OF SHELTER FOR BATTERED PERSONS AND CHILDREN.

SIMPLIFIED REPORTING HOUSEHOLD (SR)

Most SNAP households are subject to Simplified Reporting requirements. SR households are only required to report when the household's total monthly income meets or exceeds 130% of the poverty level for their household size at the time of their current certification.

SPOUSE

Either of two individuals who would be defined as married to each other under applicable State Law; or are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople. See Chapter 3, HOUSEHOLD CONCEPT.

SSI - See Supplemental Security Income.

STANDARD TELEPHONE ALLOWANCE

The Standard Telephone Allowance is a standard deduction allowed households who incur out-of-pocket telephone expense and do not qualify for the SUA or BUA. See Chapter 13, TABLE I

STANDARD UTILITY ALLOWANCE (SUA)

The SUA is a standard deduction allowed households who incur an out-of-pocket cooling or primary heating expense separate and apart from rent or mortgage or receive LIHEAP for its current residence. See Chapter 6, EXPENSES - UTILITY EXPENSES and Chapter 13, TABLE I.

STAPLE FOOD

Those food items intended for home preparation and consumption, which include meat, poultry, fish, bread and breadstuffs, cereals, vegetables, fruits, fruit and vegetable juices, and dairy products. Accessory food items such as coffee, tea, cocoa, carbonated and uncarbonated drinks, candy, condiments, and spices are not staple foods for the purpose of qualifying a firm to participate in the program as a retail food store or a wholesale food concern even though they may be purchased with SNAP. See Chapter 3, USE OF SNAP/MEAL SERVICES.

STATE HEARING

A formal review of a client complaint conducted by a state hearings officer. See Chapter 10, GENERAL.

STRIKER

Anyone involved in a strike or concerted stoppage of work by employees (including stoppage by reason of the expiration of a collective-bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees. See Chapter 7, STRIKERS.

STUDENT

An individual enrolled at least half time as defined by the institution, in any recognized school, training program or institution of higher education, or institution of post-secondary education. See Chapter 7, STUDENTS.

SUA - See Standard Utility Allowance.

SUPPLEMENTAL SECURITY INCOME (SSI)

Monthly cash payment made under the authority of Title XVI of the Social Security Act, as amended, to the aged, blind and/or disabled. See Chapter 4, INCOME TO BE INCLUDED.

UNDERISSUANCE

The benefit amount to which the household should have received exceeds the benefit amount the household actually received. See Chapter 12, RESTORATION.

USCIS - See U.S. Citizenship and Immigration Service.

U.S. CITIZENSHIP AND IMMIGRATION SERVICE

USCIS is responsible for the administration of immigration and naturalization adjudication functions and establishing immigration services policies and priorities. Formerly known as Immigration and Naturalization Service - INS. See Chapter 3, CITIZENSHIP AND ALIEN STATUS.

VERIFICATION

The use of third party information or documentation to establish the accuracy of statements on the application.

VOICE RESPONSE UNIT (VRU)

The VRU is the EBT customer service. It may be used for EBT card activation, replacement and deactivation. Replacement and deactivation may also be made through the EBCR screen in the county office.

VRU - See Voice Response Unit.

WORK REGISTRATION

A SNAP eligibility requirement for all household members who do not meet a work registration exemption. See Chapter 3, WORK REQUIREMENTS/ABAWDS.

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HOUSEHOLD COMPOSITION

A household may be composed, with certain exceptions, of any of the following individuals or groups:

a. An individual who lives alone; or

b. An individual who lives with others but customarily purchases food and prepares meals for home consumption separate and apart from the others. This includes any person who is too disabled to purchase his or her own food, but has arranged to have his or her food purchased and prepared separately from those with whom he or she lives. The person shopping for and preparing the food may or may not reside with the disabled person. or

c. A group of individuals who live together and customarily purchase food and prepare meals together for home consumption. This means that food is purchased and prepared for the benefit of that group of individuals; or

d. An individual who is 60 years of age or older living with others (and the spouse of such individual) who is unable to purchase and prepare meals because he suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease related, severe, permanent disability. (See Chapter 8, THE CERTIFICATION PROCESS Verification and Documentation.) However, the income of the others with whom the individual resides (excluding the income of such individual's spouse) cannot exceed 165% of the Food Stamp Program's net monthly income eligibility standard. (See Chapter 13, Table VIII.)

INSTANCES IN WHICH NON-HOUSEHOLD STATUS/SEPARATE HOUSEHOLD STATUS IS PROHIBITED

In no event shall non-household status or separate household status be granted to the following:

Spouse

A spouse of a household member unless the spouse has established separate residence outside the home. For example, a truck driver, who is away from home for ten days and returns for two days at the end of each trip, has not established a residence separate and apart and, therefore, must be considered a household member. However, if the spouse is in the armed forces, he may be considered a non-household member if he is away on assignment a month or longer.

Children Under Age 22

Natural, adopted, or step-children under 22 years of age who are living with a parent, even if such children are parents and/or married and living with their spouses.

Children Under Age 18

Children under 18 years of age and under the parental control of a household member other than his or her parent. This provision refers to minors who are dependents, financial or otherwise, of the household member.

Adult siblings living together may be separate households if they purchase and prepare meals separately. If the sibling is under 18, parental control must be established.

This provision does not apply to foster care children even if they customarily purchase and prepare food with other household members. Foster care children cannot be required to be considered as household members and must be treated as "boarders"; however, the household, by request, has the option of having the foster care children treated as household members under the boarder policy. See Chapter 7, BOARDERS.

HOUSEHOLD COMPOSITION EXCEPTIONS AND CLARIFICATIONS

Exceptions and clarifications to the household composition policy as outlined above are:

Residents of Institutions

Individuals or groups who are residents of an institution are not eligible for food stamp benefits, with certain exceptions as outlined in Chapter 3, RESIDENTS OF COMMERCIAL BOARDING HOUSES AND INSTITUTIONS.

Commercial Boarding Houses

Individuals or groups who are residents of a commercial boarding house are not eligible for food stamp benefits. Individuals or groups who take their meals at a commercial boarding house but do not live there, may be eligible for food stamp benefits provided all other factors of eligibility are met. See Chapter 3, RESIDENTS OF COMMERCIAL BOARDING HOUSES AND INSTITUTIONS.

Boarders

Individuals residing with others and paying reasonable compensation to others for lodging and meals in a noncommercial situation are not eligible to participate independently; however, they may participate as household members under the boarder policy if requested by the household. See Chapter 7, BOARDERS.

Temporary Residence

If, because of a loss of income, or loss or damage to a home as the result of a disaster, a household is forced to temporarily move in with other individual(s) or groups, the household may continue to participate as a separate household. However, if the household temporarily

moves in with parents, the household may not be granted separate household status unless the child(ren) is 22 years of age or older.

When A Household Member Moves

When a household member moves from a certified household, that individual cannot be included in another food stamp benefits household until he/she is removed from the original household or until he/she would have been removed had the change been properly reported and properly handled. (See Residents of Shelters for Battered Women and Children in this chapter for an exception.)

Household Member Temporarily Away from Home

Household members away from home because of vacation or illness will maintain their status as household members if they are in the home during any part of the calendar month. A change in household composition is not a reportable change, but if the change is reported/known to the agency appropriate action should be taken. For example, children who spend the summer months away from their parents' household cannot maintain their status as food stamp household members. As the children are dropped as household members in the losing household, they may be included as household members in the gaining household.

Persons in Two or More Households in the Same Month

In determining household composition when a person lives with two or more households during a portion of the same month, consideration shall be given to such factors as to where the person eats the majority of meals or, in the case of a minor child, who has legal or financial responsibility, etc. Documentation in the case record should justify the reason for the decision and show that the procedure does not allow duplication of participation.

Intent to Establish Separate Household

An individual or a group of individuals may intend to function as a household separate and apart from others in the current household, but cannot do so until the food stamp application is approved. Even though functioning as a household is contingent upon receipt of food stamp benefits, the individual(s) expressing such intent may be defined as a household for food stamp purposes.

Residents of Shelters for Battered Women and Children

Residents of shelters for battered women and children who leave certified households to enter the shelter may, if otherwise eligible, be certified as separate households beginning the month they enter the shelter if the other household which includes them contains the abuser. See Chapter 7, RESIDENTS OF SHELTERS FOR BATTERED WOMEN AND CHILDREN, for details.

NON-HOUSEHOLD MEMBERS

Non-household members include ineligible individuals, disqualified individuals and other non-household members. The following individuals are considered non-household members:

Excluded Household Members

The individuals listed below shall not be included as eligible members of the household when determining the household's size for the purpose of comparing the household's monthly income with the income eligibility standard or assigning a benefit level by household size. The income and resources of these individuals shall be handled as outlined in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS. The following shall not be separate households:

1. Ineligible Aliens - Individuals who do not meet the citizenship or eligible alien status requirements or the eligible sponsored alien requirements as outlined in Chapter 3, CITIZENSHIP AND ALIEN STATUS. (MAVERICS participation code is DI.)

2. Intentional Program Violation - Individuals disqualified for Intentional Program Violation (IPV) as outlined in Chapter 11, INTENTIONAL PROGRAM VIOLATION. (MAVERICS participation code is DF.)

3. SSN Disqualified - Individuals disqualified for failure to provide a social security number as outlined in Chapter 3, SOCIAL SECURITY NUMBERS, and Chapter 8, VERIFICATION AND DOCUMENTATION. (MAVERICS participation code is DI.)

4. Individuals Whose Citizenship or Alien Status is in Question - Individuals whose citizenship is in question until proof of U.S. Citizenship or qualified alien status is obtained as outlined in Chapter 3, CITIZENSHIP and ALIEN STATUS. (MAVERICS participation code is DI.)

5. Persons Disqualified For Noncompliance With Work Registration - Individuals who are ineligible to participate because of their failure to comply with work requirements as specified in Chapter 3, WORK REGISTRATION. (MAVERICS participation code is DW.)

6. Individuals disqualified as a fleeing felon or in violation of parole/probation. (MAVERICS participation code is DI.)

7. Individuals disqualified for conviction (in a court of law) of trafficking in food stamp benefits of $500 or more, in possession of forged or counterfeit coupons or an unauthorized or stolen EBT card, or using food stamp benefits for trading of firearms, ammunition, or explosives. Individual is permanently disqualified with MAVERICS participation code DF and MAST sanction code TB - Trafficking.

8. Individuals disqualified through a court, administrative hearing, or by a waiver or consent agreement for fraudulent statements or representation with respect to identity and residence in order to receive multiple benefits simultaneously. Individual is disqualified for 10 years. DF is MAVERICS participation code with MAST sanction code FA - Fraudulent Duplicate Participation.

9. Individuals convicted of a felony for possession, use, or distribution of a controlled substance which was committed since 08-22-96. (Provision effective 07-01-97) Individual is permanently disqualified with DF participation code and MAST sanction code CF - Convicted Drug Felon.

10. Individuals disqualified for non-cooperation with the Division of Child Support Enforcement (effective 07-01-97) as outlined in Chapter 3, Child Support Requirements. (MAVERICS participation code is DC.)

11. Individuals disqualified for non-cooperation with the TANF Work Program but who meet a food stamp work registration exemption. (MAVERICS participation code is DI.)

Other Non-household Members

The individuals listed below shall not be included as members of the household in determining household size, eligibility or benefit level. Except for ineligible students and persons disqualified for noncompliance with work registration, the individuals listed below may be considered separate households if otherwise eligible. See Chapter 7, HOUSEHOLDS WITH OTHER NON-HOUSEHOLD MEMBERS, for the treatment of income and resources.

1. Roomers - Individuals to whom a household furnishes lodging but not meals, for compensation.

2. Live-in-Attendants - Individuals who reside with a household to provide medical, housekeeping, child care or similar services.

3. Others - Other individuals who share living quarters but who do not customarily purchase food and prepare meals with the household. For example, if the applicant household shares living quarters with another family to save on rent, but does not purchase and prepare food together with that family, the members of the other family are not members of the applicant household.

4. Ineligible Students - Students who do not meet the eligibility criteria outlined in Chapter 7, STUDENTS, are non-household members. The policy supersedes the provision which prohibits non-household status for certain household members such as spouse or parents living with their children under 22 years of age. An ineligible student may not be a separate household.

RESIDENCY REQUIREMENTS

All households must live in the county in which they make application for the Food Stamp Program. No household member may participate in more than one county or state or as a member of more than one household in any month. (See exceptions in this chapter under HOUSEHOLD CONCEPT, EXCEPTIONS AND CLARIFICATION, Residents of Shelters for Battered Women and Children.)

When determining residency:

1. The county shall not impose any durational residency requirement;

2. The county shall not require an otherwise eligible household to reside in a permanent dwelling or have a fixed mailing address as a condition of eligibility. For example, campsites for migrants would satisfy the residency requirement;

3. The county shall not require an intent to reside permanently in the state or county.

4. Persons in the county solely for vacation purposes shall not be considered residents.

When a household moves within the State, and the move is reported or known to the agency, the household's case will be transferred in open status once all pending actions are handled by the transferring county.

RESIDENTS OF COMMERCIAL BOARDING HOUSES

Those individuals actually residing in a commercial boarding house are not eligible to participate in the Food Stamp Program. For program purposes, a commercial boarding house shall be defined as a commercial establishment which offers meals and lodging for compensation, with the intention of making a profit. The number of boarders residing in a boarding house shall not be used to determine if a boarding house is a commercial enterprise.

The household of the proprietor of a boarding house may participate in the Food Stamp Program separate and apart from the residents of the boarding house if the proprietor's household meets all of the eligibility requirements for participation, including the definition of a household.

RESIDENTS OF INSTITUTIONS

Residents of institutions, with certain exceptions listed below, are not eligible to participate in the Food Stamp Program. For purposes of this provision, individuals will be considered residents of institutions when the institution provides them with the majority of their meals (over 50% of three meals daily) as a part of its normal services. Actual place of residence is not a factor in determining whether an individual is a resident of an institution. Additionally, students who purchase a majority of their meals at one of the school's facilities through a meal plan are considered residents of an institution regardless of whether obtaining meals at a school facility is mandatory or optional. Institution is defined in Chapter 2.

Individuals who do not receive their meals from the institution but who prepare their own food or are participating in the delivered meals program or a communal dining program will be eligible for food stamp benefits if they meet all other eligibility requirements.

Some institutions may be authorized by the Food and Nutrition Service (FNS) to accept food stamp benefits. Persons living in such facilities who do not receive the majority of their meals from the institution, may, if otherwise eligible, participate in the food stamp program and purchase food from the institution with their food stamp benefits. However, residents who continue to receive the majority of their meals from the institution as part of the facility’s normal services are not eligible for food stamp benefits. Therefore, in the same institution, some persons may be eligible for SNAP and others ineligible.

Exemptions from the institution provision are:

1. Any narcotics addict or alcoholic and their children who live with them, who resides at a facility or treatment center under the supervision of a drug or alcoholic treatment and rehabilitation program as defined in Chapter 7, RESIDENT ADDICTS AND ALCOHOLICS.

2. Residents of federally subsidized housing for the elderly.

3. Certain blind and disabled individuals who live in authorized small group living arrangements as defined in Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.

4. Persons or persons with children temporarily residing in a shelter for battered persons and children as defined in Chapter 7, RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN. Such persons temporarily residing in shelters for battered persons and children shall be considered individual household units for purposes of applying for and participating in the Program.

5. Resident of public or private nonprofit shelters for homeless persons.

PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS

Residents of a public institution who apply for SSI prior to their release from an institution under the Social Security Administration's Prerelease Program for the Institutionalized shall be permitted to apply for SNAP benefits at the same time they apply for SSI. See Chapter 7, PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS.

GENERAL

Participants in the Food Stamp Program must be one of the following:

- A person with United States citizenship;
- An alien in a non-citizen category which makes the individual eligible for food stamp benefits on the same basis as a citizen, or
- An individual who is determined to be a "qualified alien" based on the status assigned by the United States Citizenship and Immigration Services (USCIS) ***and*** who meets a condition which allows the alien to receive food stamp benefits either indefinitely or for a limited period of time.

Prior to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), enacted August 22, 1996, most legal immigrants were eligible for food stamp benefits on the same basis as citizens. Welfare Reform barred most legal immigrants from receiving food stamp benefits. In 1998 Congress restored food stamp eligibility to elderly/disabled individuals and immigrant children who were in the country prior to August 22, 1996. The Farm Security and Rural Investment Act of 2002, commonly referred to as the Farm Bill, incrementally restored eligibility to several groups of qualified aliens. Effective October 1, 2002, the requirement that a disabled alien had to be lawfully in the country on August 22, 1996, was removed, making those who are disabled by definition eligible for food stamp benefits regardless of date of entry into the U.S. In April 2003, qualified aliens who have lived in the country for five years or longer beginning on date of entry regained eligibility.

Not all legal immigrants have access to the Food Stamp Program; therefore, citizenship/alien status must be carefully assessed prior to certification. To participate in the Food Stamp Program, aliens must not only meet the citizenship/alien status requirements, but all other program eligibility factors, such as income and resources. The presence of an alien in the household who does not meet the eligibility criteria does not prevent the remainder of the household from applying for and receiving food stamp benefits. See Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

CITIZENSHIP AND ALIENS ELIGIBLE AS CITIZENS

Individuals in the following classifications are eligible to receive food stamp benefits **for an unlimited period of time** as citizens or on the same basis as citizens, i.e., they are not required to be assigned a status by the USCIS. See VERIFICATION OF ALIEN STATUS later in this material.

1. A United States citizen or a naturalized citizen.

2. A U. S. non-citizen national, as described in the Department of Justice Interim Guidance of 11/17/97.

3. American Indians born in Canada living in the United States under section 289 of the

   INA or non-citizen members of a federally-recognized Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450(e)). This provision is intended to cover Native Americans who are entitled to cross the United States border into Canada or Mexico. It includes, among others, the St. Regis Band of the Mohawk in New York, the Micmac in Maine, the Abenake in Vermont and Kickapoo in Texas.

4. An alien lawfully residing in the United States who was a member of a Hmong or Highland Laotian tribe that rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era (August 5, 1964 through May 7, 1975). The category includes the spouse (or surviving spouse who has not remarried) or unmarried dependent children of these individuals.

DETERMINATION OF QUALIFIED ALIEN STATUS

A determination that an applicant is a qualified alien is only the first step in determining if the individual is food stamp eligible. A qualified alien means an alien is in one of the following statuses or categories determined by the USCIS:

1. Lawfully admitted for permanent residence (LPR) in the United States. This category also includes “Amerasian immigrants” as defined under section 584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988.

2. Under certain circumstances, a battered immigrant spouse, battered immigrant child, immigrant parent of a battered child or an immigrant child of a battered parent with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3) of INA.

3. Paroled into the U.S. under section 212(d)(5) of the INA for at least one year.

4. Granted conditional entry under section 203(a)(7) of the INA as in effect before 4/1/80.

5. Refugee admitted to the United States under section 207 of the INA.

6. Granted asylum under section 208 of the INA.

7. Deportation is being withheld under section 243(h) of the INA as in effect before 4/1/97 or removal is withheld under section 241(b)(3) of the INA.

8. Cuban and Haitian entrant under section 501(e) of the Refugee Assistance Act of 1980.

An alien who is not "qualified" based on one of the USCIS statuses above is ineligible.

When an alien is determined to be "qualified", the next step is that the individual must then meet one of the conditions discussed below. Any qualified alien who does not meet at least one of these conditions is also ineligible.

QUALIFIED ALIENS - UNLIMITED ELIGIBILITY PERIOD

Qualified aliens are eligible to receive food stamp benefits **for an unlimited period of time** provided they meet one of the following conditions:

1. Individuals who have lived in the United States as a qualified alien for five years or more from date of entry.

2. Blind or disabled individuals receiving payments or assistance for blindness or disability as defined in Chapter 2, DEFINITIONS, DISABLED PERSON.

3. Children who are under the age of 18 regardless of date of entry into the United States.

4. Elderly individuals who were born on or before August 22, 1931, and who were lawfully residing in the United States on August 22, 1996.

5. Aliens lawfully admitted for permanent residence (LPR) who can be credited with 40 qualifying quarters of work under the Social Security system. Credits may be earned individually or in combination with a spouse. Quarters worked by the spouse qualify if they are worked during the marriage and the alien remains married to the spouse or the spouse is deceased. A qualifying quarter also includes one worked by a parent of an alien while the alien was under 18. Credits of quarters before the child is born are allowed. Beginning January 1, 1997, any quarter in which the alien received food stamp benefits or any other Federal means-tested benefit such as TANF, Medicaid or CHIP is not counted as a qualifying quarter. However, if the alien earns the 40th quarter of coverage prior to applying for food stamp benefits in that same quarter, that quarter must be included in the 40 qualifying quarters total. (See VERIFICATION OF ALIEN STATUS later in this chapter.)

6. Aliens who are lawfully residing in the United States and are on active duty (other than for training) in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard (but not full-time National Guard) or are honorably discharged veterans whose discharge is not because of alien status. A discharge "Under Honorable Conditions" does not meet this requirement. This category includes the spouse or surviving spouse, who has not

remarried and the marriage fulfills the requirements of section 1304 of title 38, U.S.C., or unmarried dependent children of these individuals.

NOTE: A veteran must have met the minimum active-duty service requirements of section 5303 A(d) of title 38, United States Code [24 months or the period for which the person was called to active duty].

QUALIFIED ALIENS - LIMITED ELIGIBILITY PERIOD

Food stamp eligibility for qualified aliens is **limited to seven years from the date the alien is admitted or granted status** if they meet one of the following conditions:

1. A refugee is eligible for seven years from the date of admission to the United States under section 207 of the INA. This includes immigrants who have been certified by the U.S. Department of Health and Human Services to be victims of a severe form of trafficking, including the minor children, spouses and in some cases the parents and siblings of victims of severe trafficking, in accordance with the Trafficking Victims Protection Reauthorization Act of 2003, (P.L. 108-193.)

2. An asylee is eligible for seven years from the date asylum was granted under section 208 of the INA.

3. A deportee is eligible for seven years from the date deportation or removal was withheld under section 243(h) or section 241(b)(3) of the INA.

4. A Cuban and Haitian entrant is eligible for seven years from admittance under section 501(e) of the Refugee Education Assistance Act of 1980.

5. An Amerasian immigrant is eligible for seven years from date of admittance under section 584 of the Foreign Operations Act, 1988.

Individuals initially admitted on the basis of Items 1 - 5 above continue to be eligible for food stamp benefits during the first seven years they are admitted or granted the applicable status. This is true regardless of any later adjustment to another status which leaves the alien without a qualifying condition under which to be eligible for food stamp benefits. An example of this is an immigrant initially granted asylum in January 2001 whose status is adjusted by the USCIS to Lawfully Admitted for Permanent Residence (LPR) in January 2003. As LPR this immigrant does not meet a criteria to qualify for food stamp benefits, i.e., is not disabled, does not have 40 qualifying quarters, has not yet resided in the U.S. for five years or more from date of entry, etc.; however, he still remains food stamp eligible as an asylee for seven years or until he meets a qualifying condition which makes him eligible for an unlimited period. Any time a qualified alien meets a condition specified under **QUALIFIED ALIENS - UNLIMITED ELIGIBILITY**

PERIOD, the seven year limit is no longer applicable.

For proper verification and/or documentation of alien status, refer to Chapter 8, VERIFICATION AND DOCUMENTATION, ALIEN STATUS.

INELIGIBLE ALIENS

Any alien who does not meet one of the conditions above to be a "qualified alien" is not eligible for food stamp benefits. Individuals are prohibited from receiving food stamp benefits under any circumstances if they are lawfully residing in the United States in a non-qualified status and are not exempt from immigration restrictions. Such aliens may include visitors, tourists, students or diplomats. In addition, any undocumented alien, such as individuals who entered the country as temporary residents and overstayed their visas or who entered without visas and remain in the United States unlawfully, are not eligible for food stamp benefits.

INCOME AND RESOURCES

The ineligible alien's income will be prorated and the resources shall be counted in its entirety to the remaining eligible members in the household. See Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

VERIFICATION OF ALIEN STATUS

Most aliens who have entered the United States legally are in possession of documents issued by the USCIS which contain the individual's immigration status and the date that individual entered the country or adjusted to the status shown on the card. It is the responsibility of the applicant/recipient to provide USCIS documents prior to certification. If the alien applicant does not provide documents establishing his alien status on a timely basis or if his alien status is questionable, the eligibility of the remaining household members shall be determined in accordance with Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS.

When an individual within a household does not disclose citizenship or establish satisfactory immigration status, ineligibility exists only for the individual member and not for the entire household. The remaining household members should be certified, if otherwise eligible. During the application process any individuals within the applicant household who do not wish to comply with citizenship and alien status requirements are "non-applicants" and should not be questioned about citizenship/alien status. However, these individuals must disclose and verify income, resource and all other information needed to establish the eligibility and benefit level for the household. The "non-applicant" is treated as an ineligible alien in accordance with instructions in Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS.

Eligibility cannot be established when a "non-applicant" individual fails to disclose income, resources, etc. In this instance, the application should be denied for the entire household.

Households should be advised that (1) only those who disclose their citizenship or establish satisfactory immigration status will receive benefits, if otherwise eligible, and (2) even though "non-applicant" household members (those who do not wish to disclose citizenship or establish satisfactory immigration status) are ineligible, they are still required to answer questions and verify information that affects the eligibility of the other applicant household members. Refer to Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS regarding treatment of the income and resources of the excluded alien.

If adequate documentation of status is subsequently supplied by the alien, the worker shall act on the reported change in accordance with appropriate timeliness standards. Once the applicant has submitted acceptable documentation of his alien status in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION, Alien Status, household benefits cannot be denied, delayed, reduced or terminated on the basis of his immigration status pending verification from the U. S. Citizenship and Immigration Services (USCIS).

The most common documents used to verify alien status include, but are not limited to, the following:

(a) Form I-551 - Resident Alien Card and Conditional Resident Alien Card
(b) Form I-151 - Alien Registration Receipt Card
(c) Form I-94 - Arrival-Departure Record
(Annotated with Section 207 or refugee, asylum, or paroled.)
(d) Form I-688 - Temporary Resident Card
(e) Unexpired foreign passport when it contains an endorsement "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence"

If the USCIS document provided by the applicant does not clearly indicate the alien status or if the document presented is questionable, the worker must send USCIS Form G-845S with a photocopy (front and back) of the alien's document to the appropriate USCIS office to validate the document and alien status.

For applicants claiming eligibility based on 40 quarters of work, the worker will access the Wire Third Party Query function (WTPQ) from the Inquiry Menu (INME) to verify the quarters from Social Security Administration's automated system.

Applicants claiming military service must provide verification of a veteran's honorable discharge or status in the service for active duty member. Active duty may be established through the service member's current Military Identification Card or a copy of the member's military orders. Verification of honorable discharge status can be established through the veteran's discharge certificate showing "Honorable" discharge from active duty in the U.S. military. A discharge "Under Honorable Conditions" does not meet this requirement.

The county may contact the Policy Unit in State Operations to verify the eligibility status of certain Hmong or Highland Laotian refugees and eligible Indian tribes to whom section 289 of INA applies and members as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act.

See Chapter 8, VERIFICATION AND DOCUMENTATION, Mandatory Verification, Alien Status, for requirements and methods of verification.

SPONSORED ALIENS

Qualified aliens who have a sponsor who signed Form I-864, USCIS Affidavit of Support, signed on or after December 19, 1997, will have all income and resources of the sponsor and their spouse considered until the alien has worked 40 qualifying quarters of coverage or becomes a naturalized citizen. See Chapter 7, SPECIAL CIRCUMSTANCES, SPONSORED ALIENS.

EXPEDITED SERVICE

There are instances when the alien may participate prior to providing documentation/verification of alien status due to provisions for postponed verification for households entitled to expedited service. See Chapter 7, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE.

CITIZENSHIP

A household member whose citizenship is questionable shall be ineligible until proof of citizenship is obtained. See Chapter 8, VERIFICATION AND DOCUMENTATION and Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

REPORTING ILLEGAL ALIENS

The worker is cautioned that a determination that a person is an *ineligible* alien is not equivalent to a determination that a person is an *illegal* alien. An individual will be reported to the appropriate USCIS office in the following instances: (1) the applicant, another household member or the authorized representative admits that illegal aliens are present in the household; (2) USCIS documents presented by the household during the application process are determined to be forged; or (3) a formal order of deportation or removal is presented by the household during the application or recertification process.

When a household or person indicates inability or unwillingness to provide documentation of alien status for any household member, that member should be classified as an ineligible alien for food stamp eligibility purposes. In such situations, the caseworker *shall not* continue efforts to obtain that documentation, but should treat that individual as an excluded household member in accordance with Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS WITH EXCLUDED MEMBERS.

REQUIREMENTS FOR PARTICIPATION

The worker shall require a household participating in or applying for participation in the food stamp program to provide the social security number (SSN) of each household member or apply for one prior to certification. Because of the various uses of the SSNs, it is important that the correct number is obtained; therefore, it is preferable that the household provide a Social Security Card or document with the number on it. It is acceptable, however, for the household to give the worker the number verbally. If individuals have more than one number, all numbers shall be required. The worker shall explain to applicants and participants that refusal or failure without good cause to provide a social security number will result in disqualification of the individual for whom a number is not obtained.

OBTAINING SSNs FOR HOUSEHOLD MEMBERS

For those household members who provide SSNs prior to certification, recertification or at any office contact, the worker shall record the SSN and verify it in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION, Social Security Numbers.

For the household members who do not have SSNs, the worker shall:

- Advise the household that those individuals who do not have a SSN must apply for one at the Social Security Office.
- Prepare and provide to the household Form MDHS-EA-949, REFERRAL FOR SOCIAL SECURITY NUMBER APPLICATION. (See Generic Forms Manual for preparation instructions.)
- Review with the household instructions on MDHS-EA-949 for applying for a SSN, emphasizing the documents needed to be taken to the Social Security Office.

The household shall be advised that proof of application from the Social Security Administration (SSA) will be required prior to certification. Proof of application shall consist of:

- Receipt of the completed MDHS-EA-949 from SSA, or
- Form SSA-2853, Enumeration at Birth, which states that a SSN has been requested for the newborn.

  NOTE: If the household is unable to provide proof of application for a SSN for a newborn, the household must provide the SSN or proof of application at its next recertification or within 6 months following the month the baby is born, whichever is later. Good cause must be determined if the household is unable to provide a SSN or proof of application at its next recertification or 6 months following the baby's birth.

- Form SSA-5028, Receipt of Application for a Social Security Number, which may be requested by the household member at the Social Security Office. This form is

particularly appropriate if the household member has already applied for a SSN earlier but has not received the SSN at the time of his application for food stamp benefits.

Household members who do not know their SSNs or do not have a document with the number available, may be referred to the local social security office for either a computer print-out or a duplicate Social Security Card. A computer print-out which contains the name and SSN may be provided by the SSA at the time of request whereas a duplicate card is not immediately available.

FAILURE TO COMPLY

If the worker determines that a household member has refused or failed without good cause to provide or apply for a SSN, then that individual shall be ineligible to participate in the Food Stamp Program and coded DI in MAVERICS. The disqualification applies to the individual for whom the SSN is not provided and not to the entire household. The income and resources of an individual disqualified from the household for failure to comply with this requirement shall be counted as household income and resources in accordance with Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

DETERMINING GOOD CAUSE

In determining if good cause exists for failure to comply with the requirement to apply for or provide a SSN, the worker shall consider information from the household member, SSA, and the county office.

Documentary evidence or collateral information that the household member has applied for a SSN or made every effort to supply SSA with the necessary information to complete an application shall be considered good cause for not complying timely with this requirement.

Good cause does not include delays due to illness, lack of transportation or temporary absences, because SSA makes provisions for mailing applications in lieu of applying in person.

If the household member can show good cause why an application for a SSN has not been completed in a timely manner, that person shall be allowed to participate for one month in addition to the month of application. If the household member applying for a SSN has been unable to obtain the documents required by SSA, the worker shall make every effort to assist the individual in obtaining these documents.

Good cause for failure to apply must be shown monthly in order for such a household member to continue to participate. Once Form SSA-5028 has been filed the member may continue to participate pending notification of the household member's SSN.

The household shall be requested to provide the SSN when it is received from SSA. If reported prior to recertification it shall be documented in the case record and verified in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION.

At recertification, the worker shall determine if any SSNs that have not been reported have been assigned. If so, the worker shall document in the case record and verify in accordance with Chapter 8, VERIFICATION AND DOCUMENTATION.

If, at recertification, the number has not been received, the worker shall determine the reason for the delay. If good cause exists, the household member may continue to participate. If the delay appears to be caused by SSA, the person must be redirected to the SSA Office to reapply and provide new verification of application.

ENDING DISQUALIFICATION

The household member(s) may become eligible upon providing the county office with a SSN.

VERIFICATION

The requirement that a household provide SSNs is not to be confused with verification requirements. See Chapter 8, VERIFICATION AND DOCUMENTATION, Social Security Numbers. All SSNs obtained for household members must be documented in the case record and shall be entered into the MAVERICS system.

SSN VALIDATION/MATCH ALERT

After the SSN is entered in MAVERICS, an automatic match with the Social Security Administration is completed. If the SSN cannot be validated by SSA, the IEVS SSN ENUMERATION/VALIDATION MATCH DATA alert is created. The worker must take immediate action to clear an unverified SSN. Within 10 days from the date the SSN match alert is received, a REQUEST FOR INFORMATION notice must be sent to the household informing the household of the information received from SSA. If the household fails to respond within 10 days by providing information resolving the discrepancy or fails to verify that the household has contacted SSA to resolve the discrepancy, the worker must send a notice of adverse action to disqualify the individual who's SSN could not be verified.

See Volume X, IEVS SSN ENUM/VAL match data.

USE OF SSNs

The State Agency is authorized to use SSNs in the administration of the Food Stamp Program in accessing information regarding individual Food Stamp Program applicants and participants who

receive benefits under Title XVI of the Social Security Act to determine such a household's eligibility to receive assistance and the amount of assistance or to verify information related to the benefit of these households. SSNs shall be used for the State Data Exchange (SDX). SSNs shall also be used to prevent duplicate participation, to facilitate mass changes and to determine the accuracy and/or reliability of information given by households. In particular, SSNs shall be used by the agency to request and exchange information on individuals through IEVS.

EXPEDITED SERVICE

Households entitled to expedited service shall be asked to furnish a social security number for each person or apply for one for each person before the second full month of participation. Those household members unable to provide the required SSNs or who do not have one prior to the second full month of participation shall be allowed to continue to participate only if they satisfy the good cause requirements.

PERSONS REQUIRED TO REGISTER

Agency Responsibility

The worker shall determine which household members are required to register for employment. Each member of an eligible household who does not meet one of the exemptions as outlined in this chapter shall be registered at the time of application and recertification. Work registration is a prerequisite to certification and one which cannot be waived except as provided later in this chapter.

The worker shall explain to the applicant/recipient:

1. The pertinent work requirements

2. The rights and responsibilities of work-registered household members

3. The penalty for failure to comply

The worker shall also provide Form MDHS-EA-507, FACTS ABOUT THE SNAP PROGRAM, which includes information about the Work Program rules and the penalty for failure to comply with those rules, to the household. In addition, Form MDHS-EA-507 shall be provided when a previously exempt member or new household member becomes subject to a work requirement, and at recertification. Documentation should be made on IIDO.

The Budget Reconciliation Act of 1997 initiated special funding provisions for the Employment and Training Program. The majority of E and T services are for the non-exempt able-bodied adults without dependents (ABAWDS) population. However, the state currently has a statewide waiver from USDA/FNS which allows us to waive ABAWD requirements.

All mandatory work registrants shall be work-registered via the MDHS-EA-504, SNAP EMPLOYMENT AND TRAINING APPLICATION, or the MDHS-EA-504C, AFFIDAVIT FOR SNAP WORK REGISTRANTS. Any household member who volunteers to participate in the SNAP E&T Program and fails to participate or refuses to register for work, without good cause, will be disqualified from the program.

The work registration screen in MAVERICS, **WORE**, shall be coded appropriately. See Volume X, Work Registration and EXEMPTION CODES, for instructions on proper coding of exemptions and registration of nonexempt household members, and SNAP E&T referral codes.

EXEMPTIONS FROM WORK REGISTRATION

Only the following individuals are exempt from work registration:

1. A person younger than 16 years of age or a person 60 years of age or older. If a child's 16th birthday falls within a certification period, the child shall fulfill the work

registration requirement as part of the next scheduled recertification process, unless the child qualifies for another exemption.

Exemptions include an individual age 16 or 17 who:

a. is not a head of household or
b. is a head of household who is attending school or enrolled in the SNAP E&T Program on at least a half-time basis

2. A person mentally or physically unfit for employment.

If a mental or physical unfitness is claimed and the unfitness is not evident, verification will be required. Receipt of disability benefits generally is sufficient evidence of the disability; however, if the payment is issued for a partial or marginal disability, as is sometimes the case with VA benefits, for example, it may mean that the participant would not be suitable for certain types of jobs. It does not necessarily mean the participant is exempt from work registration, as there may be jobs the individual is physically and mentally capable of handling. The registration decision must be made by the worker on an individual case basis.

3. A household member responsible for the care of an incapacitated person.

4. A parent or other household member who is responsible for the care of a dependent child under 6.

The work registration exemptions in Items 3 and 4 may apply to a parent or household member who is actually caring for an incapacitated person or dependent child even if the incapacitated person or dependent child is not a household member for SNAP purposes. Additionally, the dependent child or incapacitated person need not reside with the SNAP household. However, the exemption would not apply to a parent or household member if the incapacitated person or dependent child is residing with another household and that household is providing the actual care.

5. A student enrolled at least half-time in any recognized school (including high school), training program, GED, institution of higher education or institution of post-secondary education (including being enrolled on-line), provided the student enrolled at least half-time in an institution of higher education meets the eligibility criteria as outlined in Chapter 7, SPECIAL CIRCUMSTANCES, STUDENTS. (Enrollment in a mail, self-study or correspondence course does not qualify a person as a student for work registration purposes.)

The student shall remain exempt during normal periods of class attendance, vacation and recess, unless the student graduates, is suspended or expelled, drops out, or does not

intend to register for the next normal school term (excluding summer). (Normal school term is explained in detail in Chapter 7, STUDENTS.) Persons who are not enrolled at least half- time, as defined by the institution, or who experience a break in enrollment status due to graduation, expulsion, or suspension, or who drop out or otherwise do not intend to return to school, shall not be considered students for the purpose of qualifying for this exemption.

6. A regular participant in a drug addiction or alcoholic treatment and rehabilitation program.

NOTE: The addict/alcoholic must regularly participate in a treatment and rehabilitation program to be exempt. The person does not have to be a resident of the center. However, the treatment center must be certified as a rehabilitation program by the State Department of Mental Health.

7. A person who is employed or self-employed and working a minimum of 30 hours weekly or receiving weekly earnings at least equal to the Federal minimum wage multiplied by 30 hours.

   This exemption shall also include migrant and seasonal farmworkers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days, whereby working 30 hours per week or which produces earnings equivalent to the Federal minimum wage multiplied by 30 hours.

   There may be instances when an individual's hours fluctuate so that, although that individual does work an average of 30 hours per week, he may not work 30 hours each and every week. For example, a job may be dependent upon favorable weather conditions and the individual may work only 15 hours one week due to bad weather, then 60 hours the next week when the weather improves. Therefore, for purposes of this provision, the worker may obtain an average of hours worked over a period of time not to exceed either the length of the certification period or the 12-month work registration period, in order to determine if a household member qualifies for this exemption. Persons engaged in hobbies, volunteer work or any other activity which cannot, because of the minimal amount of monies received from such activity, be considered as gainful employment, shall not be considered exempt from work registration regardless of the amount of time spent in such activity.

   The receipt of income from self-employment, whether it constitutes all or only a portion of the income for the household, does not automatically exempt the member(s) from the work registration requirement. The member(s) must be actively engaged in the enterprise and the worker must determine that the self-employment enterprise does require at least 30 hours of work per week during the period of certification or an average of 30 hours per week on an annual basis. If the person is not working 30 hours

per week, he may still be exempt if he is receiving weekly earnings at least equal to the Federal minimum wage multiplied by 30 hours.

Verification of income received from self-employment will in many cases be sufficient to establish an exemption from work registration, provided the amount of income appears to be consistent with a conclusion of full-time (30 hours a week) employment. If the income does not appear to indicate full-time employment, but the individual still claims an exemption on the basis of full-time self-employment, he must cooperate with the worker in establishing that the income received from the self-employment enterprise is at least sufficient to be considered gainful employment and that the volume of work claimed justifies a determination that the self-employment enterprise is a full-time job for purposes of this exemption. The household must cooperate in providing adequate documentation to substantiate the claim.

The worker shall carefully review the circumstances of households engaged in seasonal self-employment to determine if the 30-hours minimum requirement is met in the off-season. If the seasonal employment averages 30 hours of work per week or the Federal minimum wage multiplied by 30 hours, on an annual basis, the household member(s) so engaged would be exempt from registering even during the non-work periods. However, if the annual average does not qualify such member(s) for an exemption during the non-work season, the household member(s) will have to register for work (unless otherwise exempt), although they may be exempt during the work season if they are actively engaged in such enterprise on an average of 30 hours per week over the period of certification.

In instances where the member(s) hire or contract for another person or firm to handle the daily activities of such enterprise, the member(s) will not be considered as self-employed for the purposes of work registration unless they themselves work in such activity at least 30 hours per week.

8. A household member subject to and complying with any work requirement under Title IV of the Social Security Act, including the TANF Work Program (TWP).

Only those individuals subject to the TWP requirements will be exempt from SNAP work registration requirements, i.e., mandatory TWP participants. Even though a mandatory participant may not be actively involved in a TWP component, the fact remains that individuals are subject to the TWP program requirements by virtue of being non-exempt.

NOTE: Even though the TANF member is subject only to the TWP, the worker must document if the individual meets a SNAP work exemption for comparable disqualification reasons. See exemption codes for SNAP work requirements in Volume X for WORE Screen and MAVERICS Help Screen.

9. A person who receives Unemployment Compensation.

   A person who has applied for, but has not yet begun to receive Unemployment Compensation shall also be exempt if that person was required to register for work with the Department of Employment Security as part of the unemployment compensation application process. If the exemption claimed is questionable, the county office shall request verification of the registration with the appropriate Employment Security office.

SPECIAL SITUATIONS

Households Entitled to Expedited Service

At a minimum, the applicant (if a household member) must register for work unless he/she is exempt or unless the household has designated a non-household member as authorized representative to act on its behalf.

Registration of other household members shall be postponed if it cannot be accomplished within the expedited service time frames, i.e. if verification of an exemption was needed. The worker should attempt to register other household members prior to certification by asking the applicant to complete the work registration form for the other household members to the best of his/her ability; or by other means such as calling the household.

If a household member claims an exemption because of a disability which is not apparent to the worker and is questionable, the worker shall postpone verification of the disability and registration, if verification cannot be obtained prior to the deadline for providing expedited service. If verification is not provided, the household member must be registered for work prior to approval of subsequent benefit months. If the household refuses or fails to register the individual, the individual will be disqualified.

School Employees Under Contract

If the amount received by contract averages out over the year to the Federal minimum wage multiplied by 30 hours a week for 52 weeks, or the total hours of work exceed or equal 1560 per year, the household member under contract is exempt from work registration during the non-work season.

SSI/FS Households Applying at Social Security Offices

Household members residing in households in which all members are applying for SSI and for SNAP benefits at the Social Security Office shall have the requirement for work registration waived until:

1. They are determined eligible for SSI and thereby become exempt from work registration; or

2. They are determined ineligible for SSI, in which case work registration, if appropriate, will be accomplished as part of the next scheduled recertification.

Strikers

Strikers, who are determined eligible as outlined in Chapter 7, are subject to work registration requirements unless exempt in accordance with provisions in this material.

Aliens

Aliens need work permits; however, an otherwise qualified alien who is required to register would be registered under ongoing policy and referred to the nearest USCIS office to obtain a work permit if not in possession of one.

Registration of Ineligible Household Members

Ineligible household members who are disqualified and who meet the criteria for work registration are subject to work registration requirements. For example, an ineligible alien who quits a job without good cause must be sanctioned for work requirements.

LOSS OF EXEMPTION WHILE CERTIFIED

When a person is exempt from work registration at the time of certification, but loses that exemption during the certification period, registration must be accomplished within the following timeframes unless the registrant is otherwise exempt:

Those Who Must Register During the Certification Period

Persons losing exemption status because of any change in circumstances that becomes known to the agency during the certification period (See Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS**,** Reporting Changes) shall register for employment when the change becomes known. Examples include but may not be limited to:

1. The departure from the household of the only dependent child for whom the exempt household member was caring. The household member meets no other exemption, therefore, must register.

2. The loss of employment, unless otherwise exempt, the individual must register.

3. The loss of SNAP E&T eligibility criteria and the household member meets no other exemption, therefore, must register. In this situation, it is not necessary to the provide work registration form. The required information is incorporated in the MDHS-EA- 504, SNAP E&T APPLICATION, form.

The county must provide the work registration form to the household at the time the change is known, and the household shall be required to complete and return the form to the county office within 10 calendar days of the date the form is given/mailed to the household.

If the change is reported by phone or through the mail, the worker will mail the participant a work registration form; or the worker, if enough information is available, may complete the form, provided the household is notified that the household member has been registered. Completion of the form by the worker provides a service to the household, and notification in writing will alert the participant who can ask that registration be withdrawn if he is exempt for any other reason.

If the form is given or mailed to the household, the household shall be notified via Request for Information of the deadline date for returning the form, i.e., within 10 calendar days of the date the county worker gave or mailed the form to the household.

If the household fails to return the form, the worker will issue a notice of adverse action stating that the participant or, if the individual is the head of household, the entire household is being terminated and why, but that the household can avoid termination by returning the form prior to the termination of the 10 day advance notice period.

Those Who Must Register at the Next Recertification

Those persons who lose exemptions due to changes which do not have to be reported during the certification period shall, unless otherwise exempt, fulfill the work registration requirement as part of the next scheduled recertification. Examples include but are not limited to:

1. A household member is exempt because of the care of a child under 6. The child reaches his 6th birthday during the certification period. The household member loses his exemption, but is not required to register until the next scheduled recertification.

2. A household member is exempt from work registration because of a temporary disability. He becomes mentally and physically fit during the certification period, losing his exemption. He is not required to register until the next scheduled recertification.

WORK REGISTRANT REQUIREMENTS

Work registrants shall:

1. Complete work registration process (signing of MDHS-EA-504C).

2. Provide to the agency sufficient information regarding employment status or availability for work.

3. Accept a bona fide offer of suitable employment, as described later in this chapter and continue suitable employment.

FAILURE TO COMPLY

For purposes of failure to comply with work registration/Employment and Training requirements, the head of household shall be the primary wage earner unless the household has selected an adult parent of children as outlined below under Head Of Household Designation.

The primary wage earner (PWE) is the household member (including excluded household members) who has the greatest source of earned income in the two months prior to the month of the failure to comply. This provision applies only if the earned income involves employment of at least 20 hours or more per week or provides weekly earnings in an amount at least equivalent to the Federal minimum wage multiplied by 20 hours.

Head Of Household Designation

Households containing adult parents and their children (of any age) or an adult with parental control of a child (under 18 years of age) living in the home, shall be allowed to designate an adult parent as head of household, provided all adult household members in the home agree to the selection. This designation takes precedence over the PWE rule for work registration requirements. The household may designate its head of household at application/reapplication, recertification or each time there is a change in household composition. Documentation of the head of household designation must be made on the MDHS-EA-900 in order to complete the field in MAVERICS on the Work Registration (WORE) screen.

If the household does not contain adult parents with children or if households containing adult parents with children do not designate an adult parent or if all adult members do not agree with the selection of the head of household, the county may designate the primary wage earner, if applicable. Otherwise, the head of the household will be permitted to make another selection or the PI will be designated as head of household.

In no event shall the household's failure to select an adult parent of children or an adult who has parental control over children as the head of household delay the certification or result in the denial of benefits of an otherwise eligible household.

No person of any age shall be considered the head of household if that individual:

1. Lives with a parent or a person fulfilling the role of a parent; and

2. The parent or the person fulfilling the role of a parent is registered for work or exempt from work registration for one of the following reasons:

a. Employed or self-employed at least 30 hours per week or receiving weekly earnings equal to the Federal minimum wage multiplied by 30 hours;

b. Subject to and participating in the TWP;

c. Receives Unemployment Compensation or has registered for work as part of the unemployment compensation application process;

unless

the person is an adult parent of children and the household elects to designate the adult parent as its head of household.

If there is no designated adult parent of children or primary wage earner in the household, the household member documented in the case record as the head of household at the time of violation shall be considered the head of household.

NOTE: The designation of head of household through the circumstances of this paragraph shall take precedence over any previous designation of head of household at least until the period of ineligibility is ended.

DISQUALIFICATION PENALTIES

A disqualification penalty shall be assessed when a nonexempt household member refuses or fails, without good cause, to comply with the work registration/Employment and Training requirements. The penalty for failure to comply will apply to the individual who commits the violation (rather than the entire household), UNLESS the individual committing the violation is the head of household, as defined under Head Of Household Designation.

When a nonexempt household member fails without good cause to comply with the work registration/Employment and Training requirements, the county will impose the following disqualification penalty:

Individuals Other Than Head of Household

- First violation: two months or a work registration exemption is met, whichever occurs first.
- Second violation: six months or a work registration exemption is met, whichever occurs first.
- Third violation: twelve months or a work registration exemption is met, whichever occurs first.
- Fourth violation: the individual is permanently disqualified.

NOTE: No compliance activity is required after the minimum penalty ends and if an individual gains an exemption prior to the end of the minimum penalty, the penalty is ended.

Head of Household

If the noncompliant individual is the head of household, the entire household will be disqualified according to the above listed penalties with the exception that the remaining household members disqualification cannot exceed six (6) months, even if the head of household remains ineligible or noncompliant. For example, if the head of household is disqualified according to the third violation (minimum 12 months), the remaining household members may reapply after six (6) months and have their eligibility determined.

Ineligibility, in either instance, will continue until the member who caused the disqualification has served the minimum disqualification period, leaves the household, or becomes exempt from work registration requirements, whichever occurs first. (See Failure to Comply with TANF Work Program (TWP) and Unemployment Compensation Requirements later in this chapter.)

EXCEPTION:

1. A household, having been determined to be ineligible due to failure of the head of household to comply without good cause with the work registration/Employment and Training requirements, may reestablish eligibility if a new and eligible person joins the household as its new head of household, as defined earlier in this chapter; however, the noncompliant individual shall continue to be disqualified until the sanction is served and compliance is met or he becomes exempt from work registration requirements.

2. Likewise, if a head of household who failed without good cause to comply joins another household as its new head of household, that household shall be ineligible for participation for the balance of the period of ineligibility.

3. If the member who failed without good cause to comply joins another household where he is not head of household, the individual shall continue to be ineligible until compliance is met and shall be considered as a disqualified member, as outlined in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS for the duration of the disqualification period unless the individual becomes exempt from work registration requirements.

Failure to Comply at Application, Recertification or During the Certification Period

When a member of the household fails without good cause to comply with work registration requirements, first determine if the individual is the head of household, as defined earlier in this chapter, then impose the appropriate disqualification penalty. (See DISQUALIFICATION PROCEDURES later in this chapter.) If it is determined that the noncompliant individual is the head of household, then the entire household is ineligible to participate and may continue to be ineligible for up to six months. The case will be closed or application denied and the household

will be sanctioned. If the noncompliant individual is not the head of household, then the individual shall be disqualified for participation and treated as a disqualified member as provided in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS. In either instance, disqualification shall continue until the noncompliant individual serves the minimum sanction period or complies as specified in ENDING DISQUALIFICATION, later in this chapter, leaves the household, or becomes exempt from work registration.

EXCEPTION: A household, having been determined to be ineligible due to failure of the head of household to comply, without good cause, with the work registration requirements, may reestablish eligibility if a new and eligible person joins the household as its new head of household as defined earlier in this chapter.

Failure to Comply with Unemployment Compensation Requirements

A household containing a member who was exempt from work registration requirements because he/she was registered for work under unemployment compensation, and who fails without good cause to comply with unemployment compensation requirements shall be treated as though the member had failed to comply with the SNAP work requirements.

Within 10 days of learning of such noncompliance, the county shall send notice to disqualify the individual or household as discussed earlier in this chapter. See DISQUALIFICATION PENALTIES. See Notice of Disqualification later in this chapter for notification requirements regarding information to be given to the household.

The household or individual shall not be disqualified from participation if the noncomplying member meets one of the work registration exemptions (other than receiving unemployment compensation) provided earlier in this chapter. (See EXEMPTIONS FROM WORK REGISTRATION)

Failure to Comply with TANF Work Program (TWP)

If a household contains a member who was exempt from SNAP work registration requirements because he/she was registered for work under the TWP and who fails without good cause to comply with the TWP requirements, the worker must also determine if the member meets a SNAP work exemption. If the TANF participant does not comply with the TWP within the 10 day adverse action notice period and does not meet a SNAP work exemption, the SNAP case will be sanctioned according to the penalties below:

1. The entire household will be sanctioned when the TANF noncompliant member is also the SNAP head of household. (This is an automatic system closure with a timed work penalty.)

2. Only the individual will be sanctioned with a timed work penalty (DW participation code) when the TANF noncompliant member is not the SNAP head of household.

If the noncompliant member meets a SNAP work exemption (see WORK REGISTRATION EXEMPTIONS and WORE codes), the individual will not be sanctioned for work requirements but will be disqualified because he/she does not comply with a TANF rule. The individual will be disqualified (DI participation code) for the minimum length of timed TANF work sanction. The sanction will continue until the disqualification period is served. After the timed penalty period is served, the individual will be eligible to participate in the SNAP Program and will be added back to the SNAP household.

If the noncompliant household member becomes exempt from the TWP requirements, the household may again be determined eligible to participate in the Food Stamp Program. The sanctioned household may regain eligibility for SNAP benefits after the minimum time penalty is served (see Disqualification Penalties) and the individual complies with the TWP. After the timed TWP penalty is served, if the household reapplies for food stamp benefits without also reapplying for TANF, the household may regain eligibility by meeting food stamp work requirements. **NOTE**: When the TWP sanction exceeds six months for the head of the household who does not meet a SNAP work exemption, the household may reapply after six months for the remaining members. (See DISQUALIFICATION PENALTIES, Head of Household.)

DISQUALIFICATION PROCEDURES FOR NONCOMPLIANCE WITH WORK REGISTRATION

1. When disqualifying an individual who is not the head of household:

   A notice of adverse action, MAVS F601 FS-Work Registration/E&T Disqualification, shall be provided within 10 days of the date the county becomes aware of noncompliance without good cause prior to the last month of the certification period. The disqualification period will begin the month following the expiration of the advance notice period. At the same time, the worker will provide the household a MAVS Change Notice or Manual Notice MDHS-EA-945, Notice of Change.

NOTE: The individual can cure the noncompliance during the NOAA period or prior to the effective date of the sanction. (See Resuming Participation in this chapter)

2. When closing the case due to the disqualification of the head of household:

   a. The worker will send only MAVS Notice F406, Closure-Work Registration/E&T Disqualification. This notice will close the case and also gives notification to the disqualified head of household. The disqualification period will begin the month following the expiration of the advance notice period.

   b. If the timing of the advance notice is such that the case cannot be terminated prior To the end of the certification period, only MAVS Notice F601, SNAP Work Registration/E&T Disqualification is required, and the disqualification period will begin with the month following expiration of the certification period.

The eligibility worker shall code the participation of the sanctioned individual DW in MAVERICS (on the SSDO screen). The worker will access the JOST screen, ENTER, and complete the FSDQ screen for disqualification data. See Volume X, WORK REGISTRATION.

3. If the county becomes aware of noncompliance without good cause during the last month of the certification period and the household has made timely application for recertification, the worker will deny the application and issue to the household MAVS F601 provided the application has not already been approved. The disqualification period will begin with the month following the expiration of the certification period.

   If the household has already been approved for recertification, a notice of adverse action is appropriate. At the same time the household will be provided F601. The disqualification period will begin with the month following the expiration of the advance notice period.

   Code appropriately in MAVERICS with the DW participation code on SSDO and ENTER on the JOST screen, to apply the disqualification on the FSDQ screen.

4. If noncompliance without good cause occurs during the certification period but notice is not received by the county until after the expiration of the certification period, and if the household has not applied for recertification, F601 will be provided to the household. The disqualification period will begin with the month following the date F601 is provided to the household. Special MAVERICS procedures will be required to code disqualification in MAVERICS. See Volume X.

Notice of Disqualification

The worker shall ensure that the disqualification notice, MAVS F601, provided to the household/individual includes the following information:

1. The specific act of noncompliance committed;
2. The proposed period of disqualification;
3. Statement that the household may reapply at the end of the disqualification period;
4. Description of the action which can be taken to end or avoid disqualification.

When County Staff Fails to Take Timely Action to Disqualify

If the agency fails to timely send a notice of adverse action to implement the disqualification and later discovers the error, the notice shall be issued to the household within 10 calendar days of discovering the error. The disqualification period shall begin with the first month following expiration of the 10 day notice period; unless a fair hearing is requested. The disqualification shall continue according to the time period listed earlier in this chapter. (See ENDING DISQUALIFICATION later in this chapter.)

The period of ineligibility shall continue to be imposed regardless of whether the disqualified individual or household is certified during the disqualification period.

GOOD CAUSE

The county worker will be responsible for determining good cause when work registrants have failed to comply with the work registration requirements of this chapter. The worker will consider the facts and circumstances, including information submitted by the household member involved and the employer. Good cause shall include circumstances beyond the member's control, such as but not limited to illness, illness of another household member requiring the presence of the member, a household emergency, the unavailability of transportation or lack of adequate child care for children who have reached age 6 but are under age 12. Problems caused by inability of the work registrant to speak or write English could constitute good cause.

The fact that the worker determines good cause as outlined above should not be confused with the responsibility of the county office in determining which household members are required to register or determining eligibility for individuals required to participate in an acceptable work activity in order to remain eligible.

SUITABLE EMPLOYMENT

The worker will determine suitability of employment. If a household member refuses to accept or quits a job on the grounds that the job is unsuitable, the worker must make the decision on suitability.

Employment shall be considered unsuitable if:

1. The wage offered is less than the highest of:

    a. The applicable Federal minimum wage or

    b. The applicable State minimum wage or

    c. Eighty percent (80%) of the Federal minimum wage if neither the Federal nor State minimum wage is applicable.

2. The employment offered is on a piece-rate basis and the average hourly yield the employee can reasonably be expected to earn is less than the applicable hourly wages specified in Item 1 above.

3. The household member, as a condition of employment or continuing employment, is required to join, resign from, or refrain from joining any legitimate labor organization.

4. The work offered is at a site subject to a strike or lockout at the time of the offer unless the strike has been declared unlawful under Section 208 of the Labor Management Relations Act (29 U.S.C. 78), (commonly known as the Taft-Hartley Act); or unless an injunction has been issued under Section 10 of the Railway Labor Act (45 U.S.C. 160).

All other employment shall be considered suitable unless the household member involved can demonstrate that:

1. The degree of risk to health and safety is unreasonable; or

2. The member is physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from other sources; or

3. The employment offered within the first 30 days of registration is not in the member's major field of experience; or

4. The distance from the member's home to the place of employment is unreasonable considering the expected wage and the time and cost of commuting. Employment shall not be considered suitable if daily commuting time exceeds 2 hours per day, not including the transporting of a child to and from a child care facility. Nor shall employment be considered suitable if the distance to the place of employment prohibits walking, and neither public nor private transportation is available to transport the member to the job site.

5. The working hours or nature of the employment interferes with the member's religious observances, conviction, or beliefs. For example, a Sabbatarian could refuse to work on the Sabbath.

FAIR HEARING

Each individual or household has a right to a fair hearing to appeal a denial, reduction or termination of benefits due to a determination of nonexempt status or a determination of failure to comply with the work registration requirements of this chapter. Individuals or households may also appeal actions such as exemption status, the type of requirement imposed or refusal to make a finding of good cause, if the individual or household believes a finding of failure to comply has resulted from improper decisions.

The household shall receive sufficient advance notice (of hearing date) to either allow the attendance of a representative or ensure that a representative will be available for questioning over the telephone during the hearing.

A household shall be allowed to examine its employment component case record at a reasonable time before the date of the fair hearing except for confidential information that the Agency determines should not be available for release. Information not released to a household may not be used by the household or the Agency at the hearing.

The hearing results shall be binding on the Agency.

BENEFITS CONTINUED PENDING A HEARING DECISION

When benefits are continued pending the hearing decision and the county action is upheld, a claim shall not be completed. The household shall be sanctioned the month following the month the hearing decision is received by the county office, provided the client has not become exempt from the work requirement or has not left the household. If the household elects not to receive benefits during pendency of the appeal and subsequently wins the hearing, then it would be appropriate to restore any benefits the household would have been eligible to receive during the appeal period.

ENDING WORK REGISTRATION DISQUALIFICATION

Eligibility may be reestablished during the disqualification period as follows:

1. A household may reestablish eligibility during a disqualification period and the household shall be permitted to reapply and, if otherwise eligible, resume participation if the head of household:

   (a) Becomes exempt from the work registration requirement or

   (b) Is no longer a member of the household.

2. An individual who has been disqualified for noncompliance may be permitted to resume participation during the period of disqualification, if otherwise eligible, if he or she becomes exempt from work registration requirements.

Eligibility may be reestablished after the disqualification period has been served as follows:

1. A household or individual may reestablish eligibility after the appropriate minimum disqualification period is served and resume participation if the individual:

   (a) Becomes exempt from the work registration requirement; or

   (b) Complies with the appropriate requirement given below:

      (1) Refusal to register -- Registration by the household member.
      (2) Refusal to accept a bona fide offer of suitable employment -- acceptance of the employment if still available to the participant; or securing other employment which yields earnings per week equivalent to the refused job; or securing employment of at least 30 hours per week; or securing employment of less than 30 hours per week but which yields weekly earnings equal to the Federal minimum wage multiplied by 30 hours, or Training Wage if applicable.

Exception: See DISQUALIFICATION PENALTIES, Head of Household. After six months of the household's disqualification period, the remaining household members may reapply and have their eligibility determined. The head of household may continue to be disqualified until the timed penalty is served and compliance is met.

RESUMING PARTICIPATION

Once a valid notice of adverse action (NOAA) has been issued, the household has two choices if it wishes to continue participation in the program, or to continue to participate at the current benefit level.

1. Ask for a hearing and continued benefits or,

2. Cure its noncompliance during the NOAA period or prior to the effective date of the sanction. TANF participants in the TWP must cure its noncompliance during the NOAA period.

Except as provided in Chapter 8, DECISION AND NOTIFICATION and Chapter 10, HEARINGS, once a valid notice of adverse action is issued, if noncompliance is not cured prior to the effective date of the sanction or if a request for a hearing and continued benefits is not made during the 10 day adverse notice period, benefits shall be reduced or terminated as provided in the notice of adverse action.

Noncompliant Individual is Head of Household

Disqualified households may reapply for benefits after the appropriate minimum time period is served, and be certified from the date of compliance or the date of application, whichever is later. (See Disqualification Penalties earlier in this chapter.)

Applications submitted by disqualified households prior to the cure cannot be approved until the minimum time penalty is served or verification of compliance is obtained with the exception that the remaining household members may qualify after six months, even if the head of household continues to be ineligible or noncompliant.

Noncompliant Individual Other Than Head of Household

For noncompliance by a household member other than the head of the household, the member must serve the penalty, cure the noncompliance and report the action to the county. As the noncompliant member was removed from the household via notice of adverse action, the worker must add the member back to the household after the minimum time penalty has been served and compliance is met, effective the month after the month of compliance. The reporting of the cure by the household shall be treated as a reported change in household composition. For disqualified individuals in applicant households, eligibility to receive benefits may begin after compliance and the minimum penalty is served.

After compliance is met, disqualified individuals shall be added back to a participating household the month after the minimum disqualification period ends.

If the member is disqualified for failure or refusal to register for work, the county would not be responsible for initiating action until the disqualified individual registers for work.

When the individual fails to comply with the cure requirement, the individual is not entitled to a separate notice advising that the cure was not complied with, as the information for the cure was furnished at the time the notice of adverse action issued the disqualification. The disqualification shall continue until the minimum time period is served and until cured in accordance with the notice of adverse action. Should there be a dispute about whether or not the violation has been acceptably cured; the recipient has the right to request a hearing to appeal the Agency's decision.

[NONFINANCIAL CRITERIA: VOLUNTARY QUIT/REDUCTION IN WORK HOURS]

Revised 05-01-06

GENERAL

The voluntary quit provision mandates that no individual who quits his/her employment of 30 hours a week or more or who voluntarily reduces work hours to less than 30 hours per week, without good cause, 60 days or less prior to the date of application or at any time thereafter, shall be eligible for participation in the food stamp program, as specified in this chapter. At the time of application, the eligibility worker shall explain to the applicant the consequences of an individual voluntarily quitting employment or reducing his/her work hours to less than 30 hours per week without good cause.

INDIVIDUALS SUBJECT TO VOLUNTARY QUIT/REDUCTION IN WORK HOURS

All household members should be tested for voluntary quit at application, recertification and during the certification period. If a member of an applicant household quits a job without good cause within 60 days of the date of application, or between the date of application and certification, a voluntary quit penalty will be applied. Since this is not a reportable change under Simplified Reporting rules, if a member of a certified household quits a job without good cause, a voluntary quit penalty will not be applied unless the voluntary quit is discovered within 60 days of the quit. If it is discovered a household member quit a job, document the date of discovery and the date of the quit to determine if the date of discovery is within 60 days of the quit. Based on these dates, determine if a voluntary quit penalty should be applied.

Individuals shall be subject to the voluntary quit provision only if the employment involved 30 hours or more per week or provided weekly earnings at least equivalent to the Federal minimum wage multiplied by 30 hours; the individual was working more than 30 hours per week but voluntarily reduced work hours to less than 30 hours per week; the quit/reduction occurred within 60 days prior to the date of application or anytime thereafter, and the quit/reduction was without good cause.

An employee of the Federal, State or local government who is dismissed from that job because of engaging in a strike against the government shall be considered to have voluntarily quit his or her job without good cause. However, changes in employment status that result from involuntarily reducing hours of employment while working for the same employer, terminating a self-employment enterprise, or resigning from a job at the demand of an employer will not be considered as a voluntary quit for purposes of this provision.

If an individual quits a job, then gets a new job at comparable wages or hours and then is laid-off or, through no fault of his own loses the new job, the earlier quit will not be considered as a basis for disqualification.

Pending the outcome of a determination of Voluntary Quit/Reduction in Work Hours, benefits shall not be delayed beyond the normal processing time frames as outlined in CHAPTER 8, APPLICATION.

EXCEPTION: Individuals meeting one of the exemptions for work registration shall be excluded from the voluntary quit provision. (See EXEMPTIONS in the material, WORK REGISTRATION.)

GOOD CAUSE DETERMINATION

If it is determined that a household member voluntarily quit employment or voluntarily reduced work hours, the county shall determine if good cause exists. In determining whether or not good cause exists, the county shall consider the facts and circumstances, including information obtained from the household member involved and also from the employer.

Good cause for leaving employment or reducing work hours includes, but is not limited to:

1. The good cause provisions as outlined in WORK REGISTRATION within this chapter;

2. Discrimination by an employer based on age, race, sex, color, handicap, religious beliefs, national origin or political beliefs;

3. Work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule;

4. Acceptance by any household member of employment, or enrollment of at least half-time in any recognized school, training program or institution of higher education that requires the household member to leave employment;

5. Resignations by persons under the age of 60 which are recognized by employers as retirement;

6. Acceptance of a bona fide offer of employment of more than 30 hours a week, or in which the weekly earnings equal the Federal minimum wage multiplied by 30 hours which, because of circumstances beyond the control of the household member, either does not materialize or results in employment of less than 30 hours a week or weekly earnings less than the Federal minimum wage multiplied by 30 hours;

7. Leaving a job in connection with patterns of employment in which workers frequently move from one employer to another such as migrant farm labor or construction work. There may be some circumstances where households will apply for food stamp benefits between jobs, particularly in cases where work may not yet be available at the new job site. Even though employment at the new site has not actually begun, the quitting of the previous employment shall be considered as with good cause if it is part of the pattern of that type of employment; or

8. Resignation from a job that does not meet the suitability criteria specified in the Work Registration policy, regardless of whether the job was unsuitable at the time of employment or became unsuitable at a later date.

HOUSEHOLDS SUBJECT TO VOLUNTARY QUIT/REDUCTION IN WORK HOURS PROVISIONS

The voluntary quit provision is applicable to all households, i.e., both applicant households and those in certification.

Applicant Households

Applicant households shall be disqualified if the individual(s) to be tested meets all of the following conditions:

1. The individual quit his most recent employment within 60 days prior to the date of application, or between the date of application and certification; and

2. The employment involved work of at least 30 hours per week or produced earnings in an amount at least equivalent to the Federal minimum wage multiplied by 30 hours; and

3. The quit was without good cause; and

4. The individual was a member of the applicant household and was the head of household at the time of the quit.

NOTE: If a household which is eligible for expedited service is certified pending verification of a voluntary quit and the worker later verifies that the head of household quit a job without good cause, a claim must be completed for any benefits received to which the household was not entitled. In addition, if the household was notified in advance that immediate action would be taken to adjust the household's eligibility or benefit level once verification was received, the remainder of the disqualification period, if any, will be imposed immediately, without notice of adverse action.

Once a voluntary quit is established, determination should then be made if the household member who quit is the head of household, as defined earlier in this chapter, and if the quit was without good cause.

Certified Households

Certified households shall be disqualified if the individual(s) to be tested meets all of the following conditions:

1. The individual voluntarily quit his or her job while participating in the food stamp program; and

2. The employment involved work of at least 30 hours per week or produced earnings in an amount at least equivalent to the Federal minimum wage multiplied by 30 hours; and

3. The quit was without good cause; and

4. The individual was a member of the certified household and was the head of household at the time of the quit.

NOTE: If a household is already participating when a quit which occurred prior to certification is discovered, the household shall be treated as a participating household and the sanction applied accordingly.

Once a voluntary quit is established, determination shall then be made if the household member who quit is the head of household, as defined earlier in this chapter, and if the quit was without good cause.

CONTINUED BENEFITS PENDING A FAIR HEARING

Each household has a right to a fair hearing to appeal a disqualification of a household member or a denial or termination of benefits due to a determination that the head of household voluntarily quit a job or voluntarily reduced work hours without good cause. If the participating household's benefits are continued pending a fair hearing and the county determination is upheld by the hearing, the disqualification period shall begin the first of the month after the hearing decision is rendered and no claim shall be completed. See Chapter 10, HEARINGS, for further information pertinent to the Hearings criteria.

MEMBER WHO QUIT/REDUCED WORK HOURS BECOMES EXEMPT BEFORE SANCTION IMPOSED

The household or individual may not be disqualified when the member who voluntarily quit/reduced work hours becomes exempt from work registration before the period can be imposed. For example, in the case of the applicant household, if the member reports becoming exempt before the EW sends the notice of disqualification, the disqualification will not be imposed. Likewise, if a participating household reports the member who quit/reduced work hours becomes exempt from work registration before the effective date of disqualification, the household will not be disqualified.

IMPOSING THE DISQUALIFICATION PERIOD

When a determination is made that a nonexempt work registrant did not have good cause for voluntarily quitting employment or reducing work hours, the county must determine whether the individual was the head of household as defined earlier under FAILURE TO COMPLY, Head of Household Designation.

The penalty for voluntary quit or reduction in work hours will apply to the individual who commits the violation, UNLESS the individual committing the violation is the head of household (see Head of Household below). The individual shall be disqualified from participation and treated as a disqualified member as provided in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

Disqualification shall continue for the noncompliant individual until he/she serves the appropriate minimum time period and complies, leaves the household, or becomes exempt from work registration.

When a nonexempt work registrant voluntarily quits employment or voluntarily reduces work hours without good cause, the county will impose the following disqualification penalty.

Individuals Other Than Head of Household

- First Violation: two months or a work registration exemption is met, whichever comes first;
- Second Violation: six months or a work registration exemption is met, whichever comes first;
- Third violation: twelve months or a work registration exemption is met, whichever comes first or
- Fourth violation: the individual is permanently disqualified

NOTE: No compliance activity is required after the minimum penalty ends and if an individual gains an exemption prior to the end of the minimum penalty period, the penalty is ended. However, if the individual later loses the exemption and the months of the penalty period have not passed, the sanction will be reinstated, unless the individual gains another exemption.

Example: An individual is sanctioned for voluntary quit under the third violation (12 months), effective January through December. He/she regains employment of more than 30 hours per week in April, and is added back to the food stamp case effective May. In August, this individual loses the job and meets no other work registration exemption. The individual's voluntary quit sanction must resume effective for the next possible month and he/she must serve the remainder of the penalty period (through December).

Head of Household

If the individual is the head of household, the entire household will be disqualified according to the above listed violations with the exception that the remaining household members disqualification period cannot exceed six (6) months, even if the head of household remains ineligible or noncompliant.

Ineligibility, in either instance, will continue until the member who caused the disqualification serves the timed penalty, complies with the specified requirement, leaves the household, or becomes exempt from work registration requirements, whichever comes first.

Exception:

1. A household, having been determined to be ineligible due to the head of household quitting employment or reducing work hours without good cause, may reestablish eligibility if a new and eligible person joins the household as its new head of household, as defined earlier in this chapter; however, the noncompliant individual shall continue to be disqualified until the appropriate minimum time period is served and compliance is met or he/she becomes exempt from work registration requirements.

2. Likewise, any household member who voluntarily quit/reduced work hours without good cause, then joins another household as its new head of household, shall cause the entire new household to become ineligible from participation until the member who caused the disqualification serves the appropriate time penalty or becomes exempt from work registration, whichever comes first.

3. If the member who voluntarily quit/reduced work hours without good cause joins another household where he is not head of household, the individual shall continue to be ineligible until the timed penalty is served or the individual meets a work registration exemption, whichever comes first, and shall be considered as a disqualified member, as outlined in CHAPTER 7, HOUSEHOLDS WITH EXCLUDED MEMBERS unless the individual becomes exempt from work registration requirements.

DISQUALIFICATION OF APPLICANT HOUSEHOLDS

If an applicant household is to be disqualified, the application shall be denied from the date of application. See disqualification periods under IMPOSING THE DISQUALIFICATION PERIOD. The household will be sent either MAVERICS notice F208, Denial-Quit Job, or manual notice MDHS-EA-944, Notice of Action, advising the household of the following:

1. The specific act of noncompliance committed;
2. The proposed period of disqualification;
3. Statement that the household may reapply at the end of the disqualification period;

4. Description of the action which can be taken to end or avoid disqualification.

NOTE: If manual notice MDHS-EA-944 is sent, MAVERICS must be documented by using F000, Manual Notice Documentation. See Volume X, Chapter 4, Notices.

DISQUALIFICATION OF CERTIFIED HOUSEHOLDS

If it is determined that a certified household is to be disqualified, the household will be sent a notice of adverse action within 10 days after the determination of voluntary quit is made. The disqualification period shall be according to the disqualification periods under Imposing the Disqualification Period beginning with the first month following the expiration of the 10 day adverse action period. If the household requests a fair hearing to appeal the county's determination that the head of household voluntarily quit his/her job or voluntarily reduced work hours without good cause, and the county's determination is upheld, the disqualification period shall be effective the month after the county receives notice that a decision has been rendered.

Either manual notice MDHS-EA-945, Notice of Change or MAVERICS Notice F405, FS Closure - Quit Job, will be sent and should inform the household of the following:

1. The specific act of noncompliance committed;

2. The proposed period of disqualification;

3. Statement that the household may reapply at the end of the disqualification period;

4. Description of the action which can be taken to end or avoid disqualification.

QUIT/REDUCTION IN WORK HOURS DISCOVERED DURING LAST MONTH OF CERTIFICATION PERIOD

Households whose quit/reduction in work hours occurs or is discovered in the last month of the certification period and those whose quit/reduction in work hours is determined too late in the certification period to allow for adverse action procedures, will be denied recertification according to the disqualification penalty.

ENDING A VOLUNTARY QUIT/REDUCTION IN WORK HOURS DISQUALIFICATION

Head of Household

Following the end of the appropriate minimum disqualification period, a household shall be permitted to reapply and, if otherwise eligible, resume participation.

During a disqualification period, eligibility may be reestablished and, if otherwise eligible, the household shall be permitted to resume participation, provided the member who caused disqualification:

1. Leaves the household; or,
2. Becomes exempt from work registration requirements.

A household determined to be ineligible due to a voluntary quit/reduction in work hours without good cause may reestablish eligibility if a new and otherwise eligible member joins as its head of household.

If the head of household who committed the violation joins a new certified food stamp household as its head of household, that new household shall be ineligible for the balance of the disqualification period.

Should a household which has been determined to be noncompliant without good cause split into more than one household, the sanction shall follow the member who caused the disqualification.

If an individual who voluntarily quit a job joins a new household and is not the head of household, the sanction shall only be applied to the individual.

Individuals Other Than Head of Household

Following the end of the appropriate disqualification period, the individual may resume participation if otherwise eligible.

It is the responsibility of the household to report exemption of the household member. The individual shall be added back to the household following the month of the report.

VERIFICATION

The worker will request verification of the household's statements concerning voluntarily quitting employment only if the information is questionable. The primary responsibility for providing verification rests with the household. However, the worker will assist the household in obtaining the needed verification if the household finds it difficult or impossible to obtain documentary evidence in a timely manner. Acceptable sources of verification include but are not limited to the

previous employer, employee associations, union representatives and grievance committees or organizations. Whenever documentary evidence cannot be obtained, the worker will substitute a collateral contact. The worker is responsible for obtaining verification from acceptable collateral contacts provided by the household.

If both the worker and the household are unable to obtain requested verification from these or other sources because the cause for the quit resulted from circumstances that for good reason cannot be verified, such as a resignation from employment due to discrimination practices or unreasonable demands by an employer or because the employer cannot be located, the household will not be denied access to the Program.

WORK REQUIREMENTS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDs)

Effective April 1, 2006, all non-exempt ABAWDs statewide are exempt from ABAWD participation requirements. However, each individual's ABAWD status must be established at application, reapplication, recertification and entered into MAVERICS.

An ABAWD is defined as an individual that is 18 through 49 years of age. These individuals would be coded "AB" in the ABAWD status field on WORE if they do not meet an exemption.

EXEMPTIONS FROM ABAWD REQUIREMENTS

Individuals are exempt from the ABAWD provisions if they are:

- under age 18 or age 50 or over, (AG);
- physically or mentally unfit for employment, (recipients of disability payments or a doctor's statement of unfitness for employment when the disability is not apparent or is questionable), (IC); or
- responsible for a dependent child under age 18 who lives in the food stamp household, (any adult in the same food stamp household, including both parents in a two parent family will be exempt even if there is only one child), (DE).

Individuals meeting an ABAWD exemption should be coded with the appropriate exemption code in the ABAWD status field on WORE.

Non-Exempt ABAWDS

Non-exempt ABAWDs must be identified and coded as ABAWDs in MAVERICS for reporting purposes. These individuals should be coded at application, reapplication and recertification. If the individual is not exempt from Work Registration, the ABBA screen will display and the "WA", Waived ABAWD code should be entered.

GENERAL

As a condition of eligibility for the Food Stamp Program, a natural or adoptive parent or other individual who is living with and exercising parental control over a child under the age of eighteen (18) who has an absent parent must cooperate with the Division of Child Support Enforcement (DCSE) in:

- Locating the absent parent;
- Legally establishing the paternity of the child (if the child is born out of wedlock); and - Obtaining and/or redirecting support payments for the child or the individual and child.

The individual may be exempt from the child support enforcement requirements if good cause is found for refusing to cooperate as determined by the DCSE. Good cause standards shall take into consideration circumstances under which cooperation may be against the best interest of the child.

The putative/alleged father or identified non-custodial parent of a child under the age of eighteen (18) will not be eligible to participate in the Food Stamp Program if that individual refuses to cooperate with DCSE in:

- establishing the paternity of the child (if the child is born out of wedlock); and - providing support for the child.

The payment of a fee or other costs for services related to child support enforcement shall not be required for the custodial, non-custodial or putative father for food stamp purposes. Cooperation with the agency will include providing information about the absent parent, appearing at interviews, hearings and legal proceedings, and in some cases, submitting to genetic testing.

REFERRAL TO CHILD SUPPORT ENFORCEMENT

At the time of application, reevaluation, or any time a child under age 18 is added to the food stamp household, the worker must explain the child support requirements, determine if an absent parent is involved, and document the absent parent information on the application, Form MDHS-EA-900A and MAVERICS as needed. Form MDHS-EA-941, Notice of Child Support Enforcement, must be provided to the applicant/recipient for an explanation of child support requirements. (See Generic Forms Manual for form and instructions.) The referral to Child Support Enforcement is made by the completion of child support screens in MAVERICS (SPRD, CSEA, etc.) which interfaces to the METSS system. (See Volume X, Chapter 3, for completion of appropriate child support screens.) If the child(ren) is in an active TANF case, the referral to

METSS is completed by that program.

The case record (MDHS-EA-900) and MAVERICS must identify each child's custodial parent and absent parent. When there is no legal parent in the home with the child, the person exercising parental control must be identified. If there is no relative or other person actively involved in the parental role, the food stamp case head will be assigned to the parental role and must cooperate with child support.

A manual referral form, MDHS-EA/CS-943/643, CHILD SUPPORT ENFORCEMENT Cooperation Verification Request, will be required when a food stamp or combination TANF and food stamp case closes and an outstanding noncompliance with child support is involved. Verification must be received from Child Support Enforcement of compliance or that good cause has been approved before the individual can be approved unless child support requirements no longer apply.

NOTE: The Food Stamp Program does not require assignment of support rights to the State and there is no recovery of benefits as is required in the TANF Program.

In a food stamp household in which a non-custodial (absent) parent resides, no referral will be made to DCSE, but as the DCSE identifies the non-custodial parent's failure to cooperate they will inform the DEA worker of noncompliance and the non-custodial parent should be disqualified.

PENALTY FOR FAILURE TO COOPERATE

The custodial parent, non-custodial parent or responsible individual will be disqualified for failure without good cause to cooperate with Child Support Enforcement if:

1. The individual states at the time of application that he/she does not wish to cooperate with child support requirements; or

2. It is known to the agency that the individual has not cooperated with the child support requirements; or

3. The division is notified by Child Support that the individual has failed to cooperate without good cause.

The worker must issue a notice of adverse action for disqualification of the individual. If disqualification of the individual causes ineligibility of the household, the case must be closed rather than only disqualifying the individual. The penalty must be applied unless a request for a fair hearing is received. (See Chapter 10, HEARINGS.)

See Chapter 7, EXCLUDED HOUSEHOLD MEMBERS, for treatment of income and resources of the disqualified individual. The participation code for child support noncompliance is DC.

In instances when DCSE notifies Economic Assistance that a person named as the father of a child in the household has been excluded as the natural parent, MAVERICS notice X709, Request for Information-Child Support/Parent Excluded is sent to the household. The notice informs the household that failure without good cause to provide information on the natural parent or to contact the county office will result in disqualification for the custodial parent due to non-cooperation with DCSE.

ENDING DISQUALIFICATION

When Child Support or METSS notifies the worker that the noncompliant individual has cooperated with DCSE, the individual will be added to the SNAP household effective the month after the month of notification in an active case. In a reapplication, the individual must comply prior to approval of the individual. MDHS-EA-943/643, Child Support Cooperation Verification Request, must be sent at the time of reapplication and verification of cooperation must be received prior to reapproval of the individual if the individual has a prior noncooperation status in the MAVERICS/METSS system. If the verification of cooperation cannot be obtained prior to the timely processing date, the application should be handled with the person still disqualified so the other household members may receive benefits. If the expedited household will not be eligible unless the disqualified individual is included, the household would lose entitlement to expedited services and the case should be processed within the regular 30-day timeliness standard.

CHILD SUPPORT COURT ORDERS

Court orders for support initiated by the Child Support Enforcement office will usually include the requirement that collections be made through the IV-D office. The Child Support Office will also petition the court to modify existing orders to redirect the support to the IV-D office for collections and disbursement when the household is receiving support directly from a non-custodial parent at the time of referral. The client is informed via the MDHS-EA-941 that they must redirect child support through the IV-D office.

GENERAL

Food stamp benefits shall not be increased when a household's benefits received under another means-tested Federal, State or local welfare or public assistance program (such as TANF), which distributes public funds governed by public assistance laws/regulations, have been decreased (reduced, suspended or terminated) due to failure to comply with a requirement of the program that imposed the benefit decrease. Monies being recouped from a means-tested benefit due to the household's failure to comply with that program's requirements shall be counted as income (gross instead of net).

If the agency is not successful in obtaining the necessary cooperation from another means-tested public assistance program as to the reason benefits are being reduced, suspended or terminated, the worker must document the effort to obtain the verification. If the other program does not provide the requested information and the case is properly documented, the net instead of the gross will be counted in the food stamp budget.

NOTE: Supplemental Security Income (SSI) is not a means-tested program.

Noncompliance with TANF Requirements

The following procedures shall apply when a household member fails to comply with the requirements of the TANF Program.

- If recoupment for a TANF overpayment is due to IPV, SIPV, or IHE, the TANF amount that is recouped shall be counted as income. The worker must enter the TANF grant prior to recoupment in the food stamp budget. If agency error (AE) is involved, the TANF payment after recoupment is counted in the food stamp budget.

- If a TANF member is sanctioned for noncompliance with school attendance or immunization requirements, a 25 percent penalty shall be applied to the food stamp household. The 25 percent penalty is automated in MAVERICS when the sanction is applied in TANF and the food stamp benefit month is worked on FSAD.

- If a TANF member is sanctioned for noncompliance in the TANF Work Program but meets a food stamp work exemption, the TANF member will be disqualified for the length of the TWP sanction. After the timed penalty period of disqualification has been served, the member shall be added back to the household the month following the penalty period. If the individual reapplies for TANF, the individual must comply with the TWP or meet an

exemption before he/she can be added back to the household.

This provision will not apply if the TANF member is disqualified for both food stamps and TANF, such as noncompliance with TANF Work Program or child support requirements. (See WORK REGISTRATION, Failure to Comply with TANF Work Program (TWP) and CHILD SUPPORT REQUIREMENTS in this chapter.)

The food stamp benefits must be adjusted to add eligible members regardless of whether the household is prohibited from receiving benefits for the additional member under another Federal or State public assistance means-tested program. The child(ren) that is ineligible for TANF benefits due to the Family Cap provision or school attendance requirements is eligible for participation in food stamps.

Once the penalty in TANF ends, the penalty is also removed in food stamps.

ELIGIBLE FOODS

Eligible food for households eligible to use food stamp benefits consists of the following:

1. Any food or food product intended for human consumption except alcoholic beverages, tobacco, and hot foods and hot food products prepared for immediate consumption;

2. Seeds and plants to grow foods for the personal consumption of eligible households;

3. Meals prepared and delivered by an authorized meal delivery service to households eligible to use food stamps to purchase delivered meals; or meals served by a communal dining facility for the elderly, for SSI households, or both, to households eligible to use food stamp benefits for communal dining;

4. Meals prepared and served by an authorized drug addict or alcoholic treatment and rehabilitation center to households eligible to use food stamp benefits to purchase those meals; and

5. Meals prepared and served by an authorized group living arrangement facility to residents who are blind or disabled recipients of benefits under Title II or Title XVI of the Social Security Act.

6. Meals prepared and served by a shelter for battered women and children to its eligible residents.

7. Meals prepared and served by an authorized homeless meal provider.

CERTIFICATION RESPONSIBILITIES REGARDING BENEFIT USAGE

It is important that food stamp households be informed at application and recertification of rules governing food stamp benefit usage. As a part of the certification/recertification interview the worker should advise clients of the following information:

1. Food stamp benefits may not be used to purchase vitamins, medicine, tobacco, alcohol, or other non-food items.

2. Hot foods that are ready to eat may not be purchased with food stamp benefits in retail stores.

3. Food stamp benefits may not be used to pay food credit accounts.

COMMUNAL DINING FACILITY Any member of an eligible household who is 60 years of age or older and their spouses, or those

receiving SSI and their spouses, may use all or any part of his benefit amount to purchase meals prepared at a communal dining facility authorized by FNS for such purpose.

A communal dining facility means any facility such as senior citizen's centers, apartment buildings occupied primarily by elderly persons or SSI households, or any public or nonprofit private school (tax exempt) which prepares meals especially for elderly persons during special hours, and certain other public or private nonprofit establishments (tax exempt) which prepare and serve meals for the elderly or SSI recipients. It also means a private establishment which is under contract with a state or local agency to offer, at concessional prices, meals prepared especially for the elderly or SSI recipients. Such facilities may accept food stamp benefits only after authorization by FNS.

DELIVERED MEALS

Any member of an eligible household who is 60 years of age or older, or incapacitated (i.e., housebound, physically handicapped, or otherwise disabled to the extent that they are unable to adequately prepare all of their meals) may use all or any part of his benefit amount to purchase meals from a nonprofit meal delivery service authorized by FNS for such purpose. In addition, the spouse of such household member may also purchase meals from a nonprofit meal delivery service regardless of age or disability.

MEAL SERVICES AUTHORIZATION

As delivered meals and communal dining organizations are approved by FNS, State Operations will be notified of the name and address of the sponsoring agency, the name and address of the kitchen, and the areas served. State Operations will, in turn, notify the county of the organization's authorization by FNS to accept food stamp benefits.

BOARDERS

Boarders are ineligible to participate in the Program. See Chapter 7 for details.

STUDENTS

Certain students are ineligible to participate in the Program. See Chapter 7 for details.

DRUG ADDICTS AND ALCOHOLICS IN TREATMENT CENTERS

Resident addicts and alcoholics may be eligible to participate as one person households. See Chapter 7 for details.

BLIND AND DISABLED GROUP LIVING ARRANGEMENTS

There are special provisions for certain blind and disabled individuals who reside in small, free-standing, community based living units. See Chapter 7 for details.

GROCERS/CAFÉ OWNERS AND EMPLOYEES

There is no prohibition against participation of owners and employees of grocery stores and cafes, provided all eligibility requirements are met, including the household definition. However, households of this type should be informed that SNAP benefits must be used to purchase food for the household; that neither SNAP benefits nor food purchased with SNAP benefits can be used in the business enterprise.

The fact that the household obtains a majority or all of its meals at the café does not preclude participation in the SNAP.

RESIDENTS OF SHELTERS FOR BATTERED PERSONS AND CHILDREN

Persons or persons with children temporarily residing in a shelter for battered persons and children may be eligible to participate as individual households. See Chapter 7 for details.

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GENERAL

Household income shall mean all income, earned as well as unearned, and from whatever source, with the exception of specific exclusions as outlined in INCOME TO BE EXCLUDED.

The earned and unearned income of excluded household members shall continue to be counted in accordance with the guidelines in Chapter 7, SPECIAL CIRCUMSTANCES.

EARNED INCOME

Earned income, which is subject to the earned income deduction, shall include:

1. All wages, salaries and tips for services performed as an employee. This includes wages held at the request of the employee, advances on income, and other taxable income received on a regular basis such as, but not limited to, bonus payments, vacation pay while employed, overtime, Profit Sharing, etc.

   Certain food and beverage establishments allocate a certain amount of tips on the employee's W-2 form (Box 6); however, the employer withholds taxes based on the employee's reported amount of tips and not the allocated amount. Only the amount of tips reported by the employee rather than the allocated amount should be counted as income for food stamp purposes.

   Advances are distinguishable from loans in that advance wage payments are made in exchange for services or labor to be performed, while loans are made in exchange for repayments of the principle amount plus, in most circumstances, interest.

   Wages and salaries, as well as vacation pay, received after employment ends (for example, the last paycheck as opposed to severance pay) will be considered earned income when it is received in more than one installment. Severance pay is not earned income (See UNEARNED INCOME).

   Sick pay provided by the employer is considered earned rather than unearned income if the employee is going to return to work when recovered and is still considered an employee by his employer. Generally, this is a continuation of salary with normal payroll deductions. Sick pay or disability benefits from a source other than the employer, such as an insurance company, are unearned rather than earned income even if the employee intends to return to work.

   Money which is diverted from an employee’s gross earnings through a cafeteria plan to pay certain expenses such as child care or medical expenses is counted as income.

   See DETERMINING EARNED INCOME later in this chapter for instructions on calculating income.

2. The total income, after appropriate exclusions, from a self-employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business. See Chapter 7, SELF EMPLOYMENT.

   Payments from a roomer or boarder, except foster care boarders, shall be considered a self-employment enterprise, regardless of the number of hours spent weekly in providing the service.

   Ownership of rental property shall be considered a self-employment enterprise. However, income derived, less the cost of doing business, from the rental property shall be considered earned income only if a member of the household is actively engaged in the management of the property at least an average of 20 hours per week. Otherwise, the income is considered unearned and, therefore, not subject to the earned income deduction.

   Payments made to day care providers under the Child and Adult Care Food Program of the National School Lunch Act shall be considered gross income from which costs of doing business and a 20% income deduction may be subtracted. Included in the cost of doing business are the food expenses incurred by the providers to feed the children under their care.

3. Training allowances from vocational and rehabilitative programs recognized by Federal, State, or local governments, such as the Work Incentive Program, to the extent that they are not a reimbursement.

   Exception: Training allowances received through programs authorized by the Workforce Investment Act of 1998 (WIA) (P.L.105-220) are excluded. See INCOME TO BE EXCLUDED in this chapter.

4. Earnings to individuals who are participating in on-the-job training programs under the Workforce Investment Act (includes monies paid by WIA and monies paid by employer).

   Exception: This provision does not apply to household members who are under 19 years of age and are under the parental control of another adult household member, regardless of school attendance and/or enrollment as discussed in EARNED INCOME OF STUDENTS UNDER 18 in this chapter.

5. Income from jury duty provided the pay is dispersed over a time period of several days or weeks in a specific amount, such as $15.00 per day. (If the jury pay does not exceed $30.00 in a quarter and cannot be reasonably anticipated, it may be excluded as infrequent and irregular income.)

6. Basic Allowance for Quarter (BAQ) and Basic Allowance for Subsistence (BAS) for military personnel are treated as earned income when received in lieu of free housing

and/or food. (Any gain or benefit which is not in the form of money payable directly to the household, e.g., free meals and/or housing furnished to military personnel living on the base, is classified as an in-kind benefit and excluded as income.)

7. Income received from the selling of blood or blood plasma.

8. Military pay from stateside service prior to deployment to a combat zone is included. Once in a combat zone, additional pay is excluded, but the original base pay prior to being deployed to the combat zone continues to be included.

9. Other pay included in the taxable gross, such as, but not limited to, uniform maintenance.

UNEARNED INCOME

Unearned income, which is not subject to the earned income deduction, shall include but may not be limited to:

1. Assistance payments from Federal or federally aided public assistance programs, such as Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF), General Assistance (GA) programs, or other assistance programs based on need. Federal adoption subsidies or payments, funded under Title IV-E of the Social Security Act except for any portion which covers medical care.

2. Annuities; pensions; retirement; veteran's (including aide and attendant allowances) or disability benefits; workmen's or unemployment compensation (including any amounts deducted to pay claims for intentional program violations); old-age or survivor's benefits; social security benefits (amount prior to Medicare or child support deduction); insurance payments; Armed Forces Family Subsistence Supplemental Allowance (FSSA) payments provided by the Department of Defense to families of service members.

3. Strike benefits.

4. Severance pay. This is not to be confused with wages and salaries after employment ends (for example, the last pay check) which would be considered earned income.

5. Foster care payments for children or adults <u>if</u> the household elects to include the foster care individual(s) as household members under the boarder policy. See Chapter 7, NON-COMMERCIAL BOARDING HOUSES.

6. Support or alimony payments made directly to the household from non-household members or by the Department of Human Services, Division of Child Support.

   Support is income received to pay basic living expenses such as food, shelter, clothing, medical and dental care. It can also include income received for such items as child care,

board, lodging, recreation, transportation, etc.

7. Gross income, minus the cost of doing business, derived from rental property in which a household member is not actively engaged in the management of the property at least an average of 20 hours a week.

8. Payments from government-sponsored programs such as Agricultural Stabilization and Conservation Service Programs.

9. Payments of dividends, interest and royalties, including interest accrued on accounts. This includes interest from SSI "dedicated accounts". See INCOME TO BE EXCLUDED, SSI INSTALLMENT PAYMENTS AND DEDICATED ACCOUNTS.

   Interest income must be considered as having been received in the month in which it is credited to the account**.**

   The date credited means the date it is made available rather than when the household is notified of the amount, takes the passbook in to be updated, or withdraws the money from the account. It becomes a resource in subsequent months.

   The interest must be counted as unearned income if it can be anticipated as with a household that maintains a relatively constant balance in its account. If it is too irregular to be reasonably anticipated and does not exceed $30 a quarter, the interest may be excluded under the **Infrequent and Irregular Income** policy outlined in this chapter. This provision should cover most accounts which constantly fluctuate or are opened and closed frequently. The interest income may be averaged prospectively over the certification period.

   Fees charged for checking accounts may not be deducted from the interest income.

10. Monies that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for a household expense. See INCOME TO BE EXCLUDED, VENDOR PAYMENTS, for further explanation.

11. Assistance payments from programs which require, as a condition of eligibility, the actual performance of work without compensation other than the assistance payment itself.

12. Cash money received through the Mississippi Band of Choctaw Indian Distribution Plan is considered as regular unearned income in the month of receipt whether it is received or diverted to a third party source. It will be counted over the period it is intended to cover. Traditionally payments are received in July (covers five months, July-November) and December (covers seven months, December-June). Each county that has an active TANF or food stamp case that includes a Choctaw Indian will receive MAVS report "Active Choctaw Indians" (AL040A). This report displays clients coded as Choctaw on the HERC screen in MAVS. To validate Choctaw heritage and eligibility for these

payments each member is assigned an enrollment number. The enrollment number is on the check beside the vendor number preceded by "CF". Search the case record to find a previously verified copy of a payment. If they are enrolled, the money will be available to them. If the enrollment number is not obtainable, documentation of past payments is an indicator the client is eligible for the payment. Any request for verification (of conflicting information) should include the client's name, DOB, and social security number. Request should be sent to: Mississippi Band of Choctaw Indians, Post Office Box 6010, Choctaw, MS 39350, or call the enrollment office at (601) 656-5251.

NOTE: Any monies remaining after the period it is intended to cover will be counted as a resource to the household.

13. Monies deposited into a joint bank account are considered unearned income for the joint account owner(s), unless all joint owners are a member of the same food stamp household. Exception: When one of the joint account owners is the protective payee of the funds deposited into the account, if the funds are used for the needs of the protective person the funds would be excluded as income to others.

14. All other direct money payments from any source which can be construed to be a gain or benefit.

SSA/SSI VERIFICATIONS

The Social Security Administration furnishes the Agency with information regarding benefits. This is done with the understanding that it will be used to determine eligibility and will not be disclosed to any other organization or person. MAVERICS processes for requesting and receiving this information are called the Wire Third Party Query Process or WTPQ, the on-line SSI inquiry and the IEVS match worker alerts.

Wire Third Party Query

The Wire Third Party Query Process (**WTPQ**) is a MAVERICS on-line procedure to verify Social Security and SSI information on applicants and recipients. The response provides current benefits, state buy-in status and payment history. The query process is required for all individuals at application, recertification, when a new person (other than newborns) is added to the assistance unit or when there is a question about SSA/SSI benefits. The **WTPQ** process will provide a message when the SSN is in error or when no benefits are paid.

The query can be sent as soon as the SSN is known for the household member during the application process, even prior to the person being added to a specific MAVERICS case. Although a worker alert will not appear when the **WTPQ** response is received, the response will identify the case in which the individual resides if the individual is known to MAVERICS. In some cases, this number could be different from the current application, such as the person has previously participated in a closed case or is currently in an active case. Any discrepancies must

be resolved before any person can be added to the application and the case worked.

The worker must access the Wire Third Party Query (**WTPQ**) screen (Function 10 on **INME**) and enter the SSN and/or Social Security claim number if other than client's own SSN. If the client is receiving benefits on a claim number other than his own SSN, the second SSN associated with benefits will display in the lower right corner of the screen on page 3 of the **WTPQ** Response screen. In some cases, a second **WTPQ** request may be needed to verify both benefits.

When appointment notices are sent to households at the time of recertification, use of the Recertification/Redetermination Appointment Notice (RERA) screen automatically generates the query process for all currently participating household members. If new household members are added to the case at recertification, the worker must initiate the query process for each new member through INME.

Refer to MAVERICS procedures for the Wire Third Party Query Process to send and receive requests. If the individual is not known to MAVERICS when the SSN is entered on the **WTPQ** screen, the worker must also enter the person's name and date of birth to send the query.

SSI Inquiry

The MAVERICS system also has an SSI inquiry function. In order to complete the SSI inquiry on line the worker will choose function 11 from the Inquiry Menu (**INME**). The system will also require the case number. Then on the inquiry screen, the worker will enter the SSN of the person for whom information is needed. Once the enter key is pressed, the information will then be displayed immediately.

Veterans Benefits

These benefits are available to those persons who by reason of 90 days of active duty in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard (in wartime only) are termed “veterans”. Benefits are also available to their dependents and dependent survivors. Benefits for veterans are administered by the Veterans Administration (VA).

Veterans benefits can be accessed through the INIM Screen, Function 5 ‘PARIS VA”. The PARIS VETERAN MATCH (PVRA) screen provides information on a SNAP and/or TANF applicant/recipient who, based on the Social Security Number (SSN) submitted to PARIS, is receiving Veterans Benefits.

The information is requested quarterly from VA and the file returned from VA is processed on the 15th of March, June, September, and December. This is an overnight batch process and the file is available in MAVERICS the next working day after the 15th of the each quarter.

This inquiry must be performed for each household member at application, reapplication, reevaluation and when a new household member (other than a new born) is added. This data is not considered verified upon receipt.

Upon review of the data, if there are any discrepancies, the worker may request the client to provide verification or contact the Veterans Administration to verify benefits received.

If a call is required, the worker must provide his/her name, job title, county office name, the VA recipient's claim number or name and SSN.

The VA has a toll free line and can usually give instant information concerning the status of a claim or amount of payment. As long as the information is for the veteran's benefit, the VA will provide this information to the Agency. A veteran may also use this number to check on his/her claim or change of address. The toll free line for all areas in Mississippi is : 1-800-827-1000.

Although the VA prefers the above method, the county may send a written request for each person to the Veterans Affairs Division of the Veterans Administration, 1600 E Woodrow Wilson Drive, Jackson MS 39216 .

The written request from the county should contain as much of the following information as possible.

1. The full name and address of the veteran.

2. The branch of military service and his/her service number.

3. The claim number if they have filed for any kind of benefits.

4. Date and place of enlistment, and date and place of discharge.

Information will also be furnished concerning benefits for survivors of veterans. Requests for information on these persons should include the above and the date of death on the veteran, the dependent's full name and address, and relationship to the veteran.

The range of veterans payments and benefits vary. Details regarding these payments can be found in the VA booklet, "Federal Benefits for Veterans and Dependents", which is updated periodically and may be obtained from the Veterans Administration. Please refer to Volume X, Chapter 10 for a list of definitions.

PAYMENTS NOT CONSIDERED INCOME

See INCOME TO BE EXCLUDED.

INCOME OF DISQUALIFIED HOUSEHOLD MEMBER

See Chapter 7, SPECIAL CIRCUMSTANCES.

INCOME DEEMED TO SPONSORED ALIEN

The portion of income of an alien's sponsor and the sponsor's spouse is deemed as unearned income to the sponsored alien. This procedure is applicable only for aliens on behalf of whom the sponsor signed an affidavit of support or similar statement (as a condition of the alien's entry into the United States as a lawful permanent resident) on or after February 1, 1983. Certain aliens are exempt from the sponsored alien provisions. Please refer to Chapter 7, SPECIAL CIRCUMSTANCES, SPONSORED ALIENS, DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED.

INCOME RECEIVED BY A PROTECTIVE PAYEE ON BEHALF OF A HOUSEHOLD MEMBER

There may be instances when a non-household member serves as a protective payee on behalf of a household member(s).

If a household receives money which is legally obligated to be used for the care and maintenance of a third party beneficiary who is not a member of the household, the portion of the money that the protective payee receives and uses for himself/herself, including any fees collected for serving as payee, is counted as income to the protective payee's household. The portion that is not used for the beneficiary is not counted as income to the beneficiary's household. SEE INCOME TO BE EXCLUDED.

Example: John Doe is the payee for social security benefits for his children. These children live with the grandmother rather than the father. Both households receive food stamp benefits. John Doe does not provide any of the social security payment to the children nor does he use any portion of the payment on their behalf. The social security payment must be counted only in John Doe's

household.

At a later date John Doe, for whatever reason, starts using the social security payment for the children's needs. Only the portion that is used for the children is counted as income in the grandmother's household and the portion he uses for himself is counted as income in his household.

GENERAL

Only the payments outlined in this material shall be excluded from household income. No other income shall be excluded.

NON-MONETARY GAINS OR BENEFITS

Any gain or benefit which is not in the form of money payable to the household, including non-monetary or in-kind benefits, such as but not limited to meals, clothing, public housing, or produce from a garden.

VENDOR PAYMENTS

A payment made in money on behalf of a household shall be considered a vendor payment whenever a person or organization outside of the household uses its own funds to make a direct payment to either the household's creditors or a person or organization providing a service to the household. Examples include but are not limited to the following:

1. If a non-household member pays the household's rent directly to the landlord, the payment is considered a vendor payment and is not counted as income to the household.

2. Rent or mortgage payments made to landlords or mortgagees by the Department of Housing and Urban Development (HUD), or by State or local housing authorities, are considered vendor payments and are excluded as income. Only the amount the household actually owes to the landlord, after HUD's payments, can be included as a rent expense in the excess shelter computation.

3. Payments by a government agency to a child care institution to provide day care for a household member are vendor payments and are excluded as income.

4. As part of disability coverage, an insurance company makes car payments from company funds to the person or business holding the lien on the car. This arrangement is not voluntary on the part of the household, but rather is specified in the insurance policy. Therefore, the payment is a vendor payment and is excluded as income.

Payments in money that are not made to a third party, but are made directly to the household, are counted as income and are not considered an excluded vendor payment, regardless of the purpose for which the payment is made.

Monies that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third party for a household expense, shall not be considered excluded vendor payments, but rather are counted as income. The distinction is whether the person or organization making the payment on behalf of a household is using funds that otherwise would have to be paid to the household. Such funds include wages earned by a household member and therefore owed to the household, a public assistance grant to which the household is legally entitled, and support or alimony payments in amounts which legally must be paid to a household member. If an employer, agency, or former spouse who owes these funds to a household diverts them instead to a third party to pay for a household expense, these payments shall still be counted as income to the household. However, if an employer, agency, former spouse, or other person makes payments for household expenses to a third party from funds that are not owed to the household; these payments shall be considered excluded vendor payments. The distinction is illustrated by the following examples:

1. Wages earned by a household member that are **garnished** or diverted by an employer, and paid to a third party for a household's expenses shall be considered as income. However, if an employer pays a household's rent directly to the landlord in addition to paying the household its regular wages, this rent payment shall be an excluded vendor payment. In addition, if the employer provides housing to an employee, the value of the housing shall not be counted as income.

2. All or part of a public assistance grant which would normally be provided in a money payment to the household, but which is diverted to third parties or to a protective payee for purposes such as managing a household's expenses, shall be considered income to the household. However, payments by the Agency that would not normally be provided in a money payment to the household, and that are over and above normal public assistance grants, are excluded vendor payments if they are made directly to a third party for household expenses. This rule applies even if the household has the option of receiving a direct cash payment.

3. Money deducted or diverted from a court ordered support or alimony payment, or from any other binding written support or alimony agreement, to a third party for a household expense shall be considered as income. However, payments specified by the court order or other legally binding agreement to go directly to the third party rather than to the household shall be excluded vendor payments. Support or alimony payments not required by a court order or other legally binding agreement (including payments in

excess of an amount specified in a court order or written agreement) which are paid to a third party rather than the household shall be excluded vendor payments, even if the household agrees to the arrangement.

PAYMENTS TO QUALIFIED ORGANIZATION REPRESENTATIVE PAYEE IN SSI PROGRAM

A qualified organization, under the Omnibus Budget Reconciliation Act of 1990 (OBRA), may collect a fee for acting as the representative payee of a SSI recipient. The fee which cannot exceed 10% of the monthly benefit or $25 per month, whichever is less, is not counted as income to the SSI recipient.

INFREQUENT AND IRREGULAR INCOME

Any income in the certification period which is received too infrequently or irregularly to be reasonably anticipated, provided the amount is not in excess of $30 in a quarter. Note that income which can be reasonably anticipated on a regular basis is counted as income even though the total is no more than $30 in a quarter.

Certain Charitable Donations

Cash donations based on need, not to exceed $300 in a quarter, received from one or more private, nonprofit charitable organizations. A Federal fiscal quarter shall be used, i.e., January-March, April-June, etc., in this determination.

Example: A household received $100 in January from a private nonprofit charitable organization, another $100 in February from the organization, and $250 in March from a different private nonprofit charitable organization. The household would be entitled to an income exclusion for the $100 received in January and February and $100 of the $250 received in March for a total income exclusion of $300 in that quarter.

EITC/CHILD TAX CREDITS

Earned Income Tax Credits (EITC) received either as a lump sum or as advanced payments (monthly installments which are generally included with wages paid by the employer) are excluded.

Child tax credits, included in income tax refunds along with EITC and Federal income tax withheld, are separate credits allowed for taxpayers with children. These credits are not based on earnings and are therefore not considered part of the EITC. These credits are totally excluded.

FLEXIBLE EMPLOYEE BENEFITS

Flexible employee benefits or credits made available to employees by an employer for benefits such as medical insurance are considered a pre-tax benefit and would not be counted in the employee's gross income. However, if the employee chooses not to spend the credits on the employee benefit, the amount of the credit would be counted as gross income. If the employee pays over and above the amount of the credits into a pre-tax benefit, that amount is not excluded.

LOANS

All loans, including loans from private individuals as well as commercial institutions other than educational loans on which payment is deferred. To be excluded, the loan must be a bona fide loan, meaning that an agreement exists to repay the money within a specified or agreed upon time. Loans to be excluded include crop loans regardless of whether living expenses are included in the loan amount.

PLAN FOR ACHIEVING SELF-SUPPORT (PASS)

Income of an SSI recipient (from any source) necessary for the fulfillment of a Plan for Achieving Self-Support (PASS) which has been approved under Title XVI of the Social Security Act. This income may be spent in accordance with an approved PASS or deposited into a savings account for future use.

STUDENT/EDUCATIONAL INCOME, LOANS, GRANTS, SCHOLARSHIPS, ETC.

Educational income funded under Title IV of the Higher Education Act, as well as income funded by the Bureau of Indian Affairs (BIA) for education or training assistance, shall be totally excluded. Refer to Chapter 7, SPECIAL CIRCUMSTANCES, STUDENTS.

Non-Title IV education assistance, including grants, scholarships, fellowships, work study, education loans on which payment is deferred, veterans educational benefits and the like are excluded from income as stated in Chapter 7, STUDENTS.

CENSUS BUREAU INCOME

The income of a recipient, temporarily employed with the Census Bureau shall be totally excluded.

COMBAT PAY

Additional military pay received by the household, resulting from the absent family member's deployment to a designated combat zone, shall be totally excluded. The family must verify the combat pay. The county will determine the amount of military pay made available to the household prior to and after the deployment to the combat zone. The difference between the two amounts will be totally excluded as combat pay.

REIMBURSEMENTS

Reimbursements for past or future expenses, to the extent they do not exceed actual expenses, and do not represent a gain or benefit to the household. Examples include but may not be limited to:

1. Reimbursements or flat allowances for job or training related expenses such as travel, per diem, uniforms and transportation to and from the job or training site. Reimbursements which are provided over and above the basic wages for these expenses are excluded; however, these expenses, if not reimbursed, are not otherwise deductible. Reimbursements for the travel expenses incurred by migrant workers are also excluded.

2. Reimbursements for out-of-pocket expenses incurred by volunteers in the course of their work.

3. Medical or dependent care reimbursements.

4. Non-Federal reimbursements or allowances to students for specific education expenses, such as travel or books, but not allowances for normal living expenses, such as food, rent, or clothing. Portions of a general grant or scholarship must be specifically earmarked by the grantor for education expenses rather than living expenses in order for the expense to be excluded as a reimbursement.

   Note: All funds ear marked as education income should be excluded.

5. Reimbursements received by households to pay for services provided by Title XX of the Social Security Act.

   NOTE: Not all Title XX payments are reimbursements. Some are for normal living expenses and, as such, are not excluded, e.g., certain Title XX payments for foster care (if the foster child is included as a household member).

6. Reimbursement made for expenses necessary for participation in the E and T Program. Participation stipends for the TANF Work Program (TWP) are also considered as reimbursements.

7. Clothing Maintenance Allowance (CMA) paid to a member of the armed services is excluded as reimbursement of the job-related expense of uniforms.

8. Housing subsidies received from Federal Emergency Management Assistance (FEMA) to pay for temporary housing after a disaster, to the extent that the subsidy is a reimbursement for expenses for temporary housing. Monies which exceed the cost of the housing that are not returned to FEMA would be counted as income.

Most, but not all, FEMA funds are excluded. Some payments made to homeless people to pay rent, food, etc., when there is no major disaster/emergency is not excluded.

To be excluded, these payments must be provided specifically for an identified expense, other than normal living expenses, and used for the purpose intended. When a reimbursement, including a flat allowance, covers multiple expenses, each expense does not have to be separately identified as long as none of the reimbursements covers normal living expenses.

The amount by which a reimbursement exceeds the actual incurred expense shall be counted as income. However, reimbursements shall not be considered to exceed actual expenses, unless the provider or the household indicates the amount is excessive.

Reimbursements for normal household living expenses such as rent or mortgage, personal clothing, or food eaten at home are a gain or benefit and, therefore, are not excluded.

THIRD-PARTY PAYMENTS

Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member. If the intended beneficiaries of a single payment are both household and non-household members, any identifiable portion of the payment intended and used for the care and maintenance of the non-household member shall be excluded. If the non-household member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the non-household member's prorated share or the amount actually used for the non-household member's care and maintenance, whichever is less.

EARNED INCOME OF STUDENTS UNDER 18

The earned income of children who are members of the household, who are elementary or secondary school students or who attend classes to obtain a GED or a home-school program recognized by the state or local school district, and who have not attained their eighteenth birthday. This exclusion would no longer apply in the month following the month the child reaches 18 for both applicant and participating households.

> Example: A student with earned income becomes 18 on May 15. The first month's income to be considered in the eligibility and budget computation will be June. Therefore, in May, use April income to determine normal income to be used for June.

The exclusion shall continue to apply during temporary interruptions in school attendance due to semester or vacation breaks, provided the child's enrollment will resume following the break. If the child's earnings or amount of work performed cannot be differentiated from that of other household members, the total earnings shall be prorated equally among the working members and the child's prorated share excluded.

Individuals are considered children for purposes of this provision if they are under the parental control of a household member.

NONRECURRING LUMP SUM PAYMENTS

Money received in the form of a nonrecurring lump sum payment, including, but not limited to retroactive lump sum social security, public assistance, railroad retirement benefits, Medical Loss Ratio (MLR) rebates, or other payments; lump sum insurance settlements; or refunds of security deposits on rental property or utilities; vacation pay received in one payment shall be counted as resources in the month

received, unless specifically excluded from consideration as a resource (i.e., income tax refunds, including an income tax refund issued as a Tax Offset Program (TOP) Overpayment; tax rebates or credits. Such funds are disregarded for 12 months beginning with the month of receipt).

SSI INSTALLMENT PAYMENTS AND DEDICATED ACCOUNTS

Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) provisions require large retroactive SSI benefits to be paid in installments. If the individual is under age 18 and has a representative payee, such installments must be paid into a "dedicated account" in a financial institution. These installments are treated as one lump sum payment and excluded as income and as a resource of an SSI recipient. Interest earned on the account would be counted as income.

ENERGY ASSISTANCE PAYMENTS

Payments or allowances made under any Federal law including utility reimbursements made by the Department of Housing and Urban Development (HUD)and the Farmers Home Administration (FHA) for the purpose of energy assistance. Payments made directly to households and vendor payments made on behalf of households to fuel dealers or landlords are excluded. The exclusion also includes a one-time payment or allowance made by a Federal or State law for weatherization or emergency repair or replacement of heating or cooling devices.

Payments provided by the Low-Income Home Energy Assistance Act (LIHEAA), P.L. 99-425, to a household are excluded from income. Households receiving such payments are entitled to the heating/cooling expenses (SUA) in determining any excess shelter deduction.

HUD'S FAMILY SELF-SUFFICIENCY PROGRAM

Funds paid into a family self-sufficiency escrow account by a program under the Department of Housing and Urban Development (HUD) are excluded as income and resources. At the end of the program when the household receives payment from the escrow account, the funds are treated as a nonrecurring lump-sum payment.

GIFT CARDS

Gift cards are not cash and their use is restricted to establishments offering the cards. Therefore, gift cards are excluded from consideration as income in determining eligibility.

UNAVAILABLE INCOME FROM TRUST FUND

Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:

1. The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;

2. The trustee administering the trust is either:

   a. a court or an institution, corporation or organization which is not under the direction or ownership of any household member, or

   b. an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of this paragraph;

3. Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and

4. The funds held in irrevocable trust are either:

   a. established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or

   b. established from non-household funds by a non-household member. Monies which

are withdrawn or dividends which are or could be received by a household from

trust funds considered to be excludable resources will be considered unearned income. Such trust withdrawals shall be considered income in the month received unless excluded in accordance with other provisions in this material. Dividends which the household has the option of either receiving as income or reinvesting in the trust are to be considered as income in the

month they become available to the household unless otherwise exempt under other provisions in this material.

INCOME SPECIFICALLY EXCLUDED BY OTHER LAWS

Any income that is specifically excluded by any other Federal statute from consideration as income for the purpose of determining eligibility for the Food Stamp Program. The following laws provide such an exclusion:

1. The following payments to volunteers under the Domestic Volunteer Services Act of 1973 (P.L. 93-113), as amended:

   a. Any payments under Title I (including payments from such Title I programs as VISTA, University Year for Action and Urban Crime Prevention Program) to volunteers shall be excluded for those individuals receiving food stamp benefits or public assistance at the time they joined the Title I program, except that households which were receiving an income exclusion for a VISTA or other Title I subsistence allowance at the time of conversion to the Food Stamp Act of 1977 shall continue to receive an income exclusion for VISTA for the length of their volunteer contract in effect at the time of conversion. Temporary interruptions in food stamp participation shall not alter the exclusion once an initial determination has been made. New applicants who were not receiving public assistance or food stamp benefits at the time they joined VISTA shall have these volunteer payments included as earned income.

   b. Payments under Title II (RSVP, Foster Grandparents and Senior Companion Program).

2. Income received by individuals age 55 and older under Title V of the Older Americans Act (Public Law 100-175). These monies may be paid through the Senior Community Service Employment Program. NOTE: These funds are <u>not</u> excluded as a resource. The organizations that receive some Title V funds include: Green Thumb, National Council on Aging, National Council on Senior Citizens, American Association of Retired Persons, U.S. Forest Service, National Association of Spanish Speaking Elderly, National Council on Black Aging.

3. Payments authorized by the Disaster Relief Act (P.L. 93-288), Emergency Assistance Amendments (P.L. 100-707), and Disaster Unemployment Assistance payments issued under the Stafford Act (P.L. 100-707) as a result of a major disaster declared by the President.

4. Child care payments made under Title IV-A/F of the Social Security Act, including TANF Work Program Child Care and Transitional Child Care (TCC) payments, according to P.L. 100-485 of the Family Support Act. See ALLOWABLE EXPENSES, TRANSITIONAL CHILD CARE (TCC) PAYMENTS, in this chapter.

   Retroactive TCC payments will be treated as nonrecurring lump sum payments. See NONRECURRING LUMP SUM PAYMENTS, in this chapter.

   Income received by the day-care provider through TCC or TANF Work Program will not be excluded income.

5. The value of assistance to children under the Child Nutrition Act of 1966 according to P.L. 89-642 and the National School Lunch Act under P.L. 79-396.

6. Allowances and payments to individuals participating in programs under the Workforce Investment Act (WIA).

   Earnings to individuals in on-the-job training programs under WIA are included unless the earnings are being paid to a household member who is under 19 years of age and under the parental control of another household member. See INCOME TO BE INCLUDED, EARNED INCOME, earlier in this chapter.

   On-the job training payments paid to individuals participating in the Summer Youth Employment and Training Program are counted as income only if the participant is age 19 or older. Otherwise, payments received under this program are excluded as income.

7. Living allowances and payments to individuals participating in programs under the National and Community Service Act (NCSA) of 1990 (as amended P.L. 106-170) are treated as if such programs were conducted under the Workforce Investment Act (totally excluded). There are numerous NCSA programs that vary by State. Some of the programs include

1. AmeriCorps
2. AmeriCorps VISTA
3. AmeriCorps NCCC (National Civilian Community Corps)
4. Delta Service Corps
5. America Reads

8. All payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the Agent Orange product liability litigation (P.L. 101-201) are excluded from income. Funds were disbursed by AETNA Life and Casualty Insurance Company to veterans or their survivors.

   The Agent Orange Act of 1991 (P.L. 102-4) authorized Veteran's Administration (VA) benefits to some veterans with service connected disabilities resulting from exposure to Agent Orange. These VA monthly payments are not excluded and will be counted as unearned income.

9. Payments made to children of Vietnam veterans who were born with spina bifida and certain other birth defects (P.L. 104-204 and P.L. 106-419).

10. The mandatory salary reduction amount for military service personnel which is used to fund the G.I. Bill according to P.L. 99-576 of the Veteran's Educational Act of 1984.

11. "At-risk" block grant child care payments made under Section 5801, P.L. 101-508 of the Social Security Act.

12. Payments made under the Radiation Exposure Compensation Act (P.L. 101-426) provided to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada, and Utah.

13 Compensation paid to crime victims under the Crime Act of 1984 (amended by P.L. 103-322).

14. Payments made to individuals because of their status as victims of Nazi persecution (P.L. 103-286).

15. Grants paid under the Wartime Relocation of Civilians (Public Law 100-383) to certain U. S. Citizens of Japanese ancestry and permanent resident Japanese aliens or their survivors.

16. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (Pub. L. 91-646, Section 216).

17. Payments received under the Alaska Native Claims Settlement Act (P.L.92-203, Section 29.)

18. Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes (P.L. 94-114, Section 6).

19. Payments of financial and relocation assistance to members of the Navajo and Hopi Tribes under P.L. 93-531, section 22.

20. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).

21. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation (P.L. 95-443).

22. Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (P.L. 96-420, Section 9).

23. Per capita payments under the Indian Judgement Fund Act of $2000 or less pursuant to P.L. 93-134, P.L. 97-458 and P.L. 98-64. This exemption applies to each payment made to each individual.

24. Payments to the Turtle Mountain Band of Chippewas, Arizona, pursuant to P.L. 97-403.

25. Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) as designated under P.L. 97-408.

26. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and Fort Peck Indian Reservation (Montana) pursuant to P.L. 98-124.

27. Per capita and interest payments made to the Red Lake Band of Chippewas, P.L. 98-123.

28. Payments to the Saginaw Chippewa Indian Tribe of Michigan, P.L. 99-346 and per capita funds, P.L. 99-146.

29. Per capita payments to the Chippewas of the Mississippi, P.L. 99-377.

30. Funds to the Puyallup Tribe of Indians Settlement Act, P.L. 101-41.

31. Funds distributed per capita to the Sac and Fox Indians according to P.L. 94-189.

32. Funds awarded to the Seminole Indians except for per capita payment in excess of $2000; P.L. 101-277.

33. Payments to the Seneca Nation, P.L. 101-503.

34. Payments to Confederated Tribes of the Colville Reservation, P.L. 103-436.

35. Assistance provided for child and family service programs under the Indian Child Welfare provisions, P.L. 95-608.

36. Funds made to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of $2000 according to P.L. 98-500.

37. National Flood Insurance Program (NFIP) payments made under the National Flood Insurance Act of 1968, P.L. 109-64.

PAYMENTS NOT CONSIDERED INCOME

Certain payments are not actually exclusions from income, but rather are not considered income at all. However, they are included here as the most logical place for ready reference. The following payments are not considered income:

1. Monies withheld from an assistance payment, earned income, or other income source, or monies received from any income source which are voluntarily or involuntarily returned to repay a prior overpayment received from that same income source, provided the overpayment was not excludable as provided in one of the exclusions outlined in this subsection.

   The reason these payments are not considered as income is because they have already been counted as income previously (or would have been counted had the household been certified), and should not be counted again.

Exception: Monies being withheld or recouped from a payment from a means-tested program to repay an overpayment that was caused by a household's failure to comply with the other program's requirements shall be income. Note that this does not apply when benefits are reduced to repay an overpayment caused by agency error. Examples of means-tested programs are TANF, General Assistance (GA), publicly funded housing or other assistance programs based on need. SSI is not a means-tested program.

2. Child support payments received by TANF recipients which must be transferred to the agency administering Title IV-D of the Social Security Act of 1935, as amended, to maintain TANF eligibility. The payment or portion of the payment which must be turned over to IV-D is not available to the household and, therefore, is not considered income. However, any current payment amount returned to the household is income.

Retroactive or corrective payments made in a later month for missed payments in a prior month are excluded as a nonrecurring lump sum payment. See INCOME TO BE EXCLUDED, NONRECURRING LUMP SUM PAYMENTS, earlier in this material. This material does not include arrears received on a recurring basis. If payments are recurring they should be counted as income.

ANTICIPATING INCOME

In determining eligibility, the worker must reasonably anticipate the household's monthly income for the duration of the certification period. Reasonably anticipated income is based on the income received in the four weeks prior to the date of interview, based on the frequency of pay, excluding any income that cannot be reasonably anticipated to continue during the certification period. (For example, overtime not usually received, a one-time bonus, etc.) If a future change is indicated at the time of application or recertification, the prospective income will be based on the future change. Future changes must be verified and include changes such as a job change, reduction of hours, a lay-off, etc.

Non-continuing income will not be considered in determining reasonably anticipated income for a household. However, the non-continuing/terminated income will be counted in the appropriate budget month.

Information known to the agency through any source (client reports, MAVERICS generated report, a fraud tip, seeing a client at work, etc.) must be acted upon.

As mentioned earlier in this material, to reasonably anticipate the household income, the worker must explore the income from the four weeks prior to the interview for an applicant household or a recertification. If a change is reported during a certification period the worker must use check stubs, wage forms, etc., to determine anticipated income.

> Example: At interview November 18, based on a household member's weekly pay schedule, the four most recent check stubs for the pay dates of October 26, November 2, November 9, and November 16 would be requested.
>
> Example: A client paid bi-weekly is interviewed September 8. It is determined that the client's most recent paycheck was received September 2. Based on the pay schedule, check stubs for September 2 and August 19 would be requested to reasonably anticipate income.
>
> Example: A recipient reports a new job. The worker should use check stubs and/or wage forms (MDHS-EA-910) to determine countable anticipated income for the remainder of the certification period.

When an individual changes jobs, only the income from the new job should be used to update the case. A MDHS-EA-910, Request for Employment Verification, completed by the employer is the best way to gather the information needed to work the case.

A MDHS-EA-910, Request for Employment Verification, is used to determine the income when the individual does not have income from the four weeks prior to the interview. The worker will multiply the hourly rate by the average number of hours to obtain a weekly amount to be converted.

> Example: A MDHS-EA-910, Request for Employment Verification, is returned showing the individual will be working between 20 and 25 hours per week, making $6.00 an hour. The worker should calculate 6 x 22.5 to determine a weekly income of $135.00. This amount would then be converted based on the pay schedule.

In some instances, the employer may indicate both the wage and hour information and list one or two checks received. The worker should use the checks received in the four weeks prior to the interview and the amount determined by the scheduled hours multiplied by the hourly wage to establish a full month of wages for future months.

> Example: The application was taken August 2 and the interview was conducted on August 9. A MDHS-EA-910, Request for Employment Verification, is returned showing the individual will be working 35 hours per week at $5.75 per hour. Also listed are two weekly checks received in the month of July in the amounts of $201.25 and $207.00. To determine the ongoing income for the case, the worker will use the $201.25 and $207 checks and for the other 2 weeks, use $201.00 (35 x 5.75).

> Example: A MDHS-EA-910, Request for Employment Verification, is returned showing the individual will be working 40 hours per week at $6.00 per hour. Also listed is the first check received in August that only covered 2 days out of 5. The individual is paid weekly and will receive three more checks in August. The worker will use the first check and for the additional three checks, determine the weekly amount by multiplying the 40 hours by the $6.00 for a weekly total of $240. For the initial month only, the actual income would be used, with the second and subsequent months being converted from a weekly amount of $240 per week.

Once reasonably anticipated income for a household is determined the income will be coded in the MAVERICS system. The system will convert the income based on the frequency of the income. For example, income paid weekly will be converted by 4.33, bi-weekly converted by 2.15, and semi-monthly multiplied by 2.

Exploring Fluctuating Income

If income cannot be reasonably anticipated to be received in the certification period, it should not be used.

Income to be included in the case must be the best estimate of future earnings. Situations often occur where the recipient/applicant has checks with fewer hours than regularly scheduled. The reason for the lower hours should be explored with the recipient/applicant and if needed, a MDHS-EA-910, Request for Employment Verification, may be used to gather hourly wages and the hours scheduled.

In situations where a recipient/applicant has reduced hours on a check and the reduction is not ongoing and employer initiated, the normally scheduled hours multiplied by the hourly wage should be substituted for the gross.

> Example: An interview takes place on March 17. Wages from the prior four weeks are requested. When the paycheck stubs are submitted, one check shows 20 hours instead of 40. The worker must contact the individual to determine why she only worked 20 hours. The individual stated her child was sick and could not go to day care. The worker should substitute 40 hours multiplied by the hourly wage to use in place of the 20-hour check.

Exploring Non-regular Income

Check stubs often reflect holiday, vacation, bonuses, overtime, etc. The worker must discuss the frequency of this income. Additional information from the employer may be required if the check stubs do not show a clear history of the payment. However, check stubs showing year-to-date totals will give the best indication of the frequency of this income.

Income that is not considered normal, ongoing income for each month should be excluded from the budget. The worker must clearly document why this income was excluded.

> Example: At recertification in April, a recipient submits the four most recent check stubs from March. On one of the check stubs, the individual received 10 hours of overtime. Since the year to date total for overtime only shows the amount received on this check and the client stated that she took an extra shift for someone who was out sick, the 10 hours of overtime would be excluded.

> Example: At recertification in January, a recipient submits the 2 most recent biweekly check stubs. The client stated that she had overtime due to the holidays. If the year to date

total for overtime supports this; the overtime would be excluded in the budget.

Example: At application in January, the individual submits the four most recent check stubs. Each check stub shows overtime. The year-to-date total for overtime shows $12,567 for the year. The overtime would be included in the budget.

GENERAL

Only the deductions specified in this material will be allowed in determining SNAP eligibility.

An expense covered by an excluded reimbursement or excluded vendor payment shall not be deductible, [except an energy assistance vendor payment made under the Low Income Home Energy Assistance Act (LIHEAA)]. For example, the portion of rent covered by excluded vendor payments shall not be calculated as part of the household's shelter costs. Similarly, expenses met by an energy assistance payment in the form of a vendor payment cannot be used in calculating the amount of the shelter cost deduction.

In addition, expenses shall be deductible only if the service is provided by someone outside of the household and the household does not provide compensation through an in-kind benefit. For example, a dependent care deduction shall not be allowed if another household member provides the care, or compensation for the care is provided in the form of an in-kind benefit, such as food.

See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS, for methods of handling expenses.

STANDARD DEDUCTION

Each food stamp household is allowed a standard deduction. See Chapter 13, Table I.

EARNED INCOME DEDUCTION

Earned income shall be subject to the earned income deduction. Excluded income is not subject to this deduction. See Volume V, Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVEL, Determining Net Income.

EXCESS MEDICAL DEDUCTION

A deduction will be allowed for a portion of verified medical expenses, excluding special diets, incurred by any household member who:

1. Is 60 years of age or over; and/or

2. Meets the definition of DISABLED PERSON as listed in Chapter 2, DEFINITIONS.

See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS, for proper method of computing allowable medical expenses.

Allowable medical expenses are:

1. Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law, or by other qualified health professionals.

2. Hospitalization or outpatient treatment, nursing care, and nursing home care (including payments by the household for an individual who was a household member immediately prior to entering a hospital or nursing home) provided by a facility recognized by the State.

3. Prescription drugs when prescribed by a licensed practitioner authorized under State law, and other over-the-counter medication (including insulin), medical supplies, sick-room equipment (either rented or purchased), or other prescribed equipment when approved by a licensed practitioner or other qualified health professional.

   NOTE: Food products which can be purchased with food stamp benefits do not qualify as a medical expense even if recommended by a health professional.

4. Dentures, hearing aids, and prosthetics.

5. Eye glasses or contact lens prescribed by a physician skilled in eye disease or by the optometrist.

6. Health and hospitalization insurance policy premiums.

   If the insurance policy covers more than one household member, only that portion of the medical insurance premium assigned to the household member(s) eligible for the deduction may be allowed. In the absence of specific information on how much of the premium is for the household member eligible for a medical deduction, proration may be used to determine the amount to be allowed in figuring the medical deduction.

   The cost of health and accident policies such as those payable in lump sum settlements for death or reimbursements, or income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled, are not deductible.

7. Medicare premiums related to coverage under Title XVIII of the Social Security Act; any cost-sharing or spend down expenses incurred by Medicaid recipients.

8. Securing and maintaining service animals, such as seeing eye or hearing guide dogs and housekeeper monkeys trained to assist quadriplegics, including the cost of food and veterinary care.

9. Reasonable cost of transportation and lodging to obtain medical treatment or services. For example, the mileage allowance currently in effect for State employees is a reasonable allowance per mile for a household which uses its car to transport a household member for physical therapy or doctor's visit.

NOTE that this provision also applies to transportation necessary to purchase medicine,

dentures, eyeglasses, sickroom equipment, etc.

10. Maintaining an attendant, homemaker, home health aide; or child care or housekeeper services if necessary due to age, infirmity, or illness.

In addition, an amount equal to the one person benefit amount shall be considered a medical expense if the household furnishes the majority of the attendant's meals. The benefit amount for this meal related deduction shall be that in effect at the time of certification. The benefit amount for this deduction will be updated at the next recertification.

If a household member incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the worker shall treat the cost as a medical expense.

If the expense is incurred for more than one individual, and only one of those persons would qualify for the expense as a medical deduction, consider as medical expense only that portion that can be identified as such. If the amount cannot be separately identified, nothing could be allowed as a medical expense. For example, a working mother has three children, one of whom is receiving SSI disability benefits. The mother pays $150 per month for child care for these 3 children, with no separate and identifiable portion designated for the disabled child. In this case, the entire amount must be considered under the work related dependent care provision rather than the medical expense provision. An additional example would be a client paying $75 per month for dependent care for her mother who receives SSI and $60 per month for child care for her child. The sitter fee is paid and receipted in two transactions; therefore the $75 is an allowable medical deduction and the $60 is a dependent care deduction.

A household would continue to be eligible for a medical deduction for the medical expenses for the former household member who qualified for the deduction even after that person becomes hospitalized, institutionalized, or dies, provided the remaining household members are legally responsible for payment of the expenses. The household in which the member was residing did not necessarily have to be receiving food stamp benefits at the time he left the household, but had to have been entitled to the deduction had the household been receiving food stamp benefits.

Households can receive a medical deduction for payments made on a loan when the loan is used to pay a one-time only medical expense. However, loan expenses, such as interest, are not allowable as part of the medical expense.

DEPENDENT CARE DEDUCTION

Payments for the actual costs for the care of a child or other dependent when necessary for a

household member to accept or continue employment, seek employment in compliance with the employment and training criteria (or an equivalent effort by those not subject to employment and training), or attend training or pursue education which is preparatory to employment.

Dependent care expenses exceeding $200 per month must be verified. For dependent care expenses at or below that amount, the client's statement regarding the expense will be considered acceptable verification.

Kindergarten expense, if voluntary on the part of the household, may be allowed under this provision. However, if kindergarten is required under State Law, the expense is not allowed.

Transportation to and from the dependent care provider cannot be allowed as a dependent care expense. However, if the parent incurs an expense by paying someone else for transportation (friend, relative, bus, day care center van, etc.), the expense would be considered allowable, and can be included with other dependent care costs for the child.

If a household incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the worker shall treat the cost as a medical expense.

TCC and TWP Child Care Payments

Transitional Child Care (TCC) payments and TANF Work Program child care payments are paid to the provider and therefore not allowed as a deduction to the household. If the household has to pay a co-payment, the amount of the co-payment is allowed as a deduction.

SHELTER COSTS

Monthly shelter costs in excess of 50 percent of the household's income after all other allowable deductions, will be deducted, provided the excess shelter does not exceed the maximum as shown in Chapter 13, Table I. No verification beyond the household's statement of incurred shelter expenses is required in order to allow the deduction. Homeless households will be allowed to claim actual shelter expenses. See Chapter 6, ACTUAL UTILITY EXPENSES.

EXCEPTION: Certain households shall be allowed an excess shelter deduction for the monthly cost that exceeds 50 percent of the household's income after all other allowable deductions, with no maximum applied. These households are those which contain at least one member who:

1. Is age 60 or over; and/or
2. Disabled (as defined in Chapter 2, DEFINITIONS, DISABLED PERSON).

Shelter costs shall include only the following:

1. Continuing charges for the shelter occupied by the household, including rent, mortgage, or other continuing charges leading to the ownership of the shelter such as loan payments for the purchase of a mobile home, including interest on such payments, or condominium and housing association fees. Payments for rent or mortgage for a lot or property for a mobile home is also considered a continuing shelter expense. Penalty fees for being late in making payments for rent or mortgages should not be included in computing shelter costs nor should the monthly extermination fee charged renters by some apartment complexes.

   In situations where the monthly mortgage expenses include property taxes, insurance premiums and escrow shortages paid into an escrow account, the full amount would be used as the shelter expense. These deductions would not be allowed independently.

   Continuing charges would not include the down payment on a home. However, if a household obtains a loan to make the down payment, the monthly payments on the loan are continuing charges and are allowed as shelter costs. Continuing charges would include payments made on a second mortgage and home equity loans regardless of why the loan was obtained or how it was used.

   Lump sum payments made toward the first several mortgage payments are not considered down payments, and therefore, would be computed as a shelter expense.

2. Property taxes, State and local assessments and insurance on the structure itself, but not separate costs for insuring furniture or personal belongings. Penalty fees for being late in paying taxes are not included in shelter costs.

   If an insurance policy covers both the structure and contents, and the portion of the premium for the structure cannot be separately identified, the entire amount of the premium is used in computing shelter costs. The fact that the policy provided to the household does not make the distinction is not sufficient evidence to make the determination. In this case, it will be necessary to verify through the insurance agency or through a person knowledgeable about the type policy. The case record must be documented to show the basis on which the decision is made.

3. The cost of heating and cooking fuel; cooling and electricity; water and sewer; well installation and maintenance, septic tank installation and maintenance; garbage and trash collection fees; the basic service fee for one telephone, including tax on the basic fee; wire maintenance fees, subscriber line charges, relay center surcharges, 911 fees and taxes; fee for a propane tank and fees charged by the utility provider for initial installation of the utility. One time deposits shall not be included as shelter costs, nor shall penalty fees for being late in paying utility bills.

   See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS, EXPENSES,

for use of Actual Utility Expenses, Standard Utility Allowance (SUA) and Basic Utility Allowance (BUA).

4. The shelter costs for the home if temporarily not occupied by the household because of employment or training away from home, illness, or abandonment caused by a natural disaster or casualty loss. For costs of a home vacated by the household to be included in the household's shelter costs, the household must intend to return to the home; the current occupants of the home, if any, must not be claiming the shelter costs for food stamp purposes; and the home must not be leased or rented during the absence of the household. See Chapter 8, VERIFICATION AND DOCUMENTATION, for verification requirements.

5. Charges for the repair of the home which was substantially damaged or destroyed due to a natural disaster such as a fire or flood. Shelter costs shall not include charges for repair of the home that have been or will be reimbursed by private or public relief agencies, insurance companies, or from any other source.

   This provision also applies to rebuilding payments and payments on the lot when the home is completely destroyed, provided the household intends to return, as outlined in Item 4 above. Note that only the portion which will not be reimbursed will be considered a shelter expense. The rebuilding and lot payments are allowed in addition to shelter expenses incurred at the temporary residence.

CHILD SUPPORT DEDUCTION

Legally obligated (court ordered) child support payments paid by a household member to or for a non-household member, including payments made to a third party on behalf of the non-household member (vendor payments). Court ordered payments made toward arrearages and court ordered fees shall also be allowed as a deduction. Payments for alimony or in addition to the obligation are not deductible.

Both the child support legal obligation and the actual amount paid, including vendor payments, must be verified. Any document such as a court order or legally enforceable separation agreement may verify the obligation. Acceptable verification of amounts paid may include: canceled checks, wage withholding verification, IV-D agency and statements from the custodial parent. The MAVERICS code for the EXSA screen is SD - support deduction.

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INTRODUCTION

Effective June 2010, Mississippi adopted Broad-Based Categorical Eligibility (BBCE) to enhance household accessibility to the Supplemental Nutrition Assistance Program (SNAP). Through BBCE, there is no household resource test (with certain exceptions as noted below). Federal regulations allow for broad-based categorical eligibility to be conferred to applicant/recipient households as long as the state offers services funded by TANF through Families First Resource Centers (FFRC). Referrals to FFRC programs are provided on the MDHS-EA-900 application form. BBCE households are subject to meeting all other eligibility criteria.

The following are not considered broad-based categorically eligible:

1 households containing a member who is currently disqualified for Intentional Program Violation (IPV)

2 households containing a member who has been convicted of a drug-related felony

3 households containing at least one member who is elderly or disabled that fail the gross income test but pass the net income test.

4 households in receipt of any lump sum payments in the 12 months prior to the date of application (Exception: EITC, tax refunds, tax rebates, or tax credits. See "Nonrecurring Lump Sum Payments" in Chapter 4)

Households failing the BBCE criteria are subject to a resource test. Verification of the countable resources of all non-BBCE household members will be required.

The information in this chapter refers only to countable/non-countable resources attributed to members of a non-broad-based categorically eligible household.

DEFINITION OF A RESOURCE

Resources, assets owned by an individual(s) that can usually be converted into cash, may be classified as liquid and nonliquid. Resources must be taken into consideration in determining the eligibility of all non-BBCE SNAP households. Consideration of all resources means that the presence of the resource must be established and a determination made as to whether the resource should be included or excluded for SNAP purposes. The value of the household's total countable resources is used to determine if the resources are within the SNAP eligibility criteria.

Resources of a non-BBCE household which must be considered are those belonging to the case head, spouse, and/or any other household member including excluded household members, such as ineligible aliens, individuals disqualified due to Intentional Program Violation, SSN, drug felony, child support or a work program violation. Excluded individuals' resources are considered available to remaining household members. See Chapter 7 for the treatment of excluded household member's resources. Resources of non-household members are generally

not considered available to the household.

When non-liquid resources are converted into cash, the cash continues to be counted as a resource rather than as income when the cash is received in a lump sum. If the non-liquid resource is sold and payments are made in monthly installments, the money is counted as income, including the first month's installment.

NOTE: Monies which are counted as income in the month received should not be considered as a resource in that same month.

In all cases the worker will document any resource belonging to or available to the SNAP household. Documentation should be in sufficient detail so that the resource could be verified at any time without having to hold another interview to obtain more information.

Resources will be verified in accordance with requirements specified in Chapter 8.

MAXIMUM ALLOWABLE RESOURCES

The maximum amount of liquid and/or non-liquid assets any non-BBCE household may retain and be considered eligible is as follows:

1. Households with one or more persons, including a member or members age 60 or older and/or disabled: $3250

2. All other households: $2000

Ineligibility based on resources continues only as long as the value of resources retained exceeds the maximum, unless the household has been disqualified in accordance with provisions outlined in TRANSFER OF RESOURCES.

EXCEPTION: The resources of a household member who receives TANF and/or SSI are exempt from testing for resource limits. A household member is considered a recipient of TANF or SSI if the benefits have been approved but not yet received, suspended or recouped, or not paid because the amount is less than the minimum amount.

GENERAL

All resources for non-BBCE households, except those specifically exempt in RESOURCES TO BE EXCLUDED, must be included in the determination of eligibility for SNAP. Resources to be included are outlined below.

Liquid Resources

Liquid resources include, but may not be limited to, the following:

- Cash on hand
- Valuable coins (at marketable value)
- Money in a savings or checking account

NOTE: Monthly income deposited in these accounts cannot be counted as both income and resource for the same month.

- Savings certificates
- Stocks or bonds
- Nonrecurring lump sum payments (Exception: income tax refunds, rebates, and credits are disregarded for 12 months from the month of receipt.)
- Vacation pay that is due to a laid-off household member, for example, if an individual is terminated, quits or retires from his job and is given his vacation pay, the money is counted as a resource if it is withdrawn in a single lump-sum. It would also be counted as a resource if the money is available to the household but not withdrawn for whatever reason.
- Loans received by the household. For example, if a self-employed household member receives a loan for business purposes, the amount of the loan will be counted as a resource.
- Accumulated earnings of a student under 18
- Retirement plans that are **not** authorized under section 401, 401(a), 403(a), 403(b), 408, 408A, 408(k), 408(p), 457(b), and 501(c)(18) of the IRS code, or section 8439 of Title 5, United States code, are considered as countable resources. See discussion under "Resources to be Excluded, Retirement Plans" later in this chapter.

Nonliquid Resources

Nonliquid resources include, but may not be limited to:

- Personal property (this does not include jewelry, furniture, etc., which are considered personal effects)
- Recreational vehicles
- Industrial vehicles (unless income-producing exceptions are met – see pages 5102-5103)
- Buildings and certain land
- Recreational properties

The equity value of the above resources count toward the non-BBCE household's resource limit.

Jointly Owned Resources

Resources owned jointly by separate households shall be considered available in their entirety to each non-BBCE household; unless the household can demonstrate that the resources are inaccessible to the household. See RESOURCES TO BE EXCLUDED for details. If the household can demonstrate that it has access to only a portion of the resource, that portion of the resource shall be counted toward the household's resource level.

Joint Bank Accounts

Joint bank accounts may be established in one name or more than one name with one or more signatures authorized to sign checks from the account. Under current Mississippi Law, a bank is not obligated to police withdrawals from accounts by authorized signatures. Therefore, when an individual's name is on the authorized signature card, that individual has full access to any and all funds in the account, regardless of the name on the account or who made the deposits. Funds in such accounts must be considered accessible in their entirety to each individual on the signature card and will be considered a resource for SNAP purposes. **NOTE**: Monthly deposits would be considered income in the month received.

Situations of this type must be explored thoroughly and the case record documented accordingly. Unusual situations may occur which will need further inquiry and explanation with both the client and the banking institution. These situations, too, will need thorough documentation in the case record.

Resources Belonging to Excluded Household Member(s)

Resources belonging to an excluded household member(s) shall continue to count in their entirety to the remaining non-BBCE household members.

NOTE: Resources belonging solely to nonhousehold members are excluded. See RESOURCES TO BE EXCLUDED. However, resources owned jointly between household members and nonhousehold members shall be considered available in their entirety to each household.

Resources Belonging to Alien's Sponsor

A portion of the resources of an alien's sponsor and the sponsor's spouse (if spouse is living with the sponsor) which have been deemed to be resources of the sponsored alien shall be counted as resources to the alien's household. This procedure is applicable only for aliens on behalf of whom the sponsor signed an affidavit of support or similar statement (as a condition of the alien's entry into the United States as a lawful permanent resident) from February 1, 1983 through December 18, 1997.

Any affidavit of support (Form I-864) signed by an alien's sponsor on or after December 19, 1997, will be subject to the rules of the Personal Responsibility and Work Opportunity Reconciliation Act**)**

(PRWORA) and the Immigrant Responsibility Acts of 1996; i.e., the resources of the alien's sponsor and sponsor's spouse will be considered available in their entirety in determining the SNAP eligibility of the sponsored alien.

Certain aliens are exempt from the sponsored alien provisions. Please refer to Chapter 7, SPECIAL CIRCUMSTANCES, SPONSORED ALIENS, and DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED.

Gravel

If the sale of gravel is a one-time arrangement, the proceeds from the sale are included as a resource. If the business arrangement is for the continuing removal of gravel, this becomes a business enterprise and the payments are considered income.

Oil, Gas and Other Minerals

Proceeds from the sale or lease of mineral rights are considered a resource. The amount paid per acre for the lease is included. If, after one year, the lease is renewed, the rental amount for the year would be counted as income. The lease or sale of mineral rights may be verified through the local chancery clerk's office or from the lessee or purchaser.

Timber

Uncut timber or pulpwood located on home property is disregarded. However, timber located on property other than the home is considered resources. If the timber on the home property is cut and sold at regular intervals, the resulting cash will count as income. Proceeds from the sale of the entire stand would be considered as a resource.

Mortgages, Notes and Deeds of Trust

Applicants and recipients who state that they are owed a debt must provide verification of the debt in the form of a promissory note, deed of trust, mortgage, etc. The current market value of such assets, which represents the amount which can be realized from immediate sale, must be determined by local bankers. The amount which the individual will receive is the current value less a discount for handling any risk involved. Consider excessive a discount rate of more than 10 percent, and do not consider the asset a resource. Instead, the payments should be counted as income, including both principal and interest.

GENERAL

The following is a list of resources which are excluded in the determination of eligibility for SNAP. Note that where an exclusion applies because of the use of the resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an excluded household member whose resources are being counted as part of the household's resources. For example, work related equipment essential to the employment of an excluded household member shall be excluded, as shall one burial plot per excluded household member.

Only the following resources will be exempt:

The Home

The home, its outbuildings and surrounding property, which are not separated from the home by intervening property owned by others. Public rights of way, such as roads which run through the surrounding property and separate it from the home, will not affect the exemption of the property.

- **Temporarily unoccupied home**

  The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by casualty or natural disaster, if the household intends to return. In this case the home currently occupied by the household would also be excluded.

- **Purchasing lot for building home**

  Households that currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, shall receive an exclusion for the value of the lot and, if it is partially completed, for the home. This property shall retain its resource exclusion for an unlimited period of time. This may also include a lot for a mobile home that serves as a permanent residence.

- **Other structures on the home property**

  Outbuildings considered part of the home property and excluded as a resource may include, but may not be limited to; barns, garages, sheds, workshops, etc. Mobile homes which are owned by the household or are being purchased and located on the property will be considered part of the home property if a member of the SNAP household lives in the mobile home; however, if someone else, e.g., a separate household, lives in the mobile home, it will not be excluded as a resource unless it meets another exclusion.

  Other buildings, such as stores or houses, which clearly are not part of the exempt residence and its outbuildings, must meet another resource exclusion as outlined in this chapter, RESOURCES TO BE EXCLUDED, to avoid being counted as a resource to the household. If counted as a resource, only the equity value (fair market value less

indebtedness) of the structure will be counted as a resource. The land upon which it is located will not be considered when determining the value.

- **Personal Effects**

  Personal effects may include, but may not be limited to, clothing, jewelry, tools of a tradesman, pets.

- **Household Goods**

  Household goods including such items as furniture and appliances.

Burial Plot

One burial plot per household member.

Prepaid funeral arrangement

The value of one bona fide funeral arrangement per household member provided the agreement does not exceed $1,500 in equity value. The amount above $1,500 is counted.

Life Insurance

Cash value of life insurance policies.

Livestock and Poultry

Livestock and poultry consumed as home produce. Livestock and poultry not used for home consumption and not meeting any other exclusion would have to be tested in accordance with the income producing provision as described in this chapter under Certain Property to Be Excluded.

Vehicles

Most automobiles and other vehicles, whether licensed or unlicensed, are totally excluded in determining the resources of a household. The exclusion includes cars, trucks, vans, motorcycles and other vehicles which are considered to be regular, on-road transportation. **Only certain vehicles** such as recreational vehicles (unless used as the family home), all-terrain vehicles (ATVs), other off-road vehicles and industrial vehicles which are not income-producing are included in the resource determination. For countable vehicles, the equity value shall be applied toward the household's resources.

Credits

"Making Work Pay" and Government Retiree credits are disregarded.

Child tax credits are allowed for taxpayers with children and are included in income tax refunds. These credits are not based on earnings and are therefore not considered the same as Earned Income Tax Credits (EITC). Child tax credits are disregarded in the month received and in the following month.

Certain Property

The following types of property will be excluded as a resource:

1. Property which annually produces income consistent with its fair market value, even if used only on a seasonal basis.

2. Property such as farm land, rental homes, or work related equipment, which is essential to the employment or self-employment of a household member. Property essential to the self-employment of a household member engaged in farming shall continue to be excluded for one year from the date the household member terminates his/her self-employment from farming. Pulpwood haulers are considered as farmers for purposes of this provision.

   Exception: Rental homes which are used by households for vacation purposes at some time during the year shall be counted as resources unless excluded as annually producing income consistent with fair market value as described in 1 above. For example, a household owns a rental home which, because of weather, can only be rented for 7 months at $200 per month. If the property produces $1400, it is considered to be annually producing income consistent with fair market value. However, if the household uses the home for vacation during part of the time it could be rented, then the property is not annually producing income consistent with value.

   Generally, rental property must produce income consistent with its fair market value. However, there might be instances in which rental property is exempt because it is essential to the employment or self-employment of a household member. For example, a farmer might own rental houses. He does not rent them out but instead uses them to provide housing for his employees.

   Work related equipment essential to the employment or self-employment of a household member includes the machinery of a farmer. The value of the machinery does not affect the determination. However, if the household member terminates his farming operation and the machinery becomes non-essential to the employment enterprise, it would lose the exemption after a period of one year from the date he terminates his farming operation. For example, a self-employed farmer owns a tractor, a combine and a cotton picker. He grows cotton and soybeans, and the equipment is essential to his operation even though it is not used except on a seasonal basis. If he decides to discontinue growing cotton and to grow just soybeans, the cotton picker is no longer essential to

employment; therefore, the picker would be a countable resource at equity value, after a period of one year, unless it is used to produce income consistent with its fair market value, e.g., the farmer rents his cotton picker to others for their use. (**NOTE:** In determining whether income is consistent with fair market value, it must be taken into consideration that the cotton picker can only be used on a seasonal basis.) If, however, the farmer uses the picker to do custom picking himself, we should consider the picker essential to his self-employment and the fair market value test would not be applied.

3. Property, real or personal, directly related to the maintenance or use of an industrial vehicle and the vehicle itself will be excluded as a resource provided the vehicle is:

   a. used for income producing purposes over 50 percent of the time excluding temporary periods of unemployment. Such vehicles include pulpwood trucks, fishing boats or heavy haulers; or

   b. annually producing income consistent with its fair market value, even if on a seasonal basis.

Only the portion of property determined necessary for maintenance or use of the vehicle is excluded. For example, a household which owns a tow truck to earn its livelihood may be prohibited from parking the truck in a residential area. The household may own a 100-acre field and use a quarter-acre of the field to park and/or service the truck. Only the value of the quarter-acre would be excludable under this provision, not the entire 100-acre field.

There is no regulatory formula for determining the exact portion of related property to be applied under this provision. The determination will be made on a case-by-case basis and the case record documented accordingly.

Certain Installment Contracts

Installment contracts for the sale of all property, land, buildings or vehicles, shall be excluded if the contract or agreement is producing income consistent with its fair market value. The exclusion shall also apply to the value of the property sold under the installment contract, or held as security in exchange for a purchase price consistent with the fair market value of that property.

Certain Government Grants

Any governmental payments which are designated for the restoration of a home damaged in a disaster shall be excluded, provided the household is subject to a legal sanction if the funds are not used as intended. However, to maintain the ongoing exclusion, the funds must be held in an account separate from any non-excluded funds. Restoration of a home for this exclusion includes replacing items such as appliances, furniture, clothing unless the payment is designated for restoration of the structure only.

Payments to bring a home "up to code" are not excluded. The purpose of the payment must be for restoration after a disaster.

Examples of government payments include, but may not be limited to, payments made by the Department of Housing and Urban Development through the Individual and Family Grant Program, payments made by the Federal Emergency Management Agency (FEMA), or disaster loans or grants made by the Small Business Administration.

Energy Assistance Payments

Payments or allowances made under any Federal laws for the purpose of energy assistance shall be excluded. These payments or allowances must be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds.

Among the Federal payments that would be excluded are energy assistance payments provided through the Department of Health and Human Services; Low-income Energy Assistance Program, payments made by the Federal Emergency Management Agency (FEMA), and the Community. Services Administration's Energy Crisis Assistance and Crisis Intervention Programs.

Proceeds From the Sale of a Home

Money received from the sale of a home is disregarded for six months, provided the household has a reasonable plan in using the money for obtaining, replacing, or repairing a home. When the household demonstrates an effort to do so, documentation must be obtained providing evidence of the use of the money received.

Prorated Money

Money which is prorated as income for self-employed persons or students will not be considered as a resource. Many self-employed persons receive their income only once a year, as in the case of farmers. The amount which the household member gets may exceed the allowable resource amount when placed in the bank. However, since this money is intended to last the household member over a specified period of time, it will retain its exclusion for the period of time over which it has been prorated as income.

NOTE: When annualized farm self-employment is taken out of the budget, any remaining liquid resources exempt under the above provision would lose that exemption.

Resources That Cannot be Sold for a Significant Return

A resource shall be excluded if, as a practical matter, the household is unable to sell the resource for any significant return because the household’s interest is relatively slight or because the cost

of selling the household's interest would be relatively great. A resource shall be so identified if its sale or other disposition is unlikely to produce any significant amount of funds for the support of the household. Significant amount of funds is an amount that exceeds $1500 for all households. This provision does not apply to financial instruments such as stocks or bonds. Verification of the value of a resource to be excluded under this provision may be required if the information provided by the household is questionable.

Indian Lands

Indian lands held jointly with the Tribe, or land that can be sold only with the approval of the Bureau of Indian Affairs shall be excluded as a resource.

Resources Excluded by Express Provision of Federal Law

The following is a current listing of resources to be excluded by express provision of Federal Law.

1. Benefits received from the Special Supplemental Food Program for Women, Infants and children (WIC) (P.L. 92-443, section 9).

2. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (P.L. 91-646, section 216).

3. Payments to volunteers from the Domestic Volunteer Service Act of 1973, Titles I and II, as amended.

   Payments under Title I of that Act includes VISTA, University Year for Action, and Urban Crime Prevention Program. Payments under Title II includes Retired Senior Volunteer Program (RSVP), Foster Grandparents Program and Senior Companion Program.

4. Payments made through the Disaster Relief Act of 1988 precipitated by an emergency or major disaster and Disaster Unemployment Assistance payments issued under the Stafford Act (P.L. 100–707).

5. The amount of any home energy assistance payments or allowance provided to, or indirectly on behalf of a household under the Low-Income Home Energy Assistance Act.

6. All payments received under the Agent Orange Act of 1991, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the Agent Orange product liability litigation.

7. Payments made under the Radiation Exposure Compensation Act (P.L. 101-426)

provided to compensate individuals for injuries or deaths resulting from exposure to radiation from nuclear testing and uranium mining in Arizona, Nevada, and Utah.

8. Earned income tax credits (EITC) shall be excluded as follows:

   For applicant households, Federal earned income tax credit received either as a lump sum or as payments under section 3507 of the Internal Revenue Code shall be excluded for the month of receipt and the following month for the individual and that individual's spouse.

   For certified households, any Federal, State or local earned income tax credit received by any household member shall be excluded for 12 months, provided the household was participating in the SNAP at the time of receipt of the earned income tax credit and provided the household participates continuously during that 12-month period. Breaks in participation of one month or less due to administrative reasons, such as delayed recertification, shall not be considered as nonparticipation in determining the 12-month exclusion.

9. Financial assistance provided by a program funded in whole or in part under Title IV of the Higher Education Act and by the Bureau of Indian Affairs in accordance with Pub. L. 99-498.

10. Payments received from the Youth Incentive Entitlement Pilot Projects, the Youth Community Conservation and Improvement Projects, and the Youth Employment and Training Programs under Title IV of the Comprehensive Employment and Training Act of 1978 (P.L. 95-524).

11. Payments received under the Alaska Native Claims Settlement Act (P.L. 92-203, section 29 or the Sac and Fox Indian claims agreement (P.L. 94-189).

12. Payments received by certain Indian tribal members under P.L. 94-114, section 6, regarding submarginal land held in trust by the United States.

13. Payments received from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).

14. Payments of relocation assistance to members of the Navajo and Hopi Tribes under Pub. L. 93-531.

15. Payments made to certain U. S. citizens of Japanese ancestry and resident Japanese aliens up to $20,000 each and certain Aleuts up to $12,000 under the Wartime Relocation of Civilians Act (P.L. 100-383).

16. The value of assistance to children under the Child Nutrition Act of 1966 according to

P.L. 89-642.

17. Per capita payments under the Indian Judgment Fund Act of $2,000 or less pursuant to P.L. 97-458 and P.L. 98-64. This exemption applies to each payment made to each individual.

18. Indian Claims Commission payments to the Confederated Tribes and Bands of the Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation as designated under P.L. 95-433.

19. Payments made to the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet pursuant to the Maine Indian Claims Act of 1980, P.L. 96-420.

20. Payments to the Turtle Mountain Band of Chippewas, Arizona pursuant to P.L. 97-403.

21. Payments to the Blackfeet, Grosventre, and Assiniboine Tribes (Montana) and the Papago (Arizona) as designated under P.L. 97-408.

22. Per capita and interest payments made to the Assiniboine Tribe of the Fort Belknap Indian Community and Fort Peck Indian Reservation (Montana) pursuant to P.L. 98-124.

23. Per capita and interest payments made to the Red Lake Band of Chippewas, P.L. 98-123.

24. Payments to the Saginaw Chippewa Indian Tribe of Michigan, P.L. 99-346.

25. Per capita payments to the Chippewas of the Mississippi, P.L. 99-377.

26. Funds made to heirs of deceased Indians under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of $2,000 according to P.L. 98-500.

27. Payments made to children of Vietnam veterans who were born with spina bifida and certain other birth defects (P.L. 104-204 and P.L. 106-419)

Resources of Nonhousehold Members

The resources of the nonhousehold member(s) shall not be considered available to the household.

NOTE: Resources of excluded household members are included. See RESOURCES TO BE INCLUDED.

Inaccessible Resources

Resources having a cash value which is not accessible to the household shall be excluded. Inaccessible resources include, but may not be limited to, the following:

1. Security deposits on rental property or utilities

2. Property in probate.

3. The value of any rights to property held by the remainderman in a life estate situation. The individual that will come into property at the death of the holder of a life estate is called the remainderman. See FACTS ABOUT REAL PROPERTY, Property Other Than Homestead, later in this chapter.

4. Real estate which the household is making good faith effort to sell at a reasonable price and which has not been sold. The worker may verify that the property is for sale and that the household has not declined a reasonable offer. Verification may be obtained through a collateral contact or documentation, such as an advertisement for public sale in a newspaper of general circulation or a listing with a real estate broker.

5. The portion of a jointly owned resource to which the household does not have access. For example, a person who owns 1/2 undivided interest in 100 acres of land has access to only the value of 50 acres.

6. The entire value of a jointly owned resource if it cannot be practically subdivided and the household's access to the value of the resource is dependent on the agreement of the joint owner who refuses to comply. For the purpose of this provision, excluded individuals residing with the household shall be considered household members.

NOTE: In situations such as those outlined in Items 5 and 6 above, it may be that the household member who has an interest in a jointly owned resource may be able to dispose of his interest in that resource, either to the other owner(s) or to another party. This factor should be explored carefully with the household and the case record documented accordingly.

7. Any nonliquid resource such as land, buildings, farm equipment or machinery which is used as collateral to secure a business loan is considered an inaccessible resource if the loan agreement stipulates that the household is prohibited from selling the resource until such time that the loan is paid in full. The equity value will not be counted as a resource.

   Example: A farmer borrows money to purchase a new combine. The loan is secured by a piece of property that is debt free. To obtain the business loan, the farmer has to agree not to sell the property until the note is paid to ensure that the creditor's "collateral" interest is protected. Thus, the value of the land is totally excluded as an inaccessible resource because the loan agreement specified the land could not be sold until the loan was repaid in full.

8. The entire value of a resource held jointly by a resident of a shelter for battered women and children and a member of the resident's former household if the shelter resident's access to the value of the resource is dependent on the agreement of the joint owner who still resides in the former household.

9. Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:

a. The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;

b. The trustee administering the funds is either:

(1) a court, or an institution, corporation, or organization which is not under the direction or ownership of any household member, or

(2) an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of this paragraph

c. Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member and

d. The funds held in irrevocable trust are either:

(1) established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or

(2) established from nonhousehold funds by a nonhousehold member.

10. "Cafeteria Plans" whereby the employee withholds money to pay certain expenses such as child care and medical expenses as a vendor payment to a third party when the expenses are incurred. If any amount is left over at the end of the year, the household loses the money. To the extent that these moneys cannot be withdrawn by the household, they are inaccessible to the household and, therefore, excluded from countable resources.

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11. Resources unknown to the household. Resources discovered by the EW and which the household was unaware shall be considered inaccessible to the household as long as they were actually unknown to the household. Once the household discovers resources that are legally available to them, the resources must be counted in determining eligibility. At the point the household is made aware of the resources, the resources shall be considered available to them from that time forward.

UNLIMITED RETENTION OF EXCLUDED RESOURCES

Excluded monies that are kept in a separate account, and that are not commingled in an account with nonexcluded funds, shall retain their resource exclusion for an unlimited period of time. The accrual of interest to the account will not affect the exclusion.

COMMINGLED FUNDS

The resources of eligible students and self-employed persons which are excluded as provided in "Prorated Money to be Excluded" and are commingled in an account with nonexcluded funds shall retain their exclusion for the period of time over which they have been prorated as income.

All other excluded monies which are commingled in an account with nonexcluded funds shall retain their exemption for six months from the date they are commingled. After 6 months from the date of commingling, all funds in the commingled account shall be counted as a resource. For example, if a household commingles excluded funds with non-excluded funds, but after a 2 month period of time removes the excluded funds into a separate account, the excluded funds exemption will not extend beyond the established 6-month period.

GIFT CARDS

Gift cards are not cash and their use is restricted to establishments offering the cards. Therefore, gift cards are to be excluded from consideration as a resource in determining eligibility.

EDUCATION SAVINGS PLANS

Education Savings Plans identified as tax preferred accounts are excluded from the resource determination. Such savings plans include qualified tuition plans under Section 529 that allow either prepayment of education expenses or contributions to an account to pay such expenses, and Coverdell education savings accounts to pay student education expenses.

RETIREMENT PLANS

All retirement savings plans authorized under sections 401, 401(a), 403(a), 403(b), 408, 408A, 408(k), 408(p), 457(b), and 501(c)(18) of the IRS code, and the value of funds in a Federal Thrift Savings Plan account as provided in section 8439 of Title 5, United States code, are excluded in the resource determination. The list of excluded accounts is subject to change based on possible

future changes in federal policy, and excluded accounts may not be limited to those listed on the chart on the following page.

EXAMPLES OF EXCLUDED RETIREMENT PLANS AND ACCOUNTS

Plan/Account	What is it?	Authorized
Pension or traditional defined-benefit plan	Employer-based retirement plan that promises retirees a certain benefit upon retirement, regardless of investment performance.	Section 401(a) IRS Code
Cash Balance Plan	Employer-based hybrid plan that combines features of defined-benefit and defined-contribution plans. Each employee is allocated a hypothetical account, but account balances accrue at a specified rate, rather than depending on investment performance.	Section 401(a) IRS Code
Employee Stock Ownership Plan	Similar to a profit-sharing plan that must be primarily invested in the employer's stock and under which distributed benefits must be offered in the form of the employer's stock.	Section 401(a) IRS Code
Keogh plan	Informal term for retirement plans available to self-employed people.	Section 401(a) IRS Code
Money Purchase Pension Plan	Employer-based defined contribution plan under which annual contributions are fixed by a set formula	Section 401(a) IRS Code
Profit Sharing Plan	Employer-based defined-contribution plan under which employer contributions may, but need not be, linked to profits. Usually refers to non-matching employer contributions.	Section 401(a) IRS Code
SIMPLE 401(k)	401(k)-type plans only available to small businesses: exempt from certain restrictions and subject to some limitations on employer contributions.	Section 401(a) IRS Code
403(a)	Plans that are similar to 401(a) plans but are funded through annuity insurance.	Section 403(a) IRS Code
IRA	Vehicle for tax-deferred retirement savings controlled by individuals rather than employers.	Section 408 IRS Code

Simple retirement account IRA	Employer-based IRA (to which employers and employees contribute) available only to small businesses.	Section 408(p) IRS code
Simplified Employee Pension Plan (SEP)	Employer-sponsored plan available only to small businesses; allows employer to contribute to employee accounts that function as IRAs and are subject mostly to IRA rules. Generally ceased to apply in 1996.	Section 408(k) IRS Code
Roth IRA	Same as IRA, except that qualified distributions are tax exempt.	Section 408A IRS Code
Eligible 457(b) Plan	Funded plan offered by state and local governments or unfunded plan offered by nonprofit organizations.	Section 457(b) IRS Code
501(c) 18 Plan	Plan offered mostly by unions. Had to be set by June 1959 and are now largely obsolete.	Section 501(c)(18)
Federal Thrift Savings Plan	Plan offered by the federal government to its employees.	Section 8439 of Title 5 USC

ALL RESOURCES

The value of all resources shall be determined at equity value. Equity value is the fair market value less encumbrances. Encumbrances are determined by the number of scheduled monthly payments, including interest owed, that remain in a loan agreement. This is not the same as "payoff" amount. See Chapter 2, "Certification Terminology".

VEHICLES

Only certain vehicles are considered in a household's resource determination. See *RESOURCES TO BE EXCLUDED, Vehicles,* earlier in this chapter.

NOTE: Leased vehicles are treated as rental property and are not considered as a resource. The lease agreement may provide an option to purchase the vehicle at the end of the lease. If the household chooses to purchase the vehicle at the end of the agreement, the vehicle would then be considered as a possible resource.

Jointly Owned Vehicles

The equity value of countable vehicles determined to be jointly owned (title is listed with an "and" or "or" with another individual) shall be considered accessible to both parties, regardless of the amount each party would receive if the vehicle were sold. However, a vehicle shall be excluded from countable resources if the vehicle is jointly owned by a household member and a nonhousehold member who does not live with the household provided that the vehicle is unavailable due to the following reasons:

- the household member does not have possession of, or use of, the vehicle and
- the household member is unable to sell the vehicle (e.g. the signature of the co-owner is needed and he or she will not sign).

The county will determine on a case-by-case basis if the jointly-owned vehicle is considered available and countable as a resource. The case record must be thoroughly documented.

Legal Restriction on Vehicles

Solely or jointly-owned countable vehicles shall be excluded from resources during the period of time that the household is legally prohibited from selling the vehicle for some reason (such as a court injunction, probate, etc.).

GENERAL

At the time of application, non-BBCE households shall be asked to provide information regarding any resources which any household member or excluded household member whose resources are being considered available to the household has transferred within 90 days immediately preceding the date of application. Applicant households which have transferred resources knowingly for the purpose of qualifying or attempting to qualify for SNAP benefits shall be disqualified from participation in the program for up to 1 year from the date of discovery of the transfer if the transfer occurred within 90 days of the application. This disqualification will be applied if resources are transferred knowingly after the household is determined eligible for benefits (an example would be if a household acquired assets after being certified and then transferred the assets to prevent the household from exceeding the maximum resource limit). However, because this is not a reportable change under Simplified Reporting rules, if a recipient household transfers a resource, a disqualification will not be applied unless it is discovered within 90 days of the transfer. The case worker must document the date the transfer occurred and the date of discovery in order to determine if the date of discovery is within 90 days of the transfer.

NOTE: A transfer of resources should not be confused with "disposing of" a resource. For example, an applicant or recipient could dispose of money in a savings account in order to buy a car and this would not be considered a transfer of resources. A transfer is a "giving away" of sorts.

ALLOWABLE TRANSFERS

Eligibility for the program will not be affected by the following transfers:

1. Resources which would not otherwise affect eligibility, for example, resources consisting of excluded personal property such as furniture or of money that, when added to other nonexempt household resources, totaled less at the time of the transfer than the allowable resources limits;

2. Resources which are sold or traded at, or near, fair market value;

3. Resources which are transferred between members of the same household including excluded household members whose resources are being considered available to the household; and

4. Resources which are transferred for reasons other than qualifying or attempting to qualify for SNAP benefits, for example, a parent placing funds into an educational trust fund as outlined in RESOURCES TO BE EXCLUDED, Inaccessible Resources.

DISQUALIFICATION PROCEDURES

In the event the State agency established that an applicant household knowingly transferred resources for the purpose of qualifying or attempting to qualify for SNAP benefits, the household

shall be sent a notice of denial explaining the reason for and length of the disqualification. The period of disqualification shall begin with the month of application.

If the household is participating at the time of the discovery of the transfer, a notice of adverse action explaining the reason for and length of the disqualification shall be sent. The period of disqualification shall be made effective with the first monthly benefit amount to be issued after the notice of adverse action period has expired, unless the household has requested a fair hearing and continued benefits.

NOTE: The date of discovery of a transfer of resources has no effect on the county taking action to disqualify the applicant household for the transfer provided the resource was transferred within the 90 day period preceding the date of application. For example, a household transferred a resource which affected eligibility in May and applied for SNAP in July. This transfer was discovered by the county the next December. At the time of discovery the county takes action to disqualify the household based on the amount of the resource, as outlined below.

The length of the disqualification period shall be based on the amount by which nonexempt transferred resources, when added to other countable resources, exceed the allowable resource limits.

> Example: A 60 year old individual who lives alone and has $2,600 in a bank transferred ownership of a parcel of land worth $1500.

Therefore, $1500 would be added to the $2,600 bank account for the total of $4,100. The amount in excess of the resource limit of $3,000 is $1100.

The following chart will be used to determine the period of disqualification:

Amount in Excess of The Resource Limit	Period of Disqualification
0 - $ 249.99	1 month
$ 250 - $ 999.99	3 months
$1000 - $2999.99	6 months
$3000 - $4999.99	9 months
$5000 - and up	12 months

Once the disqualification period has been correctly imposed, it cannot be rescinded even if the household takes steps to have the transferred resource returned.

> Example: Mr. Brown transferred property in order to qualify for SNAP. The transfer renders him ineligible for six months. After serving two months of the disqualification period, Mr. Brown reapplies for SNAP and informs the worker that the property has been deeded back to him. He further stated that he was attempting to sell the property

and had listed it with a real estate agent. Mr. Brown must serve the four remaining months of the disqualification period before he can be approved for SNAP benefits.

GENERAL

The following discussion is not SNAP policy which is contained elsewhere in this chapter but is for the most part factual information about the legal ownership and control of real property; homestead rights; jointly and commonly owned property; and similar matters. The information has been based on state statute and court decision on exempt property, descent and distribution of property, and deeds and conveyances.

In most instances the information will not be needed, but when the applicant or recipient has property which he does not own in its entirety or some other question arises as to the status of his property, the worker will usually be in need of more information in order to help him state the facts about it.

THE HOMESTEAD

As long as a surviving spouse has homestead rights in property, neither this spouse nor the children have control of the place. The Mississippi Code of 1942, as amended, establishes the homestead rights.

Under the state statute, either spouse, whether husband or wife, widow or widower, is entitled to hold exempt from seizure or sale for debt or other reasons the land and buildings owned and occupied as a homestead, provided the land does not exceed 160 acres or $30,000 in value. In arriving at the $30,000 value, the legal encumbrances shall be deducted. The husband or wife is entitled to the use and occupancy of the homestead even if he or she does not have family or does not occupy the homestead if he or she is over 60 years of age.

Neither husband nor wife can sell, transfer, or place a debt on the homestead without the other's consent and signature on the deed; thus such property should be disregarded when the other spouse refuses consent. The same is true with regard to the sale or lease of mineral rights, or the sale of timber.

The surviving widow or widower is entitled to occupy the homestead and to receive income from it. Since the surviving spouse is entitled to the use of and rent from the land, the use cannot be taken by others, even the heirs, without liability for the rent. The surviving spouse who occupies and uses the homestead is liable for the payment of the taxes and upkeep to the extent of the income from it; also, the interest on the mortgage, if one exists, but not the payment on the principal.

The other heirs cannot sell, encumber with debt, divide, or otherwise dispose of the homestead without the consent and signature of the widow or widower.

Determining a Widow’s Equity

To determine a widow’s equity in the estate, the date of the husband’s death should be secured and the chancery court docket, which is in chronological order, should be checked. The records

on the docket made around the date of death of the husband will show divisions of estate and personal property. The Will Records of the county will also give information in regard to the disposition of property.

PROPERTY OTHER THAN HOMESTEAD

Real property not occupied as a homestead by a surviving spouse, or that in which a surviving spouse does not have homestead rights, is as follows:

1. Property Acquired in the Name of One Spouse Only and Left Without a Will. Such property descends to the surviving spouse and the children, each having an equal share in it. If the other heirs are minors, the surviving spouse must obtain permission from the Chancery Court to make disposition of it.

2. Property Acquired by Will. Property which has been left by a person, who has made a will, will be distributed as provided in the bequest. An executor or administrator of an estate must first pay the expenses of the last illness and death of the owner before settling the other debts and distributing the property. All claims against the estate of a deceased person must be presented for probate within six months after the first publication of notice to the creditors.

3. Property in Name of Joint Tenants. When property is purchased or otherwise acquired in the names of persons as joint tenants, the deed will read "as joint tenants with full right of survivorship", and will sometimes add, "and not as tenants in common". Such property will belong only to the surviving joint tenant or tenants at the death of one person. Either tenant can sell, mortgage, or otherwise dispose of his share of such property, unless it is the homestead.

4. Property Held Jointly by Spouses. A husband and wife will sometimes purchase or otherwise acquire property and have the deed made with both their names on it. That is, the deed carries both names but does not specify that they are joint tenants with full right of survivorship. When this is done, each has an undivided one-half interest and at the death of one of them, the surviving spouse still has an undivided one-half. But the surviving spouse also has a child's share in the other half of the property unless the other spouse left a will directing the disposition of his one-half interest.

   If the property was the homestead, see the discussion above and note the rights of the surviving spouse and that the heirs do not have control of this property. If the property was not the homestead, then the surviving spouse and other heirs do have control as far as each one's share is concerned.

5. Property Owned in Common. This is property owned by two or more people, which they own under the terms of a will or by deed (conveyance of title), and in which each has an undivided interest. Property held in common is subject to sale, mortgage,

Division, or other disposition. All of the tenants in common when adults can join in the sale or other disposition of the entire property, or each one can sell, mortgage, or dispose of his individual interest.

6. Commonly Held Property--Spouse Absent. A wife or husband whose spouse is a patient in a mental hospital cannot dispose of or place a debt on their commonly held property unless the court has acted upon the matter and given authority to the remaining spouse to handle the transaction.

   The same is true when one parent deserts or is absent for other reasons and leaves property in common with the other parent. The other parent cannot dispose of the property without consent of the court when there are minor heirs involved.

7. Life Estates. A life estate in property can be created by a deed, by the division of property, or by the operation of law. An estate for life is one in which the duration is measured by the length of the natural life of the grantee or some other particular person. A life estate gives the grantee the right to the use and possession of the property during his life-time. The person holding the life estate holds title to the land for life. The person who will come into the property at the death of the holder of the life estate is called a remainderman and can dispose of the property only subject to the life estate; that is, a purchaser of such property would have to buy it subject to the life estate unless the life tenant joins in the deed.

   The life tenant is entitled to all the ordinary uses of and profits from the land but has certain obligations in return; to preserve the land and buildings in a reasonable state of repair but not being bound to make expenditures beyond the profits, rents, or income from the place; to refrain from changing the premises in such a manner that the remainderman (person to have the property at the death of the life tenant) or others involved (reversioners) would have reasonable grounds to object to; and to refrain from doing any act that would injure the interest of these persons.

   Therefore the life tenant cannot sell the minerals or the timber, though he may use the timber for repairs to the buildings and for his own use, such as for fuel. If all persons involved join in the sale, the life tenant will receive his share.

8. Property Acquired by Spouse in a Previous Marriage. In unusual circumstances, a person who has remarried will have property which came to him from a prior union and which will then be denied to the spouse of the current marriage. When this problem arises, the county worker will refer the matter to the Regional Director, who will assist in the decision.

LOSS OF LAND FOR TAXES

Under state law, if taxes are not paid on real property for two successive years, the property matures in the name of the State of Mississippi. It can be reclaimed by the payment of the back taxes. Such property is listed in the local newspaper as being delinquent in the payment of taxes.

Usually when the property is reclaimed by the payment of taxes, the owner recovers it. However, when a member of the family pays the back taxes on property which was an estate, it is difficult to determine whether the property remains an estate or is the sole possession of the relative who bought it. The worker should see the land patent in order to determine in whose name, on what date, and for amount of taxes the property was bought.

CHECKING PROPERTY RECORDS

When the worker must assist the individual in ascertaining the status of his property, the following suggestions will usually be helpful:

1. Check tax records and receipts to get descriptions of property.

2. See current deeds to property. The individual should have a copy of the deed to property he owns outright. The records in the chancery clerk's office can be checked regarding any deed not in the individual's possession.

1. Clear discrepancies between tax receipts and deeds. For example, the tax receipt may show one name and the deed another.

2. Obtain the legal description of the individual's property. This will show the number of acres, assessed value, and the location of the property. A tax receipt or statement will give this information.

3. Examine the sectional or the general index in the chancery clerk's office to find where mortgages are recorded. Get facts as to the amount of the indebtedness, rate of interest, plans for payment, and name of the holder of the mortgage.

4. If the individual has property in another county or state, obtain information about the property through the other county DHS office or through the other state.

5. For information about transfer of property, consult the general or sectional index in the chancery clerk's office. When these records do not give the needed information, the individual will have to direct the worker to the individual with whom he had the transaction, the attorney or other reliable source.

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INTRODUCTION

This chapter contains procedures for determining Food Stamp Program eligibility and benefit level based primarily on factors of income and resources, Chapters 4 and 5 respectively. Other factors of eligibility are covered in Chapter 3, NONFINANCIAL CRITERIA.

Generally, policy in this chapter applies to determining eligibility and benefits for all households. See Chapter 4, ALLOWABLE EXPENSES, for additional information in determining allowable deductions. However, there are households with special circumstances, and these exceptions and/or clarifications are outlined in Chapter 7, SPECIAL CIRCUMSTANCES.

APPLICATIONS

General

The determination of eligibility and level of benefits for most households submitting an initial application shall be based on circumstances beginning with the entire calendar month in which the household files its application. Benefits will be issued for all months of eligibility, beginning with the month of application, even if eligibility is determined in a subsequent month.

Applicant households consisting of residents of a public institution who apply jointly for SSI and food stamp benefits prior to release shall have eligibility determined for the month in which the applicant household is released from the institution.

Proration of Benefits

The initial month is the first month for which the household is certified for participation in the Food Stamp Program following any period during which the household was not certified. Proration of benefits is applicable for initial applications and for reapplications when there has been a lapse of at least one day between the end of the certification period and when the reapplication is made.

> Example: A household initially applies for food stamp benefits on July 7 and is interviewed on July 10. All necessary verification is provided on August 2 and the household is determined eligible. July benefits are prorated from July 7 because

verification was provided during the first 30 days.

Example: A household is certified through the end of July but does not reapply until August 17. August is an initial month and therefore benefits are prorated from August 17 because there was a break of at least one day between the time the certification period ended and the date of reapplication.

- Benefits for the initial month of certification are generally prorated from the day the application is received; however, there are exceptions:
- Households which apply jointly for SSI and food stamp benefits prior to their release from a public institution will have benefits prorated from the date the household is released from the institution.
- Migrant and seasonal farm worker households in the job stream are exempt from proration of benefits if the household participated in SNAP within thirty (30) days prior to the date of application.
- When a household splits resulting in two or more households, proration applies to any portion of the original household which is processed as a new case; i.e., there is a case established with a new case head. Proration should not be applied to that portion of the original household which is considered to be the ongoing case (the original PI/ case number) unless the household does not timely apply for recertification.

See INCOME ELIGIBILITY AND BENEFIT DETERMINATION in this chapter for the method of calculating prorated benefit amounts.

Categorically Eligible Households (Regular)

Households originally denied after jointly applying for SNAP benefits and TANF or SSI but later determined categorically eligible, would be considered eligible to receive SNAP benefits from the date for which the TANF/SSI benefits are authorized only for the current certification period using the same application. Benefits would be prorated for the initial month of categorical eligibility from the date the TANF/SSI benefits are payable or the date of the original SNAP application, whichever is later. This could require a change to the benefit start date. See Chapter

7, APPLICANT HOUSEHOLDS WHICH ARE POTENTIALLY CATEGORICALLY ELIGIBLE.

Households applying for TANF and SNAP expedited services who exceed the SNAP resource maximum, unless determined categorically eligible through receipt of TANF, will have their entitlement to expedited services denied. TANF eligibility determination must be completed first, the SNAP eligibility determined based on the TANF status.

EXCEPTION: Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from an institution shall not be categorically eligible prior to the date of their release from the institution.

RECERTIFICATIONS

General

Eligibility for recertifications shall be determined based on circumstances anticipated for the certification period, starting the month following the expiration of the current certification period.

NOTE: All provisions of categorical eligibility continue to apply to such households at recertification. If the reevaluation for the TANF benefit is pending, the worker will assume categorical eligibility for these households in determining benefits for the food stamp recertification. However, the pending TANF review should be completed at the same time the SNAP recertification is completed.

The level of benefits shall be determined prospectively. If an application for recertification is not received until after the current certification period has expired, eligibility is determined beginning with the month the application is received, as with initial applications.

Proration of Benefits

If the household submits an application for recertification prior to the end of its current certification period and is found eligible for the first month following the end of the certification period, then that month shall not be an initial month, i.e., benefits are not prorated.

However, if an application for recertification is submitted after the certification period has expired, that application shall be considered an initial application and benefits for that month will be prorated. An exception to proration is migrant and seasonal farm worker households in the job stream.

The following examples point out the distinction in handling provisions of the proration policy in recertification situations:

> Example: A household is certified through September 30. The household fails to make application for recertification but reapplies on October 7. If the household is eligible, its October benefits will be prorated for the period October 7 through October 31.
>
> Example: A household's certification period expires April 30. An application for recertification is submitted on April 8. The household is found eligible for May. May benefits will not be prorated because there is no lapse in certification.

EXCEPTION: Households certified for one or two months (approved in second month) must be given a notice of expiration advising the household that it has 15 days to file a timely application for recertification. The 15-day time period may extend beyond the certification period in some cases. In this event, benefits should not be prorated if the household timely reapplies, appears for an interview and provides the necessary information and verification, even though the reapplication is made after the end of the certification period. The 15-day grace period provided by the notice of expiration protects the household's right to uninterrupted benefits.

> Example: On May 20, a household is certified from May 1 through May 31 and is provided a notice of expiration. The household makes application for recertification on June 4. June benefits will not be prorated even though the certification period ended May 31 because the application was made within the 15-day time frame. In this case, the benefit start date should be changed from June 4 to June 1.

See INCOME ELIGIBILITY AND BENEFIT DETERMINATION in this chapter for method of calculating prorated benefits. Proration of benefits is automated in MAVERICS. If the benefit should not be prorated, follow MAVERICS instructions to change the benefit start date.

RESOURCES

For non-Broad-Based Categorically Eligible (BBCE) households, total all resource values to be included in determining eligibility. Test this total against Table II, Income and Resource Maximums/Allotments in Chapter 13. If the household is ineligible based on resources, the income computation is not required. See Chapter 5, RESOURCES, for discussion of Broad-Based Categorical Eligibility.

EXCEPTION: Categorically eligible households, e.g., pure TANF and/or SSI, are exempt from the resource and income tests. In other words, these households may exceed the resource and income limits and still be eligible due to the TANF/SSI status. (TANF and SSI individuals are categorically resource eligible even though the entire household may not be categorically eligible.)

INCOME

General

After determining the income to be included as outlined in Chapter 4, INCOME, the worker will determine the household's eligibility using anticipated income and will determine the household's level of benefits using prospective income in accordance with provisions in the material on PROSPECTIVE BUDGETING in this chapter.

Anticipated Income

In determining the household's eligibility and level of benefits prospectively, the worker will take into consideration the income the household reasonably expects to receive for a period of time.

If the amount of income that will be received or when it will be received is uncertain, that portion of the household's income that is uncertain shall not be counted. For example, a household anticipating income from a new source, such as unemployment compensation, may be uncertain as to the timing and amount of initial payment. This income shall not be included in the benefit computation unless there is reasonable certainty concerning the month in which the payment will be received and the amount of the payment. If the exact amount is not known, only

that portion which can be anticipated with reasonable certainty shall be considered as income. See ANTICIPATING INCOME and Exploring Fluctuating Income in Chapter 4 under DETERMINING EARNED INCOME.

Wages Held by the Employer

Wages held at the request of the employee shall be considered income to the household in the month for which the wages would otherwise have been paid by the employer. Wages held by an employer as a general practice, not at the request of the employee, even if in violation of the law, shall not be considered as income to the household, unless the household anticipates that it will ask for and receive an advance, or that it will receive income from wages that were previously held by the employer as a general practice and that were, therefore, not previously counted as income for SNAP purposes.

Advances

Advances on wages shall count as income in the month it is reasonably anticipated to be received.

Income from State Retirement

In addition to the monthly retirement check, Mississippi pays a "13th check" to retired state employees in mid-December each year. Since this is recurring income, it must be budgeted as any other unearned income in the month received. This income would be handled by processing a variable basis of issuance at certification.

Other Types of Income

Self-employment income and contractual income will be handled in accordance with policy outlined in Chapter 7, SPECIAL CIRCUMSTANCES.

DETERMINING ELIGIBILITY PROSPECTIVELY

Eligibility for participation in SNAP for all households must be determined prospectively. Eligibility is based on financial as well as nonfinancial criteria. Eligibility will be based on household circumstances reasonably anticipated for the month for which the benefits will be authorized. If a household is determined ineligible for the month for which the benefits would be authorized, the case will be denied or terminated.

Example: A certified household reports on October 10th that a household member will begin employment November 1. The household's monthly income, including the anticipated wages, exceeds the gross income maximum for November and subsequent months. The case should be closed via a Notice of Adverse Action. See Chapter 8, DECISION AND NOTIFICATION.

All households except those defined as categorically eligible must meet the resource maximums. For resource and gross income limits, see Chapter 13, Page 14100, Table II, INCOME AND RESOURCE MAXIMUMS/BENEFITS.

Gross Income Eligibility

All households except those defined as categorically eligible and/or elderly/disabled must pass the gross income test. This means the household must not exceed the gross income limit for the household's size to participate in SNAP. Refer to Chapter 13, Table II, INCOME AND RESOURCE MAXIMUMS/BENEFITS for the gross income amounts. See Chapter 2, DEFINITIONS for the definitions of categorically eligible, broad-based categorically eligible, and elderly/disabled households.

A household's total gross income is calculated by adding together the gross monthly amounts calculated from each type of income, both earned and unearned. This includes average monthly amounts of income received on a basis more frequently than monthly, contractual income averaged over the period it is intended to cover, and annualized self-employment income. Prorated income is included if the month for which eligibility is being determined is included in the period of intended use for the income. Excluded income is not to be included in the gross test. See Chapter 4, INCOME TO BE EXCLUDED. For additional information, see INCOME

ELIGIBILITY AND BENEFIT DETERMINATION, DETERMINING GROSS INCOME MANUALLY, later in this chapter.

Net Income Eligibility

All households, except "regular" categorically eligible households, must meet the net income standard for the household's size according to Chapter 13, Table II, INCOME AND RESOURCE MAXIMUMS/ALLOTMENTS. See Chapter 2, DEFINITIONS, "Categorically Eligible Household".

Net income is the household's income after all allowable deductions are applied to the gross monthly income. See DETERMINING NET INCOME MANUALLY later in this chapter.

DETERMINING HOUSEHOLD SIZE AND COMPOSITION

For purposes of determining household size, the worker will use the household's composition as anticipated for the issuance month in the prospective eligibility determination and budget. The size and composition of the household determined eligible must be the same as the size and composition of the household for which the benefit amount is to be issued.

If a household reports that they anticipate gaining a household member in the issuance month, the new member should be included for the issuance month if otherwise eligible, provided he is not a member of another certified household for that month. An individual cannot be included in a new SNAP household until he is removed from the original household or until he would have been removed had the change been properly reported and properly handled. However, if a household reports that they anticipate losing a household member in the issuance month, no change will be made for the issuance month since the member will be there for a part of the month and the household is entitled to benefits for him. If the household member will be gone the first day of the issuance month, the individual will be removed for that month.

DETERMINING BENEFIT LEVEL

Once prospective eligibility has been established, the household's level of benefits should be determined using prospective budgeting.

PROSPECTIVE BUDGETING

General

Prospective budgeting means the benefit level to be authorized for an issuance month is based on the household's circumstances reasonably anticipated for that month, including its size and composition, income and deductions. In prospective budgeting, the budget month and the issuance month are the same.

Thorough documentation is essential to the prospective budgeting process. Reviewers must be able to determine if the prospective budget was based on the best information available to the eligibility worker at the time the action was taken. All case actions should contain the following documentation:

1. Dates and amounts of the income verification used in the prospective budgeting process;
2. Household's statement about the income - whether they expect the income to continue, if any changes are expected, etc.
3. If changes in the source or amount of income are expected, an explanation of the expected changes and resulting budget adjustments. Document the case record.

In prospectively budgeting a household's income at initial application, reapplication, recertification or when handling the case due to a change, the worker shall anticipate the household's monthly income for the duration of the certification period. The benefit amount will be based on the reasonably anticipated monthly income and expenses for the benefit period.

Reasonably anticipated income is based on the income from the four weeks prior to the date of the interview, excluding any income that cannot be reasonably anticipated to continue during the certification period. For example, overtime not usually received, a one-time bonus, etc. If a future change is indicated at the time of application or review, the prospective income will be based on the future change. Future changes must be verified and include changes such as job change, reduction of hours, a lay-off, etc.

Examples:

3. A household applies January 2 and is interviewed January 4. At the

interview the household states their circumstances have not changed since the previous month (December) and they do not expect any future changes. The worker will use the verified income received in the four weeks prior to interview to determine the benefit amount for the certification period.

2. A household applies March 29 and is interviewed April 3. The household reports stable circumstances. Income received in the four weeks prior to interview will be used to determine the benefit amount for the certification period.

Eligible for the Month of Application, Ineligible in the Subsequent Month

A household may be eligible for the month of application, but ineligible in the subsequent month because of anticipated changes. The household shall be certified for the month of application using prospective budgeting. At approval, the household must be provided a notice of expiration informing them they have 15 days to file a timely application for recertification. See Chapter 8, TIMELY APPLICATION FOR RECERTIFICATION.

Ineligible for the Month of Application, Eligible in the Subsequent Month

A household may be ineligible for the month of application, but eligible in the subsequent month due to anticipated changes in circumstances. Even though ineligible for the month of application, the household does not have to reapply in the subsequent month. The same application shall be used for determining ineligibility for the month of application and the determination of eligibility for subsequent months within the timeliness standards as set forth in Chapter 8, NORMAL PROCESSING STANDARDS. An explanation of the ineligibility for benefits the first month and eligibility for subsequent months should be included in the notice sent to the household.

Example: A household applies July 15 for SNAP benefits. Because of excess income in the month of July, the household is ineligible. The hours and income from employment are reduced by the employer in the month of August which causes the household to be eligible for SNAP benefits in the month of August and the

following months. The benefit start date is changed to August 1 and the benefit level for the certification period is determined using prospective budgeting.

SPECIAL BUDGETING METHODS

Noncontinuing Income

Noncontinuing income will not be considered in determining reasonably anticipated income for a household. However the non-continuing/terminated income will be counted in the appropriate budget month.

> Example: A household applies April 15. A household member who lost his job on April 8th verifies date of termination and wages received on April 4th and 11th (last check received). The two checks received for April will be counted in the April budget along with any other income. The terminated income will not be included in the budget for May and ongoing.

Future Changes-Increases in Income and/or Income from a New Source

If a household states at a certification interview or when reporting a change, that it will be receiving an increase in income or the source of its income has changed, the worker will estimate the income using the best available information and use the income in the appropriate benefit month.

Examples:

1. A household's certification period ends March 31. On March 2, the household is interviewed and reports an adult household member will receive an increase in pay effective April 1. The worker will verify the new rate of pay and use it to determine the benefit level for the certification period beginning April 1.

2. A household is certified through June 30. On April 3, the client contacts the worker and reports a change in employment with an increase in income. The worker will verify the rate of pay and hours and make the change for the next possible month (No later than June).

Future Changes-Decreases in Income and/or Termination of Income

If a household reports a change that it will be receiving a decrease in income or income has terminated, the worker will request verification of decrease in hours worked, rate of pay or termination. If the information is provided, the income will be estimated using the best available information, or the income will be removed from the budget if employment has been terminated. If the client fails to respond to the request, the worker will take no further action until requested verification is provided.

Examples:

3. A household is certified through June 30. On May 10, the client reports a change in scheduled hours which reflects a decrease in income. A request for information is sent to the client and the information is provided on May 19. A change in benefits should be processed for June.

4. A household is certified through June 30. On May 10, the client reports a change in scheduled hours which reflects a decrease in income. A request for information is sent to the client, but the client fails to provide verification. A change should not be processed until the information is provided or the next recertification.

NOTE: Voluntary quit policy should be explored if such a situation occurs.

Budgeting for New Household Members

The income and expenses of a new household member will be budgeted prospectively.

Examples:

1. A household reports a new member on June 5. The new member has earned income and expects the income to continue. The worker requests verification of income from the previous four weeks on June 5 and receives the information on June 10. The income will be used to determine July benefits.

   A household reports a new person has joined the household on December 2. They also report the new member will begin receiving Social Security benefits in February. The new member will be added for January without income. At the same time a change will

be calculated for February adding the Social Security income the household expects to receive.

If the new household member has been providing income to the household on an ongoing basis prior to becoming a member of the household, the previously provided income shall be excluded when the new member's current income is prospectively budgeted.

Example: The twenty year old daughter who has been giving her parents $100 per month moves into the household. The $100 contribution would be removed and the daughter and her income would be included in the budget group.

Participation Suspended for One Month

If a periodic increase in recurring income or change in household circumstances results in ineligibility for one month ONLY and the change is not expected to continue in subsequent months, issuance for that one month may be suspended. The worker shall suspend participation via MAVERICS screen FSAD and provide an appropriate notice to the household.

This same procedure is applicable when the one month of ineligibility is the initial month of a new certification period. This initial month is included in the certification period at recertification; however the initial month's benefits would be suspended.

DETERMINING MONTHLY INCOME

Once reasonably anticipated income for a household is determined the income will be coded in the MAVERICS system. The system will convert the income to an average monthly amount based on the frequency of the income. The conversion process averages the anticipated income while allowing for four or five week pay periods for individuals paid weekly as well as months with three pay periods for those individuals paid bi-weekly. The fluctuation of pay periods would not be considered a variable basis of issuance.

MAVERICS will process earned and unearned income in the same manner. The following frequency codes will determine how the income is calculated for the budget month.

W-Weekly MAVERICS will add up the total amount for the pay periods entered and divide the total amount by the number of weeks.

Take the weekly average amount and multiply by 4.33 to get the average monthly amount (when the pay code is **W** one to five weekly amounts may be entered).

B-Bi-weekly

MAVERICS will add up the total amount for the pay periods entered and divide the total by the number of pay periods to get a bi-weekly average. Take the bi-weekly average amount and multiply it by 2.15 to get the monthly amount (when the pay frequency code is **B**, only one to three bi-weekly amounts may be entered).

M-Monthly

The amount entered will be calculated as the total monthly income (when the pay frequency code is **M**, only one amount may be entered).

S-Semi-monthly

Only one or two semi-monthly amounts may be entered when the pay code is **S**. When two semi-monthly amounts are entered, MAVERICS will add the two amounts together to get the total monthly amount. When only one semi-monthly amount is entered, MAVERICS will multiply the amount by two to get a total monthly amount.

A-Actual

MAVERICS will add up the total amount of income to get an actual monthly amount. (When the pay frequency code is **A**, one to five weekly amounts may be entered. **NOTE:** The worker must follow SNAP policy when applying actual income for a month for which the income is normally incurred on a weekly, bi-weekly, or semi-monthly basis). Example: The actual income would be used for the month of application when the household reports receipt of income in the month of application that will be non-continuing or when income from a new job does not reflect a full month's income in the month of application.

In order to determine average monthly income accurately, the worker must know when the income is received. If a client states he is paid every two weeks, the worker should ask further questions to determine if the client receives a check every other week (bi-weekly), or receives a check twice a month (semi-monthly). Incorrect coding of the income in MAVERICS can result in a Quality Assurance error. Income is counted for the month received, which is not necessarily the same as the pay period end date. Document in the case record how the pay date relates to the pay period ending date and count income in the month received by the employee.

GENERAL

Deductible expenses include only certain costs of dependent care, shelter, medical expenses, and child support payments as outlined in Chapter 4, DEDUCTIONS FROM INCOME. Other allowable deductions, as outlined in Chapter 4, are not considered expenses. The household standard deduction and the 20% earnings disregard are automatic and are not addressed in this material.

Note: Expenses are allowed as billed or otherwise due regardless of when the household intends to pay the expense. Payment is not a factor. However, once the non-reimbursed expense is verified and used in the budget, it cannot be used again if the household does not actually pay the bill until a later date.

MEDICAL EXPENSES

General

A medical deduction is allowed if incurred by a household member who meets the definition of elderly or disabled as defined in Chapter 2, DEFINITIONS. Only that portion of an allowable medical expense which is not reimbursable shall be included as part of the household's medical expenses. Households entitled to the medical deduction shall have the non-reimbursable portion that exceeds $35 per month, excluding special diets, considered at the time the amount of the reimbursement is received and verified. See INCOME ELIGIBILITY AND BENEFIT DETERMINATION later in this chapter. MAVERICS will apply the $35 deduction to the household's total medical expenses automatically. Reporting and verifying medical expenses for eligible individuals will be handled as follows:

- Households will be required to report and verify all non-reimbursed medical expenses at the time of certification and recertification. Households may, but will not be required to, report any changes in medical expenses during the certification period. Households will not be required to report monthly on their medical expenses.

- When a household voluntarily reports a change, it will be acted on within regular timeliness standards for both increases and decreases in benefits. The reported change must be verified if benefits would be increased.

- If the county finds out about a change in medical expenses from a source other than the household, the county will act on the change if it is considered verified upon receipt and

the worker can act on it without contacting the household for additional information or verification. If the change will require the worker to contact the household, the worker is not required to act on the change during the certification period. Notate the case record and follow up on any changes at the next recertification.

- If a household reports an anticipated medical expense at the time of recertification but is unable to provide the verification within the timely completion date, the household will be told that the expense will be allowed when the verification is provided during the certification period. The notice to the household must include this explanation.

If a household anticipates incurring a one-time expense several months into the certification period and provides adequate verification at the time of certification, the household may elect to have the expense averaged over the entire certification period. If a one-time only expense is reported during the certification period, the household may elect to have a one-time deduction or to have the expense averaged over the remaining months of the certification period. Prior to allowing a deduction for such expense the worker must determine whether the medical expense will be paid by a third party, including public or private insurance, or if the household will be reimbursed for the expense. The case record must be documented accordingly. Accurate and appropriate documentation shall be included in the case record.

Budgeting Medical Expenses

Medical expenses shall be budgeted using anticipated expenses. The expenses are anticipated based on the best available information. For example, normally recurring monthly medical expenses shall be based on the bill for the month prior to the interview month, provided this is the best indication of the anticipated expense. However, if the household is reasonably certain that a change will occur, the anticipated expense shall be based on the best available information; e.g., statement from doctor, pharmacist, other licensed practitioner or other qualified health professional. Refer to Chapter 4, DEDUCTIONS FROM INCOME.

Recurring Monthly Medical Expenses

Normally recurring or ongoing medical expenses which are billed monthly are not to be averaged. For applications and recertifications, if the household has a normally recurring medical expense and expects the expense to continue, verification of the expense for the month prior to the interview should be obtained and used to determine the benefit level for the

certification period. If the verified expense for the month prior to the interview month does not reflect the household's continued anticipated expenses, the case should be so documented and the expense based on the best available information.

If the household has recurring monthly billed medical expenses which fluctuate, but are anticipated for the certification period, the household has the option of:

1. Actual, in which case a variable basis of issuance will be assigned;

or

2. Averaging, in which case monthly fluctuating medical expenses will be averaged over the certification period. If billed or otherwise due less often than monthly, average over the period between scheduled billings.

The recurring expense is only allowed after it is reported and verified. A deduction cannot be allowed for a recurring medical expense (e.g., prescription drugs) that was incurred in a prior billing period. No past due amounts are deductible.

Medical Expenses Billed More Often Than Monthly

When normally recurring medical expenses are billed more often than monthly, a monthly average will be calculated using the following formulas:

Expenses Billed Weekly

An average weekly amount should be obtained by adding the weekly expenses for the month and dividing by the number of weeks. The weekly average is then multiplied by 4.33 to get the monthly average amount. (If the expense is adult attendant care **(AC)**, MAVERICS will handle this calculation when the weekly expenses and the **W** frequency code are entered on EXWO after the **AC** expense code is entered on EXSA).

Expenses Billed Bi-Weekly

An average bi-weekly amount should be obtained by adding the bi-weekly expenses for the month and dividing by the number of expenses for the month. The bi-weekly average is then

multiplied by 2.15 to get the monthly average amount. (If the expense is adult attendant care **(AC)**, MAVERICS will handle this calculation when the bi-weekly expenses and the **B** frequency code are entered on EXWO after the **AC** expense code is entered on EXSA).

Expenses Billed Semi-Monthly

Add the two semi-monthly expenses together to get the monthly expense amount. (If the expense is adult attendant care **(AC)**, MAVERICS will handle this calculation when the semimonthly expenses and the **S** frequency code are entered on EXWO after the **AC** expense code is entered on EXSA).

Note: The **AC** (Adult Care) code will require entry on the EXWO screen even if the expense is paid monthly. The correct coding for adult care paid monthly on EXWO would be frequency code **M** and the monthly amount for the amount.

When normally recurring medical expenses are billed less often than monthly, the household has the option of:

1. Assigning the entire amount to the budget month in which the expense is billed or otherwise due. For example, a household member has a prescription filled to last 3 months. The prescription is filled in July, the certification period ends October 31, and the household prefers that the entire amount be allowed in one month; therefore, the entire amount is assigned to the month of August. The expense is computed in determining August benefits using prospective eligibility and prospective budgeting.

or

2. Averaging forward over the period between scheduled billings. In averaging the example shown in *Item 1* above, the expense would be averaged over 3 months and a like amount assigned to the 3 budget months (August, September, and October).

The amount verified will be used at appropriate intervals throughout the certification period, provided the household does not report a change.

One-Time Medical Expenses

One-time medical expenses may or may not be anticipated and are not expected by the household to be recurring. The expense will be attributed to the next possible month in the certification period once reported and verified. The household has the option of:

1. Attributing the entire amount to one budget month.

   Example: A household containing a disabled household member is certified September through November. On September 2 the household reports a one-time medical expense and verifies the expense. The household elects to have the allowable deduction in one budget month. The worker reworks the case on September 5, making the change effective for October 1, for the month of October ONLY.

or

2. Prorating the amount over budget months in the certification period or remainder of the certification period if reported and verified during the certification period.

   Example: A household reports a one-time medical expense on September 2 and chooses to prorate it over the remainder of the certification period which ends November 30. The expense is prorated and budgeted to the months of October and November.

If a one-time medical expense is incurred or reported too late to be budgeted in the current certification period, the expense shall be allowed in the subsequent certification period. The one-time medical expense may have been incurred and reported at recertification or incurred after recertification and reported sometime during the new certification period.

If a household which is not currently certified (i.e., initially applying or applying after certification period has expired) makes application and reports a one-time medical expense, only the currently existing balance due at the time the expense is reported and verified can be considered. This amount is allowable, provided it has not been allowed previously, and is attributed to budget months in the certification period in which verified. The household has the option of deducting the allowable amount in one budget month or prorating over the remainder of the certification period, as outlined above. If allowed in a previous food stamp budget month or previous certification period, the expense cannot be allowed again even though there is a balance due.

Medical Expense Begins During Certification Period

There may be instances when a normally recurring medical expense begins during the certification period. The expense, less reimbursement, is allowed when it is reported and verified beginning with the month the change would be effective. If the expense fluctuates, the household has the option of:

1. Actual, in which case a variable basis of issuance will be assigned,

or

2. If billed or otherwise due less often than monthly, average over the period between scheduled billings or over the period the expense is intended to cover if there are no scheduled billings.

Special Situations

Monthly installments for one-time medical expenses may be allowed and are attributed to the budget month they are due. Monthly installment repayment arrangements need not be formal contracts, but the arrangement must be verified.

Households may receive a medical deduction for payments made on a loan when the loan is used to pay a one-time only medical expense. Loan expenses, such as interest, are not allowable as part of the medical expense.

> Example: An elderly household member incurs a one-time medical expense in April, reports the expense and provides verification in the same month. A loan, to be repaid in monthly installments over a two year period, is obtained to pay the full medical bill in April. The household has the option of deducting loan repayments over the two year period or counting the entire amount in one month in the certification period in which verified.

Medical expenses billed through charge accounts are considered billed when the charge account statement is received. Charge account expenses, such as interest, would not be allowable as part of the medical expense.

Medical Expenses for Group Home Residents

Room and medical costs which can be separately identified are allowable shelter and medical expenses. Normally the group home will identify the part of the payment that is charged for separate costs. Some group homes charge a basic rate for room and board and may have higher rates depending on the amount of medical care needed. If an individual is charged a higher rate, the basic rate minus the food stamp maximum benefit amount for a one-person household may be used to determine the shelter costs for that individual, and the difference between the basic rate and the higher rate may be determined to be medical costs.

UTILITY EXPENSES

Allowable utility expenses are listed in Chapter 4, INCOME under SHELTER COSTS.

The worker shall allow the standard utility allowance (SUA), the basic utility allowance (BUA) or telephone standard to households for use in calculating shelter costs if the household is entitled to use the allowance. The agency determines the standard and basic allowances annually and any adjustment is made as a mass change. The household may use actual utility expenses only when the household does not qualify for one of the standards. Deductions for utility costs are allowed as reported by households with no further verification required. See "Actual Utility Expenses" later in this material.

Standard Utility Allowance (SUA)

To be entitled to use the standard utility allowance (SUA), the SNAP household must incur an out-of-pocket cooling (air conditioning) expense or an expense for its primary source of heat, separate and apart from rent or mortgage payments, or receive Low Income Home Energy Assistance Act Payments (LIHEAP) for its current residence. Recipients of indirect energy assistance payments made under a program other than LIHEAP who continue to incur out-of-pocket heating or cooling expenses during any month of the certification period, are entitled to use the SUA. Households with shared meters billed for excess heating or cooling expenses are eligible for the SUA. See Chapter 13, TABLE I, DEDUCTION STANDARDS.

> Example: A household incurs heating costs in the winter separate and apart from their rent but does not incur cooling costs in the summer. This household is entitled to the SUA throughout the year, if otherwise eligible.
>
> Example: A household who rents a home with window air conditioning units and is

billed monthly by the landlord for actual usage of utilities as determined through individual metering is entitled to use the SUA.

The cost of buying wood entitles the household to the use of the standard utility allowance when wood is the primary source of heat. However, some households may have access to wood which they do not have to buy, i.e., they can cut their own wood. These households would not be entitled to the standard utility allowance unless they have air conditioning.

Basic Utility Allowance (BUA)

Households which incur and are billed separately for out-of-pocket non-heating or non-cooling utility expenses other than telephone only and do not receive payments from LIHEAP are eligible for the BUA. The household must state that at least two non-heating or non-cooling expenses are incurred in order to use the BUA. The BUA allowance includes the cost of cooking fuel, electricity for other than heating or cooling the residence, the base rate and tax for one telephone (land-line, cellular, or Voice Over Internet phone service), water/sewage/garbage/trash collection fees, fees charged by the utility provider for initial installation of the utility, and excess non-heating, non-cooling utility costs for households living in public or other rental housing.

NOTE: Households whose telephone bill is their only separately billed utility expense are not entitled to use either the SUA or BUA. They must use the telephone standard. If a cellular phone is the only phone in the household, the telephone standard may be allowed. See Chapter 13, TABLE I, DEDUCTION STANDARDS.

Utility costs for the operation of an electric blanket, heat lamp, or cooking stove when used as a supplemental heating source do not qualify the household for the SUA, but do qualify them for the BUA when combined with another expense. The cost of an electric blower for an oil or gas furnace also does not qualify the household for the standard utility allowance. Households that are not entitled to the SUA should be allowed the BUA when two qualifying expenses are incurred as stated by the household.

Example: A household has no air conditioning and uses wood, which they cut themselves and incurs no cost for heating fuel in the winter. The household states it incurs expenses for telephone, water and garbage and electricity bills for lights and fans they use in the summer for cooling. They do not receive LIHEAP. Therefore, they are eligible to use the basic utility standard (BUA).

Example: A household states it has a telephone bill and pays an electric bill in the winter but has gas heat which is included as part of the rent. The household does not have cooling costs (air conditioning). This household is not entitled to the SUA but is entitled to the BUA.

Example: Except for the telephone bill, a household's utility bills are included in their rent. The household can ONLY claim the telephone standard as a utility expense. The household is not entitled to the SUA or BUA.

NOTE: Do not allow the telephone standard when the SUA or BUA is used.

Example: The SNAP household lives in a mobile home near a relative's home and the metered utilities are billed to the home owner. The mobile home resident pays a flat rate each month to the home owner for utilities, which are determined to be garbage collection and water/sewer charges. The household is entitled to use the BUA.

Example: The household lives in a duplex and utilities are billed only to the landlord. The household pays half the monthly bills, which are determined to be water and electricity costs for lights. Therefore, the household is entitled to use the BUA.

In MAVERICS, the EXSA screens will handle the BUA in the same way as the SUA. Follow the procedures for entering the SUA, except enter the subtype as BU. No dollar amount is entered on the MAVERICS EXSA screen but the BUA is included with the other expenses on FSAD. For additional instructions, see Volume X.

HUD or FmHA Utility Reimbursements

Certain utility allowances or reimbursements made by the Department of Housing and Urban Development (HUD) and Farmers Home Administration (FmHA) are excluded from consideration as income in determining SNAP eligibility and benefit level. A utility expense which is reimbursed or paid by an excluded payment, including HUD or FmHA utility payments, shall not be a deductible expense. Households receiving these payments will be entitled to use the SUA ONLY if heating or cooling costs exceed the amount of the excluded payment. If an excess is reported within a certification period, the amount of the reimbursement and the amount of the excess expense must be thoroughly explored with the household in order to determine if the household qualifies for the SUA.

If the household is billed separately for at least two non-heating/non-cooling utility costs (other than telephone only), the BUA must be used if they incur utility costs above the amount of the excluded payment during any part of the year.

If the household is billed only for telephone expense over and above the HUD/FmHA utility payment, the telephone standard must be allowed.

Households Sharing a Residence and Utility Costs

A household that shares a residence and utility costs with other individuals is entitled to the full amount of the SUA or BUA, whichever is appropriate. Due to provisions of the Farm Security and Rural Investment Act of 2002, Public Law 107-171 (Farm Bill), there is no longer a requirement for prorating the SUA or BUA in shared living arrangements.

NOTE: When two SNAP households share a common residence, do not count as income money paid by one household to the other which is passed on as payment to the utility company for the shared expense(s). If one of the households was not a SNAP household, the money would be counted as income.

> Example: Three households share a single residence and utility costs but receive SNAP benefits as separate households. Determine whether the households qualify for the SUA or BUA. Each household would be eligible for the full amount of the appropriate utility standard.
>
> Example: A 25 year old and her children live in the home with her parents. The parents are billed for heating and cooling expenses. Both households receive SNAP benefits since the 25 year old is a separate household. The parents pay all utility expenses. The parent's household will be allowed the SUA.
>
> Example: Three families share a single residence but receive SNAP benefits as separate households. Two of the households share in the utility costs. These two households would each be eligible for the full amount of the appropriate utility allowance.
>
> Example: Two families share a single residence. Only one household pays the utility bills and receives SNAP benefits. This household would be eligible for the appropriate utility allowance.

Actual Utility Expenses

Only households that do not qualify for the SUA, BUA or standard telephone allowance may claim actual utility expenses.

> Example: A household pays $300 per month for rent. Utilities are included with the rent charge. The household is billed separately for water. Actual costs for water are allowed.

Refer to Chapter 8, VERIFICATION AND DOCUMENTATION, Utility Expenses, regarding use of actual utility expenses for an unoccupied home.

If the household qualifies for an actual utility expense that is billed more often than monthly, the expense will be converted to a monthly amount using the appropriate formula. If billed weekly, the weekly amount will be multiplied by 4.33 to arrive at the monthly amount. If billed biweekly, the bi-weekly amount will be multiplied by 2.15 to determine the monthly amount. If billed semi-monthly the semi-monthly amount will be multiplied by 2 to get the monthly amount.

Monthly Utility Expenses

In an application or recertification situation, if the household has normally recurring monthly utility expenses and expects the expense to continue, the expense used will be based on the most recent monthly bills provided this is the best indication of anticipated expenses. The utility expense will be used for the entire certification period unless the household reports a change.

Example: A household applies for SNAP benefits on March 29, 2011, and is interviewed the same day. The household states that it is billed for gas heat. The household will be given the utility standard for the entire certification period of March 2011 - February 2012.

Utility Expenses Billed Less Often Than Monthly

When normally recurring utility expenses are billed less often than monthly, the household has the option of:

3. Attributing the entire amount in the budget month in which billed or otherwise due.

or

2. Averaging forward over the period between scheduled billings.

The amount claimed will be used at appropriate intervals throughout the certification period, provided the household does not report a change.

Examples:

1. A household is billed separate from rent for water every other month. The household elects to have the expense attributed to the month in which it is billed. A variable basis of issuance will be calculated to include the expense every other month.

2. A household's only utility expense is propane used for cooking, which it purchases every other month. The household elects to average the expense over the period between scheduled billings. The billing period is 2 months; therefore 1/2 of the expense

   is used each month for the entire certification period.

One-Time Utility Expenses

If the household has a one-time utility expense, the household has the option of :

1. Using the entire amount in the budget month in which the expense is billed or otherwise due.

or

2. Prorating the amount over the budget months in the certification period in which billed or otherwise due.

NOTE: This provision involves prorating over the entire certification period as opposed to the medical provision which requires proration over "remaining months" in some instances.

Changes Between Actual, SUA and BUA

Should a change occur (i.e. a move by the household) and as a result the household is determined ineligible for the standard utility allowance, the worker must take action to remove the SUA and if necessary use the BUA, telephone standard, or the household's

actual utility expense, whichever is applicable. Actual expenses are allowed only if the household has no qualifying expenses for the SUA, BUA, or telephone standard.

Special Situations/Clarifications

1. Households Billed Only for Excess Heating and Cooling Costs

   Households which have heating and cooling costs included in their normal rent, but are billed separately for excess costs, are eligible for the SUA.

   Households billed separately for at least two excess non-heating, non-cooling utility costs may claim the BUA.

   Example: A household in assistance housing which receives a bill quarterly for excess utility expense for trash collection and water is not eligible for the SUA but is eligible for the BUA.

2. Energy Assistance Vendor Payments as Related to Allowable Utility Expenses

   a. Households which receive energy assistance vendor payments may use the standard utility allowance provided the household incurs or expects to incur out-of-pocket expenses for heating or cooling (air conditioning) that exceed the vendor payment amount during any month of the certification period.

   b. Households who receive LIHEAP are eligible to use the SUA.

   c. Households who receive indirect energy assistance payments from a program other than LIHEAP, and who continue to incur out-of-pocket heating or cooling expenses that exceed the amount of the assistance payment during any month covered by the certification period, are entitled to the SUA.

   A vendor payment received by the household must be prorated over the period which the payment is intended to cover, and if the household expects to incur additional out-of-pocket heating or cooling expense, it may use the SUA.

EXCEPTION: All households receiving the Low-Income Home Energy Assistance Payments (LIHEAP) are deemed to have expended such payments for heating or cooling costs whether or not they actually incur such costs, and are automatically entitled to the SUA. The household must receive or anticipate receiving LIHEAP for its current residence to qualify for the SUA.

3. Shelter Expenses for Group Home Residents

See Chapter 7, BLIND AND DISABLED GROUP LIVING ARRANGEMENTS, Shelter and Medical Expenses.

Other Clarifications of Shelter/Utility Expenses

a. A SNAP recipient is a resident of a retirement apartment complex and is billed monthly by the landlord for rent, one meal a day for seven days a week, and a flat rate of $50 per month for utilities which includes water and garbage collection. The complex has central air conditioning. Since the resident is not billed separately (metered) for the utility expense, he is not entitled to the SUA, but would be entitled to the BUA.

b. A homeowner subdivided the home into three apartments. He lives in one apartment and rents the other two. The homeowner is billed for utilities and charges the renters a prorata share of the heating and cooling costs based on the size of each apartment. The residents of the two apartments are entitled to the SUA. Even though the renters are paying a prorata share of utility costs, each separate living space is considered to incur its own heating/cooling bill, and therefore is entitled to the SUA.

   If the home owner receives SNAP benefits, the rent and utility income from the apartments should be included when computing the self-employment income. The owner would be entitled to the SUA.

c. If the household reports a rent increase at recertification, the expense will be allowed as reported.

NOTE: For more information on the Shelter Deduction see Chapter 4, ALLOWABLE EXPENSES, Shelter costs, and Chapter 13, Table I.

DEPENDENT CARE EXPENSES

Payments for the actual costs for the care of a child or other dependent are allowable deductions when necessary for a household member to accept or continue employment, seek employment in compliance with the employment and training criteria (or an equivalent effort by those not subject to employment and training), or attend training or pursue education which is preparatory to employment. A deduction shall not be allowed for a dependent age 13 or older unless the dependent is physically and/or mentally incapable of self-care or under court-ordered supervision. Verification shall be obtained if the incapacity or the court-ordered supervision is questionable.

Kindergarten expense, if voluntary attendance on the part of the household, may be allowed under this provision. However, if kindergarten is required under State Law and provided in the public school system, the expense is not allowed.

Personal transportation costs to and from the dependent care provider cannot be allowed as a dependent care expense. However, if the parent incurs an expense by paying someone else for transportation, the expense would be considered allowable and should be included in the dependent care deduction as a child care expense.

If a household incurs attendant care costs that could qualify under both the medical deduction and dependent care deduction, the worker shall treat the cost as a medical expense.

Dependent care expenses exceeding $200 per month must be verified. For dependent care expenses at or below that amount, the client's statement regarding the expense will be considered acceptable verification.

TCC and TWP Child Care Payments

Transitional Child Care (TCC) payments and TANF Work Program child care payments are paid to the provider and therefore not allowed as a deduction to the household. If the household has to pay a co-payment, the amount of the co-payment is allowed as a deduction.

CHILD SUPPORT DEDUCTION

Legally obligated (court ordered) child support payments paid by a household member to or for a non-household member, including payments made to a third party on behalf of the non-household member (vendor payments) are allowed as a deduction. Legal obligations may include payments made toward arrearages and monthly processing fees, if stipulated in the court order. However, the allowable deduction is the actual payments made each month not to exceed the legal obligation.

Both the child support legal obligation and the actual amount paid, including vendor payments, must be verified. Any document such as a court order or legally enforceable separation agreement may verify the obligation. Acceptable verification of amounts paid may include: canceled checks, wage withholding verification, IV-D agency and statements from the custodial parent. The MAVERICS code for the EXSA screen is SD - support deduction.

DOCUMENTATION

The option chosen by the household for budgeting income and/or expenses must be documented in the case record. Quality Control errors will occur less frequently if procedures used in calculating the amount budgeted are adequately documented in the case record.

PROSPECTIVE BUDGETING EXPENSES

In determining whether a household is prospectively eligible, the anticipation of allowable expenses shall be based on the bills for the month prior to the interview, provided this is the best indication of the anticipated expense. However, if the household is reasonably certain a change will occur, the anticipated expense shall be based on the best available information, e.g., statement from landlord, other reliable contact, etc.

Monthly Expenses

Normally recurring monthly expenses are not to be averaged. For all households at application, reapplication, or recertification, if the household has a monthly expense and expects it to continue, the expense should be based on the most recent month's bills unless the household reports a change. The last amount verified continues to be used for the remainder of the certification period, provided the household does not report a change.

Expenses Billed More Often Than Monthly

Expenses which are billed weekly, bi-weekly, or semi-monthly will be handled as follows:

Expenses Billed Weekly

An average weekly amount should be obtained by adding the weekly expenses for the month and dividing by the number of weeks. The weekly average is then multiplied by 4.33 to get the monthly average amount.

Expenses Billed Bi-Weekly

An average bi-weekly amount should be obtained by adding the bi-weekly expenses for the month and dividing by the number of expenses for the month. The bi-weekly average is then multiplied by 2.15 to get the monthly average amount.

Expenses Billed Semi-Monthly

Add the two semi-monthly expenses together to get the monthly expense amount.

MAVERICS handles the conversions for most expenses which are billed more often than monthly. When the worker enters the Expense Code on EXSA, the EXWO screen is displayed which requires the worker to enter an amount and frequency code. See Volume X.

Expenses Billed Less Often Than Monthly

If the household has a normally recurring expense which is billed less often than monthly, the household has the option of:

1. Using the entire amount in the budget month in which billed or otherwise due.

or

2. Averaging forward over the period between scheduled billings.

One-Time Expenses

If the household has a one-time only expense, the household has the option of:

1. Using the entire amount in the budget month in which the expense is billed or otherwise due,

or

2. Prorating the amount over the budget months in the certification period in which billed or otherwise due.

Note that this provision involves prorating over the entire certification period as opposed to the medical provision which requires proration over "remaining months" in some instances.

In prospective eligibility and/or budgeting, the budget month is the same as the issuance month. If the one-time only expense is reported too late in the certification period to effect the change, the expense cannot be allowed.

INCOME MAXIMUMS

Households which do not contain a member who is elderly or disabled as defined in Chapter 2 shall have their gross income (calculated as outlined below) compared to the gross income eligibility maximums to determine eligibility for the month. All households shall have their net income (calculated as outlined below) compared to the net income maximums for SNAP to determine eligibility for the month.

EXCEPTION: Households meeting the definition of a categorically eligible household, e.g., pure TANF and/or SSI, are exempt from testing for resource and income limits. In other words, these households may exceed the resource and income limits and still be eligible due to the TANF/SSI status. Please refer to Chapter 2, DEFINITIONS, regarding "Broad-Based Categorical Eligibility" and "Categorically Eligible Household", and Chapter 7, CATEGORICALLY ELIGIBLE HOUSEHOLDS.

When a household is determined to be categorically eligible, all household members are coded 1 or 2 in the Categorical Eligibility (CAT ELIG) field on the PRAW screen (Previous Aid Work Incentive). The system will not apply the resource or gross or net income maximums.

NOTE: The household's benefit level must be based solely on SNAP criteria, e.g.,SNAP income inclusions and exclusions, deductions, and methods of determining net income are followed.

MAVERICS Calculations

MAVERICS is programmed to perform the rounding functions which are required by SNAP policy. Income and expense amounts are to be entered into the system as directed earlier in the chapter under DETERMINING MONTHLY INCOME and EXPENSES.

Manual Calculations

Average monthly income and average monthly expense amounts will be used when determining gross and net income amounts manually. The following methods will be used to determine average monthly income for both earned and unearned income received more often than monthly.

Income Received Weekly

Add the gross amounts for all pay periods in the prior four weeks to get the total income received. Divide the total income by the number of weeks to determine the weekly average. Take the

weekly average amount and multiply by 4.33 to get the average monthly amount.

Income Received Bi-Weekly

Add the gross amounts for all pay periods in the prior four weeks to get the total income received. Divide the total income by the number of weeks to determine the bi-weekly average. Take the bi-weekly average amount and multiply by 2.15 to get the average monthly amount.

Income Received Semi-Monthly

Add the gross amounts of the two semi-monthly amounts to get the monthly amount, which is the same as the average monthly amount.

Actual

Add the total amount of income received to get an actual amount. (**NOTE:** The worker must follow SNAP policy when applying actual income for a month for which income is normally incurred on a weekly, bi-weekly, or semi-weekly basis). Example: Actual income would be used for the month of application when the household reports receipt of income in the month of application that will be non-continuing or when a new job pays less than a full month for the budget month.

ELIGIBILITY BASED ON GROSS INCOME-MANUAL DETERMINATION

To determine the household's gross monthly income manually, calculate as follows:

1. Add the gross monthly income earned by all household members and the total monthly unearned income for all household members.

2. Subtract income exclusions.

The remaining amount is defined as the total gross monthly income for the purpose of the Gross Income Test. For households subject to the gross income maximum, compare the total gross monthly income to the gross monthly income standards for the appropriate household size to determine eligibility for the month. Except for a farm loss deduction (See Chapter 7, SPECIAL CIRCUMSTANCES, SELF-EMPLOYMENT INCOME, Special Provision for Farmers) no deductions are allowed in calculating the total gross income. See Chapter 13, Table II.

If the household's gross income exceeds the Monthly Income Maximum shown on TABLE II in Chapter 13, for the appropriate household size, the household is ineligible and the application may be denied at this point. Note: The case should not be denied if the household is not subject to the gross test.

DETERMINING NET INCOME MANUALLY

The manual SNAP Worksheet is MDHS-EA-521.

MANUAL DETERMINATION OF ELIGIBILITY AND BENEFITS BASED ON NET INCOME

Eligibility Based on Net Income

The household's net monthly income, as determined using the above described method, shall be compared to the monthly income eligibility standards for the appropriate household size to determine eligibility for the month. See Chapter 13, Table II.

In determining net income manually, calculate in the order given below:

1. Add the gross average monthly income earned by all household members minus earned income exclusions, to determine the household's total gross earned income.

2. Multiply the total gross earned income by 20 percent and subtract that amount to determine the net monthly earned income.

3. Add to net monthly earned income the total average monthly unearned income of all household members, minus exclusions.

4. Subtract the standard deduction.

5. If the household is entitled to an excess medical deduction as provided in Chapter 4, DEDUCTIONS FROM INCOME, determine if total allowable monthly medical expenses exceed $35. If so, subtract that portion which exceeds $35. (See Chapter 6, *Medical Expenses*, for handling medical expenses billed other than on a monthly basis.)

6. Subtract the allowable monthly dependent care expenses, if any, up to the maximum allowed. See Chapter 13, Table I.

7. Subtract the allowable average monthly child support deduction, if any.

8. Total the household's monthly average shelter expenses to determine total shelter costs. Subtract from total shelter costs 50 percent of the household's income balance after all the above deductions have been made. The remaining amount, if any, is the excess shelter cost. If there is no excess shelter cost, the net monthly income has been determined. If there is excess shelter cost:

   a. Households which are subject to a maximum of excess shelter are entitled to a deduction up to the maximum allowed. See Chapter 13, Table I.

   b. Households which are not subject to a capped shelter expense are entitled to a deduction for the full amount of excess shelter.

9. After allowable excess shelter is subtracted, the household's net monthly income has been determined.

10. Benefit reduction is computed based on $16. If benefit reduction reduces the household's benefit to $1, $3, or $5, it will be rounded by the system to $2, $4, or $6 prior to authorization.

Manual Benefit Determination

The household's monthly benefit amount shall be determined by referring to Chapter 13, Table V, or may be computed as follows:

1. Multiply the net monthly income by 30% and round up to the nearest higher dollar each calculation that ends in 1 through 99 cents.

2. Subtract this amount from the maximum benefit amount for the appropriate household size. See Chapter 13, Table II.

See Calculating Prorated Benefit Amounts Manually later in this chapter for handling initial months.

Categorically Eligible Households (Regular)

There will be instances when a categorically eligible household meets the eligibility requirement but is eligible for a zero benefit amount when benefits are computed. In this event:

1. Pure TANF/SSI households containing one and two persons will be entitled to $16.00.

2. Pure TANF/SSI households with three or more persons entitled to zero benefits will not receive benefits but cannot be denied. The application will be approved, with full explanation on the notice to the household. MAVERICS will create a benefit record on the SNAP Benefit History (FSBH) screen for zero benefits and the benefit amount field on SNAP Allotment Determination (FSAD) screen will show "00". The bottom of FSAD screen will show "Is eligible - no allotment".

While it may appear unnecessary to certify households when they will actually receive no SNAP benefits, eligibility for SNAP benefits may entitle the household to receive benefits from other programs such as Food Distribution, energy assistance, etc.

Households of One or Two Persons

Except for an initial month as outlined below, all eligible one and two person households, including those determined categorically eligible, shall receive a minimum monthly benefit of $16.

EXCEPTION: Less than $16 may be issued to one and two person households if benefit reduction for Intentional Program Violation, inadvertent household error, or agency error is applied. However, the benefit amount is rounded up to $16 for these households before applying benefit reduction. For example, a household's benefit is computed to be $12 and rounded up to $16.

February 2, yielding an amount of $9. No benefits will be issued for February.

NOTE: Households which are eligible but entitled to no benefits for the initial month due to proration but are entitled to benefits in subsequent months, will be certified beginning with the month of application, i.e., the certification period will begin with the month of application when approved in the first 30 days.

Households of Three or More Persons

Households of 3 or more persons may receive benefits of less than $16. If benefit reduction is applied, the amount is not rounded up to $16 but rather is computed on the actual benefit to which

the household is entitled.

Households entitled to $1, $3, and $5 amounts are certified for $2, $4, and $6 respectively for issuance purposes.

There may be instances when households of three or more persons are eligible but entitled to no benefits. The household's application should be denied on the grounds that its' net income exceeds the level at which benefits are issued.

EXCEPTION: Regular categorically eligible households with three or more persons entitled to zero benefits will not receive an amount but cannot be denied. The application will be approved, with full explanation on the notice to the household.

Variable Basis of Issuance

The household's benefit may vary from month to month within the certification period to reflect anticipated changes.

Calculating Prorated Benefit Amounts Manually

A household's benefit level for the initial month (defined in Chapter 2) of certification shall be prorated based on the day of the month it applies for benefits. Chapter 13, Table IV, Allotment Proration Multiplication Factors, will be used to calculate the prorated benefit amount for the initial month.

Prorated Benefits Less Than $16

If the calculation of the initial month's benefits results in an amount of less than $16, then no benefits shall be issued.

> Example: Household of 5 applies for SNAP benefits on February 22. The household is determined eligible for a monthly amount of $25. Benefits for February, the initial month, are prorated from February 22 yielding a prorated amount of $7. No benefits will be issued to this household for February.
>
> Example: Household of 2 applies for SNAP benefits on February 2. The household is determined eligible for $16. Benefits for February, the initial month, are prorated from February 2, yielding an amount of $9. No benefits will be issued for February.

NOTE: Households which are eligible but entitled to no benefits for the initial month due to proration but are entitled to benefits in subsequent months, will be certified beginning with the month of application, i.e., the certification period will begin with the month of application when approved in the first 30 days.

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[SPECIAL CIRCUMSTANCES: HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE]

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GENERAL

Households must be screened for expedited service eligibility at the time of application. For households entitled to expedited service, benefits must be made available to the recipient no later than the 7th calendar day after the application is filed. (See Chapter 8, APPLICATION, Expedited Services). To ensure timely issuance of the EBT card, the card, if needed, must be requested on the day of application or the day of the interview. Benefits must be authorized within the appropriate time frame to allow access no later than the seventh day.

LATE DETERMINATION OF EXPEDITED SERVICE

If the screening process fails to identify a household as being entitled to expedited service and the eligibility worker later discovers that the household is entitled to expedited service, the household must be provided expedited service within 7 calendar days of the date of discovery. Code appropriately in MAVERICS and document the case record.

SCHEDULING INTERVIEWS

Corrective Action measures for timely processing of expedited cases now mandate that the applicant who is entitled to expedited service be interviewed on the date of application or the interview must be scheduled for the next working day.

If the household is entitled to expedited service and is also entitled to a waiver of the office interview, the EW must conduct the interview and complete the application process within the expedited service time frame. The first day of this count is the first calendar day following the date of application.

If the interview is conducted by telephone and the application must be mailed to the household for a signature, the mailing time is not included in the 7 day time frame. Mailing time shall only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending a signature and mailing.

EXPEDITED SERVICE CRITERIA

The following households are entitled to expedited service:

1. Households with less than $150 in monthly gross income and liquid resources of $100 or less,

2. Migrant or seasonal farmworker households who are destitute and have liquid resources of $100 or less. See provisions in this chapter, DETERMINING DESTITUTE STATUS FOR MIGRANT AND SEASONAL FARMWORKERS, for handling these households.

3. Eligible households whose combined monthly gross income and liquid resources are less than the household's monthly rent or mortgage and utilities (including entitlement to a SUA if SUA is higher than actual bills.)

HANDLING CASES OF HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE

Although a household who meets the criteria may be entitled to expedited service, this does not mean automatic eligibility, i.e., a household might be ineligible based on one or more eligibility factors. Special procedures for handling cases of households entitled to expedited service are outlined below.

Social Security Numbers

The household entitled to expedited service will be asked to provide or apply for a social security number (SSN) for each household member prior to certification. However, benefits shall not be delayed beyond the 7 day time frame because the household is unable to provide or apply for the SSN. Nonetheless, the household shall be required to provide or apply for a SSN for each household member prior to the second month of participation.

Household members unable to comply with this requirement shall be allowed to participate only if they meet the good cause requirements, as specified in Chapter 3, SOCIAL SECURITY NUMBERS, Determining Good Cause.

VERIFICATION

The following verification provisions apply to households entitled to expedited service.

1. **Identity** - In all cases, the identity of the person making the application must be verified before the household is certified. This can be done through a collateral contact or readily available documentary evidence. See Chapter 8, VERIFICATION AND DOCUMENTATION, MANDATORY VERIFICATION.

If the application is made by an authorized representative, the identity of the authorized representative must be verified.

If the household’s identity cannot be verified within the expedited service time frame, the household is not entitled to expedited service.

2. **Residency** - A reasonable effort shall be made to verify, within expedited processing time frames, the household's residency as outlined in Chapter 3, RESIDENCY. However, benefits shall not be delayed beyond the timeliness standards solely because residency has not been verified.

3. **Income** - The household's income statements shall be verified through readily available documentary evidence or a collateral contact when it can be done in sufficient time to meet the expedited processing standards, i.e., a reasonable attempt must be made to verify income or lack of income. However, benefits shall not be delayed beyond the timeliness standards for expedited service solely because income has not been verified.

4. **Other Factors** - Other normally required and/or questionable verification factors should be completed when it is possible to do so within the timeliness standards for expedited service. However, benefits shall not be delayed beyond the timeliness standards for expedited service solely because other factors have not been verified.

This provision also applies to aliens whose status has not been verified, unless the household's statements are sufficient to determine that the alien is in an ineligible category for the food stamp program.

5. **Collateral Contacts** - If a collateral contact is used to obtain verification, the worker shall promptly call the collateral contact or otherwise assist the household in obtaining the necessary verification. The worker is responsible for obtaining verification from acceptable collateral contacts. If a collateral contact is used in lieu of documentary verification, documentation in the case record and/or on the CADM screen in MAVERICS must explain why.

6. Persons currently disqualified due to non-cooperation with program rules regarding the TANF Work Program (TWP) must comply within the expedited service time frame in order to receive expedited service. If the disqualified individual is unable to cure the sanction within the expedited service period, the normal 30-day processing standard will apply.

7. Applicant households currently certified to receive food stamp benefits in another county or state at the time of application are not eligible for expedited service. However, eligibility for expedited service for the month following the month of application may be explored. If determined eligible for the following month, benefits must be made available by the second day of the next month, or five days from application, whichever is later.

Work Registration

At a minimum, the applicant must register for work unless exempt. (See Chapter 3, WORK REGISTRATION, Special Situations.)

LOSS OF ENTITLEMENT TO EXPEDITED SERVICE

If a household loses its entitlement to expedited service between the date of application and the expedited issuance, the case will be processed using normal standards.

Example: If the household fails to appear for the interview and does not request a second appointment within the timeliness standard for expedited service, the household will lose its entitlement to expedited service. The household's application will be processed under normal timeliness standards.

The worker must document the case clearly as to the reason for loss of entitlement to expedited service and have the supervisor make appropriate MAVERICS changes. (See Volume X, Correct Application Registration.)

Households requesting, but not entitled to, expedited service shall have their applications processed according to normal standards.

Processing Standard

Expedited households must be able to access their food stamp benefits no later than the seventh calendar day following the date the application was filed. (See Chapter 8, APPLICATION, Expedited Service.). Benefits must be authorized and an EBT card ordered, if needed, so the participant has access, i.e., card in hand and benefits available, by the 7th day.

There is no limit to the number of times a household can be certified under the expedited procedures, as long as prior to each expedited certification, the household either: (1) provides the verification that was postponed at the last expedited certification, regardless of the amount of time that has expired, or (2) the household was certified under normal processing standards since the last expedited certification. Therefore, any restrictions or limit to expedited service only applies to a household that does not provide postponed verification.

Certification Periods and Notices

Households that are certified on an expedited basis and have provided all necessary verifications prior to certification shall be assigned normal certification periods. (See Chapter 8, Certification Periods.) If verifications are postponed, authorize benefits for one month only but assign normal certification periods to those households whose circumstances would otherwise warrant longer certification periods.

When verification is postponed and a certification period of longer than one month is assigned, households, except migrant households applying after the 15th, must be sent a notice advising in writing that no benefits for the second month will be issued until the postponed verification is submitted. The notice must also advise the household that if verification results in changes in the household's eligibility or level of benefits, the change will be made without advance notice. The

MAVERICS notice is F102, FS Approval/Expedited. If the manual notice MDHS-EA-944, Notice of Action is sent, this must be documented in MAVERICS by using F000, Manual Notice Documentation. (See Volume X, Notices.)

If the household does not supply the postponed verification within 30 days of the date of application, no further notice will be sent. The eligibility worker will terminate the case and benefits will not be authorized for the remainder of the certification period.

If the household provides the verification that was postponed prior to the action taken to terminate benefits, the second month's benefits must be available within 7 working days from receipt of the verification or the first day of the second month, whichever is later. Benefits must be authorized by the 6th day after receipt of the verification to ensure timely receipt of benefits.

Migrant households applying after the 15th must be notified that postponed verification from within the State must be submitted before benefits will be issued for the second month and verification from out-of-state sources must be submitted before benefits will be issued for the third month. Migrants are entitled to postpone out-of-state verification only once each season.

Recertification

If a household applies for recertification before the end of its current certification period, the household is not entitled to expedited service.

NOTE: When approving an expedited case based on postponed verification, even if the one month only authorization is for zero allotment, the county should not authorize the second months benefits until the postponed verification is received.

[SPECIAL CIRCUMSTANCES: DETERMINING DESTITUTE STATUS FOR MIGRANTS AND SEASONAL FARMWOKERS]

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GENERAL

Migrant or seasonal farm worker households may have little or no income at the time of application and may be in need of immediate food assistance, even though they expect to receive income at some other time during the month of application. As a result, these type households may be classified as destitute and entitled to have special income calculations used as well as expedited service. Destitute households must be identified and provided an opportunity to participate in accordance with expedited timeliness standards. Destitute households are subject to all of the requirements outlined earlier in this chapter, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE. If the household is not classified as destitute, the remaining provisions in this chapter are not applicable; however, if the household is determined destitute, the provisions outlined in the remaining material should be followed.

NOTE: Households other than migrant or seasonal farmworkers shall not be classified as destitute.

Destitute status must be determined in accordance with the provisions outlined below.

DETERMINING DESTITUTE STATUS

In determining destitute status, the definitions of income from a new source and income from a terminated source are different from how they would normally be used. These definitions are explained here as it will be necessary for the worker to know what is meant by these special definitions in determining if the household is destitute.

New Source Definition

Income is considered to be from a new source if:

1. It is normally received on a monthly or more frequent basis and more than $25 has not been received from that source within 30 days prior to the date the application was filed; or

2. The income is normally received less often than monthly, and income of more than $25 was not received from that source within the last normal interval between payments. For example, if a household applies in early January and is expecting to be paid every 3 months, starting in late January, the income shall be considered to be from a new source if no income of more than $25 was received from the source during October or since that time.

Terminated Source Definition

Income is considered to be from a terminated source if:

1. It was received on a monthly or more frequent basis and will not be received again from the same source during the balance of the month of application or during the following month; or

2. The income was normally received less often than monthly and will not be received in the month in which the next payment would normally be received. For example, if income is received on a quarterly basis (e.g., on Jan. 1, Apr. 1, July 1, and Oct. 1), and the household applies in mid-January, the income should not be considered from a terminated source merely because no further payments will be received in the balance of January or in February. The test for whether or not this household's income is terminated is whether the income is anticipated to be received in April.

Application/Recertification Applications After Last Month of Certification Period

Households making application or whose applications for recertification are received after the last month of the certification period, are considered destitute if:

1. The only household income for the month of application was received prior to the date of application and was from a terminated source; or

2. The only household income for the month of application is from a new source and income of more than $25 will not be received from the new source by the 10th calendar day after the date of application. These households may expect to start receiving income from a new job or may have applied for, but have not yet begun to receive benefits from public assistance, unemployment compensation, SSI, social security or a similar program; but do not expect to receive the income within 10 calendar days; or

3. The only household income for the month of application is from both terminated and new sources as defined above, and income of more than $25 from the new source will not be received by the 10th day after the date of application.

Recertification Application During Last Month of Certification Period

Households whose applications for recertification are received during the last month of the certification period are considered destitute if the only household income anticipated for the first month of the new certification period is from a new source, and this income of more than $25 will not be received from that source by the 10th calendar day after the date of the household's normal issuance cycle.

Special Situations

There are special situations the worker must take into consideration in determining whether a household is destitute:

1. Travel advances are sometimes provided by employers to cover the travel costs of new employees who must journey to the location of their new employment. Regardless of whether these payments are considered excluded reimbursements or are actually an advance on wages that will be subtracted from wages later earned by the employee, the advance shall be disregarded in determining whether subsequent payments from the employer are from a new source of income or whether the household meets the destitute criteria.

   Example: If a household applies on May 10, has received a $50 wage advance for travel from its new employer on May 1, but will not start receiving any other wages from the employer until May 30, the household shall be considered a destitute household.

2. A household member who changes jobs but continues to work for the same employer shall be considered as still receiving income from the same source.

3. A migrant farmworker's source of income shall be considered to be the grower for whom the migrant is working at a particular point in time, and not the crew chief. A migrant who travels with the same crew chief but moves from one grower to another shall be considered to have moved from a terminated income source to a new source.

DETERMINING ELIGIBILITY AND BENEFIT LEVELS FOR MIGRANT OR SEASONAL FARMWORKERS DETERMINED DESTITUTE

Although a destitute household is subject to the expedited service provisions as outlined in Chapter 8, it does not mean automatic eligibility, i.e., a destitute household eligible for expedited service might be determined ineligible based on one or more eligibility factors. Because of the destitute determination, the household would be entitled to notification of ineligibility within the timeliness standards for expedited service.

Resources

Ongoing policy applies in determining eligibility.

Income

There are special income calculation procedures in determining eligibility and benefit levels for destitute households:

1. Applications/Application for Recertification Received after Last Month of Certification Period

Consider only that income which is received from the first of the month through the date of application, regardless of whether the income is from a terminated or new source. Any income from a new source that is anticipated after the date of application shall be disregarded.

To be considered a wage advance and, therefore as income, the travel advance for a new employee must be by written contract an advance of wages that will be subtracted from wages later earned by the employee. Otherwise, the travel advance will be considered a reimbursement and will be an income exclusion. Even though a travel advance to a new employee does not affect the determination of destitute status for expedited service purposes, a wage advance as defined in this paragraph will count as income if it is received on or prior to the date of application. However, because a wage advance for the travel costs of a new employee cannot affect the determination of whether subsequent payments from an employer are from a new source, the wages from a new source received after the date of application will be disregarded for the month of application.

Example: The household makes application on May 5. The only household income anticipated for May is the head of the household's new source income of $600 to be received on May 31. The head of the household received $50 of this $650 salary on May 2 as a wage advance for travel expenses. The household is entitled to expedited service. In calculating level of benefits, $50 is counted as income for May, and the $600 to be received on May 31 is disregarded.

2. Recertification Applications Received During Last Month of Certification Period

Consider all income to be available with the following exception:

Income anticipated from a new source is disregarded in the first month of the certification period if income of more than $25 will not be received from this new source within 10 calendar days after the date of the household's normal issuance date.

Example: A household's certification period ends on July 31. Application is made for recertification on July 14. The only income the household anticipates for August is from a new source and will be received 14 days after the household's normal issuance date. This income is to be disregarded for August.

Example: A household's certification period ends on October 31. Application is made for recertification on October 25. The only income the household anticipates for November is from a new source. The amount anticipated is $25 weekly on November 10, 17 and 24. The household's normal issuance date is

the 6th day of the month. Because not more than $25 will be received within 10 days after the normal issuance date the entire amount anticipated for November is disregarded.

Example: A household's certification period ends on June 30. Application for recertification is made on June 15. The only income the household anticipates for July is from a new source. The amount anticipated is $25.50 weekly to be received on July 10, 17, and 24. The household's normal issuance date is the 5th of the month. The entire amount anticipated must be counted as income for July.

To be considered a wage advance and, therefore counted as income, the travel advance for a new employee must be by written contract an advance of wages that will be subtracted from wages later earned by the employee. Otherwise, the travel advance will be considered a reimbursement and will be considered an income exclusion. A wage advance for the travel costs of a new employee will be disregarded only if the amount to be received within 10 days after the household's normal issuance date is $25 or less. However, if the wage advance is to be received within 10 days after the household's normal issuance date and will exceed $25, it must be counted as income. The inclusion or exclusion of the wage advance will not affect the determination of whether the new source of income will be included.

Example: A household's certification period ends on September 30. Application is made for recertification on September 13. The only income the household anticipates for October is from a new source. The amount anticipated is $600. Of this amount $50 will be received on October 1 as a wage advance for travel expenses, and $550 will be received on October 31. The household's normal issuance date is the 5th day of the month. The $50 wage advance will be counted as income and the $550 will be disregarded for October.

[SPECIAL CIRCUMSTANCES MIGRANT FARM LABORERS]

Revised 05-01-06

GENERAL

This policy applies to migrant farm laborers, i.e., workers who move from place to place in order to follow the work flow. Persons who live in one place but work for different employers, are not considered migrant workers.

EXEMPT INCOME OF CHILDREN

Some problems have been encountered in determining the income of migrant children under 18 years of age who are students when the household receives one payment in compensation for work performed by all or a group of household members. Since the earned income of a student under 18 is exempt, the income must be differentiated from the rest of the household's income. Unless income can be identified as earned specifically by the student, the worker shall prorate the income equally among the number of household members working and exclude that portion allotted to the student under 18. This provision applies to students who are currently attending school and those who plan to return to school after academic breaks.

Individuals are considered children for purposes of this provision if they are under the parental control of another household member.

RESOURCES

Special care should be taken in dealing with migrants to determine if there are out-of-state resources or income from resources in the home-base area. For example, a migrant who claims Texas as a home-base area and who is applying for food stamp benefits in Mississippi, should be questioned as to the availability of resources in Texas as well as in Mississippi.

Particular attention should be paid to real property in the home-base area. Each applicant household is permitted one home and lot as an exemption from resources. If the applicant has a home and lot in another state and does not own a residence in Mississippi, for example, the home in the other state will be exempted. As noted in Chapter 4, shelter costs for the home, when not occupied by the household because of employment, may be allowed under certain circumstances.

Additionally, the worker should explore the possibility that out-of-state real property is being rented or is producing income in some way. If such property is producing income, such income must be added to all other household income in determining eligibility and benefit levels.

WORK REGISTRATION

See Chapter 3

PROCESSING STANDARDS

See Chapter 8. Since migrant farm laborers usually have little or no income when entering an

area, they may be destitute and entitled to expedited service.

Revised 06-01-10

INTRODUCTION

This material deals with handling of income from a self-employment operation, including households that own and operate a commercial boarding enterprise, but excluding income received from boarders in a noncommercial board arrangement. The noncommercial board arrangement is detailed in NONCOMMERCIAL BOARDING HOUSES, later in this chapter.

ANNUALIZING SELF-EMPLOYMENT INCOME

Self-employment income may be received irregularly or on a regular basis and is handled as follows:

> Self-employment income which represents the household's annual support shall normally be averaged over a 12-month period, even if the income is received within only a short period of time during that 12 months.
>
> Calculations are based on anticipated income to be received over a 12-month period. These households will be subject to certification periods of 6 or 12 months. See Chapter 8, CERTIFICATION PERIODS.
>
> Normally self-employment income and expenses from the past year are counted for the current year. If the averaged annualized amount does not accurately reflect the household's actual circumstances because the household has experienced a substantial increase or decrease in business, such as a change in the type of farm operation or the amount of land farmed, crop failure or a substantial change in market prices, etc., the self-employment income shall be calculated on anticipated earnings rather than on the basis of prior income.
>
> If a household's self-employment enterprise has been in existence for less than a year, the income from the self-employment enterprise shall be averaged over the period of time the business has been in operation, and the monthly amount projected for the coming year.
>
> When budgeting self-employment income, in addition to the household's own statement, other factors would have to be examined and evaluated. Such factors would include, but would not be limited to, previous year's business and personal expenses, tax records, anticipated expenses for the current year, income received from other sources during the previous year, income expected to be received from other sources during the coming year, etc.

DETERMINING NET SELF-EMPLOYMENT INCOME

For the period of time over which self-employment income is determined, the worker shall add all gross self-employment income (including capital gains), exclude the cost of producing the self-employment income, and divide the balance by the number of months over which the income will be averaged.

For those households whose self-employment income is not averaged but is instead calculated on an anticipated basis, the worker shall add any capital gains the household anticipates it will receive in the next 12 months, starting with the date the application is filed, and divide this amount by 12. This amount shall be used in successive certification periods during the next 12 months, except that a new average monthly amount shall be calculated over this 12 month period if the amount of anticipated capital gains changes. The worker shall then add the anticipated monthly amount of capital gains to the anticipated monthly self-employment income, and subtract the cost of producing the self-employment income. The cost of producing the self-employment income shall be calculated by anticipating the monthly allowable costs of producing the self-employment income.

Expenses must always be handled the same as the self-employment income to which they apply, i.e. annualize expenses if income is annualized, average expenses over the period of time they are intended to cover if income is averaged over the period of time it is intended to cover and count expenses in the month billed if income is counted in the month received.

CAPITAL GAINS

Proceeds from the sale of capital goods or equipment shall be calculated in the same manner as a capital gain for Federal income tax purposes. For Federal income tax purposes, capital gains are generally computed by comparing the sales price to the "cost or other basis." If the sales price is greater, there is a gain; if the costs are greater, there is a loss. The "cost or other basis" in general is the cost of the property, purchase commissions, improvements and sales expenses such as broker's fees and commissions minus depreciation, amortization and depletion. The full amount of the capital gain, if any, is counted as income.

Internal Revenue Service (IRS) allows self-employed persons to deduct depreciation on property, for example a tractor, as a cost of doing business. When the property is sold before the end of its useful life, the seller must declare a portion of the depreciation as income for IRS purposes. This is commonly referred to as recaptured depreciation.

Also, the IRS allows a percentage of certain investments to be deducted as an expense. If the asset is disposed of or ceases to be eligible before the end of the recapture period for recovery property or before the end of the estimated life used to figure the credit, a percentage of the credit may have to be recaptured for IRS purposes. This is commonly referred to as recaptured investment credit. Neither recaptured depreciation nor recaptured investment credit is counted as income for SNAP purposes, but they may be considered in the capital gain computation of capital goods or equipment.

COSTS OF PRODUCING

Costs are allowed when they are billed or otherwise become due. When the income is annualized, only expenses billed or otherwise due in the current 12-month period are allowed. Costs that were billed or otherwise became due in a prior year which are not expected to recur in the current year may not be brought forward to the current year regardless of when they are paid.

Allowable Costs

Allowable costs of producing self-employment income include but are not limited to:

1. Payments on the principal and interest of the purchase price of income producing real estate and capital assets, equipment, machinery, and other durable goods.

   Note: A home based self-employment enterprise cannot receive mortgage, taxes, utilities, etc. as both a self-employment deduction and as an allowable shelter expense.

2. Identifiable costs of labor, stock, raw material and supplies, seed and plants, fertilizer and lime;

3. The interest portion of payments on business or operating loans;

4. Insurance premiums paid on income-producing property, such as rental homes;

5. Taxes paid on income-producing property;

6. Privilege taxes such as licensing fees, gross receipts and general excise taxes that must be paid in order to earn self-employment income;

7. Business transportation costs such as costs of carrying grain to an elevator, trips to obtain needed supplies, etc. or travel and lodging, (but not meals) away from home for a self-employed salesperson if necessary for the employment operation.

8. Rental payments on income-producing equipment. If a farmer is renting equipment with an option to buy, the rent payments are allowed until the purchase is made;

9. Costs of repairs and maintenance of equipment; and

10. Storage and warehousing charges. **Costs Not Allowed** The following expenses shall not be allowed as a cost of producing self-employment income:

1. Net losses from previous periods.

2. Federal, State and local income taxes, money set aside for retirement purposes, and other work related personal expenses, such as transportation to and from work. These expenses are allowed for by the 20 percent earned income deduction.

3. Depreciation.

4. Repayment of the principal of a bank loan; and

5. Charitable contributions allowed as a deduction for tax purposes.

DETERMINING HOUSEHOLD INCOME

Unless the net self-employment income is the result of a loss from farm self-employment as discussed below under **Special Provisions For Farmers,** the monthly net self-employment income shall be added to any other earned income received by the household. The total monthly earned income less the 20 percent deduction for earned income shall then be added to all unearned monthly income received by the household. The standard deduction, child support deduction, allowable medical, dependent care and shelter costs shall be computed as for any other household and subtracted to determine the household's net monthly income.

Special Provisions For Farmers

If the costs of producing self-employment farm income exceeds the gross farm income, such losses are offset against other countable income. To qualify for this offset, the person must receive or anticipate receiving annual gross proceeds of $1,000 or more from the farming enterprise. Monthly net farm self-employment income is computed in the normal manner by taking gross income, subtracting allowable exclusions and prorating the result over the period the income is intended to cover (usually 12 months). If there is a monthly net farm loss, the offset is made in two phases.

A. Phase I. The monthly farm loss is offset against the total amount of other net self-employment income computed for that month.

B. Phase II. If other net self-employment income is not enough to cover the farm loss, the remainder of the farm loss is offset against the total other earned and unearned income for that month.

Standard deductions, child support deduction, dependent care and shelter costs shall be computed as for any other household and subtracted to determine the monthly net income of the household.

The farm offset shall be prorated over the year in a manner comparable to that used for the self-employment income.

If there is still a net loss after the farm loss is offset against the total other earned and/or unearned income, the household is certified based on zero net income.

Prorated farm self-employment income or a prorated monthly farm offset will be discontinued at the time it is verified that a farmer discontinues the farming operation. For example, if the farmer stopped farming the end of June and reported it on July 5, the worker must remove the

self-employment income from the income calculation for August's issuance. See Volume X.

NOTE: The worker should explore the value of farm equipment as a resource if the operation is discontinued.

CERTAIN FARM PAYMENTS

Disaster Assistance Program Payments

One or more payments made to farmers adversely affected by the drought for crop losses and payments made to buy feed grain must be counted as earned income. This income is considered a replacement for income lost as a result of the drought, and for self-employed farmers the income must be processed in accordance with the normal annualizing procedures for self-employment income. Since the payment is counted as income, it is excluded from resources.

The feed grain payments will probably be made in several payments and must be counted as income. This income is offset by an income exclusion for the purchase price of feed grain when it is purchased.

If Agriculture Stabilization and Conservation Service (ASCS) payments are made as the result of a Presidentially declared disaster or emergency, the payments are excluded from income and resources in accordance with the Disaster Relief Act of 1974 as amended.

USDA Dairy Termination Program Payments

The USDA Dairy Termination Program encourages dairy producers to terminate milk production and dispose of their whole herd of milk cows. The program offers an incentive to terminate production in the form of four or five annual payments depending on the option chosen by the dairy producer. Under the program, the Commodity Credit Corporation contracts with the producers of milk to dispose of their herds on the condition that the producers agree not to engage in the production of milk for commercial use for 5 years.

Under the program, the producers will receive a payment at about the same time each year for four or five years. For food stamp purposes, the contract payment received each year shall be prorated over the 12 month period the payment is intended to cover, starting with the month of the payment.

Commodity Credit Corporation Payments

Under the USDA Payment-in-Kind (PIK) program, farmers receive commodities from the U.S. Department of Agriculture, Commodity Credit Corporation (CCC). No income is received by the household until the grain is sold. If the commodities are expected to be sold during the year, the anticipated income must be included for food stamp purposes. The CCC may also pay farmers in the form of commodity certificates for land diversions or acreage reduction. The certificates may later be surrendered to the CCC for cash or for commodities, or the farmer may sell the certificate to someone

else, usually for a profit. The certificates are valued in dollars based on the price of the commodity at the time of the agreement with the CCC and the number of bushels of the commodity the farmer will lose through land diversions or acreage reduction. When the certificates are used, the farmer receives cash or commodities based on the price of the commodity at the time the certificate is used. The cash received under this program is counted as income in the year it is expected to be received. It is annualized like other self-employment farm income. The value of any commodity which the household intends to use for feed or seed is excluded from income. If the farmer intends to retain the certificate or the commodity longer than 12 months, the value thereof is counted as a resource.

In some cases farmers will sell commodities they own to the CCC and receive them back from CCC as PIK commodities. Farmers are paid by CCC for the commodities with the payments being used to repay price support loans previously extended to the farmer by CCC. These sales and loan payments should be treated as completely separate transactions from the receipt of CCC certificates or PIK commodities and should be handled in the same manner as any other sale of commodities and repayment of a price support loan.

Federal Crop Insurance Corporation (FCIC) Payments

The Federal Crop Insurance Corporation (FCIC) insures producers against crop losses. Unlike ASCS payments, the producer has to pay premiums which are subsidized by the Federal government. An FCIC payment is considered as a nonrecurring lump-sum payment.

WORK REGISTRATION

See Chapter 3, WORK REGISTRATION

CERTIFICATION PERIODS

Households that receive their annual support from self-employment are subject to certification periods of 12 months. See Chapter 8, CERTIFICATION PERIODS.

GENERAL

This material applies to those in a noncommercial boarding situation and to whom a household furnishes both meals and lodging. These persons, for Program purposes, are considered to be nonhousehold members. Boarders are ineligible to participate in the food stamp program independent of the household providing the board. However, boarders may participate as members of the household providing the board services to them, at the household's request.

EXCEPTIONS TO BOARDER STATUS

Boarder status shall not be granted to:

1. Parents living with their natural, adopted, or step children under the age of 22 or such children living with such parents;

2. A spouse of a household member;

3. Children under 18 years of age who are under the parental control of a household member;

   Exception: Foster children are considered boarders unless the household requests that they participate as household members. (See BOARDER ELIGIBILITY.)

4. Persons paying less than a reasonable monthly payment for meals, as defined below. Any individual who is furnished both meals and lodging, but paying less than a reasonable amount, will be considered as a member of the household providing the meals and lodging, regardless of whether the household providing meals and lodging is certified for food stamp benefits.

REASONABLE MONTHLY PAYMENT

All payments for meals must be paid in cash, and in no event will food stamp benefits be accepted as payment.

When the boarder's payments for room are distinguishable from the payment for meals, only the amount paid for meals will be evaluated to determine if a reasonable amount is being paid for meals.

Boarders whose board arrangement is for 3 meals per day must pay an amount which equals or exceeds the food stamp benefit amount for the appropriate size of the boarder's household. If the arrangement is for 2 meals or less per day, the amount paid must equal or exceed two-thirds of the food stamp benefit amount.

BOARDER ELIGIBILITY

Boarders are ineligible to participate in the food stamp program, independent of the household providing the board. However, boarders may participate as members of the household providing the board services to them, at the household's request. All eligibility requirements must be met by the household prior to Program participation.

MEALS ONLY

Individuals to whom a household furnishes meals only (no lodging) do not meet the definition of boarders and are not subject to the provisions in this material. However, it should be noted these individuals may be eligible as separate food stamp households provided they are not considered institution residents as defined in Chapter 2, DEFINITIONS.

LODGING ONLY

Individuals to whom a household furnishes lodging only (no meals) do not meet the definition of boarders and are not subject to the provisions of this material. However, it should be noted that these individuals may be eligible as separate food stamp households provided they are not considered institution residents as defined in Chapter 2, DEFINITIONS.

Revised 05-01-06

GENERAL

Payments from noncommercial boarders (both room and board provided) are treated as self-employment income, i.e., the household is allowed the cost of doing business. It should be remembered that persons properly classified as boarders are excluded from the household when determining the household's eligibility and benefit level.

Households that operate commercial boarding houses are discussed under SELF-EMPLOYMENT INCOME in this chapter.

INCOME FROM BOARDER

The income from boarders includes all direct payments to the household for room and meals, including contributions to the household's shelter expenses. Shelter expenses paid directly by boarders to someone outside of the household are not counted as income to the household.

Note: Foster care payments are considered as income to the foster child(ren) and, therefore, shall not be considered as income to the household caring for the child even if the payments are made to the provider of the household and not to the child. No portion of the foster care payment shall be counted in determining the eligibility and benefit level of the household providing the foster care unless the household elects to include the foster children as household members. In such case the entire foster care payment would then count as income to the household, because the foster child is included in the budget.

COST OF DOING BUSINESS

After determining income received from the boarder(s), the worker will exclude that portion of the boarder payment which is a cost of doing business. The cost of doing business, not to exceed the payment from the boarder(s) for lodging and meals, shall be:

1. The maximum allotment for a household size equal to the number of boarders. For example, there are 3 boarders, and each is a separate household. The exclusion is the maximum allotment for a three person household and not 3 times the maximum allotment for one person; or

2. The actual documented cost of providing room and meals, if the actual costs exceed the maximum allotment for a household size equal to the number of boarders. If actual costs are used, only separate and identifiable costs of providing room and board to the boarder(s) are excluded.

DEDUCTIONS

The net income (considered self-employment) from boarders is added to other earned income, and

Shelter costs the household actually incurs, even if the boarder(s) contributes to the household for part of the shelter expenses, are computed to determine if the household will receive a shelter deduction. However, shelter costs shall not include any shelter expenses paid by the boarder to a third party, such as the landlord or utility company. Ongoing policy applies in using SUA, BUA or actual utility expenses.

MEALS ONLY

An individual to whom the noncommercial boarding house provides only meals for compensation does not meet the definition of a boarder; however, the household furnishing the meals may be allowed the cost of doing business, not to exceed the payment received for meals. This income, less the cost of doing business, is considered earned income.

The cost of doing business would be the actual costs of providing meals. However, if this information is not available, the worker may exclude from the payment for meals the maximum allotment for a household size equal to the number of boarders.

LODGING ONLY

The person to whom the noncommercial boarding house furnishes lodging only is not subject to the boarder provisions. Any payments made to the household for lodging will be counted as earned income; however, there is no provision for allowing allotment for household size as cost of doing business, although the actual cost of doing business, if known, can be excluded as for any other self-employment enterprise.

STUDENT ELIGIBILITY

An individual enrolled at least half-time in an institution of higher education shall be ineligible to participate in the SNAP Program unless the individual qualifies for one of the **STUDENT EXEMPTIONS** given in this chapter. If the determination is that an individual is not enrolled in an institution of higher education as defined below, provisions in this material are not applicable and eligibility will be determined in accordance with ongoing policy.

INSTITUTION OF HIGHER EDUCATION

An institution of higher education is defined as an institution which normally requires a high school diploma or equivalency certificate for enrollment, including, but not limited to, colleges, universities and vocational or technical schools at the post-high school level.

An individual would be considered enrolled in an institution of higher education (including on-line college students) if the individual is enrolled in a regular curriculum at a college or university that offers degree programs, regardless of whether a diploma is required. A college includes a junior, community, two-year or four-year college or university. A person who is attending a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certification for enrollment in the curriculum, would also be considered enrolled in an institution of higher education.

Some colleges that normally require a high school diploma or equivalency certificate may not require them for special programs such as courses for English as a second language or for courses which are not part of the regular curriculum; persons enrolled in such programs will not be considered enrolled in an institution of higher education.

DURATION OF STUDENT STATUS

The purpose in defining the "duration of student status" is for determining if the student policy outlined in this material is applicable to the individual and not for determining if the individual is eligible or ineligible to participate as a student. The eligibility of a student depends on whether he or she meets at least one of the **STUDENT EXEMPTIONS** outlined later in this chapter.

"Enrollment status" shall begin with the first day of the school term of the institution of higher education and shall end when the student graduates, is suspended or expelled, drops out, or decides not to register for the next normal school term (excluding summer school). The determination of enrollment status during vacations and recesses shall be based on the student's status just prior to the school break.

If an individual becomes a student during a certification period they are not required to report the change until the next recertification. If they voluntarily report the change, the worker will determine student eligibility: otherwise, student status will be determined at the next recertification. Since this is not a reportable change it would not create a claim, unless the individual failed to report student status at the certification interview.

Students who fail to maintain continuous enrollment status as outlined above, or who do not intend to register for the next normal school session will lose their student status and be treated as any other individual.

Continuous enrollment by a student is determined according to the school's definition of a normal school term and the student's attendance or intent to attend. For example:

1. The school is on the semester system and considers the two semesters encompassing August through May as the normal school year. A student in this setting maintains student status during the summer months regardless of whether he attends summer school, provided he intends to register for the fall semester. However, if he attends summer school but plans to skip the fall semester and register again in January, he will not be considered a student during the fall.

2. The school is on the quarter system and defines a normal school year as any three of the four quarters. In this case, the student maintains student status during the quarter he elects not to attend school unless he does not plan to register for the following quarter.

3. The school has divided the school year into three terms, each composed of approximately four months, with a one to two week vacation between each term. All three terms are considered by the school as the normal school year. Therefore, if a student fails to register for any one of the terms, he is no longer considered a student.

STUDENT EXEMPTIONS

A student, regardless of where he is living, is ineligible to participate in the SNAP Program unless he meets at least one of the following criteria:

1. Age 17 or younger, or age 50 or older;

2. Physically or mentally unfit;

NOTE: If physical or mental unfitness is claimed and the unfitness is not evident to the eligibility worker, verification will be required. Appropriate verification may consist of

receipt of temporary or permanent disability benefits issued by governmental or private sources, or of a statement from a physician or licensed or certified psychologist defining the limitation and duration of the disability.

3. Receive Temporary Assistance for Needy Families (TANF), under title IV of the Social Security Act;

4. Enrolled as a result of participation in the TANF Work Program (TWP), under Title IV of the Social Security Act or its successor program;

5. Employed at least 20 hours per week and paid for such employment. Substitution of wages equivalent to 20 times the minimum hourly wage is not allowed. The student's work hours may fluctuate based on class schedules and employer needs, but he/she must work an average of at least 20 hours per week or 80 hours per month. Further, this provision is related to a student actually on the job rather than one who has merely been promised a job;

   Students paid or subsidized for class hours, such as WIA recipients paid for going to school, are not considered employed during that time as far as the student provision is concerned. In other words, such class attendance would not make a student eligible under the minimum 20 hours per week work requirement. A student may still be eligible under one of the other criteria, or under the work criteria if he is maintaining a job outside the classroom for an average of 20 hours or more per week.

6. If self-employed, be employed a minimum average of 20 hours per week and earn at least the equivalent of 20 times the hourly Federal minimum wage;

7. Participating in a State or Federally financed work study program during the regular school year;

   a. To qualify under this provision, the student must be approved for work study at the time he or she applies for SNAP benefits, the work study must be approved for the school term **and** the student must anticipate actually working at some time during the school term. The exemption shall begin with the month in which the school term begins or the month work study is approved, whichever is later. Once begun, the exemption will continue until it becomes known that the student has refused an assignment or the end of the month in which the school term ends. If the work study is questionable, the eligibility worker shall require verification by the student or contact the school to determine if funding and a job will be available.

b. This exemption only applies to months in which the student is approved for work study and shall not continue between terms when there is a break of a full month or longer unless the student is participating in work study during the break.

The work study student may or may not be working at time of application. The work study exemption applies if the student anticipates actually working at some time during the school term or is actually working at a job for which the student receives earnings or tuition credit for the work performed. Students working in hospitals or student teachers who must obtain actual experience as part of their course work for which they earn credit are not considered to be working at a job; however, they might still be exempt under this provision if they meet the criteria set out in Item a above.

Cooperative education (co-op) students who, under normal co-op situations are full-time students during one semester and work full time at curriculum-related jobs during the next semester, would not be entitled to the work study exemption. Co-op participants would not be classified as students during their work period unless, of course, they are also attending school at least half time. This is because enrollment is only deemed to continue if the student intends to register for the next normal school term. Also, students would not be working at the co-op jobs during the school attendance phase of their alternate school/work cycle. It is possible that during the school attendance phase these students obtain work study jobs or work 20 hours per week, in which case they would meet the program eligibility requirement. They would not qualify, however, solely on the basis of their participation in the co-op program.

8. Participating in an on-the-job training program. A person is considered to be participating in an on-the-job training program only during the period of time the person is being trained by the employer. During the period of time that person is only attending classes, he or she would be considered a student subject to the provisions of student eligibility;

9. Responsible for the care of a dependent household member under the age of 6.

a. This provision applies to the student only if the student is the one responsible for providing the majority of child care for the child(ren) in the household under the age of 6.

Example: A household consists of a father (college student), an unemployed mother, and a five-year old child. The mother is responsible for providing the majority of the care for the child. Therefore, the father would not be entitled to the exemption.

b. A household may not attempt to qualify for two exemptions with only one child under the age of 6. In the above example, if the father were granted the student exemption for care of the five-year old, the mother could not claim care of the child in order to meet a work registration exemption.

10. Responsible for the care of a dependent household member who has reached the age of 6 but is under age 12 when the agency has determined that adequate child care is not available to enable the student to attend class and comply with the work requirements listed above as items 5 and 7;

11. A single parent enrolled in an institution of higher education on a full-time basis, as determined by the institution, and responsible for the care of a dependent child under age 12;

a. This provision applies in situations where only one natural, adoptive, or stepparent (regardless of marital status, meaning the parent could be single, never married, a widow or widower, separated, divorced, or married and living in a separate household from the other parent) is in the same SNAP household as the child.

Example: A mother, responsible for the care of her 6 year old, attends an institution of higher education on a full time basis and has applied for SNAP benefits. Her husband, and father of the child, is in the military and stationed in Europe. She meets this exemption and is considered an eligible student.

Example: A father, responsible for the care of his 11 year old, attends an institution of higher education on a full time basis and has applied for SNAP benefits. Also in the household is his wife, the child's stepmother. Neither the father nor the stepmother can qualify as an eligible student unless they are eligible under one of the other eligible student criteria.

b. If no natural, adoptive or stepparent is in the same SNAP household as the child, another full-time student in the same SNAP household as the child may qualify for eligible student status under this provision if he or she has parental control over the child and is not living with his or her spouse.

Example: A 10 year old is in his aunt's custody, and they live with the aunt's elderly parents and have applied for SNAP benefits. No one else lives in the house. The aunt attends an institution of higher education on a full time basis, thus meets the criteria of an eligible student.

12. Volunteered for participation in the SNAP E & T Program and was assigned to or placed in

an institution of higher education through or in compliance with the requirements of one of the programs listed below. Self-initiated placements during the period of time the person is enrolled in one of these employment and training programs shall be considered to be in compliance with the requirements of the employment and training program in which the person is enrolled, provided the program has a component for enrollment in an institution of higher education and that program accepts the placement. Persons who voluntarily participate in one of these employment and training programs and are placed in an institution of higher education through or in compliance with the requirements of the program shall qualify for the exemption. The programs are:

a. a program under the Workforce Investment Act (WIA).

b. an employment and training program under the Food Stamp Act, i.e., the SNAP E&T Program. **NOTE:** In a situation where participation in the SNAP E&T Program is the only student exemption criteria that makes the person eligible for SNAP benefits as an eligible student and that person becomes ineligible for SNAP E&T Program services or drops out of college, the worker must review the SNAP eligibility criteria based on regular SNAP Policy. Appropriate case action must be taken accordingly.

c. a program under section 236 of the Trade Act of 1974.

d. an employment and training program for low-income households that is operated by a State or local government where one or more components of such program is at least equivalent to an acceptable SNAP employment and training program component, as specified in CHAPTER 3, NONFINANCIAL CRITERIA, WORK REGISTRATION, SNAP EMPLOYMENT AND TRAINING (E and T) PROGRAM. The Agency shall make the determination as to whether or not the programs qualify.

NOTE: There will be instances when an individual meets the criteria to be an eligible student but is not actually eligible due to purchasing the majority of their meals at one of the school's facilities through a meal plan. (See Chapter 3, RESIDENTS OF INSTITUTIONS.)

HOUSEHOLDS WITH INELIGIBLE STUDENTS

Students not meeting one of the **STUDENT EXEMPTIONS** are determined to be ineligible and may not participate as a separate household or with other household members. **See HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS** later in this chapter for determining eligibility of households containing an ineligible student.

NOTE: Ineligible students are considered as nonhousehold members and ineligible regardless of relationship of other household members, i.e., the policy regarding ineligibility of students supersedes the provision which prohibits nonhousehold status or separate household status for certain family members such as spouse or parents.

STUDENT INCOME

All student financial assistance, including loans on which payment is deferred, grants, scholarships, fellowships, Veteran's educational benefits, federal and state work study programs, and other similar educational assistance, is disregarded as income. All other income received by students, whether earned or unearned, and from whatever source, is countable, unless specifically excluded as outlined in Chapter 4, INCOME TO BE EXCLUDED.

Funds such as those noted above are disregarded as income because they are specifically earmarked for educational purposes and are provided to individuals based on their status as students. However, money provided to students from other sources would not be disregarded.

Example: A college student receives money from her mother to help pay for tuition and books. Even though the money is intended and used to pay the student's expenses, the money would not be excluded as educational income, but would be considered as a cash gift, either as lump sum resource in the month received, or as unearned income if received in installments.

GENERAL

This material applies to school employees who:

1. By contract, written or implied, receive annual income in a period of time shorter than one year; and

2. Receive that income on other than an hourly or piece work basis.

Such household members will be considered to be receiving compensation for an entire year even though predetermined nonwork periods are involved, or actual compensation is scheduled for payment during the work periods only.

These provisions do not apply in situations where the other party to the contract cannot or will not make payments specified in the contract; or where labor disputes interrupt the flow of earnings specified in the contract. In addition, these provisions may not necessarily apply when determining expedited status of a household.

CONTRACT RENEWAL

The contract renewal process may involve a signing of a new contract each year; be automatically renewable; or, as in cases of school tenure, rehire rights may be implied and thus preclude the use of a written contract altogether.

WORK-NONWORK CYCLE

The fact that such a contract is in effect for an entire year does not necessarily mean that the contract will stipulate work every month of the year. Rather, there may be certain predictable nonwork periods or vacations, such as the summer break between school years.

INCOME

Income from such a contract will be considered as compensation for a full year regardless of the frequency of payments as stipulated in the terms of the contract, as determined at the convenience of the employer, or as determined at the wish of the employee.

ELIGIBILITY, BENEFIT LEVEL, AND CERTIFICATION PERIODS

Annual income which household members receive from the contractual employment described above shall be averaged over a 12 month period to determine the member's average monthly income. To determine household eligibility, all other monthly income for this person or other household members will be added to this averaged monthly income. Income exclusions and deductions are applied in the normal manner. It is possible to have months of eligibility as well as months of ineligibility within the year.

The net income computed in the eligibility determination will be used to determine the basis of issuance. These households are subject to a certification period of 12 months. See Chapter 8, CERTIFICATION.

WORK REGISTRATION

See Chapter 3.

GENERAL

It should be noted that the treatment of ineligible household members is different from the treatment of other nonhousehold members who are spoken to in HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS in this chapter.

During the period of time that a household member cannot participate because he/she is:

- Ineligible because of disqualification for Intentional Program Violation (IPV) (MAVERICS participation code: DF)
- Ineligible because of disqualification for failure to comply with work registration or voluntary quit (MAVERICS participation code: DW)
- Ineligible because of failure to comply with child support requirements (MAVERICS participation code: DC)
- Ineligible because of disqualification for fraudulent representation/statements with respect to identity or residence in order to receive multiple benefits simultaneously (Individual is disqualified for 10 years. MAVERICS participation code: DF)
- Ineligible because of disqualification for conviction of trafficking in food stamp benefits of $500 or more, or trading benefits for firearms, ammunition, or explosives (Individual is permanently disqualified. MAVERICS participation code: DF)
- Ineligible because of disqualification for conviction of a felony in which the individual committed for possession, use or distribution of a controlled substance since 08-22-96 (Individual is permanently disqualified. MAVERICS participation code: DF)
- Ineligible because of disqualification for failure or refusal to obtain or provide a social security number (SSN) (MAVERICS participation code: DI)
- An ineligible alien (MAVERICS participation code: DI)
- Ineligible as a fleeing felon or parole/probation violator (MAVERICS participation code: DI)
- Ineligible due to a TWP Sanction and the individual has a child under 6 years old (MAVERICS participation code: DI)
- Ineligible due to a TWP sanction and the individual does not have a child under 6 years old (MAVERICS participation code: DW)

The eligibility and benefit level of any remaining household member shall be determined in accordance with the procedures outlined in this material.

DISQUALIFICATION FOR IPV, WORK REGISTRATION REQUIREMENTS, VOLUNTARY QUIT, CHILD SUPPORT REQUIREMENTS, FRAUDULENT REPRESENTATION TO RECEIVE MULTIPLE BENEFITS, CONVICTION FOR TRAFFICKING FOOD STAMP BENEFITS OR TRADING BENEFITS FOR FIREARMS, OR CONVICTION FOR POSSESSION, USE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE.

The eligibility and benefit level of any remaining members of a household containing individuals determined ineligible because of disqualification for IPV, work registration, voluntary quit, child support requirements, fraudulent representation or statements in order to receive multiple benefits simultaneously, convictions for trafficking food stamp benefits or trading benefits for firearms, or conviction of a felony in which the individual committed for possession, use, or distribution of a controlled substance since August 22, 1996 shall be determined as follows:

Income and Resources

The income and resources of the household member(s) determined ineligible (for reasons stated above) shall count in their entirety to the remaining household members.

Deductible Expenses

The entire household's allowable earned income, standard, medical, dependent care, child support and excess shelter deductions shall continue to apply to the remaining household members. For example:

1. If the ineligible household member is elderly or disabled, his allowable medical expenses are considered in determining the household's net income.

2. Even though the ineligible household member is the only elderly or disabled household member, the remaining household members would continue to receive the excess shelter deduction, with no maximum applied.

3. Even though the ineligible household member is the member who incurs the child care expense, that expense is considered in determining eligibility and benefit level for the remaining household members.

4. If a household entitled to the standard utility allowance has a member who is ineligible, the total standard utility is allowed in computing the household's shelter expenses.

Eligibility and Benefit Level

The disqualified member shall not be included when determining the household's size for the purposes of:

1. Assigning a benefit level to the household

2. Comparing the household's monthly income with the income eligibility standards or

3. Comparing the household's resources with the resource eligibility limits

The household's benefit amount is not to be increased as a result of the exclusion of one or more household members. Therefore, a portion of the individual's income would count. Otherwise, benefits could increase and this is not allowed.

SSN DISQUALIFICATION, INELIGIBLE ALIEN, OR FLEEING FELON OR PAROLE/PROBATION VIOLATOR

The eligibility and benefit level of any remaining household members of a household containing individuals determined to be ineligible because of failure or refusal to obtain or provide an SSN, ineligible alien status, disqualified fleeing felon or parole/probation violator shall be determined as follows:

Income

A prorata share of the ineligible member's (for reasons stated above) income shall be counted as income to the remaining household members. The prorata share is calculated as follows:

1. One Ineligible Household Member

    a. Subtract allowable exclusions from the ineligible member's income.

    b. Divide the balance evenly among all household members, including members who are ineligible for any reason, even if other ineligible members do not have any income.

    c. Count as income to the remaining household members all but the prorata share attributed to the household member who is ineligible.

2. Two or More Ineligible Members

    Follow the procedures outlined above. When two or more members are ineligible, the appropriate procedure is best illustrated by the following example:

Example: Mrs. Brown and Mrs. Jones are members of a 6 person household. Both are ineligible for failure to provide a SSN. Mrs. Brown's income, after exclusions, is $300 per month. Mrs. Jones' income, after exclusions, is $240 per month. Divide Mrs. Brown's income by 6 (household members, including all ineligible members). The amount attributed to each ineligible member is $50, or a total of $100, leaving a balance of $200 to be counted as income to the household. Mrs. Jones' share is computed in the same manner, i.e., divided by 6. The result is that $80 of Mrs. Jones' income is ineligible, leaving $160 to be counted as income for the remaining household members.

When the ineligible member is the payee for a payment such as social security or TANF, the income is prorated only if his needs are included in the budget. For example, the adult payee's needs are not included in the budget when social security benefits are issued for minors; therefore, the payment is not prorated because this is not the ineligible member's income.

If the eligible members are the only ones with income, their total income is counted in determining the household's eligibility and allotment. Their income is not prorated to the ineligible member(s).

Resources

The resources of the ineligible members (for reasons stated above) shall continue to count in their entirety to the remaining household members. Refer to Chapter 5, RESOURCES, regarding Broad-Based Categorical Eligibility.

Deductible Expenses

Earned Income Deduction

The 20% earned income deduction applies to the portion of the ineligible member's earned income which is counted as income for the remaining household members.

Shelter

Shelter is handled as follows:

If an eligible member pays all of the shelter expenses, the household is entitled to claim the total amount of shelter expenses.

1. Computing Amount To Be Included for Remaining Household Members

That portion of the household's allowable shelter expenses which is either paid by or billed to the member(s) who is ineligible for failure to comply with SSN qualifications, ineligible

alien status, etc., shall be divided evenly among all household members, including members ineligible for any reason. All but the amount attributed to the household member(s) who is ineligible for the above reasons is counted in computing the household's shelter costs.

Example: The household's rent is $240. The only ineligible household member is an ineligible alien who pays the entire bill each month; therefore, $240 is divided by 6 which would have been the household size had the alien not been ineligible. All but the prorata share ($40) attributed to the ineligible household member, or a total of $200, is computed as part of the household's shelter expense.

Example: The household size was 8; however, two members are ineligible, one for ineligible alien status and one for Intentional Program Violation (IPV). The household's monthly rent is $240, and each ineligible member pays $80 (or a total of $160) each month. This leaves a balance of $80 paid by remaining household members. Rent is computed as follows:

- The amount ($80) paid each month by the household member ineligible because of ineligible alien status is divided by 8, and the $10 attributed to the member with ineligible alien status will be subtracted from $80, leaving $70 to be counted toward the household's rent expense.

- The amount ($80) paid by the member disqualified for IPV is not prorated but rather, is counted in its entirety toward the household's rent expense. (See IPV DISQUALIFICATION earlier in this material.)

- The amount ($80) paid by remaining household members is also counted as a part of the household's rent expense.

2. Determining Whether Household Subject to Maximum (Capped) or Uncapped Shelter Deduction

A household member(s) who is ineligible because of SSN disqualification, ineligible alien status, etc., does not entitle the household to an uncapped shelter deduction even though all except a prorata share of shelter expenses incurred or paid by the ineligible member(s) is counted in determining the household's shelter costs. In other words, if the only elderly or disabled household member(s) is ineligible for one of these reasons, the household is subject to the maximum (or capped) shelter allowance. This is true even though a portion of the expense incurred or paid by the ineligible member is counted toward the household's total shelter expense.

Standard Utility Allowance or Basic Utility Allowance

If a household is entitled to the SUA or BUA and has a household member who is ineligible and is

billed for or pays all or part of the household's utility expenses, the SUA or BUA will be evenly divided among all members, including members ineligible for any reason. All but the amount attributed to the ineligible household member is counted in computing the utility costs.

Example: Mrs. Brown, a member of a 6 person household, is ineligible for failure to comply with SSN requirements. Mrs. Brown pays part of the utility expenses. The standard utility allowance would be divided equally among the six household members, leaving all but Mrs. Brown's share to be counted in determining the household's excess shelter deduction.

Child Support Deduction and Dependent Care Expense

That portion of the household's allowable child support payment that is legally obligated and paid to an individual living outside of the household and/or dependent care expenses either paid by or billed to a member(s) who is ineligible shall be divided evenly among all household members, including members ineligible for any reason. All but the amount attributed to the ineligible member(s) is counted as a deductible child support payment or in computing the household's dependent care cost.

Medical

Medical expenses are handled as follows:

1. Determining Whether the Household Is Entitled to Medical Deduction

   A household member(s) who is ineligible does not entitle the household to a medical deduction. In other words, if the only elderly or disabled household member(s) is the ineligible member, the household is not allowed a medical deduction.

   Similarly, if the only elderly or disabled persons who are eligible have no medical expenses, the household is not allowed a medical deduction even though there are elderly or disabled members ineligible for one of the reasons listed above and who do have medical expenses.

In summary, allowable medical expenses (See Chapter 4, DEDUCTIONS FROM INCOME) are considered only if incurred for, and paid by or on behalf of elderly or disabled persons who are not ineligible for one of the reasons outlined above.

2. Computing Amount of Medical Expenses To Be Considered for Remaining Household Members

   If a medical expense which can be considered (as outlined in Item 1 above) is paid by or billed to a household member(s) ineligible because of SSN disqualification or ineligible alien status, the expense shall be divided evenly among all household member(s),

including household members ineligible for any reason. All except the amount attributed to a household member(s) ineligible for one of the above reasons will be considered in computing the medical expense allowance for remaining household members.

Example: The husband in a food stamp benefits household dies. At the time of his death, the husband was eligible for the medical deduction. His wife will continue to be eligible for the medical deduction because she is legally obligated to pay the outstanding medical bills of her spouse.

Example: Household consists of a husband, wife, and two children. The husband, eligible for the medical deduction, dies. His wife is an ineligible household member, but is billed for her husband's medical expenses. The medical expenses will be divided evenly among the wife and two children, but only the expenses attributed to each of the children will be allowed as deduction.

Eligibility and Benefit Levels

Individuals determined ineligible for SSN disqualification, ineligible alien status, etc., shall not be included when determining the household's size for the purpose of:

1. Assigning a benefit level to the household
2. Comparing the household's monthly income with the income eligibility standards or
3. Comparing the household's resources with the resource eligibility limits

DISQUALIFICATION WITHIN CERTIFICATION PERIOD

Excluded for IPV, Conviction of Fraudulent Representation to Receive Multiple Benefits, Conviction for Trafficking or Trading Benefits for Firearms Disqualification

When a household's benefits are reduced or terminated within the certification period because one of its members has been disqualified for IPV, convicted of fraudulent representation to receive multiple benefits, convicted for trafficking or trading benefits for firearms, the worker shall notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of the disqualification. The household is not entitled to a notice of adverse action but may request a fair hearing to contest the reduction or termination of benefits unless the household has already had a fair hearing on the amount of the claim as a result of consolidation of the administrative disqualification hearing with the fair hearing.

Excluded For Work Registration, Voluntary Quit, Child Support, Fleeing Felons, Parole/Probation Violators, Conviction of Felony for the Possession, Use, or Distribution of a

Controlled Substance Disqualification

When a household's benefits are reduced or terminated within the certification period because one of its members has been disqualified because of the above reasons, the worker shall notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of the disqualification. The household is entitled to a notice of adverse action and may request a fair hearing to contest the reduction or termination of benefits. For additional information, see CHAPTER 3, WORK REGISTRATION, VOLUNTARY QUIT, and CHILD SUPPORT REQUIREMENTS.

Excluded for SSN Disqualification, Ineligible Alien Status

When a household's benefits are to be reduced or terminated within the certification period because one or more of its members is ineligible for SSN disqualification and/or alien status, the worker shall issue a notice of adverse action informing the household that the individual is being excluded, the reason for the exclusion, the eligibility and benefit level of the remaining members, and the actions the household must take to end the ineligibility.

[SPECIAL CIRCUMSTANCES: HOUSEHOLDS WITH OTHER NONHOUSEHOLD MEMBERS]

Revised 05-01-06

GENERAL

This material applies to handling income, resources, etc., of other nonhousehold members who have not been disqualified, such as roomers, live-in-attendants, ineligible students, and other households. (See Chapter 3, NONFINANCIAL CRITERIA, Household Concept and SPECIAL CIRCUMSTANCES, STUDENT ELIGIBILITY, in this chapter.) Such nonhousehold members shall not be included when determining the size of the household for purposes of:

1. Assigning a benefit level to the household;

2. Comparing the household's monthly income eligibility standards; or

3. Comparing the household's resources with the resource eligibility limits.

Coding of other nonhousehold members in the MAVERICS System should be "OU". See Volume X. Ineligible students should have a participation code of "IN" in MAVERICS, but must be coded with a "Y" in the "Ineligible Student" field on the MAST Screen.

INCOME AND RESOURCES

The income and resources of the nonhousehold member shall not be considered available to the household. Cash payments from the nonhousehold member to the household will be considered income but vendor payments made on behalf of the household by a nonhousehold member shall be excluded as income. When two food stamp households share a common residence, do not count as income money paid by one household to the other which is passed on as payment to the utility company for the shared expense(s).

COMBINED INCOME

When the earned income of one or more household members and the earned income of a nonhousehold member are combined in one wage, the income of the household members shall be determined as follows:

1. If the household's share can be identified, count that portion due to the household as earned income.

2. If the household's share cannot be identified, prorate the earned income among all those whom it was intended to cover and count that prorated portion to the household.

EXPENSES

If the household shares deductible expenses with the nonhousehold member, only the amount

actually paid or contributed by the household shall be used in calculating a household expense. If the payments or contributions cannot be differentiated, the payments shall be prorated evenly among persons actually paying or contributing to the expense and only the household's prorata share used in calculating its expenses.

Utility standard provisions apply even if a household is responsible for only a portion of at least one of the utility expenses which trigger use of the standard.

Note: Billed expenses do not have to be in the name of the person(s) responsible for paying the bill in order for the household to receive the deduction.

Example: A household contains an ineligible student. If the student is responsible for paying the household's utility bill, no deduction for the expense is allowed. However, if an eligible member of the household is responsible for paying the bill, then the deduction is allowed.

DEFINITION

A striker is considered to be anyone involved in a strike or concerted stoppage of work by employees (including a stoppage by reason of the expiration of a collective-bargaining agreement) and any concerted slowdown or other concerted interruption of operations by employees.

EXCEPTIONS TO STRIKER PROVISIONS

Striker provisions should not be applied in the following instances:

1. Employees who go on strike and are exempt from work registration the day prior to the strike, other than those exempt solely on the grounds that they are employed.

NOTE: If, on the day prior to the strike, the individual was exempt from work registration solely on the grounds that he was employed, the striker provisions will be applied even if the individual becomes exempt later.

> Example: An individual goes on strike on January 5th. As of January 4th, (the day prior to the strike) he is exempt from work registration solely on the grounds that he is employed. The individual is still on strike in March and applies for food stamp benefits on March 16th. At the time of his food stamp application he is exempt from work registration because of a physical disability. The striker provisions will be applied because of his work registration status the day prior to the strike.

2. Striking employees who are notified by their employer that permanent replacements have been hired and no jobs are available for them.

NOTE: Employees of the Federal Government, or of a State, who engage in a strike against the government or State and are dismissed from their job because of participation in the strike, are no longer considered strikers. However, these individuals are considered to have voluntarily quit such a job without good cause. See Chapter 3, VOLUNTARY QUIT.

3. Employees, who through no fault of their own, may seemingly be connected with a strike but are nevertheless considered non-strikers. These include but may not be limited to:

    a. Employees whose workplace is closed by an employer in order to resist demands of employees (e.g., a lockout);

    b. Employees unable to work as a result of striking employees (e.g., truck drivers who are not working because striking newspaper pressmen prevent newspapers from being printed); and,

    c. Employees who are not part of the bargaining unit on strike (e.g., a non-labor union member) who do not want to cross a picket line due to fear of personal injury or death.

DETERMINING PRESTRIKE ELIGIBILITY

General

Households with striking members shall not be eligible to participate in SNAP unless the household can show that immediately prior to the strike, it would have been eligible or was receiving SNAP benefits on the day prior to the strike. The first step in determining eligibility is prestrike eligibility.

Household Composition

In making this determination, consider all individuals who were in the household on the day prior to the strike, even if one of those individuals has moved or died.

Income and Deductions

Income and deductions for all who were in the household on the day prior to the strike must be calculated for the month in which the day prior to the strike falls.

> Example: The strike begins on June 25, the day prior to the strike is June 24; therefore prestrike eligibility is determined for June.
>
> Example: The strike begins on June 1, the day prior to the strike is May 31, therefore prestrike eligibility is determined for May.

Resources

NOTE: Refer to Chapter 5, RESOURCES, regarding Broad-Based Categorical Eligibility.

Resources considered are those that were available to all household members on the day prior to the strike.

> Example: A household member goes on strike June 6 and the household applies for SNAP benefits on June 7 and reports a savings account of $1500. The worker asks the household if the balance in the savings account was $1500 as of June 5, the day prior to the strike. The household states that $600 was withdrawn from the account on June 5 and the balance in the account on the day prior to the strike was $2100. Therefore, the household is denied because it was ineligible based on resources the day prior to the strike.

If the household does not meet the prestrike eligibility test, the worker should either deny the application or terminate benefits.

CURRENT ELIGIBILITY AND BENEFIT LEVEL

Ongoing policy should be applied to those households which meet the prestrike eligibility, with one exception; the treatment of the strikers income. The striking member's income before the strike should be compared to the striking member's current income. The higher of the two should be added to the current income of the nonstriking members during the month of application.

> Example: The striking members monthly income before the strike was $800 wages and $25 from an investment (total $825 monthly). The striker's current monthly income is $25 from the investment and $200 from part-time employment (total $225 monthly). The higher of the two $825 should be added to the income of the nonstriking household members to determine current eligibility and benefit level.

WORK REGISTRATION

Strikers are subject to the work registration requirements in Chapter 3, unless exempt by some provision in that chapter. The striker will not be referred to work at the strike site.

CERTIFICATION PERIODS

Households with members on strike shall be assigned certification periods in accordance with normal procedures. See Chapter 8, CERTIFICATION PERIODS.

DEFINITION

A drug and/or alcoholic treatment and rehabilitation program means a program conducted by a private nonprofit organization or faith based institution, or a publicly operated community mental health center.

Such agencies or institutions must be:

(1) (a) Tax exempt; **and**

(b) Certified by the Mississippi Department of Mental Health as:

(i) Receiving funding under part B of title XIX; **or**

(ii) Eligible to receive funding under part B of title XIX even if no funds are being received; **or**

(iii) Operating to further the purposes of part B of title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics. OR

(2) Authorized as a retailer by the Food and Nutrition Service (FNS)

CERTIFICATION OF RESIDENTS

Residents of drug/alcoholic treatment centers who wish to participate in the Food Stamp Program shall be certified by using the same policy and procedures that apply to other households, with certain exceptions as outlined below.

Making Application

Residents of treatment centers must apply through an authorized representative designated by the center. See CENTER RESPONSIBILITIES.

Household Size

Residents of drug and/or alcohol treatment centers shall have their eligibility determined as a one-person household unless the center also provides accommodations for the child(ren) of the resident. In this event, the resident and his/her child(ren) may qualify as a household.

Work Registration

See Chapter 3.

Processing Standards and Certification Periods

See Chapter 8.

Rights of Certified Residents

Resident households have the same rights to notices of adverse action, fair hearings and entitlement to lost benefits as do all other food stamp households. A resident of a treatment center has the right to an application and has the right to same day filing. However, the interview, verification and other certification procedures must be accomplished through the authorized representative.

CENTER RESPONSIBILITIES

Centers as Representatives

Residents of treatment centers apply and are certified through the use of an authorized representative who is an employee of and designated by the private nonprofit organization or institution or the publicly operated community mental health center that is administering the treatment and rehabilitation program. The organization or institution shall apply on behalf of the resident and receive and spend the food stamp benefits for food prepared by and/or served to the resident.

Once the resident leaves the treatment center, the center is no longer allowed to act as that household's authorized representative.

The Treatment Center as Authorized Retailer

The treatment center may contact FNS to become an authorized retailer and to have a point-of-sale (POS) device installed for food stamp clients to pay for meals provided. This method would allow the transfer of food stamp benefits to the center's account, allowing the center to purchase food for meal preparation. Should the center choose not to install a POS device, the authorized benefit representative will have to go to the store to make food purchases with each client's representative EBT card and PIN. Cards and PINs for individual clients must be kept separate from those of other clients and not be shared with unauthorized users.

Reporting Changes

The treatment center shall notify the county office of changes, as provided in Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, including when the resident leaves the center.

Monthly Reports

The management of each treatment and/or rehabilitation center will, on a monthly basis, provide the county director with a list of currently participating residents.

When The Resident Leaves The Center

The treatment center must ensure that the full month's benefits are not spent if the client leaves the center prior to the 16th of the month. If the resident leaves prior to the 16th and benefits have been made available and any portion used, the resident is entitled to a refund of one-half of the monthly

allotment.

If the resident leaves on or after the 16th and any benefits have been used, the resident is not entitled to a refund of any used benefits for the month. The center is not entitled to any benefits made available to the client prior to entering the center, previous month's benefits issued in the month entering the center or after he/she leaves the center.

The treatment center shall notify the county office when the resident leaves the treatment center. Once the household leaves the treatment center, the center is no longer allowed to act as that household's authorized representative. The benefit representative card used to access the client's benefits should be destroyed. The center should encourage the household to report its new address to the local county office. The county office will ensure that a new EBT card will be sent to the household's new address.

COUNTY RESPONSIBILITY

The county director will be responsible for seeing that periodic, at least quarterly, onsite visits are made to the center and that the current listing of participating residents is accurate and up-to-date.

LIABILITIES AND PENALTIES

The treatment center will be held responsible for any misrepresentation or fraud which it knowingly commits in the certification of center residents. As an authorized representative, the center must be knowledgeable about households' circumstances and should carefully review those circumstances with residents prior to applying on their behalf.

In addition, the center will be held liable for all losses or misuse of food stamp benefits held on behalf of resident households and for any overissuances which occur while the household is a resident of the center.

A claim will be filed against the center for any overissuance of food stamp benefits.

If there is reason to believe a center has misappropriated or used food stamp benefits for purchases that did not contribute to a certified household's meals (i.e., EBT card legally obtained but misused), the county shall promptly notify the USDA Officer-in-Charge for that county with a copy of the letter of notification sent to State Operations. If FNS disqualifies a center as an authorized retail food store, the county shall suspend its authorized representative status for the same period. If the treatment center loses its authorization from FNS (whereby the center can no longer act as the authorized representative) or, if the center loses its certification from the Department of Mental Health, the treatment center is no longer exempt as an institution. As a result, residents of the center are no longer eligible to participate provided the resident is defined as a resident of an institution. Refer to Chapter 3, RESIDENCY IN COMMERCIAL BOARDING HOUSES AND INSTITUTIONS. The residents

are not entitled to a written notice of adverse action but shall receive a written notice via letter to the center, explaining the termination and effective date. In addition, if misuse is established, the Agency will bill the center for the amount of benefits determined to be misused.

[SPECIAL CIRCUMSTANCES: BLIND AND DISABLED GROUP LIVING ARRANGEMENTS]

Revised 05-01-06

GENERAL

A group living arrangement is a public or private nonprofit residential setting serving no more than sixteen (16) residents and certified by the appropriate state agency. Certain blind or disabled individuals who are residents of group living arrangements may be eligible to participate in the Food Stamp Program. Group living arrangements do not include residents of facilities serving more than sixteen (16) residents or facilities on the grounds adjacent to institutions as this is considered an institutional setting.

TECHNICAL ELIGIBILITY

In order for individuals to be eligible for food stamp benefits, the Food Stamp Act, as amended, requires that the individual and the group living arrangement must meet all of the following provisions:

1. The group living arrangement must:

    a. Be a public or private nonprofit facility; and

    b. Be certified by the appropriate agency or agencies of the State under regulations issued under Section 1616(e) of the Social Security Act or comparable to these regulations; and

    c. Have no more than sixteen (16) residents. The Department of Health may license facilities that have more than sixteen (16) persons. However, only those group facilities which meet all Food Stamp Program requirements and have no more than sixteen (16) residents may be considered eligible to accept and use food stamp benefits.

2. The resident must be:

    a. Blind or disabled; and

    b. Receiving or certified to receive benefits under Title I, Title II, Title X, Title XIV, or supplemental security income (SSI) under Title XVI of the Social Security Act. See definition of DISABLED PERSON in Volume V, Chapter 2, for considering an individual as disabled and meeting this requirement.

    Elderly persons who receive SSI or Title I, Title II, Title X, Title XIV, benefits due to age rather than blindness or disability may also reside in group living arrangements. However, these elderly residents must be determined to be blind or disabled in order to be technically eligible. In making this determination, the worker may request a doctor's statement, verify that the resident previously received some sort of disability benefit, or use the group living

arrangement's determination of blindness or disability if these conditions are prerequisites for residing in the facility.

MAKING APPLICATION/HOUSEHOLD SIZE

Eligible residents of authorized group living arrangements may apply and be certified by any one of the following methods:

1. An appointed staff member of the group living arrangement may act as the authorized representative, in which case the residents apply as one person households. When the resident applies through the facility as authorized representative, the interview, verification and other certification procedures may be accomplished through the authorized representative. As an authorized representative, the facility must be knowledgeable about the resident's circumstances and should carefully review those circumstances with residents prior to applying on their behalf.

2. An individual resident may apply on his own behalf or through his own authorized representative. The staff of the facility will be primarily responsible for determining if an individual is physically and mentally capable of applying on his/her own behalf.

3. If a group of individuals within a facility function as a household, as defined in Chapter 3, HOUSEHOLD CONCEPT, they may apply as one household. The staff of the facility will be primarily responsible for determining if a group of residents should apply on their own behalf, based on the physical and mental capabilities of the residents applying.

THE FACILITY AS AUTHORIZED RETAILER

The group living arrangement may apply to USDA for authorization as a retailer and install a point of sale (POS) device for food stamp clients to pay for meals provided. The facility may use the EBT card and PIN on behalf of each resident (or the resident may swipe his/her card) in accessing the client's benefits through the POS device. This method will transfer the food stamp benefits to the facility's account, allowing the facility to purchase food for meal preparation. Should a POS device not be installed, the facility would take the EBT benefit representative card and PIN for each resident, as needed, to the store to make food purchases. Cards and PINs for individual clients must be kept separate from those of other clients and not be shared with unauthorized users.

COUNTY OFFICE RESPONSIBILITIES

The county is responsible for the following:

1. Prior to certifying any residents, the county office shall verify that the group living arrangement:

    a. Is a nonprofit organization; and

b. Is certified by the appropriate agency or agencies of the State; (It is not required that the facility be authorized by USDA. However, if authorization as a retailer has been granted by USDA, this is sufficient evidence of certification because USDA will not authorize the facility as a retailer unless certified by the appropriate agency or agencies of the State); and

c. Has no more than sixteen (16) residents.

2. The county office will certify the household in accordance with ongoing policy, with only the exceptions outlined in this material.

3. The county director will be responsible for insuring that periodic, at least quarterly, on-site visits are made to the group living arrangement to confirm that the current listing of participating residents is accurate and up-to-date and to verify that the group facility houses no more than sixteen (16) residents regardless of whether they are participating in the Food Stamp Program.

If the County Director or his designee observes that the center is serving more residents than it has been licensed to serve, a copy of the facility's license will be sent to State Operations along with an explanation regarding the number of persons currently in residence. State Operations will then forward this information to the State licensing agency.

PROCESSING STANDARDS

See Chapter 8. The worker should be aware that the household might be entitled to expedited service.

CERTIFICATION PERIODS

See Chapter 8.

RIGHTS OF CERTIFIED RECIPIENTS

Group home resident households have the same right to notices of adverse action, fair hearings and entitlement to lost benefits as do all other food stamp households. A resident of a group home living arrangement has the right to an application and has the right to same day filing. Residents of group living arrangements may either apply and be certified through use of an authorized representative employed and designated by the group living arrangement or apply and be certified on their own behalf or through an authorized representative of their own choice. However, if the resident applies through the facility's designated authorized representative, the interview, verification, and other certification procedures must be accomplished through the authorized representative.

Under certain conditions, residents are entitled to all or a portion of the food stamp benefit amount when they leave the center. See below.

Responsibilities of Certified Recipients

If the resident has made application on his/her own behalf, the recipient shall notify the county office of any changes, as provided in Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, including when he leaves the group living arrangement.

SHELTER AND MEDICAL EXPENSES

In some instances group home residents make a single payment for room and meals. If the amount the resident pays for room and meals are combined into one amount, the amount which exceeds the maximum food stamp benefit amount for the number of persons in the food stamp household can be allowed as an identified shelter expense.

Some group homes charge a basic rate for room and board and they have higher rates depending on the amount of medical care that may be needed. Unless the charge for medical care can be specifically identified, the rate charged minus the maximum food stamp benefit amount for the household size should be allowed as a shelter deduction.

USE OF BENEFITS

Benefits may be obtained and used in any one of the following ways:

1. If the resident applies through the facility as the authorized representative, the group living arrangement may either obtain the EBT benefit representative card and use the food stamp benefits for food prepared by and/or served to the eligible resident or allow the eligible resident to use all or any portion of the benefits on his/her own behalf.

2. If the residents are certified on their own behalf, a benefit representative card may be obtained by the facility to be used to purchase food for meals served either communally or individually to eligible residents; or eligible residents may use their own EBT card to purchase and prepare food for their own consumption; and/or to purchase meals prepared and served by the group living arrangement.

The group living arrangement may purchase and prepare food to be consumed by eligible residents on a group basis if residents normally obtain their meals at a central location as part of the group living arrangement services or if meals are prepared at a central location for delivery to the individual residents. If residents purchase and/or prepare food for home consumption, as opposed to communal dining, the group living arrangement shall ensure that each resident's food stamp benefits are used for meals intended for that resident. If the resident retains use of his/her own EBT card and PIN, he/she may either use the benefits to purchase meals prepared for them by the facility or to purchase food to

prepare meals for their own consumption.

GROUP FACILITY RESPONSIBILITIES

Monthly List From Center

Each group living arrangement shall provide the county office with a list, on a monthly basis, of current residents. The list shall include a statement signed by a responsible center official attesting to the validity of the list. The list must contain the Name, Case Number and SSN of each food stamp benefits recipient and the exact number of other group home residents. The total number of residents must not exceed sixteen (16) people.

Reporting Changes

When a designated staff member of the group living arrangement acts as the authorized representative for its eligible residents, the facility shall notify the county office of any changes, as provided in Chapter 8 , CHANGES WITHIN CERTIFICATION PERIODS, including when a resident leaves the facility.

If a group living arrangement determines that a resident or group of residents are capable of applying on their own behalf or through use of their own authorized representative, as outlined in this discussion, the individual resident(s) assumes responsibility for reporting changes.

Overissuance

When a designated staff member of the group living arrangement acts as authorized representative for an eligible resident, the facility will be held liable for any overissuance that may occur as a result of misrepresentation or fraud which it knowingly commits in the certification of group residents.

If the group living arrangement has determined that a resident or group of residents are capable of applying on their own behalf, the resident(s) may be held liable, as is any other household, for any overissuance which may occur.

WHEN RESIDENTS LEAVE THE FACILITY

When the household leaves the group living arrangement and the facility has been acting as authorized representative or retaining use of a representative EBT card and PIN on behalf of the resident(s), the facility shall:

1. Provide the resident(s) with his EBT card if holding it in secure storage.

2. Provide the departing resident his full benefit amount if issued and if no benefits have been spent on behalf of that individual household.

3. Refund to the departing resident one half of his monthly benefit amount if he leaves the facility prior to the 16th day of the month.

4. Not be required to refund benefits to the resident who leaves on or after the 16th of the month and whose benefits have already been issued and used.

5. No longer act as the authorized representative and/or EBT benefit representative for the former resident, and destroy the EBT card if needed.

6. Advise the household to report its new address to the local county office.

   The departing resident shall:

   1. Receive his EBT card from the Authorized Representative if the center is holding the card in secure storage or contact the county office to order a card.

   2. Be refunded one half his monthly benefit amount if he leaves the facility prior to the 16th day of the month.

   3. Receive no refund if he leaves the facility on or after the 16th day of the month.

   4. Contact the county office for continued assistance.

DISQUALIFICATION OF GROUP LIVING ARRANGEMENT AS RETAILER

While a group living arrangement certified by the appropriate agency or agencies of the State does not have to be authorized by USDA as a retailer, some group living arrangements choose to seek such authorization from USDA. Only a few group facilities in Mississippi are authorized as retailers. If the group living arrangement is authorized by USDA as a retailer but subsequently disqualified as such, the county must also suspend its status as an authorized representative for the group home residents during the disqualification period. Written notice will be issued to the facility by USDA but no notice of adverse action is required. The residents of the facility will be sent a non-advance notice of closure.

Residents of group living arrangements applying on their own behalf may still participate if otherwise eligible and if they meet the definition of a household. See Chapter 3, HOUSEHOLD CONCEPT. Benefit use is restricted in that benefits may not be turned over to the facility either to purchase food or meals.

LOSS OF CERTIFICATION

When the group facility loses its basic certification from the appropriate State agency(s), the residents of the facility are no longer eligible as residents of a group living arrangement. Written notice will be issued via letter to the residents concerning the change in eligibility status.

No notice of adverse action is required because the loss of the facility's certification is not controlled or appealable under the Food Stamp Program.

If any of the participants meet the definition of a household (See Chapter 3, HOUSEHOLD CONCEPT) they may be certified under ongoing policy. Benefit use is restricted in that benefits may not be turned over to the facility to purchase either food or meals.

GENERAL

The following material discusses replacement procedures for destroyed food. In general, county offices are responsible for handling replacement requests for food destroyed in a household disaster.

FOOD DESTROYED

Households may request a replacement for food purchased with SNAP benefits which was destroyed in a disaster, such as flood, fire, or tornado. A mechanical breakdown, such as electricity going off, would not be considered a disaster. To qualify for the replacement, the household must report the loss to the county office and sign the MDHS-EA-508, Household Statement of Food Loss Due to Household Disaster attesting to the loss within 10 days of disaster. The household's disaster must be verified. There is no limit on the number of replacements for food purchased with SNAP benefits which was destroyed in a household disaster.

Replacement Procedures

When a request for replacement for food purchased with SNAP benefits reported as destroyed is received, the county worker must:

1. Determine if the benefit reported as destroyed was validly issued.

2. Verify the disaster through a collateral contact, documentation from a community agency such as the Red Cross or Fire Department, or a home visit.

3. Review the ISHI (Issuance History) screen to ensure that the current replacement request has not been previously processed. The ISHI screen reflects the reason for replacement as "DE" (Destroyed) for replacements of food destroyed in a household disaster.

4. Adequately document the case record to establish that all requirements have or have not been met for the approval or denial of the replacement. Reasonable judgment should be used in determining the amount of benefits to be replaced. Replacement benefits shall be provided in the amount of the loss to the household, up to a maximum of the current month's benefit, unless the amount includes restored benefits which shall be replaced up to their full value.

   Example: A household receives its $150 benefit on the availability date of October 15th . On October 20th, the household reports that fire destroyed the home October 18th. A replacement may be authorized for up to the full amount of the October benefit ($150), plus any supplements or restorations approved for the month.

   Example: A household received a monthly benefit in September of $120 and its availability date for October is October 12th and will receive $150. On October 11th, the household

reports that the residence was destroyed in a tornado October 8th. The household would be entitled to receive a replacement up to the current month's benefit of $120 to replace food destroyed in the disaster. Any restorations or supplements approved between the previous month's availability date and the date of the disaster may also be replaced.

5. Route the case with the MDHS-EA-508 to the supervisor for review and authorization or denial.

The supervisor shall:

1. Determine if the household is entitled to the replacement. If so, proceed to the FSRE (SNAP Replacement) screen to authorize the benefit by selecting the appropriate function number from SUME (Supervisor's Menu) and entering the case number and Document ID of the benefit being replaced.

   Sign and date the MDHS-EA- 508. The original MDHS-EA-508 shall be filed in the case record and a copy in the MDHS-EA-508 folder. When approving (or denying) a replacement, MAVS notices F503 must be sent to notify the household of action taken on the request for replacement.

2. On FSRE, check to ensure that the correct month in which SNAP benefits used to purchase food destroyed in a disaster were issued and the correct benefit type reflected. (If not, PF-9 and recheck the document ID number.)

3. Enter "DE" in the "Reason for Replacement" field to indicate that the replacement is being made because food was destroyed in a household disaster.

4. If the replacement to be made is a partial replacement, enter the amount of the partial replacement in the "Amount of Partial Replacement" field.

5. Review the screen for accuracy prior to pressing the "ENTER" key.

When the FSRE screen is completed, the replacement is authorized for availability. MAVERICS will update the benefit record for the case to reflect that the original benefit is being replaced. Replacement benefits are made available to the household one day after authorization.

SEE TIME LIMITS FOR REPLACING BENEFITS later in this material.

FOOD LOST IN FNS DECLARED DISASTER

Losses incurred in an FNS declared disaster will be handled in accordance with special instructions issued at the time. However, if the household has lost food in an FNS declared disaster, and is

otherwise eligible for replacement benefits, the household shall not receive both the FNS disaster benefit and a replacement benefit under the provisions outlined above. The MAVERICS and EBT systems should be compared to ensure households do not have duplicate participation.

TIME LIMITS FOR REPLACING BENEFITS

Benefit replacements shall be provided to households within ten (10) days after the report of the loss (via the MDHS-EA-508) or within two (2) working days of receiving the signed household statement, whichever is later.

The county worker shall deny or delay benefit replacements in cases in which available documentation indicates that the household's request for replacement appears to be fraudulent.

FAIR HEARING REQUEST

The household shall be informed of its right to a fair hearing to contest the denial or delay of a benefit replacement; however, replacements shall not be made while the denial or delay is being appealed.

DEFINITION

A shelter for battered persons and children means a public or private nonprofit residential facility that serves battered persons and their children. If such a facility serves other individuals, a portion of the facility must be set aside on a long-term basis to serve only battered persons and children.

Prior to certifying any residents, the county will:

1. Determine that the shelter meets the definition of shelter for battered persons and children given above. Shelters having FNS authorization to redeem SNAP benefits through wholesalers meet the definition; therefore no further determination is necessary for such shelters.

2. Document the basis for this determination.

Note: Possible methods of determining nonprofit status of a shelter include, but are not limited to:

a. Internal Revenue Service (IRS) tax-exempt status.

b. State tax-exempt status.

c. Articles of Incorporation filed with the Secretary of State's office as a non-profit corporation.

If the county is unable to determine nonprofit status using one of the methods listed above, pertinent information should be submitted to State Operations for a determination.

CERTIFICATION OF RESIDENTS

Residents of shelters for battered persons and children who wish to participate in the Supplemental Nutrition Assistance Program shall be certified using the same policy and procedures that apply to other households with certain exceptions as outlined below.

Making Application

See Chapter 8. Shelter residents may apply on their own behalf; however, they are free to designate a shelter staff member or volunteer or some other person as an authorized representative. The worker should consider the possibility that shelter residents could be endangered should they leave the shelter and note the provision in Chapter 8 for waiving the office interview on a case-by-case basis.

Household Size

Persons or persons with children temporarily residing in a shelter for battered persons and children shall be considered individual household units for the purpose of applying for and participating in the Program.

Work Registration

Ongoing policy applies. See Chapter 3.

Income and Resources

Shelter residents will be certified based on their current circumstances as separate households. Only the income, resources, and expenses of the resident household will be considered in the eligibility determination while the income, resources, and expenses of the former household will be disregarded. Resources owned jointly by shelter residents and the abuser or any person in the former household shall be considered inaccessible to the resident if access to the value of the resource is dependent on the agreement of a joint owner who is the abuser or still resides in the former household. See Chapter 5, RESOURCES, regarding Broad-Based Categorical Eligibility.

Processing Standards

See Chapter 8. The worker should be aware that the household might be entitled to expedited service.

Certification Periods

See Chapter 8.

Rights of Certified Residents

Resident households have the same rights to notices of adverse action, fair hearings, and entitlement to lost benefits as do all other SNAP households. A resident of a shelter for battered persons and children has the right to an application and has the right to same day filing.

USE OF BENEFITS

SNAP benefits may be used by shelter residents in any one of the following ways:

1. The residents may use the benefits to purchase meals prepared especially for them at the shelter.

2. The residents may designate the shelter as a benefit representative so that the shelter can purchase food for meals served to the resident.

3. The residents may use the benefits to purchase food for their own consumption.

RESIDENTS WHO LEAVE CERTIFIED HOUSEHOLDS TO ENTER THE SHELTER

Many shelter residents have recently left a household containing the person who has abused them. Their former household may be certified for participation in the Program, and its certification may be based on a household size that includes the persons and children who have just left. Shelter residents who are included in such certified households may, if otherwise eligible, be certified and participate as separate households, if the household which includes them contains the person who subjected them to abuse. In other words, shelter residents who are included in such certified households may receive benefits beginning with the month they enter the shelter even though they were included in the benefit amount for the former household. It does not matter if the individual was a household member in the other case or the PI. However, residents may receive additional benefits only once a month. The Help Desk should be contacted for assistance in processing these situations in MAVERICS.

Example: A mother and two children, because of abuse by a household member, entered a shelter for battered persons and children on April 6. Although the mother and two children were included in the former SNAP household for April, they may, if otherwise eligible, be certified as a 3-person household for April. They return to the former household on April 20, but again are subjected to abuse by a household member and return to the shelter. They apply for SNAP benefits on April 21, but cannot receive additional benefits for April.

ACTION ON CHANGES TO FORMER HOUSEHOLDS

The county will take prompt action on the change in composition and circumstances of the shelter resident's former household. This may be accomplished by using a notice of adverse action to reduce or terminate the former household's benefits, as appropriate.

INTRODUCTION

The policy outlined here is applicable only for legal aliens on behalf of whom a sponsor signed an affidavit of support (USCIS Form I-864 or I-864A) or similar agreement as a condition of the alien's entry into the United States as a lawful permanent resident.

DETERMINING IF THE SPONSORED ALIEN PROVISIONS ARE TO BE APPLIED

The worker must first determine if the special alien deeming procedures are applicable by determining if the alien is a sponsored alien. Sponsored aliens are those aliens lawfully admitted for permanent residence into the United States as an immigrant as defined in sections 101 (a)(15) and 101(a)(20) of the Immigration and Nationality Act. While not all aliens in this category have a sponsor, it is only aliens in this category who may be subject to the USCIS sponsor requirement.

If the alien presents either an USCIS-Form I-151 or I-551, "Alien Registration Receipt Card" or a "Re-entry Permit" or a United States passport booklet for lawful permanent aliens, or if the alien presents any card stamped with the codes 101(a)(15) or 101(a)(20), it is possible that he is a sponsored alien, and the worker should make appropriate inquiries regarding sponsorship. The alien's statement regarding sponsorship should be documented and verified if questionable.

The sponsored alien deeming procedures are not to be applied to:

a. An alien who is participating in the Food Stamp household of the sponsor.

b. An alien who is sponsored by an organization or group (rather than an individual).

c. An alien who is not required to have a sponsor under the Immigration and Nationality Act, such as a refugee, a parolee, etc.

d. An Amerasian in Vietnam, with their close family members who are admitted to the United States either as immigrants or United States citizens. These individuals should possess certain documentation from The U.S. Citizenship and Immigration Services (USCIS), such as an I-94, an I-551, or a United States passport. To be considered a refugee and thus exempt from the sponsored alien provisions, the identifier on the USCIS document should be in the range of AM1 through AM3 or AM6 through AM8.

DETERMINING ELIGIBILITY AND BENEFIT LEVEL

In order to participate in the Food Stamp Program, the sponsored alien must be an eligible alien according to provisions in Chapter 3, " CITIZENSHIP AND ALIEN STATUS."

A. The eligibility and benefit level of sponsored aliens who signed the Affidavit of Support, Form I-864, on or after December 19, 1997, should be determined as follows:

1. Determine the amount of resources to be deemed from the sponsor to the sponsored alien.

   - Total the amount of the non-excluded resources of the sponsor and the sponsor's spouse (if living with the sponsor) as if the sponsor were applying for food stamp benefits.

   - Subtract $1500 from the total.

   - Consider the remainder to be available to the sponsored alien and add that amount to the sponsored alien's own resources in determining eligibility.

2. Determine the amount of income to be deemed from the sponsor to the sponsored alien.

   - Total the monthly earned and unearned income of the sponsor and the sponsor's spouse (if living with the sponsor). Consider all gross income except vendor and in-kind payments to the sponsor, and the cost of producing self-employment income, i.e., the only allowable exclusions for deemed income of sponsor and/or sponsor's spouse are vendor and in-kind payments and the cost of producing self-employment income.

   - Subtract 20% of the amount of the earned income.

   - Subtract the monthly gross income maximum (from Table II, Chapter 13) for the appropriate household size (i.e., include the sponsor, the sponsor's spouse, and any other person actually claimed or who could be claimed by the sponsor or sponsor's spouse as a dependent for Federal income tax purposes.)

   - Consider the remainder to be available to the sponsored alien and add that amount (as unearned income) to the sponsored alien's own income in determining eligibility and benefit level.

   - Actual money paid to the alien by the sponsor or the sponsor's spouse will not be considered as income to the alien unless the amount paid exceeds the amount calculated at the bullet above. Only the amount paid that exceeds the deemed amount would be considered as income to the alien.

     Example: The amount of income to be deemed from the sponsor to the sponsored alien is calculated (at the bullet above) at $100. The sponsor actually gives the alien $150 monthly. The income to be counted from the sponsor will be:

     $100 (deemed from sponsor)

$ 50 (amount actually given by sponsor in excess of deemed amount)

Example: The amount of income to be deemed from the sponsor to the sponsored alien is calculated (at the bullet above) at $150. The sponsor actually gives the alien $100 monthly. The income to be counted from the sponsor will be:

$150 (deemed from sponsor)
-0- (amount countable of money actually given by sponsor)

3. Determine the sponsored alien's prorata share of income and resources deemed from sponsor when that person is sponsoring more than one alien.

   If the sponsored alien can demonstrate to the Agency's satisfaction that his sponsor is also a sponsor for other aliens, divide the amount of the deemed income and resources by the number of sponsored aliens that apply for or are participating in the Food Stamp Program. In the event the sponsored alien fails to provide the necessary information on other aliens sponsored by the sponsor, the deemed income and resources shall be attributed in their entirety to the applicant alien until such time that the information is provided.

The income and resources of the sponsor and the sponsor's spouse shall be considered until the alien becomes a naturalized citizen or has worked 40 qualifying quarters of coverage. Creditable quarters beginning after December 31, 1996 do not count if the alien received any Federal means-tested benefits (such as TANF, Food Stamps) during such period.

EXCEPTION: A battered alien spouse and their children who do not live in the same household as the batterer, may be exempt from the deeming provisions for a 12 month period provided the agency determines a connection to the need for benefits and the battery.

INDIGENCE EXCEPTION: If the State agency determines that a sponsored noncitizen would, in the absence of the assistance provided by the agency, be unable to obtain food and shelter, taking into account the noncitizen's own income, plus any cash, food, housing or other assistance provided by other individuals, including the sponsor, the amount deemed shall be the amount actually provided for a period beginning on the date of such determination and ending 12 months after such date. Each indigence determination is renewable for additional 12-month periods. The State agency must notify the Attorney General of each such determination, including the names of the sponsor and the sponsored noncitizen involved. The State agency will also be required to request reimbursement by the sponsor in the amount of such assistance. Notify State Operations as soon as the indigent sponsored noncitizen is identified so that required reports can be initiated.

SPONSORED ALIEN RESPONSIBILITY

In addition to the usual responsibilities of all households participating in the Food Stamp Program, it is the responsibility of the sponsored alien and his/her spouse to:

1. Provide any information or documentation necessary to determine the income and resources of the alien's sponsor and the sponsor's spouse from the alien's date of entry.

2. Provide any information including names or other identifying factors needed to demonstrate that the sponsor also sponsors other aliens and how many.

3. Obtain any necessary cooperation from the sponsor.

4. Provide information regarding the amount of money actually paid to the alien by the sponsor.

5. Report any change in sponsors which would cause the household to meet or exceed 130% of the poverty level amount of income to be deemed from the sponsor to the alien.

6. Report any change in the circumstances of the sponsor (e.g. changes of address, changes in income, resources, number of dependents) which would cause the household to meet or exceed 130% of the poverty level, therefore affecting eligibility of the alien.

VERIFICATION

The following verification must be obtained from the alien or the alien's spouse.

1. Verification of the income of the alien's sponsor and sponsor's spouse (if the spouse is living with the sponsor) at the time of the alien's application for food stamp benefits.

2. Verification of the number of other aliens for whom the sponsor has signed an affidavit of support or similar agreement.

The following information should be obtained from the alien and verified if questionable:

1. The amount of resources of the sponsor and the sponsor's spouse.

2. The provision of the Immigration and Nationality Act under which the alien was admitted.

3. The date of the alien's entry or admission as lawful permanent resident as established by USCIS.

4. The alien's date of birth, place of birth, and alien registration number.

5. The number of dependents for Federal income tax purposes of the sponsor and the sponsor's spouse.

6. The name, address, and phone number of the alien's sponsor.

PARTICIPATION WHILE AWAITING VERIFICATION

In the event there is a delay in obtaining the verification necessary to determine the sponsored alien's eligibility for benefits, the alien shall be ineligible to participate until such time as the necessary facts are obtained. The eligibility of any remaining household members including the spouse of the alien, shall be determined. The income and resources of the ineligible alien (excluding the deemed income of the sponsor and sponsor's spouse) shall be considered available in determining the eligibility and benefit level of the remaining household members as outlined in this chapter, HOUSEHOLDS WITH EXCLUDED MEMBERS. If the sponsored alien refuses to cooperate in providing and/or verifying the needed information, other adult members of the household shall be responsible for providing/verifying it. If the same sponsor is responsible for the entire household, the entire household shall be ineligible until such time as needed sponsor information is provided/verified.

USCIS AGREEMENT

The sponsor of an alien and the alien will be informed by USCIS of the Food Stamp Program requirements regarding sponsored alien deeming at the time the affidavit of support or similar agreement is signed. USCIS has agreed to provide the Agency information needed to determine the eligibility and benefit level of sponsored aliens. However, although this information is available from USCIS as a last resort, it is the responsibility of the sponsored alien to provide the information.

CHANGE OR LOSS OF SPONSOR

If during the certification period, the alien reports that his sponsor has changed, the deemed income and resources must be recalculated based on the required information about the new sponsor and the sponsor's spouse, if applicable.

In the event the alien loses his sponsor during the time limit of this provision and does not obtain a new sponsor, the deemed income and resources of the previous sponsor shall continue to be attributed to the alien until such time as the alien obtains another sponsor or until the provision for applying sponsored alien provisions expires, whichever occurs first. However, should the alien's sponsor die, the deemed income and resources of that individual shall no longer be attributed to the alien.

RESPONSIBILITY FOR ISSUANCE

Both the sponsor of an alien and the alien shall be responsible for overissuances which occur because incorrect information was provided by the sponsor, and a claim may be established against the sponsor, the alien's household or both. If it is determined that the sponsor had good cause or was without fault for supplying the incorrect information, the alien will be held solely responsible.

The sponsor is entitled to a fair hearing either to contest a determination that the sponsor was at fault where it was determined that incorrect information had been provided or to contest the amount of the claim.

Revised 05-01-06

Collection of Claims

Prior to initiating collection action against the household of a sponsored alien for repayment of an overissuance which resulted from incorrect information being given by the sponsor or the sponsor's spouse, the Regional Director should be contacted who will contact State Operations for instructions.

[SPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS]

Revised 10-01-10

In June 2010, Mississippi adopted Broad-Based Categorical Eligibility, meaning that most households are not subject to a resource test (with certain exceptions). Refer to Chapter 5, RESOURCES, for additional information. The discussion in this chapter refers to "regular" categorical eligibility.

DEFINITION

A categorically eligible household is one in which all members are recipients of public assistance and/or Supplemental Security Income (SSI). In Mississippi, the only public assistance program available is TANF; therefore, a categorically eligible household in this State is one in which:

1. All members receive TANF, i.e., pure PA SNAP cases.

2. All members receive SSI.

3. All members receive TANF and/or SSI. Recipients,

   for purposes of categorical eligibility, include:

1. Those authorized to receive TANF or SSI benefits. "Authorized to receive" means that an individual has been determined eligible for TANF or SSI, regardless of whether benefits have yet been paid.

2. Those determined eligible but who receive zero benefits, e.g., SSI recipients whose benefits are being recouped and TANF recipients whose benefits are less than $10 and are therefore not payable.

3. Those whose TANF benefits are suspended for one month, e.g., TANF benefits are suspended for one month because of anticipated changes that are not ongoing.

NOTE: The family benefit cap in TANF does not change categorical eligibility.

In the event a household contains individuals who are considered nonhousehold members for SNAP purposes, e.g., ineligible students, that household would still be considered categorically eligible provided the remaining members are authorized to receive TANF or SSI.

EXCEPTION: Aliens who receive SSI but who do not meet the qualified alien status for SNAP benefits as defined in Chapter 3, CITIZENSHIP AND ALIEN STATUS, are not eligible for SNAP benefits.

DETERMINING ELIGIBILITY

In determining eligibility for pure TANF/SSI households, all eligibility requirements for SNAP benefits must be met, with the following **exceptions:**

1. The maximum resource test

2. The gross income test

3. The net income test

In other words, households may exceed the SNAP resource or income limits and still be eligible due to their categorical eligibility status. Categorical eligibility is determined in MAVERICS by appropriately coding TANF/SSI eligibility on the PRAW screen. If the individual's eligibility for TANF or SSI changes, the worker must change the code on PRAW.

NOTE: TANF/SSI individuals in non-categorical eligible households will have his/her resources excluded even when included in households that do not include all members who are TANF/SSI.

SITUATIONS WHICH REQUIRE APPLICATION OF ONGOING SNAP POLICY TO TANF/SSI HOUSEHOLDS

Certain provisions of SNAP policy must continue to be applied to TANF/SSI households that might otherwise be categorically eligible. Those provisions are:

1. The Intentional Program Violation penalties -- any household containing a member who is disqualified from SNAP for Intentional Program Violation cannot be categorically eligible for SNAP benefits. In other words, the members of the disqualified individual's household could participate if otherwise eligible but could not be categorically eligible.

2. Households disqualified due to noncompliance with work registration, SSN, Child Support, alien status, drug felon, or voluntary quit rules -- Households disqualified for failure to comply with any of the work registration, employment and training, or voluntary quit requirements would continue to be ineligible regardless of their categorical eligibility status.

NOTE: In the event a household is determined categorically eligible, ongoing work registration requirements must be complied with for all household members who are not exempt from those requirements.

3. After certification, categorically eligible households shall be subject to ongoing reporting requirements. Refer to Chapter 8, CHANGES WITHIN CERTIFICATION PERIOD. Action is required on any change(s) known to the agency but not on changes reported by categorically eligible households in the areas of resources or certain other eligibility factors. Refer to DETERMINING ELIGIBILITY elsewhere in this material.

4. Institutionalized persons -- Households in which all members reside in an institution cannot be considered categorically eligible.

Other SNAP provisions that apply to categorically eligible households are those on fair hearings, disqualification for Intentional Program Violations, restoration of lost benefits and claims collection procedures.

BENEFIT LEVEL DETERMINATION

Once eligibility has been determined as outlined above, the household's benefit amount must be based solely on SNAP criteria, e.g., the SNAP income inclusions and exclusions, deductions and methods of determining net income are followed. However, the net income limits do not apply. Further, a categorically eligible household shall be certified in accordance with the notice, procedural and timeliness requirements of SNAP policy.

There will be instances when a TANF/SSI household meets the eligibility requirement but is eligible for a zero benefit amount when benefits are computed. For handling these situations, please refer to Chapter 6, INCOME ELIGIBILITY AND BENEFIT DETERMINATION.

Although it may appear unnecessary to certify households when they will actually receive no SNAP benefits, eligibility for SNAP benefits may entitle the categorically eligible household to receive benefits from other programs such as food distribution, energy assistance, etc.

VERIFICATION

The eligibility factors listed below will be accepted for SNAP eligibility without re-verification because of the TANF and/or SSI status:

1. Resources;
2. Gross and Net Income Limits (although income will have to be verified for benefit determination);
3. Social Security number information;
4. Sponsored Alien information; and
5. Residency.

If any of the following factors are questionable, the worker will verify that the household which is considered categorically eligible:

1. Contains only members that are TANF and/or SSI recipients.

2. Meets the definition of a categorically eligible household;

3. Includes all persons who purchase and prepare food together in one SNAP household regardless of whether they are separate units for TANF and/or SSI purposes.

4. Includes no persons who have been disqualified for failure to comply with any of the Work Registration, voluntary quit, or child support requirements, or who was disqualified under the Intentional Program Violation provisions.

APPLICANT HOUSEHOLDS WHICH ARE POTENTIALLY CATEGORICALLY ELIGIBLE

The regulations require that applicant households which are potentially categorically eligible be handled as outlined below:

1. If the potentially categorically eligible household is ineligible for SNAP benefits, the application must not be denied prior to the 60th day (the original 30 days plus the extended 30 days) pending a decision on the household's eligibility for TANF/SSI. Notice of Action must be sent on the 30th day as required by ongoing policy, to inform the household that the case is pending the decision of its TANF/SSI application. The notice should also instruct the household to notify the county as soon as possible when a decision is rendered on its SSI application. Obviously the worker will be aware of the determination on a TANF application so notification by the client is not necessary. In the event the worker determines that the household is not categorically eligible, i.e., the TANF/SSI application is rejected, ongoing policy for handling SNAP applications will be followed.

2. If a potentially categorically eligible household which has been denied because a decision has not been rendered on its TANF/SSI application by the 60th day is subsequently approved for TANF/SSI and is therefore categorically eligible for SNAP benefits, the household is entitled to have its SNAP benefits determined based on the original SNAP application and any pertinent changes that occurred since the application was filed. The county shall not require the household to be reinterviewed but shall update the application from other available information and/or through telephone or mail contact with the household or its authorized representative. If there are changes, the county must have the household initial changes on the original application, and resign and redate the application. Although the county cannot require the household to come in to resign and redate the application, the household may choose to do so rather than having a copy of the application mailed.

3. Households originally denied but later determined categorically eligible using the same application, would be considered eligible to receive SNAP benefits from the date for which the TANF/SSI benefits are paid. Benefits would be prorated for the initial month of categorical eligibility from the date the TANF/SSI benefits are payable or the date of the original SNAP application, whichever is later.

4. A household which becomes categorically eligible due to approval of an application for SSI benefits will also be entitled to the uncapped shelter and medical deductions. The entitlement to these deductions begins at the same time the household becomes categorically eligible, i.e., from the date the SSI benefits are payable or the date of the SNAP application, whichever is later. In addition, any denied household that becomes categorically eligible because of SSI approval will also have its benefits restored based on entitlement to the special deductions.

NOTE: See Chapter 12, Restorations, for details on the timeframe for restoring benefits.

NOTE: Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from the institution shall not be categorically eligible on a finding by Social Security Administration of potential SSI eligibility prior to such release. The individuals shall be considered categorically eligible at such time as the final SSI eligibility determination has been made and the individual has been released from the institution.

REEVALUATIONS/CHANGES

Because TANF and SNAP are handled by the generic concept, it may be unlikely that a TANF reevaluation would not be handled at the same time the SNAP recertification is handled. However, categorical eligibility is assumed in the absence of a timely TANF reevaluation and the SNAP calculation must be made at that time. The provisions for the eligibility determination, the verification provisions and the benefit determination continue to apply to categorically eligible households at recertification.

If the household has a change in circumstances which causes it to lose its categorical eligibility status, eligibility and benefit level will be determined according to ongoing policy.

CLAIMS

For claims involving CATEGORICALLY ELIGIBLE HOUSEHOLDS, please refer to Chapter 11, CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS.

RESTORATION

Any denied household that becomes categorically eligible because of SSI or TANF approval will be entitled to have benefits restored back to the date of application for SNAP benefits, or from the date the SSI or TANF benefits are payable, whichever is later. A case must be reviewed for a potential restoration if the household requests a review or the county becomes aware that a case was denied that would have been, or later did become categorically eligible.

[SPECIAL CIRCUMSTANCES: CATEGORICALLY ELIGIBLE HOUSEHOLDS]

Revised 10-01-10

For regular Categorically Eligible Households ONLY, a restoration may be authorized for longer than 12 months, if appropriate. This supersedes the policy outlined in Chapter 12, RESTORATIONS.

[SPECIAL CIRCUMSTANCES: PRERELEASE APPLICATIONS FROM RESIDENTS OF INSTITUTIONS]

Revised 05-01-06

GENERAL

A household which consists of a resident or residents of a public institution(s) which applies for SSI under Social Security Administration's Prerelease Program for the Institutionalized shall be allowed to apply for food stamp benefits jointly with their application for SSI prior to their release from the institution.

APPLICATION PROCESSING PROCEDURES

Application processing procedures for SSI/Food Stamp applicants in a public institution who wish to make a prerelease joint application are outlined in Chapter 8, SSI/FOOD STAMP JOINT APPLICATION PROCESSING.

Filing Date

The filing date of the application is the date of the release of the applicant from the institution as provided to the local office by SSA. See Chapter 8, APPLICATION.

Normal Processing Standards

Eligible households that complete the initial application process shall be provided an opportunity to participate as soon as possible but no later than 30 calendar days following the filing date of the application. See Chapter 8, APPLICATION.

Expedited Service

Eligible households who meet the criteria for expedited service shall have their applications processed in accordance with the expedited service standard of seven days. See Chapter 8, APPLICATION.

Categorically Eligible

Individuals shall be considered categorically eligible at such time as a final SSI eligibility determination has been made and the individual has been released from the institution. See CATEGORICALLY ELIGIBLE HOUSEHOLDS, earlier in this chapter.

Restoration of Benefits

If, for any reason, the county office is not notified on a timely basis of the applicant's release, benefits shall be restored back to the date of the applicant's release from the institution. See Chapter 8, SSI/FOOD STAMP JOINT APPLICATION PROCESSING.

DETERMINING ELIGIBILITY AND BENEFIT LEVELS

Applicant households consisting of residents of a public institution who apply for SSI and food stamp benefits jointly shall have their eligibility determined for the month in which the applicant household was released from the institution. The month of certification shall be prorated from the date the household is released from the institution. See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS.

[SPECIAL CIRCUMSTANCES: MISSISSIPPI COMBINED APPLICATION PROJECT]

Revised 01-01-10

GENERAL

The Mississippi Combined Application Project (MSCAP) is a demonstration project and a cooperative effort between MDHS, Food and Nutrition Service (FNS) and the Social Security Administration (SSA). This project, implemented effective October 1, 2001, is designed to simplify the application process for the Supplemental Security Income (SSI) recipient or SSI applicant who chooses to also apply for SNAP benefits. The goal of the project is to increase SNAP enrollment among eligible SSI recipients and promote participant program satisfaction through enhanced eligibility services and MSCAP standard allotments which could be greater than those received through the regular SNAP. With oversight from FNS, MDHS and SSA will work together to ensure that complete information is shared for timely and accurate application processing and ongoing case maintenance.

ELIGIBILITY CRITERIA

To be determined MSCAP eligible, an individual must meet the following requirements:

1. The individual must be SSI eligible and receiving the maximum SSI benefit or SSI and any other form of unearned income combined which meets the maximum Federal SSI benefit level.

NOTE: Individuals who receive a combination of SSI and any other form of unearned income, such as SSA, Veteran's benefits, interest income, cash gifts, etc., will be considered a MSCAP case, provided the combined amount meets the maximum Federal SSI level.

2. The individual must not have any earned income prior to MSCAP eligibility. If an ongoing MSCAP participant becomes employed, the individual is allowed up to three consecutive months of earnings before the client loses MSCAP eligibility and is referred to the regular SNAP. There is no limit on the number of times this exclusion may be applied to any MSCAP participant.

3. The individual must live alone, or purchase and prepare meals separately if living with others.

NOTE: The MSCAP Unit will only handle single program (SNAP only) cases;

therefore, if another open program is associated with the household for any reason, it will not be considered a MSCAP case

If an individual meets the above MSCAP eligibility criteria, the case must be a MSCAP case **unless** the individual has excess medical and/or shelter expenses **and** chooses to opt out of the program. Only individuals with excess medical and/or shelter expenses have the option of whether or not to participate in MSCAP. All other households meeting MSCAP eligibility are mandatory for MSCAP and are ineligible for the SNAP outside of the MSCAP project. Also see OTHER EXPENSES later in this chapter.

STANDARD BENEFIT AMOUNT

The MSCAP participant will receive a standard SNAP benefit amount based on the monthly representative income consistent with the SSI or SSI/SSA federal benefit rate and the appropriate standard shelter deduction. MSCAP eligibility and benefit levels are automatically determined based on household information transferred from the SDX or from information reported by the client on the MDHS-EA-901MSCAP application. Processing of a MSCAP case is handled by state office staff. County staff will assist in the application and change processes as required.

EXCESS EXPENSES

It is imperative the MSCAP program be thoroughly explained to all clients, particularly those who have excess medical and/or shelter expenses. These individuals have the option to participate in MSCAP or not. It is possible that these individuals will receive less benefits through MSCAP; therefore, this should be an informed decision based on what the individual feels is best for them.

Excess medical expense is defined as monthly out-of-pocket expenses in excess of $35. If an individual has excess medical expenses and opts to participate in MSCAP, the individual will not receive a medical deduction and could receive less benefits than would be received in the regular SNAP.

Excess shelter expense is defined as $341.01 or more in combined actual shelter and utility expenses. If an individual has excess shelter expenses and opts to participate in MSCAP, the individual will automatically receive the higher of the two MSCAP shelter deductions. This could result in the individual receiving less benefits than would be received in the regular SNAP.

Verification of the excess expense is required in order to opt out of MSCAP. When an otherwise eligible individual with excess medical and/or shelter chooses not to participate in the MSCAP program, they can participate in the regular SNAP with the county. In this instance, the MSCAP indicator on ADDR will be coded with an O to reflect the individual opted out of the MSCAP program due to excess expenses.
If an individual with excess expenses chooses to participate, the county worker should:

1. Distribute the MSCAP pamphlet
2. Have the individual complete and sign the MDHS-EA-901MSCAP application and
3. Scan the application to the electronic MSCAP inbox

OTHER EXPENSES

In general, MSCAP uses shelter and medical deductions to determine if a client has the option to participate. However, if a client is eligible for other deductions, such as the child support deduction or adult care, the case should be screened to see if this deduction would affect the benefit level. If allowing the deduction at the county level would increase the client's benefits above the MSCAP benefit level, the client must be given the option to participate at the county level. If no increase above the MSCAP benefit would occur, the case must be transferred to the MSCAP Unit.

APPLICATION PROCESSING

An individual will apply for MSCAP through the following methods:

Application Through SSA:

The MSCAP Unit will receive information about new SSI approvals via the SDX file which comes from SSA. As SSA approves individuals for SSI, a new approvals report will be generated. If the individual meets MSCAP eligibility criteria, MAVERICS will automatically process a SNAP application for the following benefit month, i.e., eligible through MSCAP the month following SSI approval.

MDHS-EA-901 MSCAP Received from the County Office:

If a case is identified as MSCAP eligible the county should send the appropriate denial/closure

notice. MAVERICS will automatically carc the case to MSCAP/860. If the case is an initial application it will be processed for the original application date. If the case was ongoing before closure, it will be processed for the following benefit month.

Any time during the application, reapplication, recertification or CWCP processes, a county worker determines a case is mandatory or a recipient/applicant opts to participate, the county worker will:

Distribute the MSCAP pamphlet,

Have the individual complete and sign the MDHS-EA-901MSCAP application and

3. Scan the application to the electronic MSCAP inbox.

When a case is identified as MSCAP prior to or during the interview process, the county worker can assist the client in filling out the MDHS-EA-901MSCAP, explain the program and scan the application to the MSCAP Inbox. When a case is identified as MSCAP after the interview process, the worker should use the information on the completed MDHS-EA-900 to fill out the MDHS-EA-901MSCAP application. The MDHS-EA-901MSCAP and the current MDHS-EA-900 , page 1 with the client's signature should be scanned to the MSCAP Inbox for processing.

NOTE: The MDHS-EA-901MSCAP should not be handed out to clients in the county office. In only one instance should the MSCAP application be mailed to the client: If the client reports a change which would result in MSCAP eligibility, the 901MSCAP may be mailed to the client along with a request for information. If the application is returned, the county should follow standard procedures in transferring the case to the MSCAP Unit. If the 901MSCAP is not returned, since the client would be a mandatory MSCAP client the case should be closed for failure to return the information.

When transferring a case to the MSCAP Unit, the county worker should notify the client by sending either MAVERICS notice F919, SNAP Closure/Transfer to MSCAP, or MAVERICS notice F918, SNAP Denial/Transfer to MSCAP, as appropriate.

MDHS-EA-901 MSCAP - OUTREACH

During outreach, the MSCAP Unit will receive information from the Social Security Administration (SSA) regarding persons in the state that meet MSCAP criteria but are not currently receiving SNAP benefits. System-generated notices/applications are mailed to potentially eligible individuals

explaining MSCAP and providing an opportunity for these individuals to apply. Applicants are instructed to complete and return the application to the MSCAP Unit for processing. Persons meeting MSCAP eligibility criteria will receive SNAP benefits the month following the month in which the applicant applies.

SSA PROCEDURES

An applicant for SSI will be screened for MSCAP eligibility by SSA during the intake process. If the screening indicates possible eligibility, the SSA worker will explain MSCAP to the applicant.

The SSI application includes the option to receive SNAP benefits through MSCAP or not to receive SNAP benefits. If an SSI recipient/applicant meets MSCAP criteria, the individual may only receive SNAP benefits through MSCAP **unless** the individual has excess medical and/or shelter expenses **and** chooses to opt out of the program. The mandatory individual will sign the SSI application to either participate through MSCAP or not receive SNAP benefits at all. The SSA worker will assist the applicant in understanding the MSCAP program as well as provide an explanation of benefit amounts and delivery method. SSA will also inform individuals with shelter/utility expenses of $341.01 or more, or out-of pocket medical expenses in excess of $35 that they may opt out of the MSCAP program and apply at the local county office through regular SNAP. In addition, SSA will inform the applicant they may receive SNAP benefits while the SSI determination is being processed by applying at the local county office.

When MSCAP eligibility is determined, the MSCAP Unit has responsibility for the case **unless** excess expenses are verified **and** the participant chooses not to participate in MSCAP. Eligibility for SNAP benefits through MSCAP continues as long as the individual is SSI eligible and meets other MSCAP criteria. When SSA redetermines eligibility for SSI benefits, individuals will be screened for continued MSCAP eligibility. If the SSI application is denied or an individual's current SSI is terminated, the individual will have to apply for SNAP benefits at the local county office.

INITIAL BENEFITS

For the newly approved SSI recipient, eligibility for benefits in MSCAP begins the month following the SSI eligibility determination. When the individual is already an SSI recipient, benefits begin the month following the date of the SNAP application. SSI applicants who qualify through MSCAP will not receive retroactive benefits; therefore, SSA will instruct the applicant to apply at the local county office if they wish to receive SNAP benefits while the SSI application is being processed. If approved by the county, the individual will receive benefits until SSI approval. When the SSI

application is approved, the case will be converted to MSCAP **unless** the client has excess shelter and/or medical expenses **and** chooses to opt out of the program.

REPORTING AND HANDLING CHANGES

Ongoing policy governing reportable changes applies to all MSCAP cases and whenever a reportable or non-reportable change is reported, action must be taken on the case. Individuals participating in the MSCAP program should report all changes to SSA. However, there will be times when changes are reported directly to the MDHS state or local office. When this occurs, the change must be accepted; however, participants will also be referred to SSA so the change can be properly documented in the SSA computer system and reported to the MSCAP Unit via SDX files. The client should be encouraged at all times to report changes directly to SSA. When a change is reported to either the MDHS state or county office, action will be taken as follows:

Changes Reported To The MSCAP Unit:

The information will be documented and appropriate action taken. The participant will be encouraged to also report this change and all future changes to the SSA office. When necessary, the MSCAP Unit will forward the change information to SSA.

Changes Reported To The County Office:

The change report should be taken according to ongoing SNAP policy and the participant instructed to also report this change and all future changes to SSA. The change information should then be faxed to the MSCAP Unit for handling. As needed, the MSCAP Unit will forward the change information to SSA. The county should place a copy of reported information in the case record. If a case record does not exist, the original information will be filed in an administrative folder.

Changes Reported To SSA By The Participant:

SSA will indicate changes electronically through their computer system. These changes will come to the MSCAP Unit via SDX files. The change will be acted on by MSCAP unit staff.

REPLACEMENT OF BENEFITS

SNAP disaster replacements for MSCAP cases will be handled by the MSCAP unit. If a disaster replacement is requested at the county level, the CSR will complete the MDHS-EA-508, Household Statement of Loss Due to Household Disaster, and fax or scan the form to the MSCAP Unit for processing. If the client makes a request for a disaster replacement to the MSCAP Unit, the MSCAP worker will complete the MDHS-EA-508 and mail to the client for signature. When the form is returned, the replacement will be processed.

TRANSFER CASES

When transferring a case to or from the MSCAP Unit, the case must be registered, closed or denied, and handled as a reapplication to be processed from the original application date.

If an individual reports a change, either to the local office or to SSA, which would cause their regular SNAP case to become a MSCAP case, the case must be transferred to the MSCAP Unit. The county worker should:

1. Explain MSCAP to the client and distribute the MSCAP pamphlet.

2. a. Have the client fill out and sign a MDHS-EA-901MSCAP application. Scan, fax, or mail to the MSCAP Unit for processing.

   Or

   The worker should use the information on the completed MDHS-EA-900 Parts I and II to fill out the MDHS-EA-901MSCAP application. The MDHS-EA-901MSCAP and the current MDHS-EA-900 Part I, page 1 with the client's signature should be scanned, faxed or mailed to the MSCAP Unit for processing .

3. Ensure the case is current, correct and all pending actions, such as IEVS, claims, etc., have been handled.

4. Close the case as a transfer to MSCAP.

MSCAP staff will then convert the case.

If an individual in MSCAP reports a change which results in ineligibility for MSCAP, but potential eligibility remains for regular SNAP benefits, the individual will be referred to the local county office and the MSCAP Unit worker will prepare the case for transfer by:

1. Ensuring the case is current, correct and all pending actions, such as IEVS, claims, etc., have been handled.

2. Documenting and closing the case, notifying the individual of MSCAP closure and possible eligibility for regular SNAP benefits in the county. The notice will tell the individual to contact the local DHS office if they wish to apply.

3. Transferring the case when requested by the county.

RECERTIFICATION AND CERTIFICATION PERIOD

All MSCAP households will receive a four-year certification period. A mail-in recertification form will be sent to each household prior to the end of the household's forty-seventh month of MSCAP participation. The recertification form will notify the household that their benefits will be discontinued if the form is not returned by the last day of the forty-eighth month. It will also notify the participant that the form must be returned by the fifteenth day of the forty-eighth month if the individual wishes to receive uninterrupted benefits. If the form is not returned and the case is closed, any subsequent participation will require a reapplication. The individual can obtain an application form by contacting the MSCAP Unit or the local county office.

CASE RECORDS

The MSCAP Unit will implement a tracking system to maintain their caseload. Physical records for cases will remain in the local county offices. Each county will determine where to maintain these case files until they are needed or can be weeded and/or destroyed.

When an address change is reported to the MSCAP Unit which results in a change in county residence, the MSCAP county code on ADDR will be updated to reflect the change. The MSCAP Unit will notify the previous resident county that the individual now resides in another county. The previous county will mail the case record to the new county of residence with a cover sheet informing them the MSCAP participant now resides in their county.

MSCAP INQUIRIES

Any inquiry concerning the MSCAP Program may be referred to the MSCAP Unit at 1-800-948-4060. When MSCAP clients call the county office with questions about their case, refer them to the appropriate worker in the MSCAP Unit.

GENERAL

The Mississippi Elderly Simplified Application Project (ESAP) is a demonstration project designed to help simplify the Supplemental Nutrition Assistance Program (SNAP) application process for households consisting entirely of elderly (age 60 and older) persons. The goal of the project is to promote SNAP enrollment among eligible elderly citizens by providing a simpler method of applying for and maintaining eligibility for SNAP benefits.

ELIGIBILITY CRITERIA

To be determined eligible for ESAP, the household must meet the following criteria:

- All household members are age 60 or over
- No receipt of earned income
- No receipt of SNAP benefits through the Mississippi Combined Application Project (MSCAP)

All households meeting ESAP eligibility are mandatory for ESAP and are ineligible for SNAP outside of the ESAP project.

APPLICATION PROCESSING

If a case is identified as ESAP eligible, the county should send the appropriate denial/closure notice. MAVERICS will automatically carc the case to ESAP/861. If the case is an initial application, it will be processed for the original application date. If the case was ongoing before closure, it will be processed for the following benefit month.

When a case is identified as ESAP mandatory prior to or during the interview process for application, reapplication, or recertification, the county worker will:

1. Distribute and explain the ESAP pamphlet,
2. Have the individual complete and sign the MDHS-EA-901 ESAP application,
3. Distribute and explain the MDHS-EA-901B ESAP Rights and Responsibilities,
4. Distribute and explain the MDHS-EA-905A ESAP Interim Reporting pamphlet,
5. Scan the application to the electronic ESAP inbox,
6. Scan any supporting documents to the case record in Interwoven/Worksite

When a case is identified as ESAP after the interview process, the worker should use the information on the completed MDHS-EA-900 to fill out the MDHS-EA-901 ESAP application.

The MDHS-EA-901 ESAP application should be scanned to the ESAP inbox for processing. Any supporting documents should be scanned to the case record in Interwoven/Worksite.

NOTE: In some instances, the county office may register a new application, determine the household to be eligible for ESAP, and proceed to deny the application and transfer the case to the ESAP Unit. Upon receipt, the ESAP Unit will place the case in "received" status for processing. During ESAP application processing, changes may be discovered or occur that cause the case to be ineligible for ESAP benefits. In such instances, the ESAP Unit will transfer the case back to the county of residence in "received" status and notify the county office to process the application.

ESAP households will self-declare information used to determine eligibility, such as shelter expenses. However, other than a Medicare premium, the household must provide verification of medical expenses in order to receive the corresponding deduction. Non-citizen status must be verified if questionable. Additionally, information that is not verified through federal computer matches such as SDX, Bendex, IEVS, etc., may require verification if considered questionable. ESAP households will not be required to complete an interview in order to have eligibility determined, but the applicant may have an interview granted if requested. Eligibility and benefit amounts will be determined using the same criteria as regular SNAP households (including expedited service).

REPORTING AND HANDLING CHANGES

ESAP households are considered to be Change Reporting households, meaning that certain changes must be reported to eligibility staff by the 10th of the month following the month of the change. Reportable changes include the following:

- Change in address and any resulting change in shelter and utility costs
- Persons moving in or out of the home
- Amount of legally obligated child support paid by the household, if any
- Changes of more than $50 a month in the amount of unearned income from a public source (social security, SSI, Veterans benefits, unemployment benefits, etc.)
- Changes of more than $100 a month in the amount of unearned income from a private source (retirement /pensions, child support, cash gift, etc.)
- If a household goes to work
- Changes in recurring medical expenses

When an ESAP household incurs a one-time medical expense, the change may be reported by means of the MDHS-EA-905-ESAP Interim Report form provided to the household each year. This is the only time in which a non-recurring, one-time medical expense change may be acted on, regardless of when such change may have been reported. Changes in recurring medical expenses will be acted on upon report by the household. For all medical expenses, verification is required.

When an ESAP household reports a change to the local county office in person, the change should be taken according to SNAP policy. The change information should then be scanned to the ESAP Inbox for handling. When an ESAP household reports a change by telephone, refer the household to the ESAP Unit at 1 800 948 4060.

OTHER CHANGES

If a client reports a change during the certification period which would result in ESAP eligibility, the 901 ESAP should be mailed to the client along with a request for information. If the application is returned, the county should follow standard procedures in transferring the case to the ESAP Unit. If the 901 ESAP is not returned, since the client would be a mandatory ESAP, the case should be closed for failure to return information.

REPLACEMENT OF BENEFITS

Requests for replacement of benefits due to a household disaster for ESAP cases will be handled by the ESAP Unit. If a disaster replacement is requested at the county level, the CSR will complete the MDHS-EA-508, Household Statement of Loss Due to Household Disaster, and scan the form to the ESAP Unit for processing. If the client makes a request for a disaster replacement to the ESAP Unit, the ESAP worker will complete the MDHS-EA-508 and mail to the client for signature. When the form is returned, the replacement will be processed.

CERTIFICATION PERIODS

ESAP households will not be given a fixed certification period. However, such households will be required to return an interim report provided each year for reporting changes. Failure of the household to return a completed interim report yearly will cause the ESAP case to close. Refer to discussion of interim reports later in this chapter.

TRANSFERS

When transferring a case to the ESAP Unit, the case must be registered, closed or denied, and handled as a reapplication to be processed from the original application date. Case transfers between the local county office and the ESAP Unit (County 861) will occur according to the following guidelines:

From County Office to ESAP

If a household reports a change which would cause their regular SNAP case to become an ESAP case, the case must be transferred to the ESAP Unit. The county worker should:

1. Distribute and explain the ESAP pamphlet,
2. Have the individual complete and sign the MDHS-EA-901 ESAP application,
   If the household is not available to complete the ESAP application, the worker should:
   Use the information on the completed MDHS-EA-900 to complete the ESAP application
3. Distribute and explain the MDHS-EA-901B ESAP Rights and Responsibilities,
4. Distribute and explain the MDHS-EA-905A ESAP Interim Reporting pamphlet,
5. Scan the ESAP application to the electronic ESAP inbox,
6. Scan any supporting documents to the case record in Interwoven/Worksite
7. Ensure the case is current, correct and all pending actions, such as IEVS, claims, etc. have been handled
8. Close the case via the F923 (MAVS will automatically carc to 861)

From ESAP to County Office

If a household in ESAP reports a change which results in ineligibility for ESAP, but potential eligibility remains for regular SNAP benefits, the individual will be referred to the local county office and the ESAP Unit worker will prepare the case for transfer by:

1. Ensuring the case is current, correct and all pending actions, such as IEVS, claims, etc. have been handled.
2. Documenting and closing the case, notifying the individual of ESAP closure and possible eligibility for regular SNAP benefits in the county. The notice will tell the individual to contact the local DHS office if they wish to apply.

INTERIM REPORTS – ESAP

ESAP households will be subject to the same requirement as regular SNAP households to report changes through an Interim Report (IR). ESAP households will be required to submit completed interim reports on an annual basis. IRs will be mailed on the 22nd day of the 11th month of eligibility. The IR will be used for reporting changes in income, household size, and medical expenses. Reported changes in medical expenses will require verification. When interim reports are processed, households will be subject to a resource test if the household fails the gross income test but passes the net income test.

WTPQ

The Wire Third Party Query Process (WTPQ) in MAVERICS will verify Social Security and SSI information on ESAP household members once a year. MAVERICS will automatically generate the query process for these households on the 20th of the month prior to the due month of the ESAP interim report. For example, the WTPQ process will occur September 20 for ESAP households whose interim report is due October 5.

ESAP INQUIRIES

Any inquiry concerning the ESAP Program may be referred to the ESAP Unit as 1-800-948-4060. When an ESAP client calls the county office with questions about their case, refer them to the ESAP Unit.

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GENERAL

Every household shall be given the opportunity to apply for SNAP benefits. The application process includes the household or its authorized representative completing and filing an application form, being interviewed, and having certain information verified. Application shall be made in the name of the case head and in the county in which the household resides. When a county office receives an application and later determines that the household resides in another county, the case must be transferred in "received" status to the appropriate county office, with the application scanned and the receiving county notified of the transfer. See TRANSFER OF CASE RECORD, later in this chapter.

Expedited service shall be available to households in immediate need. See provisions in this chapter and in Chapter 7, SPECIAL CIRCUMSTANCES, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE.

APPLICATION FORM

MDHS-EA-900, Application for Temporary Assistance for Needy Families and SNAP, is by design, a client-oriented form and is used along with the interview process to collect data for entry into MAVERICS. Therefore, MDHS-EA-900 should be provided (given or mailed) to a client who expresses an interest in applying for SNAP benefits. The MDHS-EA-900 can easily be completed by the client. At a minimum, the client must fill out Page 1 which contains the information needed to serve as a valid application. Page 2 of the application may also be filled out by the client, or the client may be assisted in completing the form. References in the remainder of this material to making the application form available to households, mailing it to the client, etc., refer to form MDHS-EA-900 Page 1, since receipt of this form, properly signed, initiates an application for SNAP benefits.

The local office shall make application forms readily accessible to potentially eligible households and to those groups and organizations involved in outreach efforts. The local office shall also provide an application form to anyone who requests the form.

Any person expressing an interest in applying for SNAP benefits will be given an application form to complete. The applicant will be told at that time that a friend, relative or agency employee may assist him in completing the form, but that he is responsible for the contents. The application may be completed in the office or submitted by mail but must be signed by the case head, spouse, a responsible household member or authorized representative. Although the application form is designed to be client-oriented, the worker will assist the applicant in completing the form if requested to do so.

RESPONSIBLE HOUSEHOLD MEMBER

For the purpose of applying or interviewing for SNAP benefits, a "responsible member" of the household is any member "capable of representing" the household by providing not only sufficient but accurate information concerning household circumstances. There may be circumstances where the worker has sufficient justification to question whether a household member is considered responsible in representing the household, in which case the worker may want to discuss this with the household.

If the worker determines that a household member is not responsible, that member will be prohibited from representing the household, including designating an authorized representative to act on behalf of the household. The worker will document the case record to support the decision.

It is not required that a responsible household member be an adult. Minors are subject to the same disqualification penalties and possible prosecution, perhaps with the appropriate court being a juvenile court.

MAKING APPLICATION

Notice of Right to File

Notices shall be posted in all certification offices explaining the application processing standards and the right to file an application on the day of initial contact. A household has the right and shall be encouraged to file an application form the same day the household or its representative contacts the office in person or by telephone and expresses interest in obtaining SNAP benefits. In addition, the household shall be advised that it does not have to be interviewed before filing the application.

Contacting the County Office

A household which contacts the county office by telephone and prefers to receive an application through the mail shall have MDHS-EA-900, mailed the same day the telephone request is received. An application shall also be mailed on the same day a written request is received.

When a household contacts the wrong certification office, either in person or by telephone, the household shall be given the address and telephone number of the appropriate office (if in person, the household must be given the opportunity to apply). If the certification office receives and registers an application and later determines the household resides in another county, the application must not be denied. The case should be transferred in "received" status to the appropriate county office, with the

application scanned to the appropriate electronic case folder. If the household has mailed its application to the wrong office within a county, the application must be registered on the date of receipt, the application scanned to the appropriate electronic case folder, and the case transferred in "received" status to the appropriate county office on the same day.

Persons who contact the office and indicate that they work during all or nearly all scheduled hours of certification service shall be informed of the availability of appointments for specific dates and time.

People who contact the office inquiring about certification services shall be advised of the conditions under which out-of-office certification services are available.

Filing an Application

Households must file the SNAP application by submitting the application form either in person, through an authorized representative or by mail. In addition, applications containing a handwritten signature, transmitted by fax or other electronic transmission are acceptable and considered valid applications.

When the case head or spouse cannot make application, another household member may apply or an adult nonhousehold member may be designated as the authorized representative in order to make application. The case head or spouse should complete the application form or review it whenever possible, even though either another household member or authorized representative will actually be interviewed. The household shall be informed that if the household receives benefits that it is not entitled to receive because the authorized representative gave incorrect information, the household will be held responsible.

If an authorized representative makes application on behalf of a household, MDHS-EA-918, Representative Authorization or the SNAP Authorized Representative Section of MDHS-EA-900, Part I, must be completed and received before the worker can approve the application.

The local office must provide benefits to the household within the timeliness standards outlined in this material. The date an application is filed must be documented by recording on the application the date that it is received by the local office. When a resident of an institution is jointly applying for SSI and SNAP benefits prior to leaving the institution the filing date to be recorded on the application is the date of the release of the applicant from the institution.

A properly filed application need only contain the applicant's name and address, and be signed by a responsible member of the household or the household's authorized representative. When the

applicant signs by a mark, a witnesses' signature is required unless witnessed by an eligibility worker, in which case the worker's signature is sufficient.

If a client requests TANF benefits in addition to SNAP benefits at the time of the interview and did not make the requests for both at the time of application, it is not necessary for any additional application to be filed. A client may have an application filed for SNAP or TANF but decide at the interview to request both. The EW should consider all changes that have occurred between the time the application is submitted and the time of the interview; therefore, if the client requests TANF benefits at the time of the interview and is eligible the day the application is filed, benefits would begin based on the date the application was filed.

Withdrawing Application

The household may voluntarily withdraw its application at any time prior to the determination of eligibility. The worker shall document in the case record the reason for withdrawal, if any was stated by the household, and that contact was made with the household to confirm the withdrawal. The household shall be advised of its right to reapply.

THE INTERVIEW

All applicant households, including those submitting applications by mail or fax, shall have an interview with a qualified eligibility worker prior to initial certification and all recertifications. The interviewer shall not simply review the information that appears on the application, but shall explore and resolve with the household unclear and incomplete information. See Probe Interviewing later in this chapter.

Scheduling the Interview

Upon receipt of an identifiable application, the worker will either interview the household the same day the application is submitted or provide the household an appointment via MAVERICS A906, Appointment Notice, MAVERICS A925 Appointment Notice (for telephone interviews) or MDHSEA-940 if MAVERICS is not available, for an interview on the earliest possible date but no later than 10 days. If the household fails to appear for the interview, the worker must send a second notice, F902 - SNAP Missed Appointment, to notify the household of the missed appointment. Otherwise, the application will be denied in accordance with the timeliness standard as outlined later in this chapter. In the event the household requests a second appointment, it should be arranged as soon as possible.

The interview should be scheduled to allow sufficient time to determine eligibility and provide benefits within the timeliness standards outlined in this chapter for both the household and the worker.

If a household member or authorized representative is unable to appear for an interview without missing time from work, the appointment should be set at a time that would eliminate, if possible, or minimize the applicant's absence from work.

Waiving the Office Interview

The office interview will be waived if requested by any household which is unable to appoint an authorized representative and which has no household member able to come to the office because they are 60 years of age or older, are mentally or physically handicapped as defined in Chapter 2, DEFINITIONS, or who have transportation difficulties or similar hardships which the worker determines warrants a waiver of the office interview. These hardship conditions include but are not limited to: illness, care of a household member, hardships due to residency in a rural area, prolonged severe weather, or work or training hours which prevent the household from participating in an in-office interview.

If the waiver is granted, the worker has the option of:

1. Conducting a telephone interview, provided a household hardship exists.

2. A home visit to conduct the interview. The home visit shall be used only if scheduled in advance with the household.

For households granted a waiver of the face-to-face interview, the MDHS-EA-900 application must be provided to the household for completion. At minimum, the household must complete Part I of the application, containing the household member's name, address, and signature, and return to the worker. As needed, the remainder of the application may be completed by the worker during the telephone interview, with Parts I and II of the application returned to the household for signature. The signed, completed application must be received by the worker prior to case approval.

Waiver of the face-to-face interview does not exempt the household from the verification requirements as outlined in this chapter. The waiver of the face-to-face interview shall not affect the length of a household's certification period.

Interview Facilities

Facilities shall be adequate to preserve the privacy and confidentiality of the interview which is an official and confidential discussion of the household's circumstances. In order to ensure privacy and confidentiality, group interviews are not allowed.

Holding the Interview

At the time of the interview the worker shall:

1. Review the information that appears on the application.

2. Advise the applicant of:
   a. The household's rights and responsibilities as outlined in Chapter 1, including the responsibility to report certain changes in household circumstances. Changes which must be reported during the certification period are covered in this chapter under CHANGES WITHIN CERTIFICATION PERIODS. In addition to explaining the household's rights and responsibilities, the worker must give the applicant MDHS-EA-530, RIGHTS AND RESPONSIBILITIES OF SNAP HOUSEHOLDS. See Instructions in Chapter 5, Generic Forms Manual.

   b. Explain EBT card issuance and use of the card.

3. If additional information and/or verification must be supplied by the household in order for eligibility to be established, provide to the household MAVERICS F905, SNAP REQUEST FOR INFORMATION. If MAVERICS is not available, provide form MDHS-EA-942, REQUEST FOR INFORMATION. If the manual request for information is used, be sure to document in MAVERICS (when the system becomes available) with the F000 notice to history. See OBTAINING ADDITIONAL INFORMATION/VERIFICATION in this chapter.

4. Explore and resolve with the household any unclear and incomplete information.

5. Explain the Quality Control Process. Applicants should be informed of the responsibility to cooperate with quality control reviewers if their case is pulled for review. Cooperation may include providing verification of statements in the case record or by giving the names of persons or organizations in obtaining necessary proof. Failure of the household to cooperate in the review process will result in case closure. See Chapter 1 QUALITY CONTROL REVIEWS.

Probe Interviewing

If an applicant's responses to questions asked in order to determine eligibility are incomplete, superficial, contradictory, suspicious or only hint at an answer, probe interview type questions would appear to be appropriate. How to ask the right question in order to obtain appropriate and complete responses and posing questions in such a way that the response will fill in any gaps in existing information should result in correct eligibility determination. Probing questions should not suggest possible answers. Examples of topics to be explored via probing questions are:

1. Shelter expense
   A. Mortgage payment
   B. Insurance
   C. Taxes
   D. Rent
   E. Water
   F. Garbage
   G. Utilities

2. Household appliance(s)/furniture
   A. Monthly payment(s)
   B. Monthly rental cost

3. Loan payment(s)

4. Medical expenses
   A. Doctor/hospital payment(s)
   B. Prescribed medicine
   C. Insurance premiums

5. Dependent care expense

6. Support payment(s)
   A. Alimony
   B. Child Support

7. Vehicle(s)
   A. Monthly payment(s)
   B. Monthly cost of insurance
   C. Average monthly operating expenses

8. Incidentals

9. Other major monthly expenses

Even though some of these expenses are not considered in the SNAP budget, they, nevertheless, are expenses for which the household is responsible and may provide clues to unreported income, resources or household circumstances.

HOUSEHOLD COOPERATION

See DECISION AND NOTIFICATION later in this chapter. For failure of household to cooperate with Quality Assurance, see Chapter 1, GENERAL.

JOINT APPLICATION FOR SNAP AND TANF

Households applying for TANF shall be allowed to apply for SNAP benefits at the same time. SNAP eligibility shall be based solely on SNAP eligibility criteria, and households shall be certified in accordance with the notice, procedural and timeliness requirements of SNAP regulations.

Request for Assistance

When the request for TANF is made in person or by telephone the receptionist will either give or mail the MDHS-EA-900, Application for TANF and SNAP. If the applicant cannot be interviewed on the day the request is made, the receptionist will schedule an interview. At a minimum, Page 1 must be completed in order for the application to be considered valid. Clients should be encouraged to fill out Page 2 at the time of application, or the client can return them at the time of the interview.

Application and Interview

The worker shall conduct a single interview at initial application for TANF and SNAP benefits.

Processing the Application

Because of differences in TANF and SNAP application processing procedures and timeliness standards, the worker may have to determine SNAP eligibility prior to determining the household's eligibility for TANF. Action on the SNAP portion of the application shall not be delayed nor the application denied because the TANF determination has not been made.

Follow these guidelines when the worker completes the SNAP portion of the case prior to determining eligibility for TANF:

a. When the signed application is received by the county office, the application is registered in

MAVERICS which controls the time frame for application processing.

b. When possible, the certification period will be assigned to coordinate with other programs that the applicant is requesting or receiving at the time of application. This is necessary to manage caseloads at the time of reevaluation.

Example: On April 10 an applicant applies for TANF and SNAP. The SNAP case is determined to be expedited and is approved on April 14. Based on the household's circumstance, the certification period assigned is April through September. The TANF case is later approved on May 1. The redetermination date for TANF will be October.

Example: On May 5 a part-time employed applicant applies for TANF and SNAP. The simplified reporting case is approved on June 1. This case is assigned a six month certification period. Thus, the SNAP certification period will be May through October while the TANF redetermination will be effective November.

c. If the worker can anticipate the amount and the receipt date of the initial TANF payment but the payment will not be received until a subsequent month, the worker shall vary the household's SNAP benefit level (variable basis of issuance according to the anticipated receipt of the payment). Portions of initial TANF payments intended to cover retroactively a previous month shall be disregarded because they are considered lump sum payments as outlined in Chapter 4.

If the amount or date of receipt of the initial TANF payment cannot be reasonably anticipated at the time of the SNAP eligibility determination, the TANF payment shall be handled as a change in circumstances.

d. If the household is approved for TANF after the SNAP application has been approved, the worker will notify the household via MAVERICS F302, SNAP Decrease: Non-Adverse Action; or MDHS-EA-945, Notice of Change, with MAVERICS FOOO documentation notice. At authorization, the reevaluation due date of the TANF case will be set to coincide with the established certification period of the SNAP case.

If the amount and receipt date of the TANF payment could be anticipated, the above would be handled via the variable basis of issuance provision at the time the application was approved. However, if the amount and receipt date of TANF could not be anticipated, the TANF payment is handled as a change in circumstances, <u>except</u> that the worker is not required to send a notice of adverse action if receipt of the TANF payment reduces or

terminates the household's SNAP benefits and the household is notified in advance that its benefits may be reduced or terminated when the grant is received.

e. Households whose TANF applications are denied shall not be required to file new SNAP applications. SNAP eligibility shall be determined or continued on the basis of the original applications filed jointly for TANF and SNAP purposes. Any other documented information obtained subsequent to the application which may have been used in the TANF determination and which is relevant to SNAP eligibility or level of benefits should be filed appropriately in the case record.

OBTAINING ADDITIONAL INFORMATION

If it is determined at the interview or at any time during the application process that additional information or verification is required, or that a household member is required to register for employment, the household must be given at least 10 days to comply with the request which is made via MAVERICS F905, SNAP Request for Information, or MDHS-EA-942, Request for Information. See exception under DELAYS IN PROCESSING, Determining Cause.

Even though the household must be given at least 10 days as outlined above, the case must be held open for 60 days and the household given all that time to complete the application process.

NORMAL PROCESSING STANDARD

If the household is eligible, written decision of approval must be received by the household as soon as possible but no later than 30 days after the date of receipt of application, or no later than the last issuance day before the end of the 30 day period, whichever comes first. At least 2 days mailing time must be allowed if the notice is mailed. In most instances, an EBT card should be requested, if needed, no later than the 23rd calendar day from the date of application to allow timely receipt of the card. It is the county's responsibility to ensure benefit availability and timely issuance of the EBT card so the participant has access, i.e., card in hand and benefits available, by the 30th day following application.

NOTE: The 30 day processing standard for residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from an institution begins with the date of their release from the institution.

If the household is found to be ineligible, written notice shall be provided as soon as possible but not later than 30 days following the date of receipt of application.

Delays caused by either the household or the worker will be handled in accordance with procedures outlined below.

DELAYS IN PROCESSING

If the worker cannot or does not determine eligibility and provide an eligible household the opportunity to participate within 30 days of the date the application was filed, the worker shall determine cause and take appropriate action as outlined below.

Determining Cause

If the worker has taken the following action, the delay can be considered the fault of the household:

1. Offered to assist the household in completing the application.

2. If a household member has failed to register for work and the worker has informed the household of the requirement and has given the household at least 10 days from the date of notification to comply.

3. In cases where verification is incomplete, and the household has been provided with a statement of required verification and has been offered assistance in obtaining required verification and allowed sufficient time (10 days from the date of initial request) to provide the missing verification.

4. In cases where the household failed to appear for an interview but has rescheduled the initial interview for a date within 30 days of the date the application was filed. For example:

March			April
2	15	19	1
Date of Appli-cation	Interview Scheduled Did Not Show	Interview Rescheduled Did Not Show	Appl. Continued Pending

However, if the household has failed to appear for the first interview and a second interview

is scheduled but postponed at the household's request or cannot be rescheduled until after the 20th day but before the 30th day following the date the application was filed, the household must appear for the interview, register members for work, and provide the necessary verification by the 30th day; otherwise, the delay will be the fault of the household. If the household has failed to appear for the first interview and a subsequent interview is postponed at the household's request until after the 30th day following the date the application was filed, the delay will be the fault of the household. If the household has missed both scheduled interviews and requests another interview, the delay shall be the fault of the household. For example:

March		April		
5	10	18	30	4
Date of Appl.	Interview Scheduled, Did Not Show	Interview Scheduled, Household Postpones Interview	Interview Held Verif. Requested	Appl. Cont. Pending

Action on Delays Caused by Household

If, by the 30th day, the worker cannot take any further action on the application due to the fault of the household the client will be sent MAVERICS F103, Notice of Penned Application or form MDHSEA-944, Notice of Action, outlining the reasons eligibility has not been determined and detailing any action the household must take to complete the application process. If the 30th day falls on a weekend or holiday, the notice shall be issued the first working day following the weekend or holiday. See Volume X, MAVERICS instructions or Generic Forms Manual, form MDHS-EA-944 instructions.

If eligibility cannot be determined within the second 30 day period due to the fault of the household, the application will be denied without further notification to the household.

If eligibility is determined during the second 30 day period, the household will be notified via MAVERICS F101, SNAP Approval Notice or form MDHS-EA-944; however, benefits will be

prorated from the date the household took the necessary action. See Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS.

Example: A household applies for SNAP benefits on April 10 and is interviewed that day. The worker requests verification also on that day. The household does not provide it until May 19. The household is determined eligible, and benefits are prorated from May 19 (the date the household took the necessary action).

Example: A household applies for SNAP benefits on April 22 and is interviewed on April 26. Required verification is requested of the household at the time of the interview. Household delays providing necessary verification until June 5. Household is determined eligible and is provided benefits prorated from June 5.

Action on Delays Caused by Worker

When a delay in the initial 30 day period is the fault of the worker, immediate corrective action must be taken. Except for aliens who have not been given a reasonable opportunity to submit acceptable documentation as specified in Alien Status material of this chapter, the worker must notify the household by the 30th day after the application was filed that the application is being held pending, the reason, and any action the household must take to complete the application process. For example:

June		July	
12	16	5	12
Household Applies	Initial Appointment (2nd App. Requested)	Interview Held and Verification	Requested

On July 12, the application would enter continued pending status because the worker had not allowed the household 10 days to provide the necessary verification. MAVERICS F103, Notice of Pended Application or form MDHS-EA-944, Notice of Action would be sent to the household to show continued pending status.

1. If the household is found to be eligible during the second 30 day period, the household is entitled to benefits retroactively, to the day of application.

2. If the household is found to be ineligible during the second 30 day period, the worker will deny the application and notify the household using MAVERICS SNAP Denial Notice or form MDHS-EA-944, Notice of Action and MAVERICS FOOO documentation notice.

Delays of 60 Days or Longer

Delays of 60 days or longer will be handled as follows:

1. Delay Beyond First 60 Days Caused by Worker

   The application will remain pending until an eligibility determination is made. When this determination is made, the household will be notified via form MDHS-EA-944 or MAVERICS SNAP Approval or Denial Notice. The household, if eligible, will be entitled to benefits retroactively, to the day of application.

2. Delay During First 60 Days Caused by Household

   Because notice was provided to the household at the end of the first 30 day period, no further notice is required. Agency procedure for denying the application will be completed at the end of the 60 day period.

3. Delay Beyond First 30 Days Caused by Household, Second 30 Days by Worker

   The application will remain pending until an eligibility determination is made, at which time the household will be notified via MAVERICS SNAP Approval or Denial Notice or MDHS-EA-944, Notice of Action. If eligible, the household will be entitled to retroactive benefits, but only back to the day the household took necessary action.

4. Delay Beyond First 30 Days Caused by Worker, Second 30 Days Caused by Household

   The application will be denied at the end of the 60 day period. Because notice was provided to the household at the end of the first 30 day period, no further notice is required. The household shall not be entitled to retroactive benefits even if the delay in the initial 30 days was the fault of the worker. Example: The worker did not request certain required verification within the first 30 days, but did request the information on the F103/SNAP Notice of Pended Application. Because it has been more than 60 days since the application was filed and the applicant did not provide the requested verification, no retroactive benefits are due.

EXPEDITED SERVICE

Certain households (See Chapter 7, SPECIAL CIRCUMSTANCES) are entitled to expedited service. In addition, destitute households may be entitled to special income calculation procedures. These households do not have to request expedited service. The county is expected to provide this service regardless of whether the request is made.

Identifying Households Entitled to Expedited Service

The MDHS-EA-900 will be used to ensure that each household is screened for eligibility of expedited services.

Out-of-Office Interviews

If a household is entitled to expedited service and is entitled to a waiver of the office interview, the interview and application process shall be completed within the expedited service standards. The first day of this count is the calendar day following the application filing date. If the interview is conducted over the phone and the application needs to be mailed to the household for a signature, the mailing time will not be counted toward the seven calendar days. Mailing time for expedited service purposes means the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.

> Example: A household makes an application on February 15. On February 17, a telephone interview is conducted and the application is also mailed to the applicant for a signature. The application is received back in the office on February 21. The household must be able to receive their SNAP allotment by February 25th.

Processing Standards

Expedited households must be able to receive their SNAP benefits no later than the seventh calendar day following the date the application was filed. Request for an EBT card must be made, if needed, on the day of application or the day of the interview. Benefits must be authorized within the appropriate time frame to allow the recipient access, i.e., card in hand and benefits available, no later than the seventh day. The filing date of a resident of a public institution who applies for SSI and SNAP benefits jointly and who is entitled to expedited service is the date of release of the applicant from the institution.

NOTE: There are no exceptions to these requirements for weekends or holidays.

Example: A household makes an application on a Friday. The benefits must be available no later than Friday of the following week. An EBT card(s) must be ordered the day of application or the day of interview. Benefits should be authorized to allow access no later than the 7th day.

Example: A household makes an application on a Monday and the following Monday is a holiday. The EBT card is ordered on the day of the application. Benefits are authorized on Friday which allows availability on Saturday, meeting expedited requirements.

Late Determination of Households Needing Expedited Service

If the prescreening process fails to identify the household as being entitled to expedited service and the worker or supervisor subsequently discovers that the household is entitled to expedited service, the processing standards specified above apply, with the exception that the date for calculating the processing time standard begins with the date the worker or supervisor discovered the household was entitled to expedited service.

POTENTIALLY CATEGORICALLY ELIGIBLE HOUSEHOLDS

Applicant households which are potentially categorically eligible shall be handled as outlined below:

If the potentially categorically eligible household is ineligible for SNAP benefits, the application must be denied prior to the 60th day (the original 30 days plus the extended 30 days) pending a decision on the household's eligibility for TANF/SSI. The notice must be sent on the 30th day as required by ongoing policy to inform the household that the case is pending the decision of its TANF/SSI application. The notice should also instruct the household to notify the county as soon as possible when a decision is rendered on its SSI application. Obviously the worker will be aware of the determination on a TANF application so notification by the client is not necessary. In the event the worker determines that the household is not categorically eligible, i.e., the TANF/SSI application is rejected, ongoing policy for handling SNAP applications will be followed.

2. If a potentially categorically eligible household which has been denied because a decision has not been rendered on its TANF/SSI application by the 60th day is subsequently approved for TANF/SSI and is therefore categorically eligible for SNAP benefits, the household is therefore entitled to have its SNAP benefits determined based on the original

SNAP application and any pertinent changes that have occurred since the application was filed. The county shall not require the household to be reinterviewed but shall update the application from other available information and/or through telephone or mail contact with the household or its authorized representative. If there are changes, the county must have the household initial changes on the original application, and resign and redate the application. Although the county cannot require the household to come in to resign and redate the application, the household may choose to do so rather than having the application mailed.

3. Households originally denied but later determined categorically eligible using the same application, would be considered eligible to receive SNAP benefits from the date for which the TANF/SSI benefits are paid. Benefits would be prorated for the initial month of categorical eligibility from the date the TANF/SSI benefits are payable or the date of the original SNAP application, whichever is later.

4. A household which becomes categorically eligible due to approval of an application for SSI benefits will also be entitled to the uncapped shelter and medical deductions. The entitlement to these deductions begins at the same time the household becomes categorically eligible, i.e., from the date the SSI benefits are payable or the date of the SNAP application, whichever is later. In addition, any denied household that becomes categorically eligible because of SSI approval will also have its benefits restored based on entitlement to the special deductions.

NOTE: Residents of public institutions who apply jointly for SSI and SNAP benefits prior to their release from the institution shall not be categorically eligible on a finding by Social Security Administration of potential SSI eligibility prior to such release. The individual shall be considered categorically eligible at such time as the final SSI eligibility determination has been made and the individual has been released from the institution.

AUTHORIZED REPRESENTATIVE

When the case head, spouse or a responsible household member cannot apply, an adult non-household member may be designated to make application on behalf of the household under the following conditions:

1. The authorized representative may be designated via MDHS-EA-900, Page 2, or MDHS-EA-918, Representative Authorization, by the case head, spouse or another responsible member of the household. This designation must be made prior to certifying the household. It is not valid for subsequent applications or recertification's, and does not automatically authorize the designated person as a benefit representative for the household (see below).

2. The authorized representative must be an adult who is familiar with the current circumstances of the household. If, during the interview, it becomes obvious that the authorized representative is not sufficiently aware of current household circumstances, the worker will document the case record accordingly and:

    a. Immediately request in writing that the household designate another authorized representative. Form MDHS-EA-918 will be included with the request. or

    b. Make an appointment to visit the household so that an interview can be held.

BENEFIT REPRESENTATIVE

Each household should be encouraged to designate a person to serve as benefit representative in accessing SNAP benefits when the case head or spouse is unable to do so because of illness, employment, etc. The person designated may be a responsible household member, the authorized representative or another non-household member. Note that it is not necessary to designate the case head or spouse because these designations are automatic. If the spouse is listed as a benefit representative they are counted as one of two representatives that can be appointed for the case. It is necessary to enter the spouse's name and other identifying information on the EBCR screen in MAVERICS.

At application, the case head or authorized representative may designate a benefit representative via MDHS-EA-918. In addition, a benefit representative may be designated via MDHS-EA-918 at any time during the certification period by the case head, spouse or responsible household member.

The benefit representative authorization is valid only for the certification period. However, the case

head, spouse or responsible household member may withdraw the authorization at any time. Withdrawal of authorization will be made upon the request either in person, telephone or in writing. If not made in writing, the case record will be documented.

The name, address, Social Security number, and date of birth of each benefit representative must be entered on the EBCR screen in MAVERICS. For aliens and others without a SSN, the case number should be used on EBCR in place of the SSN.

EMERGENCY FOOD STAMP BENEFIT REPRESENTATIVE

An emergency benefit representative may be designated in situations where the head of household dies or is otherwise unable to obtain benefits, and there is no other designated benefit representative. For example, an EBT card may be issued to and benefits accessed by a person who obtains custody of the children in situations where the case head dies and no other adults remain in the household. Documentation supporting this action should be included in the case record.

DRUG ADDICT - ALCOHOLIC TREATMENT CENTER REPRESENTATIVE

There are special provisions for drug addicts and alcoholics residing in treatment centers. See Chapter 7 for details.

BLIND/DISABLED GROUP HOME REPRESENTATIVE

See Chapter 7 for special provisions for blind/disabled individuals who reside in certain type group homes.

RESTRICTIONS ON REPRESENTATIVES

Agency Employees and Retailers

Agency employees and retailers authorized to accept food stamp benefits cannot act as representatives unless:

1. It is determined that no one else is available to act on behalf of the household, and

2. Written approval at each designation is given by the county director. This approval must be filed in the case record.

Persons Disqualified for Fraud

Persons disqualified for fraud shall not act as representatives during the period of disqualification, unless the disqualified person is the only adult member of the household able to act on its behalf and the worker has determined that no one else is available to serve as representative. The worker shall determine separately whether these individuals are needed to make applications for the household and/or to obtain the food stamp benefits. Document the justification for the disqualified individual to continue to serve as authorized representative.

LIABILITY FOR DESIGNATION

It is important that the case head or spouse prepare or review the application whenever possible, even though another household member or authorized representative will actually be interviewed. The household shall be informed that it will be held liable for any overissuance which results from erroneous information given by the authorized representative, with certain exceptions. See Chapter 7, RESIDENT ADDICTS AND ALCOHOLICS and BLIND AND DISABLED GROUP LIVING ARRANGEMENTS.

DOCUMENTATION AND CONTROL OF REPRESENTATIVES

Representatives shall be properly designated. Their names shall be contained in the case record of the household. There shall be no limit placed on the number of households a representative may represent. In the event that employers, such as those employing seasonal farm workers or migrants, are named as representatives or that a single representative has access to a large number of food stamp benefits, caution should be exercised to ensure that: the household freely requested the representative; the household's situation is correctly represented and the household is receiving the correct amount of benefits; and that the representative is using the food stamp benefits properly. Any suspected misuse of benefits by representatives should be discussed with the household and assistance given to the household in naming another representative. See Chapter11, CLAIMS.

USING BENEFITS TO PURCHASE FOOD

The food stamp benefit representative may use benefits to purchase food for the household. When a benefit representative is given a card, they have access to all benefits in the EBT account and have full consent of the household to use the benefits.

ISSUANCE OF ELECTRONIC BENEFIT TRANSFER CARDS

An EBT card shall be issued to each certified household as proof of program eligibility. The EBT card will be issued in the name of the case head and in the names of individuals designated as benefit representatives. The PI and up to two representatives will receive cards. Each representative will have full access to the household's benefits. Initial card issuance occurs through the EBCR screen in MAVERICS.

The EBT card will be issued at the time of initial certification and replacements made in instances of loss, mutilation, destruction, or changes in persons authorized as benefit representatives. Requests for replacement cards can be made through EBCR or the customer services VRU (Voice Response Unit). These processes will deactivate any card being replaced and will order a new card. (Note: Card deactivation is immediate when processed through the VRU, while deactivation through EBCR is a two-day process). Replacement cards will be sent to the mailing address of the case.

Excessive Card Replacements

Federal law requires agencies to notify households when the number of card replacement requests is determined to be excessive.

- Households requesting four (4) or more card replacements within a 12 month period will be issued MAVERICS notice X311, Excessive Card Replacement Notice. The notice informs households that EBT transactions are monitored and provides guidelines on proper EBT card use.
- For households receiving monthly benefits exceeding $300, the fourth replacement request will trigger an investigation by State Operations to determine possible reasons for excessive requests. State Operations will make two attempts by phone to contact the household to discuss household card issuance requests. If these attempts to contact the household fail, the household will be issued MAVERICS Notice F906, SNAP Request for Information. Failure of the household to respond within ten days to the request for information will require referral to the Division of Program Integrity (PI) for investigation.
- PI will have sixty days to complete the investigation and report the results to State Operations.
- Investigative findings will be documented through Case Documentation (CADM) in MAVERICS, with related documents scanned to the case record’s Temporary Documents folder in Interwoven/Worksite. State Operations will maintain a spread sheet to track

referrals to PI and subsequent investigative results.

If a fifth EBT card replacement request occurs within a 12 month period, regardless of the household's benefit amount, the case will be referred to Program Integrity. PI will have sixty days to complete the investigation and report its findings to State Operations.

Initial cards will be activated when the client selects a PIN through the customer service VRU. Replacement cards will retain the original PIN selected by the client. EBT cards have no expiration dates.

Mississippi Combined Application (MSCAP) Cards

MSCAP cases in the EBT system are considered cases of the resident county for processing purposes. All EBT cards for MSCAP participants are mailed to the address of the household. County staff has access to MSCAP cases in the EBT system.

Lost, Stolen or Damaged Cards

Cardholders may contact the VRU to report a lost/stolen/damaged card and to request a new card. Replacement requests may also be made through the county office. The county worker may request a new card via the EBCR screen in MAVERICS. If a cardholder believes his/her PIN has been compromised, he/she may contact customer service. To further ensure security, cardholders should Be encouraged to provide additional information, such as a special password, to be used when requesting a new card. If cardholders take this option, the password should be obtained by the caseworker and provided to the Field Operations Help Desk through the usual MDHS-EA-100 process. As stated above with the Voice Response Unit (VRU), card deactivation is immediate through the customer service VRU and is a two-day process through EBCR.

Change of Representative

The household may request a benefit representative change or authorize a new benefit representative. The case worker will make the change via EBCR. When the benefit representative has misused the card, deactivation of the card may be done immediately by the household contacting the customer service VRU.

Closing an EBT Account

When it is determined that all household members are deceased, deactivation of the EBT account must be completed and the SNAP case closed. Contact the EBT Help Desk for account deactivation.

Claims

EBT benefits will be used to pay claims. Benefits from inactive EBT accounts and expunged benefits will be used to repay outstanding claims in certain cases. See Chapter 11, Claims, for further discussion.

ADJUSTMENTS TO ELECTRONIC BENEFIT TRANSFER ACCOUNTS

The recipient or the retailer can initiate an adjustment to a recipient's Electronic Benefit Transfer (EBT) account. The recipient may request an adjustment because they believe an error has occurred in which their EBT account was debited twice. Retailers may request an adjustment to debit the recipient's account because their equipment did not correctly complete the transaction. This is typically triggered by a communication anomaly that has the effect of the recipient becoming "unduly enriched", by receiving goods from a retailer without a debit transaction being posted to their EBT account balance.

Once an adjustment to an EBT account has been requested by either the recipient or retailer, an investigation of the claim is completed by Customer Service. A decision to approve or deny the adjustment request is made by the EPPIC Customer Service Unit, the State will be notified, and will then take appropriate action based on that decision.

Recipient Initiated Adjustment

Recipients have 90 calendar days from the date of the transaction error to initiate a credit adjustment claim. A credit adjustment is the credit of funds to the recipient's balance and the debit of funds from the retailer. The recipient will contact the Customer Service Unit to initiate the claim. Recipient initiated claims will be processed within 10 business days from the date the recipient reported the error. An adjustment request received and recorded by the Customer Service Unit will be assigned the current calendar date. The Customer Service Unit will then investigate and either approve or deny the claim.

Uncontested Recipient Initiated Adjustment Claims

Retailers and Third Party Processors (TPPs) will have 5 business days to respond to the claim. If the retailer or TPP does not respond within 5 business days, EPPIC will consider the claim uncontested and a credit will be issued to the recipient's account. The State will receive the adjustment transaction in the Daily Activity File when the transaction posts to the recipient's account. Notification to the recipient is not required regarding a credit to the EBT account.

Approved Recipient Initiated Adjustment Claims

If the recipient's adjustment request is approved by the Customer Service Unit, the client's EBT account will be credited and the State will receive the transaction in the Daily Activity file. Notification to the recipient is not required regarding a credit to the EBT account.

Denied Recipient Initiated Adjustment Claims

If the recipient's adjustment request is denied by the Customer Service Unit, no EBT account adjustment will be made. The State will also be notified of this denial via the Daily Activity File. In this instance, because it was the recipient who requested the adjustment, recipient notification will be required. When the State receives the Daily Activity File showing this transaction, the MAVERICS notice X307, EBT Adjustment Denial, will be generated by MAVERICS and mailed to the recipient.

The recipient may request a fair hearing if they disagree with the decision made on their adjustment request. Hearings based on adjustment requests will be discussed later in this chapter.

Retailer Initiated Adjustments

A retailer-initiated adjustment to debit a client's account will be acted upon no later than 10 business days from the original date of the system error. The retailers will submit the adjustment requests to the EPPIC system through the eFunds Gateway Adjustment system. EPPIC will review the adjustment request and determine if it meets the time frames and appears to be a valid system error request. If the debit adjustment request is received by EPPIC outside the 10 business day time frame, the adjustment request will be denied.

If the adjustment request is received within the time frame, a decision to approve or deny the request will be made by the Customer Service Unit. If the request is denied, no transaction is reported to the State. In this situation no adjustment is made to the retailer's account and the recipient's account is

not affected.

If the adjustment is approved, EPPIC will generate an adjustment transaction on the Daily Activity File to the State. When this file is received, MAVERICS will generate notice X306, EBT Adjustment Notification to the recipient. This notice will contain all the information regarding the adjustment request including: benefit type, original transaction date, amount, tracking number, cardholder's name and the merchant information. This notice will also inform the recipient that they have 15 calendar days to dispute the debit adjustment and request a hearing.

After 15 calendar days, if no hearing has been requested by the recipient and if there are sufficient funds to cover the **full claim amount** of the adjustment request, EPPIC will automatically debit the client's account balance and settlement to the merchant will be initiated when the posting of the adjustment occurs.

If there are not sufficient funds in the recipient's account to cover the **full claim amount**, a partial adjustment **will not be processed**. The adjustment will continue to be "queued" until the end of the following month. The queue will attempt to process the adjustment for the full amount on a daily basis until the end of the calendar month following the initial attempt to process the adjustment. If the full amount of the adjustment cannot be settled by the end of the next month, the adjustment request is closed and denied due to insufficient funds. The retailer is notified of this denial through the eFunds EBT Gateway Adjustment system.

Fair Hearings

As stated earlier, the State will receive notification from EPPIC that an adjustment against the client's account has been initiated. This will allow the state to notify the client that a debit adjustment is forthcoming against their account.

If the client disputes the requested adjustment and requests a fair hearing within the 15 calendar day time frame, no further action will be taken to adjust (debit) the recipient's account until the fair hearing decision is rendered. The county will email form MDHS-EA-509, EBT Adjustment Dispute Fair Hearing Form to the EBT Help Desk advising that the hearing has been requested. The EBT Help Desk will forward this information to EPPIC Customer Service to enter in the administrative terminal.

Once the fair hearing decision is rendered, the Administrative Hearings Unit will notify the Help Desk of the result. If the recipient wins the hearing, the Help Desk will notify EPPIC Customer Service to enter the fair hearing as approved in EPPIC and no future action is needed. If the recipient loses the hearing, the Help Desk will email a copy of the MDHS-EA-509 to EPPIC Customer Service in order for the funds to be removed from the recipient's account and given to the retailer, and to update status as denied. Collection activity will begin immediately against the current account balance. EPPIC will attempt daily to make the adjustment. No debit adjustment will occur unless the account has sufficient balance to complete the total amount of the adjustment by the end of the next calendar month. Partial adjustments will not be settled. **If the total amount cannot be collected by the end of the next calendar month, the adjustment will not take place.**

The client may request a fair hearing up to 90 calendar days from the date of the adjustment notice if they disagree with the debit adjustment. However, if the request is made outside the 15 calendar day time frame, the EPPIC system does not need to be notified of the fair hearing request.

Once this hearing has been held and a decision rendered in favor of the retailer, no further action is required. If the hearing decision is rendered in favor of the recipient, the MDHS-EA-509 will be emailed to EPPIC Customer Service by the Help Desk to reopen the adjustment and the recipient's account will be credited for the amount of the adjustment. The State will receive the adjustment transactions in the Daily Activity File when the transaction posts to the recipient's account.

Case record material directly related to the adjustment, including information supplied by EPPIC, should be scanned to the Fair Hearings folder in Interwoven/Worksite. The County will contact the Help Desk regarding the information needed from EPPIC. After the decision, Administrative Hearings will send the MDHS-EA-509 to the Help Desk and forward a copy, along with the decision, to the County Office.

BENEFIT AGING

When a client fails to access his/her SNAP benefits within a certain time frame, the account will become dormant (after 90 days of inactivity) and be expunged (after 365 days of inactivity) from the cardholder's EBT account and returned to the agency. This process is known as benefit aging. When an account is dormant, the cardholder can still access benefits until the time of expungement.

Analyze Aging

Analyze aging is a nightly process run by EPPIC after the day's transactions have been received and posted, to determine if benefits have reached a certain period (90 or 365 days) of cardholder inactivity (last date of activity). The EPPIC analyzing aging process tracks daily account activity and sets and maintains the aging out counter for SNAP benefits. Account activity is defined as any account debits or vendor credits. This does not include balance inquiries, account set-up and maintenance (name/address/SSN corrections), PIN changes, repayments, adjustments (client or retailer) and expungements.

Dormant Accounts

Inactivity periods (90 and 365 days) are defined as the number of days between the current date and the date benefits were available or the date of the last cardholder initiated debit or vendor credit transaction. The available day of the benefit(s) is only used for new applications if no debit transaction has occurred.

EXAMPLE #1: 02/01/08 - Feb. benefits available
02/12/08 - Debit Transaction
03/01/08 - Mar. benefits available
04/01/08 - April benefits available
02/12/08 - Benefit aging counter start date

EXAMPLE #2: 02/01/08 - February benefits available
03/01/08 - March benefits available
04/01/08 - April benefits available
(No debit transaction has occurred)
02/01/08 - Benefit aging counter start date

Dormant Status-90 Days of Inactivity

When the account has reached 90 days of inactivity (no purchases, reversals, reactivation, or returns for credit) the following will occur:

- The account status will change to dormant.
- Cardholder can access benefits from the dormant account.
- Credits (new benefits loaded and returns) are allowed, and will be accessible to the client.

Refer back to the examples above. If the account continues to remain dormant (no activity) the 90- day inactivity status will occur as follows:

Example #1: 05/11/08
Example #2: 04/30/08

GENERAL

Households whose certification periods have expired or been terminated are no longer entitled to SNAP benefits until eligibility has again been determined by going through the application process. Essentially the same process for recertification is followed as for initial applications, i.e., an application or recertification form must be completed, an interview held, the household submitting all necessary verifications, and the necessary processing steps completed. If the household meets all the necessary requirements of timely application for recertification, the household shall be approved or denied prior to the end of the household's current certification period.

In addition, any eligible household shall be provided an opportunity to participate by its normal issuance cycle in the month following the end of its current certification period. Any exceptions are specifically noted in the appropriate material in this chapter.

NOTICE OF EXPIRATION

Each certified household must be provided a written notice of expiration for the certification period. This notice provides the household with the opportunity to apply for recertification and to have eligibility determined during the last month of the certification period. MAVERICS provides an automatic notice of expiration for certified SNAP cases on the tenth of the month prior to the last month of the certification period. This notice however does not include an appointment for an interview. The worker shall issue an appointment notice through the normal system notice procedure (MAVERICS Notice F903, X801, A906, or X802, Telephone Appointment Notice, as needed) or in certain instances provide the household a manual notice of expiration and appointment (MDHS-EA-940). The notice must be given or mailed to the household as of the following dates:

1. If the household is certified for one month or is certified retroactively to the month of application, in the second month of a two month certification period, the notice must be given or mailed to the household on the day the current certification is completed.

   Example: A household files an application on June 12. The certification is approved on June 14 for one month, the month of June. The notice of expiration must be given or mailed to the household on June 14.

   Example: A household files an application on September 8. The certification is approved on October 2, retroactive to the month of application. The certification period is for two months, September and October. The notice of expiration must be given or mailed to the household on October 2.

2. All other households must receive a Notice of Expiration prior to the start of the last month of the household's certification period. The notices are automatically generated via MAVERICS on active cases.

NOTE: Households which are certified for a two month certification period in the first month must be authorized prior to the tenth of the month in order for the automatic notice to be sent. If the household is certified on or after the tenth of the second month, the worker is responsible for issuing the notice of expiration.

TIMELY APPLICATION FOR RECERTIFICATION

The notice of expiration will provide a deadline date by which an identifiable application must be submitted in order to be considered timely.

1. Households certified for one or two months during the month following application will have 15 days from both the date the current certification is completed and the date of the notice of expiration to file a timely application for recertification.

2. The deadline date for all other households will be the 15th day of the last month of the current certification period.

SCHEDULING INTERVIEWS

The worker must send a SNAP Appointment Notice F903 (A906 for combination SNAP/TANF cases, A925 Appointment Notice for telephone interviews, X801 Appointment Notice, or X802 Telephone Appointment Notice) to provide a date and time for an appointment for the required interview. Any household receiving a notice of expiration shall attend any interview scheduled on or after the date the application is timely filed in order to retain its right to uninterrupted benefits.

The worker may schedule the interview prior to the date the application is timely filed, provided the household is not denied at that time for failing to appear for the interview.

For example: The worker assigns an appointment date of April 25. The timely application deadline is May 15 for recertifications ending May 31. The client fails to show for the appointment, but the client makes timely application on May 10. This application should not be denied based on the missed appointment. In fact, the worker should send the client another appointment notice.

The interview shall be scheduled on or after the date the application was timely filed if the interview has not been previously scheduled, or the household has failed to appear for any interviews scheduled prior to this time and has requested another interview.

If the household submits an application for recertification (either by returning a signed Notice of Expiration, a signed appointment notice or submitting a completed MDHS-EA-900 SNAP application) but fails to appear for a scheduled interview, the worker must send Notice F901, SNAP Recertification-Missed Appointment. Households that do not submit an application for recertification and fail to appear for a scheduled interview must also be provided with Notice F901. The household is under no obligation to keep an appointment prior to the date an application is submitted.

For example: The worker assigns an appointment date for June 10. The timely application deadline date is June 15. If the household has not submitted an application as of June 10, it is under no obligation to keep the appointment. However, if the household submits an application on or before June 10, the appointment should be kept.

If the household fails to keep an appointment scheduled prior to the timely application deadline date when the household had not yet submitted an application, but does later file a timely application, the worker must reschedule an appointment prior to the deadline. If the application is filed too late to do so, but is still timely, an appointment must be scheduled as soon as possible.

HOUSEHOLD RESPONSIBILITIES

The household is responsible for making timely application for recertification. The identifiable application for recertification includes: the signed and dated MAVERICS Notice of Expiration, the F903 Appointment Notice (the X801 Appointment Notice, A906 Appointment Notice, A925 Appointment Notice, or X802 Telephone Appointment Notice) for recertification, or Part I of MDHS-EA-900, Application for TANF and SNAP. An application is considered timely if:

1. An identifiable application is submitted on or before the timely application deadline specified on the notice of expiration; <u>or</u>

2. The household keeps the appointment given on the notice of appointment and obtains the help of the worker in completing the application.

In addition to making timely application, the household must be available for an interview and provide any required information and/or verification needed to determine eligibility.

For households granted a waiver of the face-to-face interview, the household may sign and return the Notice of Expiration, the X801 Appointment Notice, A906 Appointment Notice, A925 Appointment Notice, or X802 Telephone Appointment Notice, either of which will serve as a valid application for recertification. The household will be provided the MDHS-EA-900 application, and must complete, at minimum, Part I of the application. Prior to approval of the recertification application, Parts I and II of the application must be completed, with the application signed by the responsible household member, then returned to the worker for processing.

WORKER RESPONSIBILITIES

It is the responsibility of the worker to check WTPQ on every household member at each recertification. The worker should not print each query response for inclusion in the case record, but should check WTPQ history screen and review the data.

PROCESSING STANDARDS

The worker will process the application and notify the household according to the timeliness standards outlined below.

1. Households submitting a timely application for recertification but failing to appear for an interview or to provide needed information and/or verification will have their applications denied as of the following dates:

    a. Applications for households which were previously certified for one month, or were certified during the 2nd month of a 2 month certification period will be denied on the 30th day from the date the last certification was completed.

    b. Applications for all other households will be denied at the end of the current certification period.

2. Households which submit a timely application for recertification but do not meet the interview timely and/or do not submit all verifications timely but do so before the end of its current certification period, need not be provided uninterrupted benefits. The household

shall be provided an opportunity to participate within 30 calendar days after the date the application was filed, or if not possible due to the time period allowed for submitting any missing verification, within 5 working days after the household supplies the missing verification.

3. Households which have made timely application for recertification and met other responsibilities necessary for the eligibility determination will be notified as of the following dates:

   a. Households which were certified for one month, or were certified during the 2nd month of a 2 month certification period must receive notification within 30 days after the previous certification date, or no later than the last issuance day prior to the end of the 30 day period, whichever comes first.

   b. All other households must be notified no later than the end of the current certification period.

4. Households which fail to meet the timely application deadline will have eligibility determined in accordance with time limits specified for applications, except that for applications received within 30 days after the certification period expires, verification requirements for recertifications apply. Proration of benefits does not apply if the household applies prior to the end of its certification period and is certified within 30 days from receipt of an application.

NOTE: Migrant and seasonal farmworkers are prorated only after a break of more than 30 days. Households other than migrant/seasonal farm workers which apply following the end of its certification period will be prorated from the date of application.

OBTAINING ADDITIONAL INFORMATION

When additional information/verification is needed, the worker will provide to the household the F905 Request For Information Notice, asking that the household comply with the request within the time frame specified on the form. The date specified by the worker should be 10 days from the date the form is initiated or the last working day of the current certification period, whichever comes first. However, if the household's application for recertification was not timely, the case will be treated as an application for processing purposes, and the household will be given the full 10 days to comply

with the request. Therefore, if the household fails to return the information the worker will send the F103 Pending Application Notice and the case will be denied in 60 days.

Households which refuse to cooperate in providing required information shall be denied.

See Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION.

EXPEDITED SERVICE

See Chapter 7, SPECIAL CIRCUMSTANCES, Expedited Service.

FAILURE TO APPLY BY END OF CERTIFICATION PERIOD

When a household fails to make application by the end of its current certification period, the case is considered closed. The worker shall instruct the clerk to label and close the case in accordance with Agency administrative procedures.

CATEGORICALLY ELIGIBLE HOUSEHOLDS

Because TANF and SNAP are handled by the generic concept, a TANF reevaluation would likely be handled at the same time the SNAP reevaluation is handled. However, categorical eligibility is assumed in the absence of a timely TANF reevaluation and the SNAP recertification must be made at that time. In no event shall the SNAP benefits be continued beyond the end of the certification period. The provisions for the eligibility determination, the verification provisions and the benefit determination continue to apply to categorically eligible households at reevaluation.

If the household has a change in circumstances which causes it to lose its categorical eligibility status, eligibility and benefit level will be determined according to ongoing policy for SNAP households. Refer to Chapter 2, DEFINITIONS, regarding "Broad-Based Categorical Eligibility" and "Categorically Eligible Households".

HOUSEHOLD RESPONSIBILITIES

Reporting Requirements

Households will be advised at the time of the initial certification interview and at each subsequent certification interview of their responsibility to report changes. Reporting requirements are as follows:

1. **Applicant Households** must report all changes related to their SNAP eligibility and benefits at the application/certification interview. The household would only need to report a change if it caused the household to meet or exceed 130% of the poverty level.

2. **Certified Households** are only required to report when the household's total gross monthly income (earned and unearned) meets or exceeds 130% of the poverty level for their household size. Such changes should be reported by the 10th of the month following the month of the change. If the 10th falls on a weekend or a holiday, the change must be reported no later than the next business day after the 10th. All other changes are not required to be reported until the next certification.

   Example: In a household consisting of four persons, a member changes jobs on June 2, with monthly wages increasing to $2500. Because this income will exceed the 130% poverty level for four persons in June, the household has until July 10th to report the change.

NOTE: Changes may be reported by mail, telephone, or personal contact. When the report is made by mail, the determination of compliance will be based on the postmark date rather than the date of receipt in the county office. If there is no postmark date, three days mailing time will be allowed in determining compliance.

When TANF recipients residing in another's SNAP household report any change to the TANF worker, the household's requirement to report changes has been met. It is the worker's responsibility to make sure that the proper action is taken for the household. This is also true if the situation was reversed.

NOTE: Households eligible for medical deductions are not required to report changes in allowable medical expenses during the certification period. However, if the household does report

these changes, the worker shall take prompt action to determine if the change affects the household's eligibility or SNAP benefits.

3. **MSCAP Households** should report all changes by the 10th of the month following the month of the change.

Household Cooperation

See Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION.

WORKER RESPONSIBILITIES

The worker shall take prompt action within 10 days on all reported changes and those known to the agency to determine if the changes affect the household's eligibility or food stamp benefit level. Documentation of the reported change shall include, but may not be limited to, the date the reported change was received and whether the change was reported by mail, telephone or personal visit. The worker must take into consideration a change in any amount, no matter how small, when it becomes known from the household or from any other source.

When a household reports a change, the worker should determine prospective eligibility based on the information reported. Then, the information should be carefully evaluated to determine if it is applicable to make the change effective for the following month. If it is too late to effect the change in the following month, the worker should take steps to ensure that the reported information is acted upon at the appropriate time.

The household must be notified of any change in eligibility or benefit amount. In addition, if the change is reported by the household, the worker must notify the household even if there is no change in eligibility or benefit amount.

When the TANF recipient reports a change which would affect a SNAP case, the worker will be responsible for making the change in that case and/or in the SNAP case in which the TANF group is included.

REPORTED CHANGES IN DEDUCTIBLE EXPENSES

Example: If a household's monthly dependent care expense, currently budgeted at $175, is reported to have increased to $210, verification will be required in order to make the change which would result in an increase in benefits. Without verification, the $175 amount for dependent care should remain until verification is provided. Any reported dependent care expense of $200 or less may be budgeted without further verification. See DEPENDENT CARE DEDUCTION in Chapter 4.

Example: If a household reports an increase in rent and/or utility expense, the change can be budgeted for the next possible month based on the household's statement. See SHELTER COSTS in Chapter 4.

Example: An elderly client reports her monthly out-of-pocket drug expenses have increased from $50 to $65, which would cause an increase in benefits. Verification of this change must be provided in order to allow the deduction. See EXCESS MEDICAL DEDUCTION in chapter 4. If the reported change would result in a decrease in benefits, the change would be made without verification.

CHANGES RESULTING IN INCREASED BENEFITS

The following provisions apply for all households:

Substantial Increases

Changes resulting in increased benefits will be handled in accordance with provisions outlined below. Benefit amount changes are not authorized for the month in which change is reported, regardless of whether the household has or has not participated.

Changes which result in a substantial increase in benefits are defined as:

1. The addition of a new household member; and/or

2. A decrease of $50 or more in the household's gross monthly income and/or

3. A decrease of $50 or more in the income of a new household member.

Substantial benefit increases are provided as follows:

1. Information and/or Verification Available at Time of Reported Change

   If information/verification needed to effect the change is available at the time the change is reported, the worker will, within 10 days, take action to adjust the benefit amount. The change can be effective no earlier than the month following the month the change is reported, regardless of whether the household has participated at the time of the reported change. However, if the change cannot be made for the following month, the worker will authorize a supplementary benefit amount to be effective no later than the 10th day of the following month, or by the household's normal issuance cycle, whichever is later.

   Example: On July 28 a household reports a decrease of $75 in gross monthly household income and provides all required information/verification at the same time. The worker is unable to make the change until August 4. The amount which previously had been authorized for August was $120. Taking the change into consideration, the August benefit would be $160. A supplement of $40 (the difference between $120 and $160) will be authorized for August.

2. Additional Information/Verification Needed to Effect the Change

   When additional information/verification is needed to effect the change, the worker shall issue to the household a Request For Information Notice (MAVERICS F905), outlining the information or verification needed and giving the household 10 days to comply with the request. Action taken to authorize increased benefits is dependent upon timing of the receipt of requested information or verification.

   a. Information/Verification Provided Within the 10 Day Period

      If the household provides the requested information or verification by the expiration of the 10-day period, the worker will take action to effect the change. The time

frame for processing the change shall run from the date the change was reported, not the date within the 10 days the verification was received.

The increase in benefits is not provided for the month in which the change is reported but must be effected for the following month. If the change cannot be made for the following month, the worker will authorize a supplementary allotment to be effective no later than the 10th day of the following month, or by the household's normal issuance cycle, whichever is later.

b. Information/Verification Not Provided Within the 10-Day Period

When the household fails to provide requested information or verification within the 10-day period designated on the F905 Request For Information Notice, the worker will take no further action until the requested information/verification is received. In this case, the worker's timeliness standard for making the change is 10 days from the date of receipt of the requested data; and the household's entitlement to a substantial increase in benefits shall begin with the month following receipt of the requested data. If the change cannot be made for the following month, the worker will authorize a supplementary benefit to be effective no later than the 10th day of the following month, or by the household's normal issuance cycle, whichever is later.

Example: On November 5, a household reports a change which will result in a substantial increase in benefits. However, the worker needs additional information and on the same day provides to the household the Request For Information Notice. The household fails to provide the requested data by the end of the 10-day period but the information is supplied on December 28th.

Because the household failed to provide the data within 10 days, the worker has 10 days from date of receipt to effect the change which cannot be effected in the month the data is received but must be effective for January since there will be a substantial increase in benefits. If the worker cannot make the change prior to January, a supplement must be authorized for January.

Other Increases

Benefit increases, other than those classified as substantial increases, shall be provided as follows:

1. Information and/or Verification Available at Time of Reported Change

   If information/verification needed to effect the change is available at the time the change is reported, the worker shall, within 10 days, take action to make the change which will be effective for the calendar month after the budget is recomputed.

   Example: On September 25, a household reports a decrease of $30 in income, and provides all information or verification needed to effect the change. The worker makes the change on September 26, effective October 1.

   However, since the worker has 10 days to make the change, if the worker does not recompute the budget until October 2, the change is effective for November. A supplement is not authorized for October.

   Example: On April 20, a household reports a decrease of $35 in income and at the same time provides all information or verification needed to effect the change. The worker recomputes the budget on April 30, the last day of the 10 day period allowed the worker. The change is effective for May, the calendar month after the worker takes action.

2. Additional Information/Verification Needed to Effect the Change

   When additional information/verification is needed to effect the change, the worker shall issue to the household a F905 Request For Information Notice, outlining information or verification needed, and giving the household 10 days to comply with the request. Action taken to authorize increased benefits is dependent upon timing of the receipt of requested information or verification.

   a. Information/Verification Provided Within the 10 Day Period
      period allowed the worker for making the change begins with the day the change was reported and not with the day the requested data is received. Therefore, if the data is provided on the last day of the 10 day period, the worker shall rework the budget on the same day.

The change will be effective the calendar month after the worker takes action to effect the change.

b. Information/Verification Not Provided Within the 10 Day Period

When the household fails to provide requested information or verification within the 10 day period specified on the Request For Information Notice, the worker will take no further action until the requested information/verification is received. The worker's timeliness standard for making the change is 10 days from the date of receipt of requested data. The change shall be effective the month after the worker takes action to effect the change.

CHANGES RESULTING IN DECREASED BENEFITS

Changes resulting in decreased benefits will be handled in accordance with the following provisions:

1. Amount of Decrease Known

When there is a change which will result in reduction or termination of a household's benefits and the worker can determine the effect from the report provided by the household, the worker shall issue a notice of adverse action within 10 days of the date the change was reported. The decrease or termination of benefits will be effective the month following the expiration of the 10 day advance notice period unless the household has requested a fair hearing and continuation of benefits is in order.

2. Amount of Decrease Not Known

When there is a change which will result in reduction of benefits but the exact amount of the reduction cannot be determined, the worker shall, within 10 days, issue to the household a F905 Request For Information Notice informing the household of information needed to determine the effect of the change, and giving the household 10 days from the date the notice is issued.

Example: The case head reports that his wife has obtained a part-time job but does not know the amount she is earning. The worker will, within 10 days of the date the change becomes known to the Agency, issue to the household a Request For Information Notice.

If the household provides the requested information within the designated 10 day period, the worker will, within 10 days of receipt, determine the effect of the change and issue notice of adverse action which will be effective the month following expiration of the 10 day advance notice.

If the household fails to provide the requested information within the designated 10 day period, the worker will, following the expiration of the 10 day period, issue notice of adverse action terminating benefits for the month following expiration of the advance notice period.

The notice of adverse action gives the household an opportunity to request a fair hearing and if the household exercises this option, continuation of benefits may be in order. See Chapter 10.

OTHER CHANGES

There will be instances when the worker is made aware, either by the household or another source, of information that could affect eligibility or level of benefits, but there is not enough information to determine the effect.

Example: The household reports the addition of new household members, one of whom has income; however, the household member reporting the change has no idea of what the amount of income might be. This could result in an increase, decrease, or even possibly no change in benefits, depending upon the amount of income.

Example: A neighbor reports that the household appears to have moved, as he has seen none of the family for two weeks.

The worker will, within 10 days, issue the F905 Request For Information Notice outlining needed information or verification and giving the household 10 days from the date the notice is issued.

1. If the household provides the requested information or verification within the designated 10-day period, the worker will take action in accordance with provisions outlined above under CHANGES RESULTING IN INCREASED BENEFITS or CHANGES RESULTING IN DECREASED BENEFITS, whichever is appropriate.

2. If the household fails to provide the requested information or verification within the designated 10 day period, the worker will, on the first day following expiration of the 10 day period, issue notice of adverse action in accordance with provisions in CHANGES RESULTING IN DECREASED BENEFITS.

There may be instances when a second, and perhaps a third, change is reported within the same month. Appropriate handling depends on the type of change. Generally, the rule of thumb is that changes are made based on the last notice to the household unless determining substantial increases in benefits, in which case the "reality of the situation" is the primary consideration. The following examples will point out the distinction:

ADDITIONAL CHANGES REPORTED IN SAME MONTH

1. On May 2, a household reports a change which will result in reduction of benefits. On May 8, the worker issues notice of adverse action to reduce benefits from $180 to $150, effective June 1.

   On May 25, the household reports another change which will further reduce benefits. On May 27, the worker issues notice of adverse action to reduce benefits from $150 to $130, effective July 1.

2. On November 3, a household reports a change which will result in reduction of benefits. On November 6, the worker issues notice of adverse action to reduce benefits from $175 to $160, effective December 1.

   On November 8, the household reports another change which will further reduce benefits. On November 18, the worker issues another notice of adverse action to further reduce benefits to $140, effective December 1. Action taken as a result of the first change is superseded by the latest change since the effective date is the same for both.

3. On January 6, a household reports a change which will result in a reduction in benefits. The F905 Request For Information Notice is issued on the same day to obtain additional

information needed to determine the exact amount of the reduction. The 10 day period allowed the household expires on January 16. On January 13, the household becomes aware of and reports another change which will result in further reduction of benefits. Another F905 Request For Information Notice is issued on January 13 to request information needed to determine the effect of the second change. The 10 day period allowed the household for providing information for this second change is January 23.

If the household provides information requested for both changes on January 14, for example, both changes can be computed at the same time, in which case only one notice of adverse action is issued. However, if information of the first change is provided on January 7 and information for the second change is provided on January 23, the two changes must be acted on separately because of the worker's timeliness standard for acting on changes.

4. On August 10, a household reports a change which will result in a benefit reduction from $190 to $150. The worker takes action on August 13 and issues notice of adverse action. The change is to be effective September 1.

   On August 25, the household reports an additional household member which will result in a monthly allotment of $170. This is a substantial increase over the amount authorized for September because of the additional household member. If the increase cannot be effective by September 1, the worker will authorize a supplementary allotment for September.

5. On March 10, a household reports an increase in gross household income from $400 to $500. The worker issues a notice of adverse action on March 15 to reduce benefits from $215 to $185 effective April 1.

   On March 25, the household reports a decrease in another source of income, resulting in total gross household income of $440. This will result in an allotment of $200. This is a decrease from the initial allotment but an increase based on the last notice to the household; therefore, the change is treated as an increase. The increase is not considered substantial because there is no substantial decrease in income when comparing $440 to the $400 on which the March allotment was based.

   Had the second change resulted in total household income of $380 and a resulting allotment of

$220, the change would still be treated as an increase in benefits but not a substantial increase since the decrease in income is only $20 from the $400 on which the March allotment was based.

6. On December 3, a household reports a decrease in total gross household income from $450 to $420. This will result in an increase in benefits but the benefit increase is not considered substantial since the decrease in income is less than $50.
   On December 23, the household reports a further decrease in household income to $390. The total decrease from the $450 on which the December allotment was based, is $60, and the increase in benefits is now considered substantial.

ADDITIONAL PROVISIONS FOR ASSISTANCE HOUSEHOLDS

Sufficient Information

Whenever a change results in the reduction or termination of a household's TANF payments during its SNAP certification period, and the worker had sufficient information to determine how the change affects the household's SNAP eligibility and benefit level, the worker shall take the following actions:

1. If a change in household circumstances requires both a reduction or termination in the TANF payment and a reduction or termination in SNAP benefits, the worker shall issue notices of adverse action for both TANF and SNAP. If the household requests a fair hearing within the period provided by the notice of adverse action, the household's SNAP benefits shall be continued on the basis authorized immediately prior to sending the notice. If the fair hearing is requested for both programs benefits, the hearing shall be conducted according to TANF procedures and timeliness standards.

   However, the household must apply for recertification for SNAP benefits if the SNAP certification period expires before the fair hearing process is completed. If the household does not appeal, the change shall be made effective for the month after the expiration of the advance notice period.

2. If the household's benefits will be increased as a result of the reduction or termination in TANF payment, the worker shall issue the TANF notice of adverse action, but shall not take any action to increase the household's SNAP benefits until the household decides whether it will appeal the adverse action. If the household decides to appeal and its TANF benefits are

continued, the household's SNAP benefits shall continue at the previous basis.

If the household does not appeal, the change shall be acted on within 10 days from the date the TANF notice expires. If the change results in a substantial increase in SNAP benefits,

the increase is handled in accordance with provisions for substantial benefit increases as provided for earlier in this chapter. If the change does not result in a substantial increase in benefits, the change will be effective the month following the date the worker takes action to effect the change.

Insufficient Information

When a change results in the termination of a household's TANF grant during its SNAP certification period, and the worker does not have sufficient information to determine how the change affects the household's SNAP eligibility and benefit level (such as when the absent parent returns to the household), the worker shall not terminate the household's SNAP benefits but shall instead take the following action:

1. When a TANF notice of adverse action has been sent, the worker shall also send a F905 Request for Information Notice which informs the household of the required information needed to determine eligibility for the household's SNAP case. If the requested information is not provided, send a notice of adverse action. If the household requests a fair hearing and its TANF payments are continued pending the appeal, the household's SNAP benefits shall be continued at the same basis.

2. If a TANF notice of adverse action is not required, or the household decides not to request a fair hearing and continuation of its TANF benefits, the worker shall send a F905 Request for Information Notice which informs the household of the required information needed to determined eligibility. If the requested information is not provided, send a notice of adverse action.

Failure To Report

If the Agency discovers that the household failed to report a change as required and, as a result, received benefits to which it was not entitled, a claim shall be filed against the household. If the

discovery is made within the certification period, the household is entitled to a notice of adverse action if the benefits are reduced. This provision also applies to changes that are reported through IEVS and considered verified upon receipt.

MASS CHANGES

General

Certain changes are initiated by the State or Federal government which may affect the entire caseload or significant portions of the caseload. These changes include adjustments to net income eligibility standards, shelter, dependent care deduction, basis of issuance, standard deduction, and adjustments to the utility standards; periodic cost of living adjustments to Social Security, SSI, and other Federal benefits; periodic adjustments to TANF; and other changes in the eligibility criteria on legislative or regulatory action. All mass changes will be handled as provided below.

Eligibility Standards, Benefit Levels, Deductions, Utility Standards

These adjustments shall go into effect for all households at a specific point in time. Although individual notices are not required, the county may send individual notices to households on these changes. Such changes shall be publicized through the news media; posted in certification offices, or other sites frequented by certified households; or general notices given to households. Households whose certification periods overlap the annual adjustment in the utility standard shall be advised at the time of initial certification of when the adjustment will occur and what the variation in the benefit level will be, if known.

Temporary Assistance For Needy Families

When overall adjustments in TANF payments are made, corresponding adjustments in the households' SNAP benefits shall be handled as a mass change. When the county has at least 30 days advance knowledge of the amount of the TANF adjustment, SNAP benefits will be recomputed and adjusted effective the same month as the TANF change. If the county does not have sufficient notice, the SNAP changes shall be effective no later than the month following the month in which the TANF adjustment was made.

A notice of adverse action is not required when a household's SNAP benefits are reduced or terminated as a result of a mass change in the TANF grant. However, individual notices shall be given to households to inform them of the change. If a household requests a fair hearing, benefits

shall be continued at the former level only if the issue being appealed is that SNAP eligibility or benefits were improperly computed.

Federal Benefits

Households shall not be responsible for reporting cost-of-living and any other mass changes in

federal benefits which include Social Security, SSI, VA, Railroad Retirement, and Black Lung. The Agency and/or worker are responsible for automatically adjusting a household's SNAP benefit level.

The change shall be reflected as soon as possible but must be reflected no later than the second month after the month in which the change occurred, i.e., the increase in January may be reflected in February but must be reflected in March issuance. Individual notices to households are not required for these mass changes. Notification of such changes may be provided by general notices given to households.

VERIFICATION

For verification requirements, see VERIFICATION AND DOCUMENTATION later in this chapter.

Revised 11-01-11

GENERAL

Verification as defined in Chapter 2, is "the use of third party information or documentation to establish the accuracy of statements on the application."

Verification of eligibility factors which are required solely for the purpose of determining the household's eligibility for SNAP benefits must be verified in accordance with the provisions in this material. The applicant/recipient must be told in writing what verifications are needed to determine initial or continuing eligibility. Refer to Chapter 1, The Case Record, for filing instructions.

Verifications considered mandatory and required prior to initial certification include: identity, residency, gross non-exempt income, application for a social security number if the SSN is not otherwise provided, alien status, disability status, if such is claimed, and all factors of eligibility for households terminated for refusal to cooperate with a state quality control reviewer.

Other expenses not considered mandatory may be used in determining eligibility and benefit levels. Dependent care costs in excess of $200, legally obligated child support payments, and excess medical expenses require verification from the household. Other expenses, such as utility/shelter costs, may be allowed as reported without further verification. Households not considered to be Broad Based Categorically Eligible (non-BBCE) must provide verification of resources, such as liquid assets and loans. See discussion of Broad Based Categorical Eligibility in Chapter 5.

Other information required for eligibility determination shall be verified whenever questionable. These eligibility factors include: household size, household composition, citizenship, and non-exempt/non-liquid resources.

The worker shall advise the household that its eligibility and benefit level may be determined without the requested verification of a deductible expense (such as shelter, medical, or dependent care) when doing so would delay the timely certification of the household. See Decision and Notification later in this chapter.

This chapter contains the requirements for verifying and documenting routine casework decisions and should not be confused with the Income and Eligibility Verification System (IEVS) which is discussed in detail in INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS), later in this chapter.

Categorically Eligible Households

Regular categorically eligible households (all members receive TANF or SSI) are exempt from certain verifications because these factors have already been considered in their other needs based entitlement to TANF and/or SSI. See Chapter 2, DEFINITIONS, regarding Broad-Based Categorical Eligibility, and Chapter 6, Categorically Eligible Households. The verification exceptions include: resources, social security number information other than providing the SSN, sponsored alien information, and residency.

Expedited Services Households

Refer to Chapter 7, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE, for special considerations for these households which allow for certain verifications to be postponed during the initial certification process. However, in all expedited cases, the identity of the applicant must be verified before the household is certified.

DOCUMENTATION

Case records must be documented to support eligibility, ineligibility, and benefit level determinations. Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination. Where verification is required to resolve questionable information, the worker shall document why the information was considered questionable or at a minimum indicate where in the case file the inconsistency exists, and what documentation was used to resolve the questionable information. The worker shall document the reason why an alternate source of verification such as a collateral contact or home visit was needed, except where a collateral contact is used to verify residency, household size or household composition.

MANDATORY VERIFICATION

The worker shall verify the following information prior to certification for households initially applying:

Identity

The identity of the person making application shall be verified. When an authorized representative applies on behalf of a household, the identity of both the authorized representative and the case head

shall be verified.

Identity may be verified through readily available documentary evidence, or if this is unavailable, through a collateral contact. Examples of acceptable documentary evidence include, but are not limited to, a driver's license, a work or school ID, an ID for health benefits or for another assistance or social services program, a voter registration card, wage stubs, or a birth certificate. Any document which reasonably establishes the applicant's identity must be accepted, and no requirements for a specific type of document, such as birth certificate, may be imposed.

When the worker knows the person whose identity must be verified, no further verification is required. However, the case record must be documented. If the person presents only a Social Security card for proof of identity, the worker must attempt to secure other supporting documentation, such as would reasonably be included in establishing residency or income/expenses. The case record must be documented and signatures compared.

Residency

Residency in the county shall be verified, except in unusual cases (such as homeless households, some migrant farm worker households, or households newly arrived in a county) where verification of residency cannot reasonably be accomplished. Verification of residency should be accomplished to the extent possible in conjunction with the verification of other information such as, but not limited to, rent and mortgage payments, utility expenses, and identity. If verification cannot be accomplished in conjunction with the verification of other information, then the worker shall use a collateral contact or other readily available documentary evidence. Documents used to verify other factors of eligibility should normally suffice to verify residency as well. Any document or collateral contact which reasonably establishes the applicant's residency must be accepted and no requirement for a specific type of verification may be imposed. See Chapter 3, RESIDENCY.

Liquid Resources and Loans

The worker will verify liquid resources for non-broad-based categorically eligible (BBCE) households and whether monies received by households are loans. Verification of liquid resources may be accomplished by seeing current bank statements, using form MDHS-EA-912, collateral contact, or by other documents. See Chapter 5, RESOURCES, for a full explanation of countable and excluded resources and BBCE criteria. Also, see Chapter 13, Table I for resource maximums.

When verifying whether income is exempt as a loan, a legally binding agreement is not required. A statement signed by both parties which indicates that the payment is a loan and must be repaid shall be sufficient verification. However, if the household receives payments on a recurrent or regular basis from the same source but claims the payments are loans, the worker may also require that the provider of the loan sign a statement which states repayments are being made or that payments will be made in accordance with an established repayment schedule.

Gross Nonexempt Income

Gross nonexempt income shall be verified for all households prior to certification. See Chapter 4, INCOME, for a full explanation of countable and excluded income. Non-exempt income, both earned and unearned, must be verified for all household members. Individuals who receive types of income which can be excluded must identify the source of the income and provide adequate information to justify the exclusion.

Verification of SSI and SSA income may be accomplished by viewing the client's authorization notice, by IEVS alerts, by use of the Third Party Query process in MAVERICS, etc. Workers must verify the possible receipt of SSI and SSA income at application, recertification or when adding a new household member even if the applicant/recipient does not report receipt of SSI/SSA, by accessing the Wire Third Party Query (WTPQ) Process in MAVERICS.

Verification of earned income must include the name and address of the employer, the frequency of payment, the day of the week or date of the month the payment is regularly received, the hours worked, gross income and deductions, etc. Verification can be accomplished by check stubs, using the MDHS-EA-910, etc.

However, where all attempts to verify the income have been unsuccessful because the person or organization providing the income has failed to cooperate with the household and the worker, and all other sources of verification are unavailable, the worker shall determine an amount to be used for certification purposes based on the best available information.

Utility Expenses

Utility expenses may be claimed by the household in accordance with the following provisions.

Refer to Chapter 4, DEDUCTIONS FROM INCOME, SHELTER COSTS and Chapter 6, UTILITY EXPENSES, for the explanation of allowable utility expenses.

1. Actual Utility Expenses

   Households may claim use of actual utility expenses only when the household does not qualify for either the Standard Utility Allowance (SUA), Basic Utility Allowance (BUA), or Standard Telephone Allowance. Refer to Chapter 6, Use of Actual Utility Expenses, and Utility Expenses for Unoccupied Home, later in this chapter.

2. Standard Utility Allowance (SUA)

   In order to use the Standard Utility Allowance (SUA) in computing the budget, the household may claim that it actually incurs a heating or cooling expense (air conditioning) separate and apart from their rent or mortgage. There is no need to state the amount of the expense. The SUA may be used for households who are billed for utilities or excess charges for heating/cooling expenses by a landlord when the utility meter(s) are shared.

3. Basic Utility Allowance (BUA)

   The Basic Utility Allowance (BUA) is allowed for households which incur out-of-pocket non-heating or non-cooling utility expenses other than telephone only. The household must state that non-heating or non-cooling expenses for at least 2 utilities are incurred in order to use the BUA. The BUA may be used for households who are billed for utilities or excess charges for non-heating, non-cooling expenses by a landlord when the utility meter(s) are shared. At least two utilities (telephone included) must be claimed in order to allow the BUA.

4. Standard Telephone Allowance

   A household claiming that it incurs a telephone expense as it's only separately billed utility is entitled to receive the standard telephone allowance if allowing the telephone standard would potentially result in a deduction. There is no need to determine the amount of the expense when the telephone standard is used. If a cellular phone is the only phone in the household, the telephone standard is allowed.

5. Shared Utility Expense

Separate households who reside together and share utility costs with other individuals shall be entitled to the full SUA, BUA, or telephone standard as applicable. Actual expense is only allowed if the household does not qualify for a standard. Do not count as income the money given by one household to the other which is passed on to pay the utility bills.

6. Utility Expenses for Unoccupied Home

If a household wishes to claim expense for an unoccupied home, the worker shall verify the household's actual utility expenses for the unoccupied home in every case and shall not use the SUA or BUA for the unoccupied home. Refer to Chapter 4, SHELTER COSTS.

Other Shelter Costs

Shelter costs other than utilities shall be allowed as claimed by the household if the expense could potentially result in a deduction. See Chapter 4, SHELTER COSTS, for the explanation of shelter costs and for the exceptions to a household shelter cost maximum. The maximum Excess Shelter amount is found in Chapter 13, Table I, and shall apply to all households who do not meet an exception.

Allowable shelter costs (other than utilities) may include: rent or mortgage, property taxes, and insurance on the house itself (not contents or personal property unless the expense cannot be separated and is so documented). The case record must be documented regarding each expense allowed. If rent is claimed, no property taxes or insurance is appropriate. If a mortgage is claimed, which includes homeowner's insurance and property taxes, the cost should be broken out to explain any costs included with the mortgage payment. This can usually be determined from the contract or from the payment book.

Dependent Care Costs

Dependent care costs exceeding $200 per month must be verified by the household. Otherwise, the household's statement of incurred monthly dependent care expenses shall be accepted. Refer to Chapter 4, DEDUCTIONS FROM INCOME, DEPENDENT CARE for allowable expenses.

Child Support Payments

The legal obligation and actual child support payments made to or for a nonhousehold member must be verified, if allowing the expense could potentially result in a deduction. Any document such as a court order or legally enforceable separation agreement may verify the obligation. Acceptable verification of amounts paid may include canceled checks, wage withholding statements, Child Support Enforcement data files and statements from the custodial parent. See Chapter 4, DEDUCTIONS FROM INCOME, CHILD SUPPORT DEDUCTION.

Medical Expenses

The amount of any medical expense shall be verified prior to initial certification and at recertification provided the expense would actually result in a deduction. If a portion of the expense is reimbursable, the amount to be reimbursed must be verified before the nonreimbursable portion can be allowed. Verification of other factors, such as the allowability of services provided or the eligibility of the person incurring the cost, shall be required if questionable. Refer to Chapter 4, EXCESS MEDICAL DEDUCTION and Chapter 6, MEDICAL EXPENSES.

Households may report changes in medical expenses during the certification period but they are not required to do so. The worker will take timely action on all reported and verified changes in medical expense. If the household reports a change but fails to verify the information, the worker will take no action. If the worker learns of a change in medical expenses which is considered verified upon receipt (such as learning of entitlement to state buy-in for the Medicare premium through IEVS or the recipient brings in new medical bills), timely action must be taken to remove or include those identified expenses.

Value of Vehicles

Most vehicles, whether licensed or unlicensed, are not included in the household's resource determination. Refer to Chapter 5, RESOURCES TO BE EXCLUDED, "Vehicles" and VALUE OF RESOURCES, Vehicles, for explanation. Only certain vehicles are countable as resources. Document the case record to show the equity value of those vehicles. Equity value is the fair market value less encumbrances. In most instances, the fair market value will be verified by a dealer estimate. Also, see Chapter 5, RESOURCES, INTRODUCTION, regarding Broad-Based Categorically Eligible (BBCE) households.

Social Security Numbers

Households are required to provide the social security number(s) of each household member or apply for a number prior to certification, but the worker shall not delay the certification for or issuance of benefits to an otherwise eligible household solely to verify the social security number (SSN) of a household member. If an individual is unable to provide a SSN or does not have a SSN, the worker shall require the individual to apply for a number in accordance with Chapter 3, NONFINANCIAL CRITERIA, Social Security Numbers.

When the SSNs that are reported by the household are entered into the MAVERICS system, verification is accomplished through a monthly computer enumeration tape match with the Social Security Administration (SSA). The validation of the SSN in MAVERICS is shown as **Y**es or **N**o on the CLPR screen. The worker shall accept as verified an SSN which has been verified by another program participating in IEVS.

Social Security numbers are unverified if an IEVS SSN VALIDATION MATCH DATA ALERT is received. (See VOLUME X, MAVERICS Manual.) Social Security numbers may be unverified in the system because of unmatched data such as date of birth, race/sex or surnames. If a SSN VALIDATION MATCH DATA ALERT is received, the worker shall check the case record to determine if data has been correctly entered into the system. If so, the worker shall then contact the household to determine if the information the household provided is correct and obtain the correct information if appropriate.

If SSA is unable to validate the SSN, the worker shall within 10 days from the date the IEVS SSN VALIDATION MATCH DATA ALERT is received refer the individual to SSA by means of Form MDHS-EA-949 to correct the discrepancy. The client shall be allowed 10 days to resolve the discrepancy. MDHS-EA-949 is to be returned to the county office by SSA.

If a household refuses to provide the necessary information that would allow the verification of a SSN, the household shall be determined ineligible in accordance with Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION, and terminated from the program. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrates that it will not take actions that it can take. An outright refusal to provide a formerly used name is an example. In certain circumstances the household may demonstrate that it is unwilling to cooperate by not taking action after having been given every reasonable opportunity to do so, even though the household or its members do not state that the household refuses to cooperate. For example, if the household refuses to go to the SSA to correct the data, the household's

unwillingness to cooperate has the effect of a refusal to cooperate and the household shall be ineligible. If the household fails or refuses to provide a SSN for a household member, the individual will be disqualified (DI). See Chapter 3, FAILURE TO COMPLY.

NOTE: If a household refuses on religious objections to furnish a SSN, the county must contact State Operations for further instructions.

If a household claims it cannot cooperate for reasons beyond its control, the State agency must substantiate the household's inability to cooperate. For example, a household may claim it cannot verify a name change because official records were destroyed in a fire. The State must verify this claim to the point that the State is satisfied the claim is accurate; i.e., documentation of the name change no longer exists. In these cases a SSN match cannot be accomplished since SSA records cannot be corrected without the missing documentation. If the State agency verifies that the household is unable to cooperate in the verification of the SSN, the household shall not be terminated. The case file must adequately document the household's inability to cooperate.

Conversely, if the State agency is unable to substantiate the household's claim that it cannot cooperate, the household shall be found to have refused to cooperate and shall be terminated from the program in accordance with Chapter 8, DECISION AND NOTIFICATION, HOUSEHOLD COOPERATION.

Alien Status

Verification of the immigration status of aliens applying for food stamp benefits is required prior to their certification. The application form MDHS-EA-900 contains the citizenship declaration statement just before the signature line at the end of the form. The person making the application will sign attesting to the citizenship or alien status of all persons in the household. Based on the completion of the citizenship section on the MDHS-EA-900, the worker shall request verification of the alien status of each individual who is not a citizen of the United States or whose citizenship is questionable. See Citizenship discussion later in this chapter. The verification process requires that:

1. Each applicant household shall, at time of application, declare in writing, under penalty of perjury, whether he is a citizen of the United States or an alien.

2. Based on the application, the worker shall determine if members identified as aliens

are eligible by requiring the household to present verification for each alien member. The documents listed below will establish if the applicant falls within one of the qualified alien categories. Refer to Chapter 3, CITIZENSHIP OR ALIEN STATUS for further determination of eligibility for food stamp benefits.

a Alien Lawfully Admitted for Permanent Residence:

- USCIS Form I-551, Alien Registration Receipt Card, (commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on USCIS Form I-94.
- Form I-551, Conditional Resident Alien, is granted a 2-year period of permanent resident status based on an alien marriage to a U.S. citizen or
- Permanent resident alien. Children of a U.S. citizen or permanent resident alien also may have this status. After 2 years, USCIS rules on granting permanent lawful resident status to the non-citizen.

b. Asylee:

- USCIS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA
- USCIS Form I-688B, Employment Authorization Card annotated 274a.12(a)(5)
- USCIS Form I-766, Employment Authorization Document, annotated "A5"
- Grant letter from the Asylum Office of USCIS or
- Order of an immigration judge granting asylum

c. Refugee:

- USCIS Form I-94 annotated with stamp showing admission under Section 207 of the INA
- USCIS Form I-688B, Employment Authorization Card, annotated 274a.12(a)(3)

- USCIS Form I-766, Employment Authorization Document, annotated "A3" or
- USCIS Form I-571, Refugee Travel Document

d. Alien Paroled Into U.S. for at Least One Year:

- USCIS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

e. Alien Whose Deportation or Removal Was Withheld:

- USCIS Form I-688B, Employment Authorization Card, annotated 274a.12(a)(10)
- USCIS Form I-766, Employment Authorization Document, annotated "A10" or
- Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.

f. Alien Granted Conditional Entry:

- USCIS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA or
- USCIS Form I-688B, Employment Authorization Card, annotated 274a.12(a)(3)
- USCIS Form I-766, Employment Authorization Document, annotated "A3"

g. Cuban/Haitian Entrant:

- USCIS Form I-551, Alien Registration Receipt Card; (commonly known as a "green card") with the code CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in foreign passport or on USCIS Form I-94 with the code CU6 or CU7 or

- USCIS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA

h. Amerasian Immigrants:

- USCIS Form I-551, Alien Registration Receipt Card with the code AM6, AM7, or AM8 or
- Unexpired temporary I-551 stamp in foreign passport or on USCIS Form I-94 with the code AM1, AM2, or AM3

I The Wire Third Party Query (WTPQ) process in MAVERICS can be accessed to verify 40 quarters of coverage under Title II of the Social Security Act for aliens who have been lawfully admitted for permanent residence. (See Chapter 3 , Citizenship and Alien Status.)

j. Other reasonable documents may include non-USCIS documents such as passports, marriage records or court orders that indicate the identity, immigration status, or United States residence of the holders.

3. The alien applicant shall be provided with a reasonable opportunity to submit acceptable documentation of his eligible alien status as of the 30th day following the date of application. A reasonable opportunity shall be at least ten (10) days from the date of the request for an acceptable document. An alien who has been given a reasonable opportunity to submit acceptable documentation and has not done so as of the 30th day following the date of application shall not be certified for benefits until acceptable documentation has been submitted; however, if the ten day reasonable opportunity period does not lapse before the 30th day following the date of application, the worker shall provide the household with benefits no later than 30 days following the date of application provided the household is otherwise eligible. Once the applicant has submitted acceptable documentation in accordance with paragraph 2(a-j), the agency cannot delay benefits to an otherwise eligible household.

4. The worker does not need to offer to contact USCIS on the alien's behalf when the alien does not provide a USCIS document; however, the worker is responsible for contacting USCIS when the alien does provide documentation that does not clearly indicate eligible or ineligible status or has provided non-USCIS documentation.

5. If the USCIS document provided by the applicant does not clearly indicate eligible or ineligible alien status or the date on the USCIS Form I-55I or I-94 is missing (to determine date of entry) or if a non-USCIS document determined to be reasonable evidence of the alien's immigration status is presented, the worker shall validate the document through a system of verification known as the Systematic Alien Verification for Entitlements (SAVE) program using Secondary Verification Procedures. Pending verification from SAVE, the worker shall not delay, deny, reduce or terminate the individual's eligibility for benefits on the basis of the individual's immigration status. Written consent is not required as a condition for USCIS to verify the validity of documentation through the SAVE verification procedure. (See Secondary Verification later in this discussion.)

6. An alien applicant whose status is questionable shall be ineligible until he/she provides acceptable documentation and until such time, shall be considered as an ineligible household member in accordance with Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

7. The use of SAVE shall be documented in the case record. While the worker is waiting for a response, the case record shall contain either a notation of the date of transmission of the G-845S to USCIS or a photocopy of the USCIS Form G-845S and document attachment, and the USCIS annotated Form G-845S when it is received.

8. When the G-845S is returned validated from USCIS, the agency worker shall refer to Chapter 3, NONFINANCIAL CRITERIA, CITIZENSHIP AND ALIEN STATUS, to determine whether the individual is an eligible or ineligible alien for food stamp purposes.

9. If, after complying with the SAVE requirement, it is determined that the alien is not in an eligible alien status, the worker shall take action, including proper notices to the households, to terminate, deny or reduce benefits. The household shall be provided the opportunity to request a fair hearing prior to any adverse action.

Secondary Verification

To obtain Secondary Verification, workers in all counties will forward a completed Document Verification Request, Form G-845S with fully readable photocopies of the original immigration document (USCIS and/or NON-USCIS) to the following File Control Office for review:

USCIS Verification Division
Suite 8001
470-490 L'Enfant Plaza
Washington, DC 20024

A separate G-845S shall be completed for each applicant/recipient and shall include copies of the document(s) for that individual only. If a family unit has applied for a benefit, each member will require a separate G-845S.

Disability

Verification of disability is required to identify individuals or households who may qualify for the uncapped shelter expense allowance, for excess medical deduction, and as a condition of eligibility for residents of blind and disabled group living arrangements in accordance with the following provisions:

Recipient of SSI/SSA Medicaid Benefits

The household must provide proof that the disabled individual receives:

(2) SSI benefits under Title XVI of the Social Security Act or

(b) Disability or blindness payments under Titles I, II, X, XIV or XVI of the Social Security Act or

(c) Interim assistance benefits pending the receipt of SSI if based upon disability or blindness criteria that is at least as stringent as Title XVI of the Social Security Act

(d) Disability-related medical assistance under Title XIX of the SSA (Medicaid) if based upon disability or blindness criteria that is at least as stringent as Title XVI of the Social Security Act

Examples of acceptable documentary evidence include, but are not limited to, an award letter, SSI check, SSA check, Wire Third Party Query process, etc.

2. Recipient of Federal, State, or Local Public Disability Benefits

The household must provide proof that the individual who receives:

(a) A Federal, State or local public disability retirement pension has a disability considered permanent under Section 221 (I) of the Social Security Act, or

(b) State general assistance benefit based on a disability which has criteria at least as stringent as those used under Title XVI of the Social Security Act.

An example of acceptable documentary evidence would be a statement from the agency paying the benefit.

3. Recipient of Railroad Benefits

The household must provide proof that the disabled individual receives a Railroad disability annuity from the Railroad Board and has been determined to qualify for Medicare. An example of acceptable documentary evidence would be an annuity check or a statement from the Railroad Retirement Board, 500 Poydras Street, Suite 1045, New Orleans, LA 70130, Phone (877) 772-5772, Fax (504) 589-4899.

4. Recipient of VA Benefits

The method of verification will depend on the type of VA disability as outlined below:

- The VA benefits should be verified using INIM function 5. This data is not considered verified upon receipt. If there are any discrepancies i.e. if the client brings verification and the amount displayed on the PARIS VETERAN MATCH (PVRA) screen is different, the worker can contact the VA Administration. The toll free line for all areas in Mississippi is: 1-800-827-1000. If a call to the VA is required, the worker must provide his/her name, job title, county office name, and the VA recipient's claim number or name and SSN. Verification can also be obtained by writing to Veterans Administration, 1600 E. Woodrow Wilson Dr. Jackson MS 39216. Refer to Chapter 4 for further instructions.

- The household must provide a statement from the VA which clearly indicates that the disabled individual is receiving VA disability for a service-connected disability and that the disability is rated as total or paid at the total rate by VA.

- The household must provide proof that the disabled individual receives VA benefits if he/she is a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound under title 38 of the U.S. Code or if he/she is a surviving spouse of a veteran and considered by the VA to be in need of regular aid and attendance or permanently housebound or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 of the U.S. Code. Examples of acceptable documentary evidence include, but are not limited to, award letter, VA check. VA benefits can be verified by submitting a request to Veterans Affairs Division of the Veterans Administration, 1600 E. Woodrow Wilson Drive, Jackson, MS 39216 or by calling 1-800–827-1000.

- The worker shall use the SSA's most current list of disabilities considered permanent under the Social Security Act for verifying disability if the disabled individual is a surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a non-service connected death under title 38 of the U.S. Code and has a disability considered permanent under section 221(I) of the Social Security Act. See Chapter 13 Table XII, LISTING OF DISABILITIES CONSIDERED PERMANENT UNDER THE SOCIAL SECURITY ACT. If it is obvious to the worker that the individual has one of the listed disabilities, the household shall be considered to have verified the disability. If the disability is not obvious to the worker, the household shall provide a statement from a physician or licensed or certified psychologist certifying that the individual has one of the non-obvious disabilities listed as the means for verifying the disability.

- Workers will refer to the SSA's most current list of disabilities considered permanent under the Social Security Act for verifying disability for elderly individuals who are unable to purchase and prepare meals because he/she suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease related, severe permanent disability. See Chapter 3, NON-FINANCIAL CRITERIA, Household Concept. If it is obvious to the worker that the individual is unable to purchase and prepare meals because of a severe physical or mental disability, the individual shall be considered disabled for the purpose of this provision even if the disability is not specifically mentioned on the SSA list. If the disability is not obvious to the worker, the disability will be verified by requiring a statement from a physician or licensed or certified psychologist. The physician/psychologist must state

that the individual is unable to purchase and prepare meals because of one of the disabilities mentioned in the SSA list or is unable to purchase and prepare meals because he suffers from some other severe permanent physical or mental disease or non-disease related disability.

Verification for Households Terminated Due to Refusal to Cooperate with Quality Control

If a household terminated due to refusal to cooperate with a State quality control reviewer reapplies after 95 days for eligibility, the worker shall verify all factors of eligibility for households who have been terminated for refusal to cooperate with a Federal quality control reviewer and reapply after seven months from the end of the annual review period (September 30). See Chapter 1, QUALITY CONTROL REVIEWS.

VERIFICATION OF QUESTIONABLE INFORMATION

General

The worker shall verify all other factors of eligibility prior to certification only if they are questionable and affect a household's eligibility or benefit level. To be considered questionable, the information on the application must be inconsistent with statements made by the applicant, inconsistent with other information on the application or previous application, or inconsistent with information received by the county. When determining if information is questionable, the worker shall base the decisions on each household's individual circumstances. A household's report of expenses which exceed its income may be grounds for a determination that further verification is required. Additionally, a household reporting no income prior to deductions, while still managing its financial affairs, could, in some instances, justify the requirement for additional verification. However, these circumstances shall not, in and of themselves, be grounds for a denial. The worker shall instead explore with the household how it is managing its finances, whether the household receives excluded income or has resources, and how long the household has managed under these circumstances. (Refer to Probe Interviewing Topic earlier in this Chapter.)

NOTE: On a reapplication or recertification, it is not necessary to reverify eligibility factors which do not normally change unless it appears the information previously verified has become questionable for some reason.

Questionable factors of eligibility could include but are not limited to the following:

Categorically Eligible Household

Refer to the definition of categorically eligible household and broad-based categorical eligibility (BBCE) in Chapter 2. If any of the following factors are questionable, the worker will verify that a regular categorically eligible household:

1. Contains only members that are TANF and/or SSI recipients
2. Meets the definition of a categorically eligible household
3. Includes all persons who purchase and prepare food together in one SNAP household regardless of whether they are separate units for TANF and/or SSI purposes
4. Includes no persons who have been disqualified under any of the SNAP disqualification provisions such as Intentional Program Violation, Work Registration, etc.

Household Size

The worker will verify household size whenever information presented by the household, from other sources or from general knowledge is questionable. Verification will be done through a collateral contact, by documentary evidence, or by a home visit. Readily available documentary evidence which
the household may provide includes, but is not limited to, school records, health records, draft registration cards, census records, or those examples listed under verification of **Identity** under MANDATORY VERIFICATION. Any documents which reasonably establish household size must be accepted and no requirement for a specific type of document, such as a birth certificate, may be imposed. Verification of household size is not to be confused with household composition, such as ineligible student, boarder or separate household status.

Household Composition

The worker shall verify factors affecting the composition of a household, such as student, boarder or separate household status, if questionable. However, due to the difficulty in verifying whether or not a group of individuals customarily purchases and prepares meals together and, therefore, constitutes a household, the worker shall generally accept the household's statement regarding food preparation and purchasing.

For all households, changes in household composition are not reportable until the next certification interview (see exception noted below). For example, if a current household member

becomes a student during the certification period, no report of the change is required until the next certification. However, if the household voluntarily reports the change, the worker must take action to determine if the student meets student eligibility criteria and make any needed changes. Even though the number of people in the family may not change, the fact that an individual becomes a student can change the number of eligible participants in that budget group. The worker should be alert during case interviews to inquire about children who could be graduating from high school to anticipate possible changes of this type. Refer to household concept and separate household status in Chapter 3, Non-Financial Criteria. Document the case regarding relationship and ages of household members to clearly establish entitlement to separate household status, medical or shelter allowances for certain individuals/households, categorical eligibility status, etc.

Exception: If a new member is added to the household, the change would be reportable if it caused the household to meet or exceed the 130% poverty income level for the previously established household size.

Citizenship

The application form, MDHS-EA-900, contains the citizenship declaration. One adult household member or the household's authorized representative acting on the household's behalf shall sign the application/recertification form which contains the citizenship declaration provided that the citizenship status of each household member is entered on the application form in the case record. No further verification for citizenship is necessary unless the status of any individual is questionable.

When a household's statement that one or more of its members are U.S. citizens is questionable, the household shall be asked to provide acceptable verification. Acceptable forms of verification include birth certificates, religious records, voter registration cards, certificates of citizenship or naturalization
provided by USCIS, such as Identification Cards for Use of Resident Citizens in the U.S. (USCIS Form I-179 or USCIS Form I-197) or U.S. Passports.

Participation in the TANF Program shall also be considered acceptable verification if verification of citizenship was obtained for that program. If the above forms of verification cannot be obtained and the household can provide a reasonable explanation as to why verification is not available, the worker shall accept a signed statement from someone who is a U.S. citizen which declares, under penalty of perjury, that the member in question is a U.S. citizen. The signed statement shall contain a warming of the penalties for helping someone commit fraud, such as, “If you intentionally give false information to help this person get SNAP, you may be fined, imprisoned, or both.”

The member whose citizenship is in question shall be ineligible to participate until proof of U.S. citizenship is obtained. Until proof of U.S. citizenship is obtained, the member whose citizenship is in question will have his or her income, less a prorate share, and all of his or her resources considered available to any remaining household members as outlined in Chapter 7, HOUSEHOLDS WITH EXCLUDED MEMBERS.

Citizenship status must be addressed when there is a request to add a household member during the certification period. If the client comes into the office to request that the household member be added, the current MDHS-EA-900 should be updated to add the new individual(s) and the responsible adult should sign and date the application with the citizenship declaration.

If the request to add a household member is made by phone, the actual signing of the citizenship declaration may be delayed until the next recertification is completed. However, do not add a new household member until all other eligibility factors are determined. If citizenship status appears questionable, the household must provide verification prior to the addition of the new member.

Refer to Citizenship and Alien Status in Chapter 3 and Alien Status earlier in this Chapter for acceptable verifications.

Resources

The value of all nonexempt resources shall be determined at equity value. Refer to the definition of Broad-Based Categorical Eligibility (BBCE) in Chapter 2.

If ownership of a nonexempt resource is questionable, the worker will verify. Similarly, the value of a nonexempt resource will be verified if questionable.

The worker may convert assessed value, obtain an appraisal, determine the going rate in the community, or use any other method which would reasonably establish the current market value. Subtract the amount of any encumbrance (mortgage, loan, etc.) from the current market value to determine the equity value. Refer to Chapter 5 for explanation of countable and excluded resources.

SOURCES OF VERIFICATION

Documentary Evidence

The worker shall use documentary evidence as the primary source of verification for all items except residency and household size. These items may be verified either through readily available documentary evidence or through a collateral contact, without a requirement being imposed that documentary evidence must be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Examples of documentary evidence include wage stubs, rent receipts, and utility bills. Although documentary evidence shall be the primary source of verification, acceptable verification shall not be limited to any single type of document and may be obtained through the household or other source. Whenever documentary evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level, the eligibility worker may require collateral contacts or home visits.

For example, documentary evidence may be considered insufficient when the household presents pay stubs which do not represent an accurate picture of the household's income (such as out-dated pay stubs) or identification papers that appear to be falsified.

Collateral Contacts

A collateral contact is an oral confirmation of a household's circumstances by a person outside of the household. The collateral contact may be made either in person or over the telephone. The worker generally will rely on the household to provide the name of any collateral contact. The household may request assistance in designating a collateral contact. Examples of acceptable collateral contacts are employers, landlords, social service agencies, migrant service agencies, and neighbors of the household who can be expected to provide accurate third-party verification. It is not necessary to provide written or verbal notice to the household prior to initiating the contact. The agency may select a collateral contact if the household fails to designate one or designates one that is unacceptable to the agency. Collateral contacts may be especially helpful in verifying residency, household size and composition.

The worker is responsible for obtaining verification from acceptable collateral contacts. Document the case record when necessary to show why the client's choice was not used.

Home Visits

Home visits may be used as verification only when documentary evidence is insufficient to make a firm determination of eligibility or benefit level, or cannot be obtained. The home visit must be scheduled in advance with the household.

SSA/SSI Verification

The Wire Third Party Query Process (WTPQ) is a MAVERICS on-line procedure to verify Social Security and SSI information on applicants and recipients. The response provides current benefits, state buy-in status and payment history. The query process is required for all individuals at application, recertification, or when a new household member is added (except newborns) or whenever there is a question about SSA/SSI benefits. The WTPQ process will provide a message when the SSN is in error or when no benefits are paid.

The query can be sent as soon as the SSN is known for the household member during the application process, even prior to the person being added to a specific MAVERICS case. Although a worker alert will not appear when the WTPR (WTPQ Response) is received, the response will identify the case in which the individual resides if the individual is known to MAVERICS. In some cases, this number could be different from the current application, such as the person has previously participated in a closed case or is currently in an active case. Any discrepancies must be resolved before any person can be added to the application and the case worked.

The worker must access the Wire Third Party Query (WTPQ) screen (Function 10 on INME) and enter the SSN and/or Social Security claim number if other than client's own SSN. If the client is receiving benefits on a claim number other than his own SSN, the second SSN associated with benefits will display in the lower right corner of the screen on page 3 of the WTPR (WTPQ Response) screen. In some cases, a second WTPQ request may be needed to verify both benefits.

When appointment notices are sent to households at the time of recertification, use of the Recertification/Redetermination Appointment Notice (RERA) screen automatically generates the query process for all currently participating household members. If new household members are added to the case at recertification, the worker must initiate the query process for each new member through INME.

Refer to MAVERICS procedures for the Wire Third Party Query Process to send and receive requests. If the individual is not known to MAVERICS when the SSN is entered on the WTPQ screen, the worker must also enter the person's name and date of birth to send the query.

IEVS Verification

See the material entitled Income and Eligibility Verification System (IEVS). The following income match data received through IEVS is considered verified upon receipt:

BENDEX (Benefit Exchange Data) from SSA
SDX (State Data Exchange) from SSA

RESPONSIBILITY FOR PROVIDING VERIFICATION

The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information. The worker shall assist the household in obtaining this verification provided the household is cooperating with the Agency as outlined in Chapter 8, HOUSEHOLD COOPERATION. Also see the Request for Information Notice.

Households may supply documentary evidence in person, through the mail, or through an authorized representative. The household shall not be required to present verification in person at the SNAP office. The worker shall accept any reasonable documentary evidence provided by the household and shall be primarily concerned with how adequately the verification proves the statements on the application.

DISCREPANCIES

When unverified information from the household or a source other than the household contradicts statements made by the household, the household shall be allowed ten (10) days to resolve the discrepancy prior to a determination of eligibility for benefits. The worker may verify the information directly and contact the household only if such direct verification efforts are unsuccessful. See Request For Information Notice under DECISION AND NOTIFICATION in this chapter.

For unverified information received through IEVS, see INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) in this chapter.

CERTIFICATION WITHOUT VERIFICATION OF DEDUCTIBLE EXPENSES

If a deductible expense must be verified, either because of the mandatory verification requirement or because the information provided is questionable, and obtaining the verification may delay the household's certification, the worker shall advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the claimed but unverified expense.

For example, benefits would be computed without allowing a medical expense deduction if the expense is not verified. If certification is authorized without allowing the deductible expense, the worker shall document in the case record the reason for not allowing the expense in the benefit computation and will notify the household that the benefit was determined without the deduction. See MAVERICS Notice F101, SNAP APPROVAL NOTICE, for check-a-block entry to remind the household which verification is still needed.

In no event will the worker exceed the timeliness standards in providing benefits to households which are eligible without a deduction for the unverified expense. If, after certification, the household subsequently provides the missing verification, the worker shall redetermine the household's benefits and provide increased benefits, if any, in accordance with timeliness standards for changes within a certification period. The household shall be entitled to restoration of any benefits lost as a result of disallowance of the expense only if the expense could not be verified within the 30 day period for applications because the worker failed to allow the household the full 10 days from the date of the request for verification. If the household would be ineligible unless the expense is allowed, the household's application will, if there is a delay, be handled in accordance with DELAYS IN PROCESSING in this chapter.

CERTIFICATION WITHOUT VERIFICATION OF SOCIAL SECURITY AND SSI BENEFITS

If documentary evidence of social security and/or SSI benefits is not readily available from the applicant, or from SDX or BENDEX, the worker can access information from the SSA via the Wire Third Party Query Process. Normally the information requested is provided within a very short time frame. However, if there is a delay in receipt, the worker will not delay the eligibility and benefit

level determination beyond the normal processing standards for applications. The amount(s) reported by the household will be used pending receipt of information from SSA.

EXPEDITED HOUSEHOLDS

There are special verification requirements. See Chapter 7, HOUSEHOLDS ENTITLED TO EXPEDITED SERVICE.

RECERTIFICATION

At recertification the worker shall verify the following:

1. Income, Medical Expenses, Child Support Payments

   a. Gross non-exempt income.

   b. Previously unreported medical expenses and total recurring medical expenses must be verified.

   c. Any changes in the legal obligation to pay child support, the obligated amount, and the amount of legally obligated child support a household member pays to a nonhousehold member.

2. Resources

   The worker will verify changes in previously reported resources and shall obtain verification of newly reported resources. Refer to Chapter 5, RESOURCES, regarding Broad-Based Categorical Eligibility.

3. SSNs

   Newly obtained social security numbers shall be entered in MAVERICS at recertification with verification procedures outlined in this chapter. The CLPR screen may be checked on each individual to validate the SSN.

4. Other Changes

Other information which has changed may be verified at recertification. Unchanged information shall not be verified unless the information is incomplete, inaccurate, inconsistent or outdated (more than one year old). Verification requirements shall be subject to the same procedures applicable during initial certification. For example, dependent care costs exceeding $200 monthly shall be verified only if the care provider has changed or the amount has changed or unless the information is incomplete, inaccurate, inconsistent or outdated.

CHANGES WITHIN CERTIFICATION PERIOD

Changes reported during the certification period shall be subject to the same verification procedures applicable at initial certification except that the worker shall not reverify unless the information is incomplete, inaccurate, inconsistent or outdated (more than one year old).

All households are only required to report when the household's total gross monthly income (earned and unearned) meets or exceeds 130% of the poverty level for their household size. All other changes are not required to be reported until the next certification.

Changes in Deductible Expenses for all Households

When households report changes in dependent care expenses in excess of $200 per month, excess medical expenses, or child support payments, taking action on the change depends on whether or not the change is verified, and if the change will mean an increase or decrease in household benefits. For example:

- If a household reports a change that would cause an increase in benefits, but fails to verify the change, the deduction previously verified for the current certification should remain.

- If a household reports a change that would cause a decrease in benefits, but fails to verify the change, the change should be made without the verification. The reported change information should be documented in the case record. Verification would be postponed until recertification.

- If a household reports a change and provides verification, the change should be handled as appropriate.

PUBLIC ASSISTANCE REPORTING INFORMATION SYSTEM (PARIS) DATA

The PARIS project is a data matching system in which Mississippi's caseload data is matched quarterly against that of other states participating in the project and selected federal data. The PARIS match serves as an indicator of information that may not have been reported. The worker is required to independently verify that the information on the PARIS match is correct before taking adverse action on the involved case.

PARIS data is generated in MAVERICS at the end of each quarter and is available through the Interface Inquiry Menu (INIM). This data should be reviewed for each household member at application, reapplication, and recertification. This online data is not considered known to the agency until the data has been retrieved by the case worker.

Upon review of the data at application, reapplication and recertification appropriate action should be taken and CADM should be documented to reflect the disposition of the data. This data must also be checked prior to case authorization.

The worker will determine the state in which the recipient actually resides by obtaining information from the recipient, the agency in the match state and other sources as needed. If the worker determines that the recipient is not a resident of Mississippi, the individual is not eligible for benefits in Mississippi. A potential claim exists for any month in which the non-resident participated in both Mississippi and the resident state. If the individual is a Mississippi resident, ineligibility exists in the match state and the determination regarding a claim is the responsibility of the match state.

NATIONAL NEW HIRE DATA

The National New Hire data is a matching system in which Mississippi's caseload data is matched monthly against select employers who are participating in the project. The new Hire matches serve as an indicator of information that may not have been reported. The worker is required to independently verify employer information before taking action on the case.

New Hire data is updated in MAVERICS on the last Thursday of the month for individuals who were submitted for SSN matches on the last Thursday of the prior month. This data is available through the Interface Inquiry Menu (INIM) and should be reviewed for each household member at application, reapplication, and recertification. This online data is not considered known to the agency until the data has been retrieved by the case worker.

Upon review of the data at application, reapplication and recertification appropriate action should be taken and CADM should be documented to reflect the disposition of the data. This data must also be checked prior to case authorization.

QUARTERLY WAGE MATCH DATA

The Mississippi Department of Employment Security wage match information helps to identify unreported or incorrectly reported earnings. The data contained will not be current data. Rather it will represent data from the five quarters prior to the quarter in which the match is conducted. The data will be retained for a period of 3 ½ years. It will display beginning with the most recent quarters.

For applicants, the match will be conducted twice a month.

For recipients, the match will be conducted monthly.

This data should be reviewed for each household member age 16 and above at application, reapplication, and recertification. This online data is not considered known to the agency until the data has been retrieved by the case worker. Upon review of the data, appropriate action should be taken and the EMIN screen documented to reflect the disposition of the data.

This data must also be checked prior to case authorization.

PARIS VA

The PARIS VA match accessed from the INIM Screen helps to identify VA benefits received by the client. The data is updated quarterly and is available to view in MAVERICS, the next working day after the 15th of each quarter.

This data should be reviewed for each household member at application, reapplication, reevaluation, and when adding a new household member (other than a new born). This online data is not considered known to the agency until the data has been retrieved by the case worker and matched with verification provided by the client. If there are discrepancies, the worker should take appropriate action as addressed earlier on Page 8265 and also in Chapter 4.

This data must also be checked prior to case authorization.

PURPOSE

For the Supplemental Nutrition Assistance Program (SNAP), the Income and Eligibility Verification System (IEVS) is a system which collects and exchanges income and resource data from agencies such as Mississippi Department of Employment Security (MDES) and Social Security Administration (SSA) to be used in verifying eligibility for and the amount of SNAP benefits due to eligible households. IEVS information from Internal Revenue Service (IRS) referred to as State Resource Data (SRD) is received for the TANF Program. When a combination case is involved, SRD could affect SNAP eligibility and benefit level. All security measures applicable to SRD in the TANF Program also apply to the SNAP for a combination case.

GENERAL PROVISIONS

Wage and benefit information shall be requested via IEVS from those agencies identified in the material entitled, MATCHES TO BE CONDUCTED. The method by which IEVS data is obtained is through computer matching, and the data obtained through this method will be provided to counties via IEVS ALERTS or the Interface Inquiry Menu in the MAVERICS system. The primary key to each match is the individual's social security number.

IEVS data must be requested for all household members, including any individuals considered excluded household members as outlined in Chapter 7, Households With Excluded Members, if such person's social security numbers are available. The reason is that resources and income of those individuals are treated as available to the household in their entirety or on a pro-rata basis. The rationale for including children and the homebound elderly is to identify wages earned by household members but reported under the SSN of another person.

MATCHES TO BE CONDUCTED

Management Information System (MIS) will extract the social security numbers from the MAVERICS system and match against files of the cooperating agencies to produce information necessary for determining initial or ongoing eligibility.

Prior to entering individual social security numbers in MAVERICS, IEVS data will not normally be available on applicant households. The match on applicant households will take place once the SSN has been entered in MAVERICS, therefore, SSNs for ALL household members must be entered in MAVERICS as soon as possible after receipt in the county office. For IEVS purposes, a new household member will be treated as an applicant.

USE OF DATA

The information obtained through the IEVS matches shall be used for purposes of:

1. Verifying a household's income to establish eligibility;

2. Verifying the proper amount of benefits;

3. Investigating to determine whether participating households received benefits to which they were not entitled; and

4. Obtaining information which will be used in conducting criminal or civil prosecutions based on receipt of SNAP benefits to which participating households were not entitled.

TYPES AND FREQUENCY OF MATCHES

MIS will conduct the matches through the cross matching of computer tapes as outlined below.

IEVS BENDEX MATCH DATA

BENDEX is an exchange system used by the Agency to request social security benefit information on recipients which is provided via IEVS ALERTS. The worker should be aware, however, that the indicated social security payment amount is the gross amount before any deduction for medicare and/or recoupment for overpayment and indicates the gross after any child support withholding. When a change occurs, the updated benefit amount is automatically provided to the county. Therefore, the latest ALERT should reflect current social security benefits. Additionally, when the food stamp case is closed in MAVERICS, the recipients are removed from the BENDEX tape. In situations of reapplication by these households, special care should be taken to ascertain that the BENDEX information has the amount of the current social security benefit before it is used for verification. If a closed case is activated, it will be re-entered in the BENDEX system and ALERTS will be received as changes in the social security benefit occur.

BENDEX also reflects certain wage information contained in the Earnings Reference File (ERF). Because this information is updated only once a year by SSA, the information will be data from the previous year or in some situations, from two prior years.

For applicants, matches will be conducted at the next scheduled BENDEX processing cycle.

For recipients, matches will be conducted monthly. ALERTS will be generated only when there is a change between data in MAVERICS and BENDEX.

For information regarding MAVERICS screens, etc. please refer to Volume X, IEVS BENDEX

MATCH DATA.

IEVS SDX MATCH DATA

SDX is a tape provided by SSA to the Agency, and contains SSI as well as social security and other unearned benefits such as VA, Black Lung, Railroad Retirement and Mandatory State Supplement (MSS).
The most current ALERT should provide the current SSI benefit level, and is a good source of verification for SSI. However, other benefit information, including social security, may not be current on SDX. SDX information is updated as received for other benefits but there may be some lag time before the information is received and can be entered into the system.

The social security amount provided through SDX is the entitlement amount, i.e., the amount before deductions such as recoupment for any prior overpayment.

For applicants, matches will be conducted at the next scheduled SDX processing cycle.

For recipients, matches will be conducted monthly; however, after the initial match, ALERTS will be provided only when there is a change between data in MAVERICS and SDX.

For additional information regarding MAVERICS screens, etc., please refer to Volume X, IEVS SDX MATCH DATA.

IEVS Social Security Number Enumeration/Validation Match Data

Social Security Numbers (SSN), entered in the MAVERICS system are verified/validated via a monthly computer enumeration tape match with the Social Security Administration (SSA). If the match produces an ALERT, the SSN is to be considered unverified and the worker shall:

1. Determine if the data was correctly entered into MAVERICS by comparison with the case record data.

2. If yes, contact the household to determine if information provided by the household is correct and, if not, obtain correct information.

If the determination is that SSA has incorrect data, refer the individual/household to SSA using MDHS-EA-949 to correct the data. MDHS-EA-949, REFERRAL FOR SOCIAL SECURITY

NUMBER APPLICATION, shall be returned to the county office by SSA.

This ALERT must be cleared immediately, as the SSN is the basis for the IEVS match. When the first SSN ALERT is received on a client with no SSN, send either MAVS A909 (used when SSN applied for on birth certificate), or MAVS A908 (to apply for SSN for anyone, including newborns). When an SSN is needed for more than one household member, a separate notice may be sent for each one, or the request may be added in the "worker comments" section at the bottom of each notice.
For additional information regarding MAVERICS, refer to Volume X, IEVS SSN ENUM/VAL match data.

IEVS ALERTS

Discrepancies between client data in MAVERICS and data from SSA is relayed to the eligibility worker via an IEVS ALERT in MAVERICS. This is an automatic ALERT generated in MAVERICS to notify the worker of an identified discrepancy between the MAVERICS automated case file and the interface tape from another agency.

EXAMPLE: An IEVS BENDEX ALERT will be created when the social security income contained in the individual's case in MAVERICS does not match the information in the BENDEX file (interface tape).

The worker determines the action required as a result of the IEVS ALERT, takes the appropriate action, sends the appropriate notice(s) and resolves the alert on the applicable screen. Please refer to Volume X, IEVS ALERT for specifics in handling/resolving alerts.

MAVERICS provides a method to track the status of IEVS match results to assure adherence to the requirement for action on IEVS data within the required time frame. The tracking system will maintain the status of the IEVS ALERT until such time as case action is taken or determination is made that the IEVS information does not affect the case.

VERIFICATION

Verification of IEVS DATA does not replace the verification procedures used as part of the eligibility determination. Verification of the IEVS Data supplements that verification since it pursues information provided by parties other than the household.

Verified Upon Receipt

The worker shall take action to terminate, deny, or reduce benefits based on information obtained through IEVS if such information is considered verified upon receipt when obtained from the agencies administering the programs. This information is:

1. Social security benefit information

2. SSI benefit information

However, if there is information that indicates the IEVS obtained information which would generally be considered verified upon receipt is questionable, that information shall be treated as unverified upon receipt as outlined below. In other words, if a county receives what is believed to be incorrect information, no adverse action should be initiated until the discrepancy is resolved. For additional information regarding questionable information, please refer to VERIFICATION OF QUESTIONABLE INFORMATION, earlier in this chapter.

Unverified Upon Receipt

Prior to taking action to terminate, deny or reduce benefits based on information obtained through IEVS which is considered unverified upon receipt, the worker shall independently verify the information. The information must be verified through a method other than the IEVS data. Such unverified information is:

1. Wage information from SSA, known as ERF data. This data, while even less current than the wage data from MDES, can give leads to employment not reported to the State's employment agency, such as employment in other states and self-employment.

2. Questionable information obtained through IEVS which normally would have been treated as verified upon receipt.

Independent verification shall include verification of the amount of the asset or income involved; whether the household actually has or had access to such asset or income such that it would be countable income or resources for SNAP purposes; and the period during which such access occurred.

Independent verification of unverified information obtained through IEVS shall be obtained by discussing the information with the household at the recertification interview. If needed, the MAVERICS F905, Request for Information, shall be issued to inform the household of the need for verification in determining ongoing eligibility and for possible claims review purposes.

EXCEPTION: If a county has information which indicates that independent verification is not needed, such verification is not required. For example, if match data duplicates known and verified information in the case record, no further case action is required.

ACTION ON MATCHES

The worker must promptly initiate appropriate action on all match data upon receipt. If IEVS data is received on a closed case, the worker will indicate on the form or appropriate MAVERICS screen that a notice is not required, but follow-up must be completed on potential claim situations.

If the IEVS information is received before the notice of decision is mailed to the applicant, the information shall be used in making the eligibility determination. However, a worker may not delay the eligibility determination solely to await verification of IEVS information which has been requested if other evidence establishes eligibility for assistance.

If IEVS data or independent verification is received after approval, the same procedure will be followed as for recipients. See Action on Recipients below.

It is not required that IEVS data be pursued or used after a household is determined ineligible. There is no need to follow up on the data if the household received no benefits. However, if the applicant household has received benefits in the past, the IEVS data might reflect an overissuance, in which case appropriate action for a possible claim is required. When no action is required, the IEVS ALERT must be cleared with the appropriate code. Please see Volume X, IEVS MATCH.

Action On Recipients

The time frame for completing appropriate action on IEVS data is within 45 days of the date the Agency receives the data. This means that the 45 day time frame begins when MIS receives the computer tape, and that date will be reflected on all IEVS ALERT screens along with the date by which the case must be handled. The following steps must be accomplished within the 45 day period.

1. Compare the match data against case record information.

2. Identify new, discrepant or unverified facts.

3. Investigate and verify information where warranted.

4. Determine if the change was a reportable change based on the household's circumstances.

5. Either send the appropriate notice, or document the case record and/or appropriate IEVS screen regarding the decision not to send one.

EXCEPTION: The 45 day timeliness standard may be waived on up to, but no more than, 20% of the matches, provided third party verification has been timely requested but has not been received. A timely request is one made early enough in the 45 day time frame to provide the third party adequate time to respond and to allow the worker time to take necessary action and send the appropriate notice within the allotted 45 days. In other words, the only acceptable "good cause" for failure to handle any match within 45 days is when the worker has timely requested and is awaiting verification from a third party about the IEVS data. No other reason constitutes good cause. Furthermore, good cause cannot be claimed on more than 20% of the total match.

When there is a delay, the worker should follow up on earlier requests and may require the recipient to verify the information or to assist in obtaining verification from the third party. When requested information is received after the expiration of the 45 day period, the worker will act within guidelines and timeliness standards for changes within certification periods or in conjunction with the next case action when such verification is not received, whichever is earlier.

For appropriate handling and codes, please refer to Volume X, IEVS MATCH.

MONITORING AND REPORTING

A tracking system for monitoring adherence to the IEVS requirements is mandatory. Management Information Systems (MIS) will immediately process the information received from Mississippi Department of Employment Security (MDES) and Social Security Administration (SSA). In addition, data must be collected in order to comply with the reporting requirements. The requirements will be handled as outlined below:

SYSTEM ALERTS

Matches with MDES and SSA will generate an IEVS ALERT in the MAVERICS system. With the indication of an IEVS ALERT in a case, the worker must "PF9" off the screen, (usually this will be the benefit determination screen, FSAD); access the IEVS ALERT SELECTION screen, (IVAS); make the appropriate selection by entering "X" in the "SELECT" column, press "ENTER". Then, access the unearned income to determine if the income shown in the case is correct and/or the same as that in IEVS.

If the income used in the eligibility and benefit determination for the household is correct as shown in IEVS, access the IVAS screen; change the "ACTION" code to "N"; enter PCN, then go to the next match and repeat the "ACTION" code "N"; enter PCN, then go to the next match and repeat the process. In the comments section on page 3, explain the action taken for case record documentation.

If the income used in the eligibility and benefit determination for the household is incorrect, determine if the information should have been reported based on the household's circumstances, take appropriate action to correct the case, i.e., send a MAVERICS NOTICE F905 REQUEST FOR INFORMATION or manual notice MDHS-EA-942 or, resolve the discrepancy, correct the case, and clear the ALERT by entering the appropriate codes on the IEVS screen.

The IEVS SSN ENUM/VAL MATCH DATA is created when the social security number (SSN) in MAVERICS cannot be enumerated or validated by SSA. This type IEVS ALERT must be cleared immediately, as the SSN is the basis for the IEVS match. For additional procedures, refer to VOLUME X, IEVS SSN ENUM/VAL MATCH DATA.

See Volume X, IEVS for a more detailed discussion on handling/clearing IEVS ALERTS.

MAVERICS REPORTS

For additional assistance in monitoring and tracking IEVS ALERTS, MAVERICS produces Report No. IR02, IEVS REPORT FOR ALERTS DUE IN 45 DAYS, more commonly referred to as Aged Action Report HESIT510. This document should be used to report action taken on IEVS ALERTS, as well as to serve as a tool in tracking timely follow-up on IEVS DATA.

For additional information regarding the AGED ACTION REPORT , refer to VOLUME X, INCOME AND ELIGIBILITY.

GENERAL

Definite periods of time are established within which households are eligible to receive SNAP benefits. At the expiration of each certification period, entitlement to SNAP benefits ends. Further eligibility shall be established only upon completion of a recertification based on a new application, an interview, and verification as outlined in this chapter, VERIFICATION AND DOCUMENTATION, Recertification. Under no circumstances shall benefits be continued beyond the end of a certification period without a new determination of eligibility.

CERTIFICATION PERIODS SHALL CONFORM TO CALENDAR MONTHS

Certification periods shall conform to calendar months regardless of the date of application. There is no provision for determining eligibility for benefits prior to the month of application. At initial application, the first month in the certification period shall generally be the month of application, even if the household's eligibility is not determined until a subsequent month. For example, if a household files an application in January and the application is not processed until February, a twelve-month certification period would include January through December. Upon recertification, the certification period will begin with the month following the last month of the previous certification period (in this example, January).

HOUSEHOLDS IN WHICH ALL MEMBERS ARE IN A TANF GRANT

Households in which all members are contained in a single TANF grant shall have their SNAP recertification, to the extent possible, at the same time they are redetermined for TANF. If such households do have their SNAP recertification's scheduled for the same time as their TANF redeterminations, and the TANF redeterminations are not completed timely, the agency shall ensure that the SNAP recertifications are timely completed. In no event shall SNAP benefits be continued beyond the end of a certification period.

HOUSEHOLDS CERTIFIED FOR ONE OR TWO MONTHS

One -two month certification periods shall be established in the following situations:

1. Households shall be certified for 1 or 2 months, as appropriate, when the household cannot reasonably predict what its circumstances will be in the near future, or when there is a substantial likelihood of frequent and significant changes in income or household status. The following are examples:

a. If the income of day laborers and migrant workers is uncertain and subject to large fluctuations during the work season due to the uncertainty of continuous employment or bad weather and other circumstances, the household may be certified for one or two months.

b. Residents of drug/alcoholic treatment and rehabilitation programs may be certified for 1 or 2 months because of the likelihood of substantial and frequent changes and the inability to predict circumstances in the near future. If a longer certification period is warranted, however, a longer one must be assigned in accordance with other guidelines in this chapter.

c. Residents of shelters for battered women and children, who normally stay in the shelter for short periods of time, are usually certified for 1 or 2 months.

d. Households identified as homeless should generally be certified for short periods of time because of the difficulty in accurately predicting changes. When a longer certification period is given, the reason for a longer certification period should be documented.

2. Households eligible for a certification period of less than two months shall, at the time of certification, have their certification periods increased by 1 month if the certification process is completed after the 15th day of the month of application and the household's circumstances warrant the longer certification period.

Example: If a household which is eligible for a 1 month certification period makes application in June and is not certified until late June or early July, the certification period would include June through July.

HOUSEHOLDS CERTIFIED FOR TWELVE MONTHS

All households, except those in which all members are elderly and/or disabled with no earned income, will be assigned certification periods of 12 months.

SOCIAL SECURITY NUMBER NOT PROVIDED

The certification period for a household which has applied for a social security number but has not been assigned one will be set at twelve months.

HOUSEHOLDS WITH SELF-EMPLOYMENT INCOME

Simplified Reporting households whose primary source of income is from self-employment (including self-employed farmers) or from regular farm employment with the same employer shall be certified for 6 or 12 months. See Chapter 7, SELF-EMPLOYMENT INCOME.

HOUSEHOLDS CONSISTING ENTIRELY OF ELDERLY AND/OR DISABLED PERSONS

Households consisting entirely of elderly and/or disabled persons receiving only very stable income, such as social security, SSI, pensions or disability, will be certified for 24 months provided all other household circumstances are expected to remain stable.

INTERIM REPORTS

Interim reports will be issued to all SNAP households at the midway point of the certification period. These reports will require households to provide information on changes in household circumstances during the first half of the certification period. Upon return of the interim reports, caseworkers will process the reports and take action to affect case changes as needed. Households certified for 12 months will be required to return interim reports by the 6th month of certification, while households certified for 24 months will be required to return interim reports by the 12th month of certification. Failure of households to return completed interim reports will result in case closure.

- For households certified for 12 months, the interim report will be mailed on the 22nd day of the 5th month of certification. This report will be due by the 5th of the next (6th) month. Issuance of interim reports will be documented on the Notice History (NOHS) screen in MAVERICS.

- For households certified for 24 months, the interim report will be mailed on the 22nd day of the 11th month of certification. This report will be due by the 5th of the next (12th) month. Issuance of interim reports will be documented on the NOHS screen in MAVERICS.

Information to be reported and verified includes changes in income, household size, and any changes in countable resources for households containing certain disqualified members (drug felons or persons sanctioned for Intentional Program Violation - IPV). Also, households consisting entirely of elderly and disabled members who fail the gross income test but pass the net income test are subject to a resource test. Any changes in resources for such households must be reported and verified.

Should the household report the addition of a household member to be included in the case, the name, relationship, social security number, date of birth, declaration of citizenship, and date the new person was added to the household must be noted on the form. If all necessary information is provided on the interim report, use of the 900 supplement form to add a person to the case will not be necessary.

Interim Report Registration

Upon receipt of the household's interim report, workers will register the report through the Interim Report Registration (INRR) screen in MAVERICS. This screen will allow workers to register up to sixteen (16) interim reports at a time by entering the date the report was received and the case number.

Based on the status of the received interim reports, workers will process the changes or notify the household of further information or verification required. Interim reports should be scanned to the Interim Report folder in Interwoven/Worksite.

Complete Interim Reports

Returned interim reports containing all necessary, verified information will be processed to determine the household's benefit level for the remainder of the certification period. Based on reported changes, workers will rework budgets and authorize adjusted benefits, with notification of the change being provided to the household. Workers will send MAVERICS notice **F301**, **SNAP Change Notice - Interim Reporting**, to inform the household of the change in benefit amount for the remainder of the certification period (7th through the 12th month for households certified for 12 months, the 13th through the 24th month for households certified for 24 months.)

Incomplete Interim Reports

Based on coding entered by the worker on INRR, returned but incomplete interim reports will require a notice informing the household of the specific reason for incompleteness of the report and instructions on what information is required for processing and continuation of benefits. To ensure uninterrupted benefits, complete interim reports must be returned in time for processing prior to the end of the 6th or 12th month, depending on the length of the household's certification period. Incomplete reasons/INRR codes include the following:

- No signature (NS)
- Income Verification Not Received (IV)
- Non-Categorically Eligible Resource Verification Not Received (RV)
- All Questions Not Answered (QA)
- Shelter Expense Verification Not Received on Reported Change (SV)
- Child Support Deduction Verification Not Received (CS)
- Other (OT)

Use of the NS, IV, RV, and QA codes will automatically generate MAVERICS notice X419, SNAP/TANF Closure - Incomplete Interim Report form.

In the event that the worker initially registers the interim report as complete on INRR but later determines the report to be incomplete, INRR may be accessed again to code the report as incomplete. Depending on the incomplete reason code used as noted above, either MAVERICS will send the incomplete notice or the worker will be required to access NORE to send a request for verification.

Incomplete interim reports containing all necessary information that are returned during the 7th month for cases certified for 12 months) or 13th month (for cases certified for 24 months) of certification will be registered through INRR and processed by the worker, allowing the household's benefits to be reinstated. Benefits authorized during the 7th or 13th month will be prorated based on the date of receipt. For reinstatement of the case, the worker will send MAVERICS notice **F509, Reinstatement - Interim Reporting**, to inform the household of eligibility and benefit level for the remainder of the review period.

Non-receipt of Interim Report

Failure of the household to return the interim report by the 5th of the due month will generate a notice to the household. MAVERICS notice **X003, Notice of No Return of Interim Report**, will inform the household that the case will close if a completed report is not returned by the end of the month. The notice will also state that the household's case may be reinstated during the 7th or 13th month of certification, with benefits being prorated for the month of receipt, provided the interim report is determined to be complete. The **X003** will be mailed to the household on the 10th day of the month in which the interim report is due. For reinstatement of the case, the worker will send MAVERICS notice **F509, Reinstatement - Interim Reporting**, to inform the household of eligibility and benefit level for the remainder of the certification period.

GENERAL

The worker is required to make an eligibility decision based on criteria and on timeliness standards outlined in this manual. The household must be notified in writing of all decisions.

All households will be given the option to receive and view their notices online by registering and activating a "MYMDHS" Account. If they select the online option they will no longer receive paper notices through the mail with the exception of all claim overpayment tax offset notices that will continue to be received through regular mail. Households who successfully register and activate their accounts will receive an email notification each time a new notice is added to their account. The households will be responsible for viewing all notices to ensure they are aware of all case changes, interviews, appointments, etc.

HOUSEHOLD COOPERATION

To determine eligibility, the application form must be completed and signed, the household or its authorized representative must be interviewed, and certain information on the application must be verified. If the household refuses to cooperate with the local office in completing this process, the application shall be denied at the time of refusal. For a determination of refusal to be made, the household must be able to cooperate, but clearly demonstrates that it will not take actions that it can take and that are required to complete the application process. For example, to be denied for refusal to cooperate, a household must refuse to be interviewed, not merely fail to appear for the interview. If there is any question as to whether the household has merely failed to cooperate, as opposed to refused to cooperate, the household shall not be denied. The household shall also be determined ineligible if it refuses to cooperate in any subsequent review of its eligibility, including reviews generated by reported changes and applications for recertification. Once denied or terminated for refusal to cooperate, the household may reapply but shall not be determined eligible until it cooperates.

The household shall not be determined ineligible when a person outside the household fails to cooperate with a request for verification. This provision does not consider the following nonhousehold members as individuals outside the household:

(1) Ineligible students,
(2) Ineligible aliens,
(3) Persons who fail to attest to their citizenship or alien status,
(4) Persons disqualified for Intentional Program Violation,
(5) Persons disqualified for failure to provide a social security number,

(6) Persons disqualified for noncompliance with work requirements,
(7) Persons disqualified for noncompliance with child support requirements,
(8) Persons disqualified as a fleeing felon or probation or parole violator,
(9) Persons disqualified for a drug felony committed and convicted since August 22, 1996,
(10) Persons disqualified for the sale of firearms, ammunition, explosives for benefits, or trafficking in Food Stamps of $500 or more,
(11) Persons disqualified for the sale of illegal drugs for benefits, or
(12) Persons disqualified, if determined by a court or State agency, to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

Note: Refer to Chapter 1, QUALITY CONTROL REVIEWS, for a more detailed discussion on failure to cooperate with a Quality Control Reviewer.

ELIGIBILITY DECISION

Applications

Eligibility and benefit level must be determined for the entire month in which the household files its application, even if the application is submitted late in that month, as well as for the remaining months in the certification period. If the household is eligible, benefits shall be provided retroactively, to the month of application, even though approved in a subsequent month. Exceptions are outlined in this chapter under APPLICATION, Delays in Processing.

Similarly, a household may be ineligible for the month of application, but eligible in the subsequent month due to anticipated changes in circumstances. Even though denied for the month of application, the household does not have to reapply in the subsequent month. The same application shall be used for the denial for the month of application and the determination of eligibility for subsequent months, within the timeliness standards outlined in this chapter.

Recertifications

Eligibility for recertification is determined based on circumstances anticipated, starting the month following the expiration of the current certification period.

The level of benefits shall be determined prospectively. If the household is certified during the last

month of the current certification period, the effective date of the new certification period will be the first of the month following the last month of the certification period.

If an application for recertification is not received until one day or more after the current certification period has expired, eligibility and benefits will be determined for the month in which the household files the application, as for initial applications.

Changes Within Certification Periods

Refer to CHANGES WITHIN CERTIFICATION PERIODS in this chapter.

BASIS OF ISSUANCE

After eligibility is established, the household will be assigned a monthly benefit amount based on the household's net monthly income. Refer to Chapter 6, DETERMINING ELIGIBILITY AND BENEFIT LEVELS.

Issuance and Expungement Period

As applications are approved in MAVERICS an EBT benefit account is set up in the EBT System and the initial month's benefits will be available the day after authorization. Benefits in subsequent months will be issued on a 15-day cycle based on the last 2 digits of the case number, starting with the 5th calendar day of each month.

Benefit accounts with no activity for 90 days become dormant, though cardholders retain access to account benefits. Benefits will be expunged from the account after 365 days of inactivity.

NOTICES TO HOUSEHOLDS

Refer to Volume X, Chapter 4 for the specific SNAP notice used to notify the household of an approval, denial, pending application, change, etc. Certain forms are required to be provided to each household at the time of application/recertification. In some circumstances, due to timeliness and/or system limitations, a manual notice must be provided. Anytime a manual notice is provided, documentation in MAVERICS must be done by Notice F000. Note: The SNAP "Other" Notice F906 should only be used in rare situations and should not be used instead of a specific notice such as, but not limited to, the Request for Information Notice F905.

Certain notices have timeliness standards and provide other required information to the household.

MDHS-EA-530, Rights and Responsibilities of Supplemental Nutrition Assistance Program (SNAP) Households

This form is issued to the applicant at the time of the application interview and at every recertification interview. It outlines the household's rights and responsibilities and serves as documentation of the explanations/forms given at the time of application/recertification. The Forms/Explanations/Screens Documentation (FOES) Screen in MAVS must be documented to indicate a copy of the MDHS-EA-530 was given to the applicant/recipient; however there is no requirement for the applicant/recipient to sign the form or for a copy to be filed in the case record. (Refer to Generic Forms Manual.)

Request for Information Notice

When it is determined that additional information and/or verification must be supplied by the household in order for initial or continuing eligibility to be established, the worker will prepare and give to the applicant MAVERICS Notice F905 or MDHS-EA-942. This form provides notification in writing of the applicant's responsibility in supplying needed information and of the time limit in which requested information should be provided. The request, if complied with, will facilitate disposition but failure by the applicant to respond within the requested time limit does not give the worker the right to deny the application or close the case at that point in time. Denial or closure for failure to respond is dictated by the application standard of promptness or by the appropriate effective date following an advance notice of adverse action.

Notice of Approval

The household shall be provided with written notice of the amount of benefits and the beginning and ending dates of the certification period via MAVERICS Notice F101 or MDHS-EA-944. (Refer to Expedited Approval Notices with special circumstances below.) The household shall also be advised of variations in the benefit level based on changes anticipated at the time of certification. The notice shall explain if the initial benefit amount includes more than one month's benefits and shall indicate the monthly benefit amount for the remainder of the certification period. The notice shall also advise the household of its right to a fair hearing, the telephone number of the office, and, if possible, the name of the person to contact for additional information. The back of the notice provides information on household reporting requirements.

Expedited Approval With Postponed Verification Notice

Households, approved for expedited services for which verification was postponed, must be provided a notice explaining the verification which was waived via MAVERICS Notice F102, FS Approval/Expedited.

If a longer certification period is assigned but only the first month is authorized, the notice shall explain the consequence for failure to provide the postponed verification. (Refer to Chapter 7, SPECIAL CIRCUMSTANCES, EXPEDITED SERVICE.)

Notice of Pended Application

If the application is held pending as of the 30th day in which the application was filed, regardless of the reason for the delay (agency or the household), a written notice, MAVERICS F103 or MDHSEA-944, Notice of Action, which informs the household that its application has not been completed but is being processed shall be provided. If some action by the household is also needed to complete the application process, the notice shall also explain what action the household must take and that its application will be denied if the household fails to take the required action within 60 days of the date the application was filed.

Notice of Denial

If the application is denied, the household shall be provided written notice explaining the basis for the denial, the right to request a fair hearing, the telephone number of the office and, if possible, the name of the person to contact for additional information. Refer to Volume X, SNAP, Denial Notices. The manual notice is MDHS-EA-944, Notice of Action.

MDHS-EA-944, Notice of Action

The manual Notice of Action, MDHS-EA-944, is used to notify the household of the action taken on the household's application or recertification and to notify the household if the application is pending beyond the 30 days processing standards. (Refer to Generic Forms Manual, Chapter 6 .)

MDHS-EA-945, Notice of Change

The manual notice MDHS-EA-945, Notice of Change, is used to notify the household of the action taken based on changes known to the agency or those reported by the household, and of actions taken within a certification period which may result in an increase, decrease or termination of benefits. It also provides the household an opportunity to request a fair hearing. (Refer to Generic

Forms Manual, Chapter 8)

Notice of Adverse Action

Prior to any action to reduce or terminate a household's benefits within the certification period, the worker shall, except as provided below, provide the household timely and adequate advance notice before the adverse action is taken.

Please refer to Volume X, MAVERICS Notices, for the specific notice of decrease, closure or other adverse action. The manual notice is MDHS-EA-945, Notice of Change.

1. Timing of Notice

   The notice of adverse action shall be considered timely if the advance notice period includes at least 10 calendar days from the date the notice is mailed or electronically posted to the date upon which the action becomes effective. The first day of the 10 day period is the day after the notice is dated and mailed or E-mailed. If the adverse notice ends on a weekend or holiday, the local office shall take the appropriate action on the next working day. If a request for a fair hearing and continuation of benefits is received the day after the weekend or holiday, the local office shall consider the request timely received.

2. Exemptions from Notice of Adverse Action Individual

   notices of adverse action are not required when:

   a. A mass change is involved as described under CHANGES WITHIN CERTIFICATION PERIOD.

   b. The worker determines that all members of a household have died.

   c. The household's benefit amount varies from month to month within the certification period to take into account changes which were anticipated at the time of

certification, and the household was so notified at the time of certification.

d. The household jointly applied for TANF and SNAP benefits and has been receiving SNAP benefits pending the approval of the TANF grant; and was notified at the time of certification that SNAP benefits would be reduced upon approval of the TANF grant.

e. A household member is disqualified for Intentional Program Violation in accordance with Chapter 11, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.

f. Benefit reduction is applied because the household failed to make the agreed upon payment on an agency error, inadvertent household error or Intentional Program Violation claim.

g. The household voluntarily requests, in writing or in the presence of the worker, that its participation be terminated. If the household does not provide a written request, the household shall be sent a written notice confirming the withdrawal. The written confirmation does not entail the same rights as a notice of adverse action except the household may request a fair hearing.

h. The household has been receiving an increased benefit amount to restore lost benefits, the restoration is complete, and the household was previously notified in writing of when the increased benefit amount would terminate.

i. A longer certification period has been assigned to a household certified on an expedited basis and for whom verification was postponed, provided the household has received written notice that the receipt of benefits beyond the month the application was contingent upon the household providing verification that was initially postponed, and that the worker may act on the verified information without further notice to the household.

j. The eligibility of a resident of a drug or alcohol treatment center or group living arrangement is being terminated if the facility loses either its certification from the appropriate state agency or has its status as an authorized representative suspended due to FNS disqualifying it as a retailer. In these instances, residents of group

living arrangements applying on their own behalf would still be eligible.

k. The worker determines, based on reliable information, such as verification provided by the household or returned mail indicating a change of address, that the household will not be residing in the state. The household must be informed of its termination no later than its next scheduled benefit availability date; however, the worker should not delay terminating the household's participation in order to provide advance notice.

l. The county office initiates recoupment of a claim against a household which has previously received a notice of adverse action with respect to such claim.

3. Provisions for Voiding or Reversing Notice of Adverse Action

Once a notice of adverse action is initiated, there are only five instances in which it can be voided or reversed. These are:

a. When the adverse action notice is sent in error.

b. When an adverse action notice is sent to the household because a member did not comply with the TANF Work Program (TWP), but the household member cures the non-compliance within the 10 day period of the adverse action for TWP.

c. When the hearing decision is rendered in favor of the household, the action is reversed.

d. When an individual cooperates with Child Support Enforcement within the 10-day advance action period.

e. When an adverse action is sent because of failure to comply with Quality Control but the household complies within the 10 day period of the adverse action. If the action is to result in reduction, but not termination of benefits, another change or additional information provided by the household or obtained from another source could result in recomputing the SNAP budget prior to the effective date of the proposed reduction.

Refer to Chapter 8, CHANGES WITHIN CERTIFICATION PERIODS, ADDITIONAL CHANGE OCCURRING BEFORE EFFECTIVE DATE OF FIRST CHANGE.

If the action is to result in termination of benefits, the action cannot be voided or reversed except under the conditions cited above. The household must file another application and have eligibility determined before resuming participation.

Notice of Appointment

This notice is used to provide appointments to households which have submitted an identifiable application or are due for recertification. The MAVERICS notices are F903, SNAP Appointment Notice, X801, Appointment Notice or A906, Generic Appointment Notice. The manual notice is MDHS-EA-940, Notice of Appointment for Determination of Eligibility. (Refer to Volume X and Generic Forms Manual.)

Notice of Expiration

The MAVERICS generated notice is used to provide each household with a notice of the expiration of its certification period. Timing of this notice is in accordance with timeliness standards discussed in RECERTIFICATION in this chapter. The notice shall provide the household the date the certification period ends; the date by which the household must file an application to receive uninterrupted benefits; a statement to keep the appointment for an interview; and the address and telephone number of the office where the application must be filed. The printed form also contains the household's right to request an application and have it accepted as long as it is signed and contains a legible name and address; the consequences of failure to comply with the notice; the household's right to file the application by mail or through an authorized representative; and the household's right to a fair hearing. The manual notice of expiration is included on MDHS-EA-940, Notice of Appointment for Determination of Eligibility.

Notice of Closure

Refer to Volume X, TABLE OF NOTICES, for the specific SNAP closure notice in MAVERICS or MDHS-EA-944, Notice of Action, in the Generic Forms Manual.

GENERAL

Households in which all members are applying for and/or receiving SSI payments will be allowed to apply for SNAP benefits at the social security office. However, households which prefer to submit applications through the county office will be allowed to do so, in which case the social security office is absolved of any responsibility in the application and eligibility determination process.

SSI HOUSEHOLD DEFINITION

For purposes of the SSI/SNAP provision, SSI households are defined as those in which all household members are applying for or receiving payments under:

1. Title XVI of the Social Security Act, and/or

2. Federally administered optional supplementary payments under section 1616 of the Social Security Act, and/or

3. Federally administered mandatory supplementary payments made under 212(a) of P.L. 93-66.

RIGHT TO FILE

An SSI household, as defined above, has the right to file a SNAP application in the social security office provided:

1. The household is not participating in the SNAP; and

2. The household has not applied for SNAP benefits in the 30 preceding days; and

3. The household does not have a pending application for SNAP benefits.

RESPONSIBILITIES OF SOCIAL SECURITY OFFICE The social

security office has certain responsibilities:

1. When a member of a household consisting only of SSI applicants or recipients transacts business at an SSA office, SSA shall inform the household of:

a. Its right to apply for food stamp benefits at the SSA office without going to the county office; and

b. Its right to apply at a county office if it chooses to do so.

2. SSA shall send to SSI recipients redetermined for SSI by mail a stuffer informing them of their right to file a food stamp application at the SSA office (if they are members of a pure SSI household) or at their local county office, and their right to an out-of-office food stamp interview to be performed by a worker from their local county office if the household is unable to appoint an authorized representative.

3. SSA shall refer non-SSI households, including those in which not all members have applied for or receive SSI, to the appropriate county office where applications will be processed in accordance with ongoing policy.

4. If a pure SSI household elects to make application at the SSA office, SSA shall:

a. Accept and complete the application form, and obtain the applicant's signature. The form to be used is the application form MDHS-EA-900. Applications will be accepted in SSA main offices, branch offices and other contact stations.

If SSA takes an SSI application by telephone from a member of a pure SSI household, a food stamp application shall also be completed during the telephone interview. In this case, the application form shall be mailed to the household for signature. The applicant will be requested to return the form to SSA. The date of application for food stamp purposes for such cases is the date the signed application is received by SSA.

b. Prescreen the application for entitlement to expedited services on the day the application is received at the SSA office, and enter "Expedited Processing" on the first page of the application form if the household appears to be entitled to such processing. In addition, SSA will, if expedited service appears to be in order, inform the household that benefits may be issued a few days sooner if the household applies directly at the appropriate county office. The household will be allowed to take the food stamp application from SSA to the county for screening, an interview and processing of the application.

5. If an SSI resident of a public institution makes a joint SSI and food stamp application prior to his or her release from a public institution, SSA shall:

   a. Accept and complete the application form MDHS-EA-900, and obtain the applicant's signature.

   b. Notify the appropriate county office of the date of the release of the applicant from the institution.

6. SSA shall complete Form SSA-4233, Social Security Transmittal For Food Stamp Applications, and forward, with the food stamp application attached, to the appropriate county office within one working day after receipt of the signed application. In addition, verification required only for the Food Stamp Program will, if obtained by SSA, be forwarded with the application form.

7. SSA shall provide the household with an information sheet which informs the household of the address and telephone number of the household's correct county office; remaining actions to be taken in the application process; the household's rights and responsibilities (including fair hearings, authorized representative, out-of-office interviews, reporting changes and timely application for recertification); how to obtain an EBT card; how to use food stamp benefits (including the food items households can purchase with food stamp benefits). In addition, the information sheet will contain a statement that the household should be notified of the food stamp determination within 30 days; and that the household can contact the county office if it receives no notification within 30 days, or has other questions or problems.

8. SSA will maintain a record of all food stamp applications taken by SSA and transmitted to the food stamp office.

9. For SSA responsibilities at recertification for food stamp benefits, see RECERTIFICATION below.

RESPONSIBILITIES OF COUNTY OFFICE

Responsibilities of the county office are outlined below:

1. The county office will, upon request, provide SSA local offices with food stamp application forms and with information forms to be used by SSA.

2. Food stamp applications and supporting documentation sent by SSA to the wrong office will be sent to the appropriate office no later than the next working day.

3. Upon receipt of an application and supporting documents from SSA, the county is responsible for determining whether the household was eligible to file a food stamp application through SSA. See DEFINITION and RIGHT TO FILE in this chapter.

   If a pure SSI household is currently certified, has applied within the 30 days preceding application at SSA, or has an application pending at the county office, the worker will record on the application transmitted from SSA the reason the application is not accepted, sign and date. The form and supporting documents will be filed in the case record. In addition, the worker will notify the household by letter, giving the reason the application from SSA is not accepted. If an application was taken and denied within the 30 days preceding application at SSA, the worker will include an application form and inform the household of its right to reapply.

   If it is determined the household is not pure SSI, the worker will accept the application if the household is not currently certified or does not have an application pending at the county office. The household will be provided an appointment for an interview which is required even though one has been held by the SSA worker. The processing time period will begin with the day the application is received in the correct county office.

4. If it is determined a pure SSI household is eligible to apply through SSA, the worker will determine eligibility in accordance with ongoing policy, bearing in mind the following provisions and exceptions:

   a. The county shall prescreen all food stamp applications received from SSA on the day the application is received to determine entitlement to expedited service. All pure SSI households entitled to expedited service shall be certified in accordance with procedures outlined in Chapter 7, SPECIAL CIRCUMSTANCES, except that the expedited processing standard shall begin on the date the application is received in the correct county office. If the applicant is a resident of a public institution, expedited processing time standards shall begin on the date of release from the institution for a prerelease applicant who has jointly applied for food stamp benefits and SSI.

b. Households not entitled to expedited service will be certified in accordance with normal processing standards. For these households, the processing time begins with the date the signed application was received by SSA.

EXCEPTION: The normal processing time of a resident of a public institution who applies jointly for SSI and food stamp benefits prior to his or her release begins with the date of the applicant's release from the institution.

c. The household will not be required to see an eligibility worker or otherwise be subjected to an additional interview, regardless of whether SSA completed the application and interview in person or by phone. In addition, the worker will not contact the household further in order to obtain information for certification for food stamp benefits unless:

(1) The application is improperly complete; and/or
(2) Mandatory verification, as required by ongoing policy, is missing; and/or
(3) The worker determines that certain information on the application is questionable.

In no event, however, will the applicant be required to appear at the county office to finalize the eligibility determination. Further contact, if necessary for one of the reasons given above, shall not constitute a second certification interview, but rather should serve to obtain only the needed information.

d. The worker should review carefully the SSA transmittal form which is self-explanatory. Note that SSA will indicate on the form if verification of a food stamp eligibility factor is contained in the SSA file. Verification documents required only for the food stamp program will, if obtained by SSA, be forwarded to the appropriate county office along with the application and transmittal form.

e. Ongoing verification policy, including verification policy for expedited households, will apply. Factors of eligibility verified by social security will be accepted as verified by the EW.

The worker may verify SSI benefit payments through SDX (State Data Exchange), BENDEX (Beneficiary Data Exchange), WTPQ and/or through verification provided by the household.

Information verified through SDX or BENDEX shall not be reverified unless it is questionable. Households shall be given the opportunity to provide verification from another source if all necessary information is not available on SDX or BENDEX, or if the SDX/BENDEX information is contradictory to other household information.

RECERTIFICATION

The worker is responsible for providing SSI households with a notice of expiration of the certification period in accordance with ongoing policy except that such notification shall inform households consisting entirely of SSI recipients and/or applicants that they are entitled to a waiver of a face-to-face interview if the household is unable to appoint an authorized representative.

SSI/food stamp jointly processed households which have received a food stamp notice of expiration shall be entitled to make a timely application for recertification at the SSA office. SSA shall accept the application of a pure SSI household and forward the completed application, transmittal form and any available verification to the appropriate county office.

When SSA accepts and refers the application in recertification situations, the household shall not be required to appear at a second office interview, although the eligibility worker may conduct an out-of-office interview, if necessary.

The worker will complete the application process in accordance with ongoing policy for recertifications.

CHANGES

Households are required to report changes to the appropriate food stamp office in accordance with ongoing policy. In addition, the worker is required to act on known changes, including mass changes, in accordance with ongoing policy.

In cases jointly processed in which the SSI determination results in denial, and the worker believes the food stamp eligibility or benefit levels may be affected, the worker shall send the household a notice of expiration advising that the certification period will expire at the end of the month following the month in which the notice is sent and that the household must reapply if it wishes to continue to participate. The notice of expiration shall also explain that the certification is expiring because of changes in circumstances which may affect food stamp eligibility or benefit levels and that the household may be entitled to an out-of-office interview, in accordance with waiver of

interview policy as outlined in this chapter.

CERTIFICATION PERIODS

See CERTIFICATION PERIODS in this chapter.

WORK REGISTRATION

See Chapter 3, WORK REGISTRATION, SPECIAL SITUATIONS.

RESTORATION OF LOST BENEFITS

The county office shall restore to the household benefits which were lost whenever the loss was caused by error on the part of the agency or by SSA through joint processing. Such an error shall include, but may not be limited to, the loss of an applicant's food stamp application after it has been filed with SSA.

Lost benefits shall be restored in accordance with ongoing policy. If, for any reason, the agency is not notified on a timely basis of the release date of a resident of an institution who has made a prerelease application, benefits shall be restored back to the date of the release.

NON-SSI HOUSEHOLDS REFERRED BY SSA

Applications from such households are considered filed on the date the identifiable application is received at the correct county office, and the normal and expedited processing time standards shall begin on that date.

MISSISSIPPI COMBINED APPLICATION PROJECT (MSCAP)

MSCAP is a demonstration project and a cooperative effort between MDHS, Food and Nutrition Service (FNS) and the Social Security Administration (SSA). For further details, see Chapter 7, Special Circumstances, Mississippi Combined Application Project.

QUALITY CONTROL

Incorrect information obtained through SSA's processing of applications will not be included in the determination of the State's error rate.

GENERAL

The Mississippi Band of Choctaw Indians is authorized by USDA/FNS, under provisions of the Food Stamp Act of 1977, to administer a Food Distribution Program whereby commodity assistance will be available to all eligible residents of Choctaw Indian Reservation lands and to all eligible Choctaw Indian households living near Choctaw Reservation lands. The Choctaw Food Distribution Program is a separate agency with separate certification and issuance procedures unique to the commodity program. The Food Distribution Program offers a commodity package based on household size, consisting of monthly quantities of food from each of the four food groups and is intended to be an acceptable alternative to the Food Stamp Program. The Food Distribution Program will operate concurrently with the Food Stamp Program in counties affected by this provision; however, simultaneous participation in both programs by any household is prohibited.

The Choctaw Food Distribution Program will serve all eligible reservation residents, Indian and non-Indian alike. However, off-reservation commodity assistance is limited to Choctaw Indian households. A Choctaw Indian household is defined as a household containing at least one adult, age 18 or over, who is a member of the Choctaw tribe. All known members of the Choctaw tribe are listed with the Choctaw Indian Agency, located in Neshoba County, where an up-to-date listing of enrolled tribal members is maintained. Any county office with any question as to whether or not an adult household member is a Choctaw Indian should contact the main office of the Choctaw Food Distribution Program as discussed in COMMUNICATION BETWEEN PROGRAMS later in this material.

CHOICE OF PROGRAMS

Households eligible for either program may elect to participate in either program. An eligible household may elect to participate in one program and subsequently elect the other program at the end of the certification period. Also, an eligible household may elect to switch from one program to the other program within a certification period. This is permissible; however, eligibility in one program does not necessarily mean the household is eligible for the other program. Since this possibility exists, in order for the household to switch programs within a certification period the household must first request termination of certification in the current program by notifying the appropriate office in writing of the household's intention to switch programs. Any household that chooses to switch programs will be required to complete and sign a Notice of Household Request for Termination. The program in which the household is currently certified will terminate the household's certification period at the end of the month in which the written notice is received. No ten day advance notice is required when a household currently certified for food stamps elects to

withdraw from the Food Stamp Program with the intent to apply for the Food Distribution Program. When a currently certified food stamp household requests the closure of its food stamp case for the express purpose of applying for commodity assistance, the worker will have the case head, spouse, responsible household member, or authorized representative complete and sign an original and one copy of MDHS-EA-591, Notice of Household Request For Termination. The original will be filed in the case record and the copy will be forwarded to the main Food Distribution Program office along with MDHS-EA-590, Choctaw Food Distribution Program Communication Form, as outlined below in COMMUNICATION BETWEEN PROGRAMS. A Notice of Closure will be provided to the household unit to reflect closure the following month.

When a currently certified commodity household requests the closure of its commodity case in order to apply for food stamp benefits, the food distribution worker will have the case head or authorized representative complete and sign the Food Distribution Program's equivalent of MDHS-EA-591, also called the Notice of Household Request for Termination. The food distribution worker will forward a copy of the termination request along with MDHS-EA-590, as outlined below in COMMUNICATION BETWEEN PROGRAMS.

COMMUNICATION BETWEEN PROGRAMS

In order to avoid dual participation in the Food Stamp Program and the Food Distribution Program and to prevent an individual found guilty of fraud in the Food Stamp Program from participating in the Food Distribution Program during the period of mandatory disqualification, it is required that communication on a continuing basis be established between the two programs. MDHS-EA-590, Choctaw Food Distribution Program Communication Form, will be used to verify certification in either program and to exchange information concerning reservation residents and Choctaw Indian households living near reservation lands in all of the following situations:

1. Applications Which Require Normal Processing

   The office receiving an initial application, reapplication, or application for recertification which requires normal processing will initiate MDHS-EA-590 to the other program office by the end of the first working day following receipt of the application. The initiating office will not certify the applicant household until the receiving office responds to the form. The receiving office will respond to the MDHS-EA-590 by the end of the first working day following receipt of the form.

2. Applications Which Qualify For Expedited Service

The office receiving an initial application, reapplication, or application for recertification which qualifies for expedited service will telephone the other program office prior to certifying the household to verify whether any household member is currently certified in the other program or included in a pending application for the other program. The telephone conversation will be documented in the applicant's case record and the household's application will be processed in accordance with ongoing policy for destitute households. However, MDHS-EA-590 will be submitted by the office receiving the application as a written follow-up to the telephone conversation by the end of the first working day following receipt of the application. The program office receiving MDHS-EA-590 will respond by the end of the first working day following receipt of the form. Although it is likely the household will have been certified by the time MDHS-EA-590 is returned to the initiating office, the form is required in expedited service situations to serve as a written follow-up to the telephone call.

3. Program Switchovers Occurring Within A Certification Period

When a household voluntarily withdraws from one program within a certification period in order to make application for the other program, the program office receiving the request will ensure that the household completes and signs Notice of Household Request For Termination, as outline above in CHOICE OF PROGRAMS. The copy of the notice that is forwarded to the other program office will be transmitted with MDHS-EA-590 listing the current household members, address, and other pertinent household information.

4. Individuals Disqualified For Food Stamp Fraud

At any time an individual is disqualified for fraud in the Food Stamp Program and this individual is included in a reservation resident household or Choctaw Indian household living off reservation, the county office will notify the main office of the Food Distribution Program, via MDHS-EA-590, of the individual's name, length of the mandatory disqualification period, and the date mandatory disqualification is due to expire. MDHS-EA-590 will be submitted on all disqualified individuals who fall into this category, regardless of the current status of the individual's household in the Food Stamp Program. No person disqualified for fraud will be allowed to participate in either program during the mandatory disqualification period. When the mandatory disqualification period has ended, the Food

Stamp Program cannot authorize continued disqualification for failure to execute a repayment agreement for a commodity program applicant. The repayment requirements for food stamp fraud cannot be enforced unless or until the fraudulent individual reapplies for food stamp benefits.

RESPONSIBILITY OF COUNTY

The county office responsibilities are as follows:

1. Workers in the county offices affected by the food distribution provision will inform current food stamp benefit recipients and potential applicants who fall into the category of reservation residents or Choctaw Indian households of the availability of commodity assistance in lieu of food stamp benefits. An objective explanation of each program by the county worker will allow applicants who are potentially eligible for either program to freely choose between the two programs.

2. The county director in each of the counties affected by the food distribution provision will submit, on a monthly basis, an alphabetized list of certified individuals who are categorized as residents of Choctaw Reservation lands and/or Choctaw Indian households. The list, due at the end of the first full month of operation of the Food Distribution Program and each month thereafter, will be submitted to the Director, Choctaw Food Distribution Program.

3. The county will maintain an up-to-date list, in alphabetical order, of all certified Choctaw individuals and/or reservation residents. The name of the case head in which the individual resides will be shown beneath the individual's name on the list. The list will be maintained in order to compile the monthly listing of certified individuals submitted to the Choctaw Food Distribution Program.

RESPONSIBILITY OF CHOCTAW FOOD DISTRIBUTION PROGRAM

The director of the Choctaw Food Distribution Program will submit, on a monthly basis, an alphabetized list of all participants. The list will be submitted to each of the county offices involved in the two programs and will be due at the end of the first full month of operation of the Food Distribution Program and each month thereafter.

CHECKING FOR DUAL PARTICIPATION

The two sets of lists exchanged monthly will be checked for any instance of dual participation. Should a claim situation be discovered, a claim for the overissuance will be required as discussed below.

CLAIMS AS A RESULT OF DUAL PARTICIPATION

In the event dual participation occurs, whether through agency or client error, the Program office responsible for the last certification will be responsible for filing a claim against the household for the overissuance. The date the applicant was certified by the worker will be the determining factor in assigning responsibility for the last certification. Communication between the two programs will be necessary to determine which program is responsible for the second certification.

INTRODUCTION

Households find it necessary to change their place of residence from time to time. The following procedures will apply when a SNAP household moves from the county.

TRANSFER OF CASE RECORD

Often the first knowledge the county of former residence has of a household's move is notification from the county of new residence that the household has applied for SNAP benefits. In other instances, the household itself may request transfer of the case to the new county. The following steps will be taken.

Transfers Within the State

The transferring county (county of former residence) will:

- Document the contact which requested transfer of the case.
- Ensure that the current month is on CAP2 (Case Profile).
- Clear all alerts reflected on the ETAL (ET Alerts) screen. Also, clear all alerts on the IVAS (IEVS Alert Selection) screens for which the appropriate action has been completed. Outstanding alerts will be transferred to the worker in the county of new residence upon case transfer and reassignment. However, the worker in the transferring county is responsible for handling all alerts possible.
- If the household has not participated for the current benefit month, benefits for the month must be authorized on AUSP (Authorization of Supervisor) prior to case transfer.

Ensure that the Case Documentation (CADM) screen in MAVERICS is documented and the receiving county notified regarding any pending action, such as an outstanding request for information, prior to transfer (see "Note" below). Whenever the transferring county has an outstanding pending action requiring additional information at the time of case transfer, if the verification is received at any time by the transferring county, that office must scan documents related to the request to the appropriate folder in Interwoven/Worksite. The receiving county must be notified that the requested verification is in the electronic record.

- Process address changes on the ADDR screen. Send to the household MAVERICS notice F801, SNAP Transfer Between Counties.

- Transfer the case to the new county in "open" or "received" status (refer to "Transfer Procedures/Add-a-Program", later in this seciton). The supervisor will access the Case Record Control (CARC) screen and change the county office number to that of the new county.

Responsibilities of Receiving County

When a system alert is received indicating a case has been transferred, the county director or his/her designee in the receiving county must conduct a desk review of the case, accessing case information through MAVERICS and Interwoven/Worksite. The review should aid in determining what actions, if any, should be taken or what changes may be anticipated prior to assigning the case to the appropriate case worker. Anticipated changes in income, interim reports due, or an upcoming full case review may be discovered during the desk review. Any other required actions, such as handling pending actions not completed by the transferring county, should be handled as necessary. See "Note" below.

Transfers in Last Month of Certification

When transfer of the SNAP case is requested during the last month of the certification period and an application for recertification has not been received, neither the transferring county nor the receiving county should take steps to close the case. MAVERICS will automatically close the case at the end of the certification period when no recertification application has been registered.

Interim Reports

In instances when a household moving to a new county within the state reports the move by returning an interim report to the first/transferring county, the first county must process the report prior to case transfer, if possible. Generally, the same procedures for interim report processing will apply. If the household's report of changes requires verification, normal interim report procedures for requesting information will be required. If the transferring county receives the requested verification, the report should be processed and the case transferred to the new county, following normal transfer procedures.

Should the transferring county not receive requested verification, resulting in case closure, or the case closes due to no return of the interim report, the case status should be documented on CADM and the receiving county notified. All possible action should be taken by the transferring county prior to case transfer.

Transfer Procedures/Add-a-Program

When a report is received that a TANF-only household is moving to another county and intends to apply for SNAP, the transferring county should handle all pending actions (claims, IEVS, and other alerts), document the change of address on the ADDR screen in MAVERICS, and ensure that all steps for transfer are followed according to instructions noted above under "Responsibilities of Transferring County". Regardless of the timing of the request/application, the receiving county must handle eligibility determination for the new program.

Example: The Jones household receives TANF benefits, reports to their worker in County "A" that the family is moving to another county and wants to apply for SNAP. No SNAP application is submitted at the time of the reported move. County A will ensure that all necessary transfer procedures
and any pending actions are handled, then CARC the case to County "B". In turn, County B will be responsible for handling the household's request to add SNAP, such as providing the household an appointment, conducting the interview, and obtaining necessary verification to determine eligibility for SNAP.

Example: The Jones household, receiving TANF benefits, submits an application for SNAP in County A on April 5. County A schedules the add-a-program appointment for April 11. On April 9, Ms. Jones reports the household has moved to County "B". County A must ensure that the application and all documents are scanned to Interwoven/Worksite and that all necessary transfer actions are handled prior to case transfer. County A must notify County B of the transfer and pending SNAP application. County B must provide the household with a rescheduled appointment, adhering to timeliness standards of the application submitted April 5. **Communication between each county is essential to ensure that transfer procedures are handled timely.**

Note: In add-a-program situations, whether handling a new TANF or new SNAP application, normal timeliness standards will apply.

Transfer of Combination Cases

When a household receiving both SNAP and TANF reports a move to another county, the usual procedures for transfer must take place, with all pending actions handled and the case address changed on ADDR. The worker should send to the household the A801 Transfer Between counties notice

for the TANF case and the F801, SNAP Transfer Between Counties notice for the SNAP case. Once all necessary transfer action has been taken, the case should be CARC'ed to the new county.

Transfers Involving Claims

Discovering/identifying a claim means that necessary information has been obtained in order to work the claim. Therefore, in a transfer situation, claims identified by a transferring county must always be completed by that county prior to transferring a case to a new county. When a request for information has been issued for the purpose of obtaining information to identify a claim, when/if the information is provided will determine which county will be responsible for working the claim.

Example: A worker in County "A" requests wage information from an employer for a possible claim and receives the necessary verification. The worker in County A then identifies the claim. While the claim is in ID'd status, a request for case transfer is received from County "B". Prior to taking the necessary steps to transfer the case to County B, the County A worker must process the claim. However, if the requested verification for working the claim had not been received by County A at the time of the case transfer request, the County A worker should document the case record and notify County B regarding the pending request prior to case transfer. If/when the requested verification is submitted, the worker in County B would be responsible for identifying and working the claim.

NOTE: Pending actions must be handled as efficiently as possible by the first/transferring county prior to any case transfer.

Example: Ms. Jones reports she has started a new job and her case worker provides her a request for information the same day. Four days later, Ms. Jones reports her household is moving to another county. If Ms. Jones provides the requested verification prior to her report of the household's move, the first/transferring county must make the appropriate changes to the case and notify the household of the change, prior to transferring the case. However, if the verification is not provided prior to or at the time of the report of the move, the transferring county should document the case record regarding

the pending request, then take the usual steps to transfer the case to the receiving county. The transferring county must notify the receiving county of the pending request for information at the time of case transfer. Should the transferring county receive documents related to the pending request after case transfer, the verification should be scanned to the electronic case record and the receiving county notified. The receiving county will then be responsible for handling the case change based on if/when the verification is received.

Please refer to Volume X, Chapter 11, Transfer of Cases Between Counties, for further information on transfer of cases in MAVERICS.

For Applicant Moving Out of County

In instances when an application is submitted but disposition is not completed, and the household reports a move to another county, the first county must ensure that all documents related to the application are scanned to the appropriate electronic folder in Interwoven/Worksite. Once as many required transfer actions as possible have been completed (handling any claims, IEVS, or other alerts, changing the household's address on ADDR, etc.) the first/transferring county must notify the new/receiving county of the transfer, send the F801 SNAP Transfer Between Counties notice, and use the Case Record Control (CARC) screen in MAVERICS to send the case to the new county. The receiving county will be responsible for completing the eligibility process and notifying the household of the decision.

When the Household Moves Out-of-State

. Document the contact which reported the move.

. Ensure that the current month of the case is equal to the desired effective date of closure. The case shall be closed effective the first day of the following month without benefit of a ten day notice.

. If the household wishes to participate for the current benefit month prior to the move, ensure that benefits for the month are authorized prior to case closure.

. Prepare and mail notice F401 (FS Closure: Non-Advance Notice) for the appropriate month. Release of this notice will trigger the nightly batch process to close the SNAP case.

Please refer to Volume X, Case/Program Closures for a detailed discussion of case/program closures.

NOTE: When the household moves during the last month of the certification period and an application for recertification has not been received, do not take steps to close the case since the current month of the SNAP case will not be equal to the desired effective month of closure. MAVERICS will automatically close the case at the end of the certification period when no recertification application has been registered.

> Please refer to Volume X, Case/Program Closures for a detailed discussion of case/program closures.

CHANGES WITHOUT NOTIFICATION

When households relocate and the former county is not made aware of the change, closed and currently active cases may be registered in the following manner:

Closed Cases - Registered in New County

For households that move to a new county and reapply for benefits, the application may be registered in the new county, with MAVERICS automatically CARCing the case to the new county. The case will be ready for processing in the new county the day after registration.

Example: The Smith household moves from County A to County B and applies for SNAP. The household's previous SNAP case closed 6 months ago. When the application is registered, the case will be automatically CARCed from County A to County B. The application will be available for processing the next day.

Active Cases - Add-a-Program

For households participating in one program that move to another county and apply for a new program, an application may be registered in the new county. Upon registration, the currently active case in the former county will be automatically CARCed to the new county. MAVERICS will issue notice X820, SNAP/TANF Transfer, informing the household that the currently active case has been transferred to the new county of residence. At case transfer, the former county of residence will be notified via system alerts issued to the case worker and director in that county.

Example: The Jones household, currently receiving SNAP benefits in County A, moves to County B and applies for TANF. At registration of the TANF application, the household's SNAP case will be automatically CARCed to County B. This action will generate system notice X820, SNAP/TANF Transfer, notifying the household that the SNAP case is being transferred to County B. The case will be available for processing the next day.

Example: A TANF Work Program (TWP) household in County A moves to County B and applies for SNAP. The household's relocation is not reported to County A. At registration of the SNAP application, the currently open TWP case will be transferred to County B. The SNAP application will be available for processing the day after registration. County B will be responsible for assessing the availability of TWP placements and supportive services in County B.

At the time of such case transfers, there may be instances where pending actions on currently active cases remain unresolved by the former county of residence, such as, but not limited to, claims, IEVS, alerts, cases returned to workers for correction, TWP-related issues, etc. Upon discovery of outstanding case actions, communication between the former and new county of residence is required in order to resolve issues, as needed.

NOTIFICATION FROM OTHER SOURCES OF HOUSEHOLD'S MOVE

If the county receives notification from someone other than a household member or from a source other than another SNAP office that the household has moved, the worker will attempt to verify the reported change before taking any action to close the case. See CHANGES WITHIN CERTIFICATION PERIODS, OTHER CHANGES.

If a change of address is indicated by returned mail, the worker should take action based on the information provided. If the returned mail label shows an out-of-state address, this verifies the household has moved and the case should be closed. If the returned mail label shows an address in another county, the address should be changed on the ADDR screen in MAVERICS and the case transferred in open status to the new county with notification to the household. If returned mail is marked with a different address within the county, the address should be changed on the ADDR screen in MAVERICS and the letter re-mailed to the household. If the letter is marked "undeliverable", the worker should take no action, and address the discrepancy at the next recertification.

In the event of a natural disaster in Mississippi, eligible counties in the state will be authorized to provide food assistance through the Disaster Food Stamp Program (DFSP). Upon approval by the Food and Nutrition Service (FNS), participating counties will accept applications from residents affected by the disaster.

Eligibility Factors

Households must meet the following criteria in order to qualify for DFSP benefits:

- Must have resided in the county in which the disaster was declared
- Must not be a current recipient of food stamp benefits
- Applicant must not be currently serving a food stamp disqualification or be convicted a drug felon
- Special income and resource tests must be passed

Application Process

DFSP applications will be accepted at a designated location in each disaster county, and will be processed either at the application site or an alternate processing site, depending on the nature and severity of the disaster. Applications will be registered in MAVERICS with the "DF" program code. The MDHS-EA-500, Application for Disaster Food Stamp Assistance, will be used for processing household requests for assistance. The application will provide the household the means for reporting its circumstances as a result of the disaster, including household size, access to financial resources, and disaster-related expenses. Eligibility for benefits will be based on a comparison of the household's "adjusted income" (income and resources less expenses) to disaster income limits for the household size.

Households determined eligible for DFSP benefits will be issued a special Electronic Benefits Transfer (EBT) card for access to a disaster food stamp benefits account. Benefits will be made available within three days of application. Households approved for benefits will not receive an approval notice, instead, the loading of benefits on to the special disaster benefits card will serve as notification of approval. Recipients may call the toll-free Customer Service number, 1-866-512- 5087, for account information.

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If a household is determined ineligible for disaster benefits, MAVERICS will generate the X504, Disaster Food Stamp Denial Notice, based on the program denial code entered on the Disaster Food Stamp Determination (DIFS) screen. It is possible that when applications are processed, households initially determined ineligible will subsequently be found eligible for benefits. In these instances, MAVERICS will allow the application to be reverted to "open" status using the Revert Program to Open (REPT) screen. Benefits will then be authorized, and the EBT Help Desk will be contacted to issue a disaster food stamp benefits card to the household.

See Volume X for instructions in processing Disaster Food Stamp Program applications.

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INTRODUCTION

A complaint or expression of dissatisfaction may be made concerning the administration of the Supplemental Nutrition Assistance Program (SNAP) by, on behalf of, or about an individual household, or about a retailer authorized to accept SNAP benefits. All complaints shall receive prompt attention and will be handled as outlined in this chapter under: AGENCY CONFERENCE OR STATE HEARING.

When dissatisfaction is expressed by an individual household, appeal may be made through any or all of the appeal methods cited above. One is not a prerequisite for another. Requests for appeals may be made in writing, by telephone, or in person.

It is the responsibility of the state and county department to inform applicants and recipients in writing and, if practical, orally, of their right to request a review, an agency conference, or a state hearing at the time of application and at any time of dissatisfaction with the action or failure to act on the part of the state or county department. The State agency meets this responsibility first by including statements about the right to appeal on the application form and on the notification form. A printed pamphlet on agency conferences and state hearings is also provided to applicants, recipients, and persons assisting or representing them at appropriate times, as well as all interested parties. In addition, if there is an individual or organization available that provides free legal representation, the household is informed of the availability of that service.

Complaint Review

A complaint review is an informal review at the local level of a client complaint. The complaint review process is discussed in Chapter 1.

Any complaints of discrimination will be handled in accordance with provisions outlined in Chapter 1.

Agency Conference

An agency conference is a formal review at the local level of a client complaint. The agency conference is conducted by the county director and/or his designee. See detailed discussion in this chapter.

State Hearing

A state hearing is a formal review of a client complaint conducted by a state hearings officer. See detailed discussion in this chapter.

Administrative Disqualification Hearing

Another type of formal hearing which may be held in connection with SNAP is the administrative disqualification hearing. The hearing will be initiated by the Department whenever the Department has documented evidence to substantiate that a member of the SNAP household intentionally made a

false or misleading statement, or misrepresented, concealed or withheld facts, or committed any act that constitutes a violation of the SNAP Regulation, or any other state statute relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP benefits. See Chapter 11, CLAIMS, for further discussion.

The administrative disqualification hearing will be initiated by the agency only; the household cannot request such a hearing. However, the household has the option under ongoing policy to request a fair hearing if it wishes to contest the amount of the claim.

A printed pamphlet on the administrative disqualification hearing procedure and the rights of the accused is provided by Administrative Hearings to each subject of a hearing at the time such a hearing is scheduled. In addition, a supply of these pamphlets is available in the county office for all interested persons. If a free legal representative is available, the person accused of Intentional Program Violation will be advised of the availability of that service.

PURPOSE

The agency conference is available to applicants and recipients who wish to have a prompt opportunity to protest any action of the agency which affects the participation of the household in the program. It provides an opportunity for a formal review by an impartial person appointed to hold this type hearing at the local level.

If the client expresses a desire to have a formal review to discuss any action of which he is aggrieved, he will be offered both an agency conference and a fair hearing. The household should be advised that the use of an agency conference is optional and that it is not intended to delay or replace the fair hearing process. The advantage of the agency conference is that it may lead to an informal resolution of the dispute well before a fair hearing decision can be received. However, a fair hearing must still be held unless the household withdraws its request for a hearing.

TIME FRAME FOR HOLDING AN AGENCY CONFERENCE

For households contesting a denial of expedited service, an agency conference shall be held within two (2) working days of the day of appeal unless the household requests that it be scheduled later or states that it does not want an agency conference.

For households contesting any other action by the agency, an agency conference shall be held within ten (10) days, unless the household requests that it be scheduled later or states that it does not want an agency conference.

AGENCY CONFERENCE PROCEDURES

The agency conference shall be conducted by the county director and/or his designee and shall be attended by the claimant and/or his representative and by the eligibility worker responsible for the agency action.

The household may elect to have only the agency conference, only the fair hearing, or both the fair hearing and the agency conference.

Whenever an agency conference is offered, the worker will so notate, along with the household's decision, in the case record. If the household chooses to have an agency conference, the time and place will be recorded in the case record.

If the household elects to have only the agency conference and does not wish to request a fair hearing, this will be recorded in the case record.

a. If the issue is resolved to the household's satisfaction at the agency conference, a short summary will be included in the case record to indicate how the issue was resolved and what action, if any, that the agency will take.

b. If the issue is not resolved to the household's satisfaction at the agency conference, the opportunity to request a fair hearing will again be offered. The summary of the agency conference will not be a part of the hearing record.

If the household elects to have only the fair hearing, the case record should be documented that the household did not wish to have an agency conference.

If the household elects to have both the agency conference and the fair hearing, the worker will proceed with the steps outlined in the fair hearing procedure as detailed in the STATE HEARINGS material later in this chapter, while arranging the agency conference within the time frames discussed above.

If the issue is resolved at the agency conference, the county will obtain from the claimant a written withdrawal of the request for a fair hearing. The claimant may orally withdraw the request for a fair hearing. The withdrawal, with the notation that the issue was resolved in an agency conference, will be sent immediately to the Administrative Hearings Office which will in turn send the claimant an acknowledgment of the withdrawal. If the withdrawal is an oral request, the notice must also provide the household with another opportunity to request a hearing.

The county will document the case record that the issue was resolved and what action, if any, the agency will take.

If the issue is not resolved at the agency conference, the county will notate in the case record that the issue was not resolved and that the fair hearing process will continue. Administrative Hearings will not be notified if the issue is not resolved at an agency conference, as this will have no effect upon the fair hearing process and the summary of the agency conference is not a part of the hearing record.

PURPOSE

The state hearing is available for any applicant or recipient upon request and provides an opportunity for a more formal review by a state hearings officer of the point(s) surrounding the expressed dissatisfaction. It may be granted after a complaint review and/or an agency conference or may be granted without the benefit of either if the complainant so desires. A formal state hearing consists of a presentation to the state hearings officer by the complainant of the facts surrounding the point(s) of dissatisfaction. The facts and information brought forward in a hearing is limited to circumstances known at the time the eligibility decision was made. New or additional information not known or reported at the time of the case action is not allowed to be presented during a hearing. After the hearing has been granted and a decision rendered, that decision is final and a second appeal cannot be granted on the same issue(s).

TIME LIMIT FOR FILING HEARING REQUESTS

An applicant or recipient shall be allowed to request a hearing on any loss of benefits or other action by the agency which occurred in the prior 90 days. A hearing request will also be honored if it is to contest a denial of a request for restoration of benefits lost more than 90 days but less than a year prior to the hearing request. In addition, at any time within a certification period a household may request a fair hearing to dispute its current level of benefits.

THE HEARING REQUEST

A request for a state hearing is defined as any clear expression, oral or written, by the household or its representative, to the effect that an opportunity to present the case to a higher authority is desired. The request may be made orally, by letter, by telephone, or on MDHS-EA-551, Request for a Hearing, or on any other form which provides opportunity for making such a request. Freedom to make such a request must not be limited or interfered with in any way. The agency's emphasis must be on helping the client to submit and process the request. Requests may be made on case actions requiring a formal notice of decision or on points other than case actions, such as not being served quickly at issuance, politely, etc.

When an applicant or recipient requests a state hearing, the worker will supply him with the name, address and telephone number of an agency or individual in the community which can provide free legal representation if available.

The claimant will ordinarily file his appeal in the county department which is responsible for the action or the delay in action. If the claimant has moved to another county at the time he decides to appeal, it is possible for the county in which he is currently living to act for the former county department. However, the hearings officer may request the attendance of the worker in the county in which the action was taken if, in his judgment, it is necessary or advisable.

Requests Filed at the County Office

When an applicant or recipient comes to the county office and requests a hearing, the worker will assist him in completing the hearing request, setting forth his reasons for believing that his case should be reviewed by the state hearings officer. If MDHS-EA-551 is used, see Generic Forms Manual for instructions. If the request is made in the office, the worker will initiate the fair hearing request from the Fair Hearing Request screen (FHRE) in MAVERICS. The worker must not wait for the claimant to submit a signed request since he has made an oral request, and the 60 day limit on timely action on hearings begins on the day the oral request is made.

Requests Filed By Telephone to the County Office

When the claimant makes a request for a fair hearing by telephone, the worker will, no later than the next working day, enter the hearing request in MAVERICS on the FAIR HEARING REQUEST (FHRE) screen.

Requests Filed By Letter to the County Office

There will be situations in which the claimant cannot or does not wish to come to the office to file a request for a hearing. If a form for making the request is not available to him or his representative, he may make the request by letter. If this is done, the worker must, no later than the next working day initiate the fair hearing request from the Fair Hearing Request (FHRE) screen in MAVERICS.

Requests Made to the State Office

An appeal may be made directly to the State Office, without prior knowledge of the county, by any of the above methods. In such cases, Administrative Hearings staff will enter the request into MAVERICS on the Fair Hearing Request (FHRE) screen. An alert will be generated to the worker and supervisor based on the unit, caseload assignment in MAVERICS.

RESPONSIBILITY OF COUNTY OFFICE

As soon as the county department is aware that the claimant wishes to file or has filed an appeal, the county director or his designee will:

1. Immediately review the record and re-examine the action of the county and the circumstances of the household in order to determine whether an adjustment can be made.

   If the county department finds that the previous decision can and should be changed, at any date before the holding of the hearing, the county will take the necessary action to initiate the change.

2. Offer the household an agency conference. The claimant will be advised that the agency conference is optional and will not delay or replace the fair hearing process. An agency conference may lead to an informal resolution of the dispute. If a mutually satisfactory

understanding is reached, the claimant may not wish to file an appeal or may withdraw his request for a hearing if this request has already been filed. See the discussion on withdrawal of hearing request before the hearing is held later in this chapter.

3. Notify the claimant in writing of the status of his participation during the pendency of the appeal, using the criteria set forth in PARTICIPATION DURING PENDENCY OF APPEAL later in this chapter.

Hearing Request to Contest a Claim

If a fair hearing is requested in MAVERICS to contest a claim of overissuance against the household, the demand letters will cease pending receipt of the hearing decision. The Claims Management Unit will be notified by a daily report. The agency should not continue making demand for repayment of a claim contested by the household until the issue is settled by a fair hearing decision. Note that CMU will not be notified of a fair hearing request if the required number of demand letters has been sent or the household is contesting an issue other than a claim for an overissuance.

The Hearing Record

When a hearing request is made, it should be documented by entering it on the Fair Hearing Request (FHRE) screen. If the hearing request is submitted in writing, the document should also be scanned to the Fair Hearing folder in Interwoven/Worksite. The request for a fair hearing should be documented in the case record on the Case Documentation (CADM) screen in MAVERICS. The narrative on CADM should include a summary of the action taken which caused the request, along with the document type and scan date of any verification used to validate the case action taken which prompted the fair hearing request.

Case record material that may be involved in the hearings process may include the following:

-- SNAP Application, MDHS-EA-900

-- Resource verification (if applicable)

-- Income verification (if applicable)

-- Applicable notices of expiration and/or action taken

-- Report of improper issuance (if applicable)

Other forms applicable to the hearing which do not contain confidential information.

Expedited Hearings

If a household, such as one consisting of migrant farm workers, plans to move from the state before the hearing decision would normally be reached, Administrative Hearings should be advised by the county so that the hearing request will be processed faster than other requests.

Reporting Changes to State Office

Any change in the claimant's request, address, circumstances, and/or actions taken by the county must be reported immediately to Administrative Hearings.

Implementation of Final Hearing Decision

The county is responsible for ensuring that all final hearing decisions are reflected in the household's benefit amount within the time limits outlined below:

1. Decisions which result in an increase in benefits will be reflected in the benefit amount no later than the month following receipt of the hearing decision, even if a supplementary issuance must be authorized.

2. Decisions which result in a decrease in benefits will be reflected in the benefit amount in the next month's issuance following receipt of the hearing decision, without further notice to the household.

3. If the client has taken a postponement, the time limit for notification of the hearing decision may be extended for as many days as the hearing is postponed. For example, if the hearing is postponed by the household for 15 days, notification of the hearing will be required within 75 days of the date of the receipt of the request for a hearing. Once the notification of the hearing decision is received, the timetable described in 1 or 2, whichever is appropriate, will be applied.

The hearing decision may call for one of the following actions:

1. When the hearing decision indicates that a household has been improperly denied program benefits or has been issued a lesser benefit amount than was due, lost benefits will be restored to the household in accordance with ongoing policy.

2. When the hearing decision indicates that the agency's action was correct, a claim against the household for any overissuances will be prepared in accordance with policy in Chapter 11, CLAIMS.

PARTICIPATION DURING PENDENCY OF APPEAL

Upon receipt of the request for a hearing, the county will notify the household in writing of the status of its participation during the pendency of the appeal, using the criteria set forth below.

Hearing Requests On Points Other Than Case Actions

If a state hearing is requested on points other than case actions which require a formal notice of decision, such as not being served quickly at issuance, politely, etc., the household may, if eligible, participate at the correct basis of issuance because eligibility and/or basis of issuance is not being questioned.

Continuation of Benefits on Hearing Requests

If a state hearing is requested within 10 days of the date of the change/closure notice, and the certification period has not expired, the household's participation in the program shall be continued on the basis of issuance authorized immediately prior to the action being appealed until a hearing decision is made, unless the household specifically waives continuation of benefits. If the household does not positively waive continuation of benefits in writing, it will be assumed that continuation of benefits is desired and the benefits will be issued accordingly. Regardless of any decision the claimant makes by telephone on continuation of benefits, the worker must continue benefits unless a written waiver is received from the household.

If a household requests a hearing and continuation of benefits as a result of the normal expiration of the certification period, or as a result of action(s) at initial certification or recertification, benefits will not be reinstated or continued except as authorized at an initial certification or recertification.

If the claimant mails to the state office a statement concerning continuation of benefits or a form on which he has completed any portion of the section on continuation of benefits, a copy should be scanned into Worksite no later than the next working day.

The worker will explain to the claimant or his representative that if the decision on the hearing is adverse, demand will be made for the value of any benefits overissued prior to or during the period such benefits are continued. A determination will be made of the type of overissuance. See Chapter 11, CLAIMS.

It will be remembered that the 10-day limit applies to continuing participation. The household has additional time in which to request a fair hearing. See TIME LIMIT FOR FILING HEARING REQUESTS in this chapter. However, if the household establishes that its failure to request a fair hearing within 10 days of the date of the notice was for good cause, benefits will be reinstated to the basis of issuance authorized immediately prior to the action being appealed unless the household chooses to waive participation at the prior basis.

Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the hearing decision unless:

1. The certification period expires. The household may reapply and may be determined eligible for a new certification period with a benefit amount as determined by the county office.

2. The hearings officer rules, in writing, at the hearing that the point in question is based on the Food and Nutrition Act, Regulations or federal procedures rather than fact or judgment relating to the individual case, and that the household's claim that the county office improperly computed the benefits or misinterpreted or misapplied such law or regulation is invalid. Benefits will be reduced or terminated immediately as set out in the notice of adverse action.

3. A change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending and the household fails to request a hearing within the subsequent 10-day advance notice period. Benefits will be reduced or terminated as set out in the notice of adverse action. See CHANGES DURING THE HEARING PROCESS.

4. A mass change affecting the household's eligibility or basis of issuance occurs while the hearing decision is pending.

The household will be promptly informed in writing if benefits are to be reduced or terminated in the above situations.

Hearing Request On Case Actions That Do Not Require a Formal Notice of Decision

Mass changes resulting in reduction of benefits or ineligibility do not generally require individual notices of action. When a state hearing is requested on this type action, benefits will be continued on, or reinstated to, the prior basis of issuance only if the issue being appealed is that eligibility or benefits were improperly computed, or that federal law or regulation is being misapplied or misinterpreted by the agency.

However, participation at the prior basis of issuance during pendency of the decision on the state hearing may be waived on the appropriate form or in a written statement.

CHANGES DURING THE HEARING PROCESS

If changes occur during the pendency of an appeal which results in further reduction of benefits or ineligibility, the household or its representative will be given the opportunity to request a hearing on the new issue and such a request will be treated as a new hearing.

CLIENT'S RIGHTS

The following is a list of the client's rights in connection with the formal state hearing:

1. To have the hearing procedures explained in such a way that he understands how the hearing will be conducted;

2. To have information on any legal services available in the community and to be referred to such services, if available. This includes aid sponsored by county and state bar associations, Legal Aid, etc.;

3. To present his case or have it presented by a legal counsel or another representative;

4. To advance arguments without undue interference;

5. To question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses;

6. To bring witnesses;

7. To submit evidence for establishing his eligibility, basis of issuance, or other circumstances at issue.

8. To examine all records and documents to be used at the hearing.

    a. The claimant and/or his representative will be given the right to examine the contents of the hearing folder including the application form and documents of verification used by the agency to establish the household's ineligibility or eligibility and benefit amount. Confidential information, such as the names of individuals who have disclosed information about the household without its knowledge or the status of pending criminal prosecutions, will not be made available in the hearing folder. This does not mean that decisions on eligibility have been made on material which the worker cannot discuss with the claimant and/or his representative. It is not possible to take action on information which cannot be discussed with the claimant. For example, if a person in the community gives information to the county department that makes the claimant's eligibility questionable but is unwilling for the worker to use his name, the worker must discuss the information with the claimant without giving the source of the information. If the claimant denies the statement, the worker must either take action on sources of verification which can be identified or continue participation until substantiating information can be found.

    b. If requested by the claimant and/or his representative, the county will provide free copies of materials contained in the hearing folder. This material is relevant to the hearing only and does not contain confidential information. The county office should explain to the claimant and/or his representative that no materials will be introduced at the hearing or affect the hearing decision which they do not have an opportunity to contest.

c. The examination of the hearing folder in preparation for the hearing will take place at a reasonable time prior to the hearing unless otherwise agreed to by the claimant and/or his representative. The material in the hearing folder may be examined by the client before, during, or after the hearing.

d. The hearing folder may be examined in either the county office or state office. In addition, any examination must be made during regular office hours. The claimant and/or his representative shall have a reasonable period of time to make examination of material in the hearing folder to adequately prepare for the hearing. An employee of the agency should be present throughout the examination. No original material may be removed from the office.

See Chapter 1, regarding additional circumstances in which clients and/or their representatives may have access to case information.

RESPONSIBILITY OF STATE OFFICE

Administrative Hearings will register the hearing request and review the material which the county department prepares and sends in to be used as the hearing record.

If the action of the county department appears to be in order, Administrative Hearings will proceed with setting up the hearing. Additional information that appears to be needed in holding the hearing may be requested from the county department.

Scheduling the Hearing

The hearing will be set with as little delay as possible. Responsibility for scheduling the time and place of the hearing rests with Administrative Hearings. The Administrative Hearings Officer will notify the client by sending a **Fair Hearing Appointment Notice (A091)** through the MAVERICS (MAVS) System. Once the notice is sent, it will generate an alert to the county worker and director informing the county that an appointment has been scheduled. A copy of the notice can be viewed on the notice history screen (NOHS) in MAVERICS. All state hearings are scheduled to be conducted by telephone; however, the household may request a face-to-face hearing which would be scheduled at a later date. If a face-to-face hearing is requested, arrangements will be made for a suitable room in which the hearing can be held in privacy and a transcript made. Usually, the hearing will be held in the county office, although it may be necessary to engage another room if a number of persons are to be present. If the claimant is incapacitated and unable to come to the office and wants to be present at the hearing himself rather than have someone represent him, arrangements will be made for the hearing to be held in the home.

NOTE: The County Director, Supervisors and Workers must check alerts daily, in order to know the correct dates of all appointments scheduled on the county's calendar by Program Integrity. The county's calendar can be accessed from SEOO menu, function 5 (HFNO) and then select function 12 (Hearing Appointment Calendar).

Notice to Client

The notice of time and place must be received by the claimant at least ten (10) days before the date for which the hearing is scheduled. However, the household may request less advance notice to expedite scheduling of the hearing. The notice will also advise the client that a **Fair Hearing Other Notice (A093)** will be sent advising that the hearing request will be dismissed if the household or its representative fails to appear for the scheduled hearing without having good cause. The hearing officer will send a stamped envelope with the address and phone number of Administrative Hearings, with a request for the claimant to answer at once whether or not the client will be able to attend. The notice will also advise the client that all hearings are scheduled to be conducted by telephone; however, the household may request a face-to-face hearing which would be scheduled at a later date. A copy of this notice can be viewed on the notice history screen (NOHS) in MAVS and a copy to the representative of the claimant, if any.

The notice will also advise the claimant when to expect a decision after the hearing, from whom the decision will come, and of the client's rights in connection with the formal state hearing.

Expedited Hearings

Administrative Hearings shall expedite hearing requests from households, such as migrant farm workers, that plan to move from the state before the hearing decision would normally be reached. Hearing requests from these households shall be processed faster than others if necessary to enable them to receive a decision and a restoration of benefits if the decision so indicates before the household leaves the area.

Postponement of the Hearing

The claimant or his representative may request and is entitled to receive a postponement of the scheduled hearing. This postponement may not exceed thirty (30) days but may be for a lesser amount of time. The time limit for notification of the hearing decision may be extended for as many days as the hearing is postponed. For example, if the hearing is postponed by the household for 15 days, notification of the hearing decision will be required within 75 days from the date of the receipt of the request for a hearing.

Hearing Request Abandoned

A request for a hearing may be considered abandoned if neither the claimant nor his representative appears at the time and place agreed upon for the hearing, and has not requested a postponement or notified the agency that he has good cause for being unable to appear. The Administrative Hearing Officer will send the claimant a **Fair Hearing Other Notice (A093)** through MAVS**.** The hearing will be rescheduled only if the client can show good cause for the abandonment.

Withdrawal of Hearing Request Before or After Hearing Is Held

The appeal process can be stopped by a voluntary withdrawal given orally or in writing by the household or its representative. If the household's request for withdrawal is made orally, the case record must be documented on the Case Documentation (CADM) screen in MAVERICS stating the household orally requested a withdrawal of the hearing request. The hearing request may be withdrawn at any time before the hearing is held or after the hearing is held and before a decision is given to the household either because the county department has made a satisfactory adjustment or for any other reason.

If an agency conference is held and leads to an informal resolution of the dispute, a fair hearing must still be held unless the claimant or his representative requests orally or makes a written withdrawal of the request for a hearing.

The withdrawal may be submitted by the claimant directly to Administrative Hearings. However, if the withdrawal is submitted to the county office, it will be forwarded immediately to Administrative Hearings. Administrative Hearings must provide the claimant a **Fair Hearing Other Notice (A093)** confirming the request and, if the request is given orally, provide the household with another opportunity to request a hearing. A copy can be viewed on the notice history screen (NOHS) in MAVS.

Duties of the Hearing Official

The responsibility for the conduct of hearings has been delegated to Administrative Hearings and will be held by an impartial official of that office. Impartial means that the hearings officer has not been involved in any way with the action or decision on the case. Duties of the hearings officer include, but are not limited to:

1. Ensuring that all relevant issues are considered;

2. Requesting, receiving, and making a part of the hearing record all evidence determined necessary to decide the issue being raised;

3. Regulating the conduct and course of the hearing consistent with due process to ensure an orderly hearing;

4. Ordering, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the claimant and the agency;

5. Providing a record of the hearing and the final decision.

Attendance at the Hearing

The hearing will be attended by the hearings officer and the claimant and/or his representative. Also, a county office representative (if at all possible, the worker who took the action on which the hearing is based) should be present. Other persons designated by the claimant and/or his representative may also attend the hearing.

The hearings officer has the authority to limit the number of persons in attendance at the hearing if either space limitations exist or local fire code regulations will be violated.

Holding the Hearing

The formal state hearing is an orderly proceeding much in the nature of a conference. Regular court procedures, such as swearing in, formal procedures for presenting and taking testimony, and the like, are not followed because every effort must be made to ensure that the claimant be allowed to present his case without the restrictions and formalities of court proceedings.

Confidential information that is protected from release and other documents or records which the household will not otherwise have an opportunity to contest or challenge shall not be introduced at the hearing or become part of the hearing record.

The hearings officer will open the hearing with an explanation of the purpose, the manner in which it will be conducted, the availability of the hearing information, the confidential nature of information presented at the hearing and the fraudulent provision of the Food and Nutrition Act. He will follow this with information that the final decision will be made on the basis of facts brought out in the hearing, and that the Administrative Hearings Office will notify the claimant by letter giving him the decision and the reason why the decision was reached.

The hearings officer will make a general statement as to eligibility requirements of SNAP and its purposes. He will define the issue(s) involved in the hearing in such a way that the claimant will understand all that is involved.

The claimant will be given an opportunity to make a full statement concerning his claim and will be given assistance in bringing out all information on which he bases his claim. All persons representing the claimant and those representing the county department will have the opportunity to state all facts pertinent to the points at issue and to correct or modify statements made by themselves and others testifying. The claimant and his representative will have the right to examine written evidence, of questioning or refuting oral and written testimony, examining witnesses and of otherwise developing facts relevant to the issue(s) at hand, under the active leadership of the hearings officer.

Hearing to Contest Employment and Training Program's Determination of Failure to Comply

When a household requests a fair hearing to contest a denial or termination of benefits due to an

Employment and Training Program determination of failure to comply with work registration requirements as outlined in Chapter 3, ongoing policy will be applied regarding scheduling the hearing.

Decision

The hearings officer will have the responsibility for recording the hearing, for preparing a statement summarizing the facts brought out in the hearing, indicating the policy governing the issue at hand and making a decision based exclusively on the testimony and documents introduced at the hearing.

The hearings officer will notify the claimant sending a **Fair Hearing Decision Notice (A092)** through MAVS within seven (7) days from the time of the review of the completed hearing material. The letter will specify the reasons for the decision, identify the supporting evidence and the pertinent federal regulations, advice the claimant of the right to pursue judicial review of the decision in a court of appropriate jurisdiction. A copy may be viewed on the Notice History Screen (NOHS) and an alert will be generated to the county's director/supervisor and eligibility worker to notify the county that a decision has been rendered. The decision will be based exclusively on the evidence, testimony, and documents used at the time of the hearing. The hearings officer's decision is final and binding upon the county and state offices.

The decision must not be in conflict with federal law, regulations, or policies. All hearing decisions will be accessible to the public for inspection or copying, subject to regulations regarding disclosure of information.

Time Limit for Completion of the Hearing

Not more than sixty (60) days shall elapse between the time the request is filed and the date the claimant and county office receive notice of the hearing decision.

Exception: When the household request a postponement, the time limit for completion would include the postponement.

SECOND REQUEST

Once the hearing has been held, the decision of the Administrative Hearings Officer is final. Should a claimant appeal a second time without a change in his circumstances or agency policy, the Administrative Hearings Office will write to him explaining that since there has been no change, second appeal cannot be granted. The claimant will be advised of his right to request a judicial review. If the claimant’s circumstance or state policy has changed, the second request will be granted.

GROUP HEARINGS

The Agency may consolidate cases and conduct a single group hearing for a number of claimants only when individual issues of fact are not disputed and when state and/or federal law, regulation, or policy are the sole issues being raised.

In all group hearings, whether initiated by the Agency or by the claimant, the policies governing individual hearings must be followed. Each individual claimant in a group hearing must be permitted to present his/her own case or have his/her case presented by a representative, or to withdraw from the group hearing and have his/her appeal heard individually.

As in individual hearings, the hearing will be conducted on the issue being appealed, and each claimant is expected to keep his/her testimony within a reasonable time as a matter of consideration to the other claimants involved.

PURPOSE

The application form will carry a warning of the disqualification penalties for committing Intentional Program Violation (IPV). An administrative disqualification hearing will be initiated by the Agency whenever the Agency has documented evidence to substantiate that a household member has committed one or more acts of IPV as defined in Chapter 11, CLAIMS. The burden of proving IPV is on the agency.

The agency may initiate an administrative disqualification hearing regardless of whether or not the household member is currently certified. The disqualification period for the household member who is not currently certified will not be deferred until the household containing the individual responsible for IPV applies and is determined eligible.

TIME LIMIT FOR COMPLETION OF ADMINISTRATIVE DISQUALIFICATION HEARING

Within 90 days of the date the household member is notified in writing that an administrative disqualification hearing initiated by the agency has been scheduled, the agency will conduct the hearing, arrive at a decision, and notify the household member and the county of the decision. The household member or representative is entitled to a postponement of up to 30 days provided postponement is made at least 10 days in advance of the date of the scheduled hearing. If the hearing is postponed, the above time limit will be extended for as many days as the hearing is postponed.

RESPONSIBILITY OF COUNTY IN PREPARING FOR THE HEARING

When the county is notified that a suspected IPV claim has been referred to an Administrative Hearings Officer for an administrative disqualification hearing, the county should promptly report any change in circumstances of the household member accused of IPV to the Administrative Hearings Office. Changes which should be reported include, but are not limited to; change of address, as such information is needed for scheduling the hearing.

The Hearing Record

For claims submitted as Suspected Intentional Program Violation (SIPV), documentation necessary for inclusion in an Administrative Disqualification Hearing (ADH) may consist of documents contained in physical case records or documents that have been scanned to the appropriate EA Case Record folders in Interwoven/Worksite. Any change affecting the claim, such as changes in claim amount, type, household address, household member accused, or any change affecting the claim must be promptly reported to the Claims Management Unit (CMU) via form MDHS-EA-540A, CLAIM/DRS STATUS REPORT or memorandum.

Upon approval of the claim, county staff shall review the hearing documents for accuracy, as changes which occur during review and approval of the claim may necessitate additional and/or

revised documents be added. New/revised documents should be scanned to the appropriate folder in the EA case record and referenced in the claims narrative as needed.

If documents validating the claim are pulled from a physical/hard copy case record, the documents should be scanned to the Claims section of Interwoven/Worksite. New or current information validating the claim should be scanned to the appropriate document folder in the EA Case Record section in Interwoven/Worksite. Documentation in the claims narrative should reference these documents by noting the document type and scan date. This narrative documentation will assist claims and hearings unit staff in locating materials involved in the hearings process. Documents involved in an ADH include but may not be limited to the following:

MDHS-EA-900, APPLICATION (s);
MDHS-EA-910, REQUEST FOR INFORMATION VERIFICATION;
MDHS-EA-912, REQUEST FOR INFORMATION, Bank-Savings and Loan-Other Financial Institution (if applicable)
MDHS-EA-914, OUT-OF-STATE INQUIRY;
OTHER EVIDENCE which relate specifically to the claim.

NOTE: Confidential **information** will not be included in the hearing record, including State Resource Data, more commonly known as confidential IEVS.

CLIENT'S RIGHTS

The household member who is the subject of the administrative disqualification hearing will be advised by the Administrative Hearings Officer of his rights in connection with the hearing at the time the advance notice scheduling the hearing is mailed. His rights are the same as those provided claimants in fair hearings as specified in STATE HEARINGS material. In addition, he has the right to waive the administrative disqualification hearing.

At the disqualification hearing, the hearings officer shall advise the household member or representative that he may refuse to answer questions during the hearing.

RESPONSIBILITY OF STATE OFFICE

The administrative disqualification hearing will be initiated and conducted by the Administrative Hearings Officer.

Advance Notice to Client

The Administrative Hearings Officer will provide written notice, **Disqualification Hearing Appointment (F090),** to the household member suspected of IPV at least 30 calendar days in advance of the date an administrative disqualification hearing has been scheduled. The notice will contain:

1. The date, time, and place of the hearing;

2. The charge(s) against the household member(s);

3. A summary of the evidence, and how and where the evidence can be examined;

4. A warning that a decision will be based solely on information provided by the SNAP office if the household member fails to appear at the hearing;

5. A statement that the household member or representative will have 10 days from the date of the scheduled hearing to show good cause for failure to appear in order to receive a new hearing;

6. A warning that a determination of IPV will result in a one year disqualification for the first violation, two years disqualification for the second violation, permanent disqualification for the third violation, and ten (10) years disqualification if found to have made a fraudulent statement or misrepresentation regarding identity and/or residence in order to receive multiple SNAP benefits simultaneously.

7. A listing of the household member's rights as contained in Chapter 10, STATE HEARINGS;

8. A statement that the hearing does not preclude the State or Federal Government from prosecuting the household member for IPV in a civil or criminal court action, or from collecting the overissuance;

9. A statement that the individual can call the SNAP office to get the name and phone number (if available) of someone who can give free legal advice. If free legal advice is not available, the SNAP office shall provide, when called, the phone number of a lawyer referral service of the local bar association if available.

A copy of the administrative disqualification hearing procedure and a copy of the waiver, **Disqualification Hearing Waiver (F091),** of the right to an administrative disqualification hearing will be attached to the thirty-day advance notice.

he time and place of the hearing shall be arranged so that the hearing is accessible to the household member suspected of IPV. All administrative disqualification hearings are scheduled to be conducted by telephone; however, the household member may request a face-to-face hearing which would be scheduled at a later date.

Scheduling the Administrative Disqualification Hearing

If the household member or his representative cannot be located or fails to appear at an administrative disqualification hearing without good cause, the hearing will be conducted without the household member represented. In other words, when the other participants are present for the hearing, it will be held unless the household has let the agency know that it has good cause for being unable to appear. Even though the household member is not represented, the hearings officer is required to carefully consider the evidence and determine if IPV was committed base on clear and convincing evidence. If the household member is found to have committed an act of IPV but a hearings officer later determines that the household member or representative had good cause for not appearing, the previous decision shall no longer remain valid and a new hearing will be held. The household member has 10 days from the date of the scheduled hearing to present reasons indicating a good cause for failure to appear. A hearings officer must enter the good cause decision into the record.

Holding the Hearing

The responsibility for the conducting of administrative disqualification hearings has been delegated to the Administrative Hearings Officer who is an impartial official. Impartial means that the hearings officer has not been involved in any way with the action or decision on the case. Duties of the hearings officer include, but are not limited to:

1. Ensuring that all relevant issues are considered;

2. Requesting, receiving, and making a part of the hearing record all evidence determined necessary to decide the issues being raised;

3. Regulating the conduct and course of the hearing consistent with due process to ensure an orderly hearing;

4. Ordering, where relevant and useful, an independent medical assessment or professional evaluation from a source mutually satisfactory to the claimant and the agency;

5. Providing a record of the hearing and the final decision.

Attendance at the Hearing

The hearing will be attended by the hearings officer and the person(s) accused of IPV and/or his representative. The county office will have in attendance at the hearing a representative who is familiar with the circumstances surrounding the claim. The person who investigated the claim will be present, if requested. The hearing may also be attended by friends or relatives of the person accused of IPV if he wishes.

Note: If the hearing is related to a trafficking claim, a policy unit representative will attend the hearing since all trafficking claims are processed by the Policy Unit.

The hearings officer has the authority to limit the number of persons in attendance at the hearing if either space limitations exist or local fire code regulations will be violated.

Decision

The hearings officer will have the responsibility for preparing a statement summarizing the facts and identifying the supporting evidence brought out in the hearing, indicating the policy governing the issue at hand and making a decision based exclusively on the testimony and documents introduced at the hearing. The hearings officer will respond to arguments made by the household member or representative.

The determination of IPV will be based on clear and convincing evidence which demonstrates that the household member committed, and intended to commit an act of IPV.

The decision must not be in conflict with federal law, regulations, or policies. The administrative disqualification hearing decision will be accessible to the household or its representative for inspection or copying at any reasonable time.

The hearings officer will notify the household member of the decision by sending an **Administrative Disqualification Decision Notice (F092)** through MAVS, within seven (7) days from the time of the review of the completed hearing material, specifying the reasons for

the decision and identifying the supporting evidence and the pertinent federal regulations. A copy can be viewed on the notice history screen (NOHS) in MAVS and an alert will be generated to alert the county's director/supervisor(s) and eligibility workers that a decision has been made. The decision will be based exclusively on the evidence, testimony, and documents used at the time of the hearing. No further agency administrative appeal procedure exists after an adverse administrative disqualification hearing. The determination of IPV made in an administrative disqualification hearing cannot be reversed by a subsequent fair hearing decision. The household member, however, has the right to appeal the amount of the claim via the fair hearing process. Also, the household member is entitled to seek relief in a court having appropriate jurisdiction. The period of disqualification may be subject to stay or other injunctive remedy. In cases where the determination of IPV is reversed by a court of appropriate jurisdiction, the individual will be reinstated in the Program if the household is eligible. Any benefits that were lost as a result of the disqualification will be restored in accordance with policy in effect at the time benefits were lost.

RESPONSIBILITY OF COUNTY IN IMPLEMENTING ADVERSE HEARING DECISION

Upon receipt of notice of an adverse hearing decision, the worker will mail the household notice F600, Notice of IPV Disqualification or the manual notice MDHS-EA-542. The procedures for handling the income and resources of the disqualified member are described in Chapter 7, SPECIAL CIRCUMSTANCES.

For a discussion of the administrative disqualification penalties, refer to the IPV material in Chapter 11, CLAIMS.

RETENTION OF THE ADMINISTRATIVE DISQUALIFICATION HEARING RECORD

The county will retain the administrative disqualification hearing record intact for three months following the final decision during which time the claimant or his representative may upon request examine and copy the material.

At the end of the three-month period the administrative disqualification hearing record will be discontinued; however, the hearings officer's decision will be filed in the regular case record with the original documents pertaining to the household.

Revised 11-01-08

Note: All cases handled by Program Integrity Fraud Investigation Unit and Administrative Hearing Unit will be handled through the MAVERICS System. All Appointments, Notices, and Decisions sent can be viewed on NOHS in MAVS.

CMU will receive a report each week for all decisions made by Administrative Hearings.

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INTRODUCTION

The Supplemental Nutrition Assistance Program (SNAP) claims are State-administered Federal debts. A recipient claim is the result of the household being over paid in benefits or benefits that were trafficked. This abuse undermines the integrity of the Program. Therefore, the effective establishment and collection of recipient claims is essential to the Program's integrity.

Effective April 1, 2005, the State of Mississippi began using prospective budgeting to determine eligibility for all benefit households. Retrospective budgeting, including monthly reporting, was discontinued.

All households are required to report its circumstances at each application and recertification interviews. Thereafter, all households are only required to report when the household's total gross monthly income meets or exceeds 130% of the federal poverty level for the household size at the time of its current certification period. Such changes must be reported by the 10th day of the month following the month in which the change occurred.

For all households, eligibility workers must act on any change that becomes known to the agency. If it is discovered that a household failed to report a change as required or provided false information at any time which resulted in an overissuance of benefits, a claim must be processed.

Claims must be processed under the Food Stamp Program (FSP) or SNAP policy in effect at the time of the overissuance. For claims identified for months prior to May 2005, the claims data base will accommodate both prospective and retrospective budgeting methods, as needed. In preparing claims for months beginning with May 2005 and ongoing, only prospective budgeting may be used.

A claim will be established against any household that received more benefits than it was entitled to receive. A household **is responsible** for reporting **ALL** changes which could affect its SNAP eligibility regardless of whether the change is otherwise received by the agency, such as, IEVS/matches alerts considered verified upon receipt. The only exception is the Cost of Living increase in Social Security and SSI benefits, COLA, mass change in January. SNAP claims resulting from unreported information received from IEVS matches (except COLA or from other sources will **not** be considered Agency Error (AE), even when the agency fails to act timely on the report.

Once a claim has been established, all household members age 18 or older during the months of the claim are held responsible for repayment. If the individual was not 18 during the initial

month of the claim, but later turns 18 during any claim month, he shall be held responsible for the claim beginning with the month after he turns 18. His responsibility (proportionate share) for the claim shall continue for any overissuance month in which he was a household member. A recoupment of benefits may be established against any household which contains an adult member who was an adult member of another household during any month of the overissance period. Note: There may be instances of Suspected Intentional Program Violation (SIPV) not resulting from an overissuance of benefits which will require preparation of a claim. Refer to **SUSPECTED INTENTIONAL PROGRAM VIOLATION, Methods of Reporting Suspected IPV,** in this chapter for discussion.

INSTANCES WHICH DO NOT REQUIRE A CLAIM

A claim will not be prepared if an overissuance occurred as a direct result of any one of the following errors.

1. The county failed to ensure that a household fulfilled the following procedural requirements:

    a. Signed the application form,
    b. Completed a current work registration form or
    c. Was certified in the county of residence.

2. The county failed to enforce benefit reduction as required in policy.

3. The household was receiving benefits solely because of categorical eligibility and the reason the household was subsequently declared ineligible for TANF or SSI related **ONLY** to excess household resources. An overissuance claim will not be established for the months in which the household received TANF or SSI payments for which it was not eligible. If the overissuance for SSI is the result of fraud, an overissuance report shall be prepared.

4. If a household requests a hearing based on a sanction and chooses to continue benefits during that period, no claim will be prepared if the household loses the hearing, as the sanction will then go into effect.

5. If a certified SR household moves to another state during an established certification period, no claim is required because the change is not reportable. However, should the household become certified for benefits in the new state within the certification period established in Mississippi, a claim would be required.

In any of the above instances, the appropriate records will be documented when the error is discovered and immediate corrective action taken, if necessary.

INSTANCES REQUIRING A CLAIM

Instances which may result in a claim include, but are not limited to, the following:

1. The household failed to provide the county with correct or complete information.

2. The household failed to report to the county changes in its household circumstances as required.

3. The county failed to take prompt action on a change reported by the household.

4. The county incorrectly computed the household's income or deductions, or otherwise assigned an incorrect benefit amount.

5. The household received continued benefits pending a fair hearing decision and is found to be ineligible or eligible for fewer benefits than it received.

6. The county failed to follow through with the IPV disqualification procedures as required in policy.

7. The county failed to provide a household a reduced level of SNAP benefits because its public assistance grant changed.

8. The county continued to provide a household SNAP benefits after its certification period had expired without benefit of a reapplication determination.

9. The county incorrectly computed or authorized a restoration.

10. The household was receiving SNAP benefits solely because of categorical eligibility and the household was subsequently determined ineligible for the public assistance (TANF) and/or SSI that had already been received. For additional information, refer to **TYPES OF OVERISSUANCES and CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS**, both later in this chapter.

NOTE: A claim cannot be established if the reason the household was subsequently declared

ineligible for TANF or SSI payment is related to excess household resources. A claim to correct "improper benefit level" can be established against a categorically eligible household whose TANF or SSI eligibility is subsequently determined improper if the reason for the subsequent TANF or SSI ineligibility was additional household income or changes in household size and/or deductions which directly affect the calculation of the SNAP benefit amount.

11. The household was certified under expedited procedures pending verification of a voluntary quit, and the worker later verifies that voluntary quit without good cause did occur 60 days or less prior to the date of the application for SNAP benefits.

12. Trafficking has occurred. Trafficking means SNAP benefits are bought or sold for cash or consideration other than eligible food items; or the exchange of SNAP benefits for firearms, ammunition, explosives, or a controlled substance. See **TRAFFICKING CLAIMS** later in this chapter.

NOTE: For handling claims involving the voluntary quit situation in item 11 above, refer to **CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING VOLUNTARY QUIT**, later in this chapter.

CLAIMS THRESHOLD

Federal regulations allow states not to pursue claims when it is not cost-effective to establish and collect on them. If the worker determines the claim amount is $35 or less, a claim will not be prepared. The threshold is applicable to all claim types involving an overissuance of benefits. If it is determined a claim is not required due to the threshold provision, the case should be documented that the amount of the claim is $35 or less. The threshold includes all claim types except "intent"to commit IPV claims.

STANDARD OF PROMPTNESS FOR CLAIM COMPLETION

Upon determination that a claim is required, the county must establish and complete Agency Error (AE) and Inadvertent Household Error (IHE) claims within six months (180 days) of discovery. Suspected Intentional Program Violation (SIPV) claims must be completed within **eighty (80) days** of discovery. This will allow for the Claims Management Unit's review/approval and for disposition through the Administrative Hearings/Program Integrity process and still meet timeliness standards.

TYPES OF OVERISSUANCE

The following is a list of the types of overissuance which may occur:

1. **Agency Error (AE)** - Overissuance of benefits caused by an action, or failure to take action by the State agency.

2. **Inadvertent Household Error (IHE)** - Overissuance of benefits which results from a misunderstanding or unintended error on the part of the household. This includes the household's failure to report changes as required or correct information due to misunderstanding of program policy or regulations.

A claim resulting from continued benefits pending a fair hearing decision will be labeled as IHE and handled as non-IPV. However, if a suspected IPV claim is prepared by the county and a portion of the claim includes an overissuance resulting from continued benefits, the entire claim will be labeled suspected IPV. In the event IPV is later determined, any overissuance as a result of continued benefits becomes part of the IPV computation.

3. **Suspected Intentional Program Violation (SIPV)** - The SIPV claim type will change to IPV only if an administrative disqualification hearing or a Federal, State or local court of appropriate jurisdiction has found a household member guilty of IPV or if an individual signed a waiver of right to an administrative disqualification hearing.

A claim should not be submitted as Suspected Intentional Program Violation (SIPV) unless it appears one of the situations defined below as IPV can be substantiated. A failure on the part of the household to report a change should be carefully evaluated for intent to commit IPV before the claim is reported as Suspected Intentional Program Violation (SIPV). To support the county's claim of SIPV, a notice requesting a statement is automatically generated by MAVS when an SIPV claim is identified. The response must be documented in the claims narrative. If the client fails to respond to the request, such statement must be documented.

The SIPV claim type will change to IHE if the household member is not found guilty by one of the above means, with the exception of trafficking claims. If the household member is found not guilty of trafficking, the claim must be voided.

For purposes of determining at an Administrative Disqualification Hearing or court proceedings whether an Intentional Program Violation was committed, IPV will consist of any action by an individual to intentionally:

a. Misrepresent, withhold information, or make a false or misleading statement to the county, either orally or in writing, to obtain or attempt to obtain benefits to which the household is not entitled or

b. Use SNAP benefits to buy ineligible items such as, but not limited to, alcohol, cigarettes, etc. or

c. Misuse the Electronic Benefit Transfer (EBT) card to trade, sell or intend to sell SNAP benefits (through Web sites and social media outlets such as Craig's List, Facebook, Twitter, EBay, etc.) or

d. Commit any acts that constitute a violation of SNAP Regulations, the Food Nutrition Act, or any State statute relating to the use, presentation, transfer, acquisition, receipt or possession of SNAP benefits.

4. **Intentional Program Violation (IPV) -** Overissuance of benefits resulting from the household making a false or misleading statement, or misrepresenting, concealing or withholding facts, or committing any acts that constitute a violation of the SNAP Regulations, or any other State statute relating to the use, presentation, transfer, acquisition, receipt, possession or trafficking of benefits or EBT cards. This must be determined by an Administrative Disqualification Hearing or by the Court that an individual did so intentionally, or when an individual has waived his right to an Administrative Disqualification Hearing by signing a Waiver of Right to an Administrative Disqualification Hearing. A determination of IPV cannot be made by the county office level.

   Should the household member responsible for a claim die **after** having been found guilty of IPV through an Administrative Disqualification Hearing or signing a waiver, but prior to implementation of the disqualification, the claim **will** remain as IPV, provided there were additional adult household members during the period of overissusance who will be considered responsible for repayment. If this was a one person household or no other adults participated during the period of overissuance, the claim will be terminated by the Claims Management Unit.

TRAFFICKING CLAIMS

SNAP benefit trafficking is defined as 1) benefits bought or sold online and publicly (in person) for cash or exchanged for considerations other than eligible food items; 2) exchanging benefits for firearms, ammunition, explosives, or controlled substances; 3) purchasing products such

as beverage containers with returnable deposits, discarding the contents, and returning the empty containers for cash; 4) using SNAP benefits to purchase a product, then reselling the product to obtain cash or considerations other than eligible food; 5) intentionally purchasing products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food; 6) attempting to buy or sell benefits online and in public for cash or exchange for considerations other than eligible food items. The processing of claims involving the suspected trafficking of benefits originates from investigations conducted by the Food and Nutrition Service (FNS) and/or the Mississippi Department of Human Services Division of Program Integrity. Trafficking claims that are determined to be Intentional Program Violation (IPV) claims must be supported by a finding of fraud. Factors supporting a finding of fraud include the disqualification of the retailer, EBT card printouts containing detailed documentation of transactions, and statements from recipients indicating benefit misuse or admittance of trafficking activity.

Investigations by FNS

FNS conducts investigations involving suspicious activities of food retailers. Investigators will examine such factors as retailer transactions, store inventory, and customer spending patterns. FNS will analyze these findings in producing a charge letter which identifies alleged SNAP violations by the retailer, including documentation of suspicious transactions that indicate patterns of benefit trafficking. The letter will contain the retailer's response to the allegations. If found in violation of Program rules, the retailer will be disqualified as an FNS retailer. Information in the charge letter is provided to the Policy Unit and forwarded to the Claims Unit in State Operations, after the retailer has been disqualified, to use in claim preparation.

NOTE: When identifying trafficking claims, the Claims Unit adheres to policy regarding claims thresholds, i.e., a claim will not be worked if the total claim amount is $35 or less. However, in some instances, trafficking claims will be identified and processed regardless of the final claim amount. For example, in one instance, investigators determined that a retailer had closed his food store while an investigation was ongoing. Later, it was determined that the retailer had processed EBT transactions for several months **after** store closure. These transactions were therefore found to have been in violation of the Supplemental Nutrition Assistance Program rules, and a trafficking claim will be processed.

Financial reports generated through the EBT Financial Interface Tracking System (FITS) are used by State Operations to identify unusual patterns in EBT transactions. These transactions involve benefit recipients who used their EBT cards at the retailers disqualified by FNS. Transaction patterns found in the examination of EBT records include high dollar purchases inconsistent with the retailer's inventory, multiple even-dollar amount purchases, and

transactions made in denominations of former food stamp coupon books ($2, $7, $10, $40, $50 and $65). State Operations will identify claims based on established transaction patterns, the inventory of the store, and information provided by FNS. Claim narratives will be prepared, including the client's statement, if available (see PREPARING THE NARRATIVE later in this chapter) by State Office Claims Unit. Financial reports of EBT transactions will be the basis for the claim amount and will be included in the hearing folder for an Administrative Disqualification Hearing decision prior to disqualification and collection on the claim.

Investigations by Program Integrity

In the course of retailer or other types of investigations, the Division of Program Integrity may discover misconduct by food retailers. Investigators use Global Information System (GIS) technology to examine high dollar transactions, same cents transactions, and sales trends of retailers, and pinpoint customer and retailer locations to determine the average distance clients travel when using their EBT card. Through interviews with EBT cardholders, Program Integrity staff will obtain statements from individuals admitting to trafficking activity. These statements will include the amount of benefits trafficked. Should this information concur with the patterns established through examination of EBT transactions, this documentation will serve as the basis for the claim (even though claim amounts as determined by transaction patterns may differ) and will be included in the material sent to Fraud Investigations prior to the disqualification and collection on the claim.

NOTE: Reports received in the county office of suspected retailer misconduct should be forwarded to the Economic Assistance Division Director's office. No further investigation at the county level would be required. However, claims may be identified based on Division of Program Integrity investigations of suspected benefit misuse by clients. See **'Claims Requiring Special Handling"** later in this chapter.

As part of the Program Integrity investigation, investigators will review FITS reports listing all EBT history for a client prior to scheduling an interview. Therefore, documentation will reflect the amount of the claim which is processed when the retailer is disqualified. This will ensure amounts are accurate and give FNS appropriate documentation to finalize their investigation of the retailer. Once the store is disqualified the Claims Unit will review FITS reports for all other clients and determine if a claim should be processed.

State Operations

Upon receipt of the charge letter from FNS, the Claims Management Unit (CMU) in State Operations will access the Financial Interface Tracking System (FITS) to examine transactions

by EBT cardholders with each disqualified retailer. Although the investigations by FNS and/or Program Integrity usually cover a period from 4-6 months, State Operations will examine transactions from the beginning of the EBT program in Mississippi (2002) to the last month of transactions noted in the charge letter to detect established patterns of trafficking. Such patterns include high dollar purchases inconsistent with retailer inventory, even-dollar amount purchases, purchases in increments of former coupon book amounts, patterns showing continual monthly purchases on the same date each month for similar transaction amounts and transactions identified in the FNS charge letter. The CMU will identify and prepare claims based on the evidence provided by FNS and the clear and consistent patterns of trafficking as detailed by the reports generated by FITS.

The CMU will request the client's statement for inclusion in the claim narrative, allowing ten days for a response. Printouts of EBT transactions will be attached to each narrative. Once the narratives are completed, claims are placed in pending status for CMU approval. The appropriate county office will prepare documents for an Administrative Disqualification Hearing (ADH) folder. Documents validating the claim should be scanned to the appropriate document folder in the EA Case Record section in Interwoven/Worksite. Documentation in the claims narrative should reference these documents by noting the document type and scan date.

Retailer Disqualification

As previously stated, FNS provides a charge letter to each retailer suspected of violating the Supplemental Nutrition Assistance Program (SNAP) regulations. The letter provides documentation of suspicious transactions that indicate patterns of benefit trafficking, including such actions as the processing of transactions in exchange for cash (for example, the retailer processing a $100 transaction and giving the cardholder $50 cash in return) or accepting SNAP benefits for the purchase of ineligible items such as alcohol, tobacco, gasoline, etc. Retailers face permanent disqualification from participation in the SNAP if found guilty of the allegations. In addition, the retailer may be subject to possible civil action by the United States Attorney or may be assessed a fiscal claim to recover monetary losses resulting from benefit trafficking. Under certain conditions, retailers may qualify to pay a Civil Money Penalty, in lieu of permanent disqualification. In either instance, retailers have ten days from the date of the charge letter to provide evidence proving that the violations listed in the charge letter were not trafficking, or, if petitioning to qualify for the money penalty, to provide documentation showing that the retailer had an effective policy and program in effect to prevent violations. If the retailer does not provide such information within the ten day time frame, FNS will consider the available evidence and advise the retailer in writing of its decision.

NOTE: If the county office receives reports of possible retailer misconduct, the county should

forward all pertinent information to the Economic Assistance Division Director's office. This information will then be forwarded to the Division of Program Integrity and the local USDA FNS officer-in-charge. No further investigation by the county office would be required in this situation.

CREDIT ACCOUNTS

It is a violation of SNAP rules for recipients to use benefits to pay credit accounts or bills. Should the county office become aware of the possibility of such activity, the county should forward all related information to the Field Operations Division Director's office, who will in turn forward the information to the Division of Program Integrity and the local USDA FNS officer-in -charge. As claims are established based on such use of benefits, they should be processed as "intent only" claims with no dollar amount noted. Such claims will be approved by the CMU, with subsequent referral to the Administrative Hearings Unit, to determine possible disqualification of the client.

TRANSFER OF CLAIMS

Transfer Within the County or Between Counties

When the county staff becomes aware that an individual responsible for repayment of an **unpaid** claim **balance** is participating in a SNAP case, the Claims Management Unit **MUST** be notified via an e100 to transfer the claim to the active case. The status of the claim on OVCA and REHI in the original case will then be "**TK**".

PREPARING THE CLAIM

When an overissuance is discovered, the claim must be identified in MAVERICS. The following day the worker should be able to access **MNCLMS** (Claims Database) to work the claim. A separate claim must be identified for each type of claim to be worked. For example, if the worker determines that a claim is to cover the period of 01/03-10/03, but the months of 01/03-07/03 will be worked as SIPV and 08/03-10/03 will be worked as AE, then two claims must be identified in MAVERICS.

The following section will explain what information is needed in working the claim.

DETERMINING THE FIRST MONTH OF THE CLAIM

After excluding any months that are more than six years prior to the date the overissuance was discovered, the worker will determine the first month of overpayment. The month of discovery will not be included in the six-year count, but will be included as part of the overissuance.

Overissuance Occurring At Time of Initial Application or Recertification

When information provided or action taken at the time of application (application, reapplication or application for recertification) results in a non-IPV overissuance, the first month reported as an overissuance will be the beginning month of the certification period for which that application is approved.

Example: A household made application in March and was certified from March through August. At the time the application was made, the household failed to report all of the household's income. Had the household reported the income at the time of application, it would have been included in March. Therefore, the first month reported as an overissuance will be March.

Example: A certified household was recertified from December through May. At the time of recertification interview on November 11, the household failed to report a new source of income that was received beginning November 1. The first month reported as an overissuance will be December.

Overissuance Occurring Within the Certification Period

When the overissuance occurs as a result of a change within a certification period, the worker will determine the initial month of overissuance as follows:

1. If, due to a misunderstanding or unintended error on the part of the household, the household failed to timely report a change in its circumstances, the first month reported as an overissuance will be the first month in which the change would have been effective had it been timely reported. However, in no event will the county determine as the first month in which the change would have been effective any month later than two months from the month in which the change in household circumstances occurred.

All households must report when household income meets or exceeds the 130% poverty level income limit for the household size. This change must be reported by the 10th of the month following the month of change. If the 10th falls on a weekend or holiday, the change must be reported by the next business day.

See **Chapter 8, Changes Within Certification Periods**, for household reporting requirements.

Example: A household member began a new job in June. The June income resulting from this employment exceeded the poverty level limit for the household, which failed to report the change. The new employment was discovered by the county worker the first week of October. Action was taken to close the case effective November. Had the household timely reported, the food stamp case would have been closed effective August with no claim due. Because the household did not report the change, a claim is prepared for the overissuance months of August through October.

2. If a change is reported, but the county does not timely act on the change, the first month reported as an overissuance will be the first month the county should have made the change effective. Therefore, if a notice of adverse action was required, but was not sent, the worker will consider the 10 days the worker had to effect the change and will assume that the maximum notice of adverse action period would have expired without the household requesting a fair hearing.

Example: On September 4, a household called to report that a household member left the home on September 3. (This change resulted in a decrease in benefits for the household.) The county failed to timely act on the change and the change was not made until December. Allowing the worker 10 days to incorporate the change into the budget (September 14) and 10 days for the notice of adverse action (September 24), the change should have been effective October 1, which will be the first month reported as an overissuance.

DETERMINING THE CLAIM AMOUNT

After determining the first month of overissuance, the county will determine the correct amount of SNAP benefits the household should have received for those months the household participated while the overissuance was in effect.

Example: The PI in a household of four begins a new job April 21. The income received for the month of May exceeds the 130% poverty level amount. The change in income is not reported until the recertification interview July 7, and the change is made for August. Had the change been reported timely by the household (no later than June 10th), the change would have been made and the case closed for July, with no claim due. However, with the change not reported until July, a claim is due for July.

If actual income is not available, the wage information from the Quarterly Wage Match Data (QWMD) should be used by dividing the amount verified in the QWMD over the quarter it was reported to have been received and budgeting the claim prospectively with the averaged monthly amount. Every effort should be used to contact the client for a statement and to ensure that the individual reported by QWMD is our client.

Example: A one person household failed to report income. QWMD showed wages received from the same employer in the quarter ending 12/07 of $3800. When divided by 3, the averaged monthly amount for the quarter equals $1266, which exceeds the 130% poverty level amount for a one person household. With the possibility that income received in the first month of the quarter (October) exceeded the income limit for the household, the household would have had until the 10th of November to report the income, with action taken to close the case effective December 2007. If the household failed to report the income as required, December would be the only month of overissuance.

PREPARING THE NARRATIVE

The following information must be included in the claim narrative. This information must be clear and concise in order for the claim to be approved by the Claims Unit. The county must remember that the information entered in **MNCLMS** is the ONLY information the courts will have if the claim gets referred to them by Program Integrity. The narrative should be written as though the individual who is reviewing the information knows nothing about the Supplemental Nutrition Assistance Program. Proper names must be used in the narrative.

Trafficking claims are prepared without budgets; therefore, the Claims Unit must include in the

Claim Narrative the following:

(1) Date(s) each event of trafficking occurred on
(2) Amount(s) of benefits trafficked for each specific date; and
(3) Total value of trafficked benefits.

Upon approval, the Claims Unit will enter on OVCA the total value of trafficked benefits indicated in the narrative as the amount of the claim.

The following list is in the same order as the fields in **MNCLMS.**

REASON FOR CLM TYPE: This entry should be a simple, concise phrase describing the reason for the claim.

CATEGORY: This entry will identify the claim as a new or initial (NEW) claim, any additional claims (ADD), or a revision to the claim (REV).

CLAIM TYPE: This entry will identify the type of claim that the county has determined this claim to be (AE, SIPV, IHE).

SOURCE OF DISCOVERY: Description of how the county discovered that a claim existed. Examples include: Income and Eligibility Verification System (IEVS), case review, check stubs, etc.

DATE OF DISCOVERY: The date the county obtained the evidence used to determine a claim needed to be worked.

DATE OF CHANGE: The date the change occurred that led to the claim.

DATE CLIENT REPORTED THE CHANGE: If the household reported the change, enter the date it was reported. If the household did not report the change enter 9's.

BENEFITS TERM: If the case closed based on information used to work this claim, enter the effective date of closure. This date should be the month after the month listed in the field OVERISSUANCE/OVERPAYMENT MONTHS THRU. Or, if the case did not close, enter 9's.

BENEFIT CORRECTED: If the case remained open, enter the month that the benefits were corrected in MAVERICS. This should be the month after the month listed under the field OVERISSUANCE/OVERPAYMENT MONTHS THRU. Or, if the case closed, enter 9's.

OVERISSUANCE/OVERPAYMENT MONTHS:

FROM: The first month of the claim.
THRU: The last month of the claim.

If the claim covers two or more separate time frames, list the first and last months in these fields, then list the periods not included and explain why the months were not included on OVN5 under OTHER. The entries in these should match the information on **FSSU.**

EXPLAIN THE REASON AND JUSTIFICATION FOR THE CLAIM: A simple explanation including who, what, when and where, that describes why the claim is being worked.

EXAMPLES: SIPV - Ms. Jane Doe failed to report that she was employed at Wal-Mart.

SIPV - Ms. Jane Doe used food stamp benefits on her EBT card to make ineligible purchases and receive cash back. The EBT card transaction history shows a clear and discernible pattern of benefit trafficking.

AE - Ms. Jane Doe reported that her son had moved out of the home but the information was not acted upon by the county.

IHE - Ms. Jane Doe failed to include a December 2003 check with her monthly report form.

EXPLAIN THE DISCOVERY OF THE CLAIM: An explanation of how the claim was discovered. Examples include: **Income and Eligibility Verification System (IEVS)**, Ms. Jane Doe reported the information untimely, anonymous tip, case review, etc.

EXPLAIN VERIFICATION OBTAINED: A description of the verification that the county has to support the claim. The description must include who, what, when and where. If **QWMD** is the only source, and should be used as the last resort, the case and claim must be documented on the attempts

11054EXAMPLES:

SIPV - Wage form completed by Wal-Mart showing a hire date of 01/09/04, a termination date of 04/16/04, first check received 01/17/04, last check received 04/25/04 and gross wages for the weeks of 01/17/04 thru 04/25/04.

SIPV - Print-out of EBT card activity was used to determine a pattern of multiple even dollar transactions on the household's availability date each month. Multiple large dollar purchases are not consistent with those normally made at a convenience store.

IHE - Copy of check stub dated 12/30/04. This check would have normally been issued on 01/02/05.

AE - Ms. Jane Doe reported on 08/05/04 that her son, John was leaving her home to go live with his father. This was documented in the case record, but action was not taken by the county.

CLIENT'S STATEMENT AND SUPPORTING EVIDENCE: An explanation of the error that caused a claim to be needed. The county must be very specific in describing the error, justifying the error type and listing all pertinent information including the client's statement or explanation or the worker's attempts to contact the client. See the examples below for the specific information that is to be included, noting that SIPV claims require a client's statement.

EXAMPLES:

SIPV - Be very specific. Document the dates of the **MDHS-EA-900** and when the **MDHS-EA-530, Right and Responsibilities of SNAP Households,** was provided to the household prior to the claim, followed by all of the 900s during the claim period, including whose signature appears on each form. An explanation should be made about how long the case has been active and any other information the county has to back up the claim. This part of the narrative should back up the county's belief that the household is suspected of intentional program violation.

For example: Ms. Jane Doe failed to report that she had accepted employment at Wal-Mart. Ms. Jane Doe signed the **MDHS-EA-900** and was provided the **MDHS-EA-530** at application on 03/02/04. Ms. Jane Doe signed the **MDHS-EA-900** again at recertification on 05/20/04 and 08/12/04.

For example: Ms. Jane Doe knew or should have known that receiving cash for SNAP benefits was a program violation. The proper use of SNAP benefits was explained to her at application and when she received her EBT card. She signed the MDHS-EA-900 and was provided the MDHS-EA-530 on 3/9/04 and she signed the MDHS-EA-919 on 3/24/04.

Client's Statement: If the county has not previously discussed the claim with the household, a Request for Information was mailed. The county must explain in the notice that a claim is being worked and ask for a statement explaining why they did not timely report the information being

used in the claim. The county will also need to explain who will be responsible for the repayment. The statement that is given by the household must be included in this section of the claim.

AE - This claim is being worked as an agency error because Ms. Jane Doe reported timely that her son, John, was moving out of her home and in with his father. However, the county failed to act on this information and remove John from the case. The household has been informed that an overissuance occurred.

IHE - Ms. Jane Doe turned in a check stub with her January MR that should have been included with the December MR. The check would have normally been paid on 01/02/04, but due to the holiday schedule was issued early on 12/30/03.

OTHER: This field can be used to list any other information needed for the claim such as the claim type and the amount of the claim, any months within the claim that are not months of overissuance, any cross-references to other claims narratives, budgeting method and any additional information that substantiates the claim. The county may also use OTHER to finish fields in which they ran out of space in the narrative. If OTHER is needed for this, make a reference to OTHER from that field.

OVERPAYMENT CLIENT RESPONSIBILITY SCREEN (OVC2): The following are responsible for paying a claim:

- each person who was an adult (age 18 or older) member of the SNAP household during the period of overpayment or when trafficking occurred;
- a sponsor of an alien household member if the sponsor is at fault;
- a person connected to the household such as an authorized representative who actually trafficked benefits or otherwise caused the overpayment or trafficking to occur.

The correct coding of the screen is:

Y - Primary individual responsible, usually the PI or individual who signed the MDHS-EA-901/900. Only one individual can be coded "Y".

R - Individuals responsible if the primary individual is not available. This will include all other case members age 18 and a member of the SNAP household during the period of overissuance.

N - Any individuals who were not in the case at the time of the overissuance, minors and HH members who moved into the household and should have been added to the case, but were not will be coded "N".

ACCUSED/GUILTY: This field will identify the individual or individuals accused of SIPV. This should be the individual the county feels deliberately failed to give correct information in order to receive benefits that they were not entitled to. If the claim is not being worked as SIPV, an "A" is not required. The coding is as follows:

A - Accused - The primary individual or individuals responsible. R -

Responsible - Other individuals responsible for the case. N - Not

responsible - Case members not held responsible. **Approval of**

Inadvertent Household Error and Agency Error Claims

Inadvertent Household Error (IHE) and Agency Error (AE) claims involving SNAP and TANF are approved at the county level by the director or supervisor, as are TANF claims classified as "Other" (OTHE). The Claims Management Unit processes Suspected Intentional Program Violation (SIPV) claims for both programs.

The local level reviewer will not place IHE, AE or OTHE claims in pending (PE) status in the Claims Database, but will take action to approve or deny those claim types after review. SIPV claims referred to the Claims Unit will be placed in PE status by the director or supervisor. For combination claims, the local reviewer should take action to approve or deny the IHE, AE or OTHER claim prior to placing the SIPV claim in PE status for referral to Claims staff.

The county reviewer will read and review the claim narrative, FSSU, AFSU and OVN2 for accuracy before entering the authorization PCN on the OVN1 screen and completing the OVCA screen in the Claims Database as follows:

For approval, enter:

- AUTHORIZATION - Enter reviewer's PCN
- NEW Status - Enter "AC"
- PLAN - Enter "%" for SNAP and "MN" for TANF
- Percent - Enter "10" for SNAP and leave blank for TANF

To deny, enter:

- Reviewer's Authorization PCN
- Status Code - "DE"

REVISED CLAIMS

Revised claims are generated when there is additional information received for months of overissuance on a previously established claim. The worker must **ID** a new claim and only include the months of overissuance that are affected by the additional information from the previous claim.

The worker must complete the narrative and budgets for this recoupment. The county staff should contact the **Claims Management Unit** to make any adjustments needed for **OVCA.**

DEFINITION OF INTENTIONAL PROGRAM VIOLATION

For purposes of determining at an Administrative Disqualification Hearing or court proceedings whether an Intentional Program Violation (IPV) was committed, IPV will consist of any action by an individual to intentionally:

1. Misrepresent, withhold information, or make a false or misleading statement to the county, either orally or in writing, to obtain or attempt to obtain benefits to which the household is not entitled; or

2. Use SNAP benefits to buy ineligible items such as, but not limited to, alcohol or cigarettes; or

3. Use or possess improperly obtained EBT SNAP benefit cards; or

4. Trade, sell or intend to sell SNAP benefits; or

5. Commit any acts that constitute a violation of the Food and Nutrition Act, the SNAP Program Regulations, or any State statute relating to the use, presentation, transfer, acquisition, receipt or possession of SNAP benefits.

A claim will be handled as an IPV claim only if an Administrative Disqualification Hearing or a court of appropriate jurisdiction has found a household member guilty of IPV or if an individual signed a waiver of right of his Administrative Disqualification Hearing.

A claim should not be submitted as Suspected Intentional Program Violation (SIPV) unless it appears that one of the situations defined above as IPV can be substantiated. A failure on the part of the household to report a change should be carefully evaluated for evidence of intent to commit IPV before the claim is reported as Suspected Intentional Program Violation (SIPV).

Example: Charles, a member of a 3-person household, moves out of the home and subsequently gains employment. The county office later receives information from New Hire data that Charles had earnings. The household did not report that Charles had left the home, so the income, which would exceed the income limit for a 3-person household, appears to be associated with the household. Because the household's actual income did not increase and the change in household composition was not reportable, no claim is due.

Care should be taken to ensure that the narrative portion of the claim is **concise**, **clearly worded** and **contains sufficient information**, **including the client's statement where possible**, **to justify a determination of IPV**. **If the client's statement is not included, the preparer should explain why it is not. Refer to PREPARING THE CLAIM, PREPARING THE NARRATIVE, earlier in this Chapter.**

METHODS OF REPORTING SUSPECTED INTENTIONAL PROGRAM VIOLATION

Instances of Suspected Intentional Program Violation (SIPV**)** will be reported to the Claims Management Unit by using one of the following methods:

1. If an instance of Suspected Intentional Program Violation (SIPV) results in an actual overissuance of benefits to a household, as cited in item 1 above under **'Definition of Intentional Program Violation"**, the claim will be prepared in the Claims Data Base.

2. If an action cited in item 1 above did not result in an actual overissuance of benefits to a household, the suspected act of IPV (SIPV) will be reported using only the narrative portion (OVN1, 2, 3, 4) in the Claims Data Base.

3. If an instance of Suspected Intentional Program Violation (SIPV) results not from the overissuance of benefits to a household, but instead when an individual in a food stamp household performs an act as cited in 2-5 listed above under **'Definition of Intentional Program Violation"**, this will be reported via letter detailing the circumstances to the Claims Management Unit. The claim will not be completed in the Claims Data Base in such situations.

DISQUALIFICATION OF REPRESENTATIVES

When there is evidence that an Authorized Representative has misrepresented the household's circumstances and knowingly provided false information pertaining to the household, a memorandum will be prepared and submitted to the Claims Management Unit reporting the Representative for Suspected Intentional Program Violation (SIPV), **if the representative, not the household, retained the benefits** in question.

When there is evidence that a Benefit Representative (including Emergency Benefit Representative) has improperly obtained and /or used benefits, a memorandum will be prepared and submitted as SIPV against the Representative.

These provisions apply to nonrecipients as well as recipients. Thus, these acts can and should be prosecuted under appropriate Mississippi Law, or handled with an Administrative Disqualification Hearing. If found guilty, the Representative would be subject to the appropriate level of disqualification.

As to restitution, the court could order the Representative to refund the benefit amount used illegally. However, as this is not a claims situation, the ongoing retention rate will apply to any funds collected.

DETERMINING THE HOUSEHOLD MEMBER RESPONSIBLE

The intent to commit IPV must be determined against the individual(s) who committed the suspected act of IPV. In most instances this would be the individual who completed and signed the application and to whom the Rights and Responsibilities of participating in the Food Stamp Program were explained.

Example: The county has verified that Mr. Smith, the head of the household, who has been reported as unemployed, is actually employed. However, Mr. Smith has never been interviewed for food stamps and has never had his Rights and Responsibilities explained to him. Mr. Smith cannot be held responsible. The household member who completed the applications reporting Mr. Smith as unemployed and to whom Rights and Responsibilities were explained, is the individual who should be reported as the household member responsible.

NOTE: There is a difference in a household member being responsible for reporting changes and an adult household member being liable for repayment.

However, there could be extenuating circumstances when the person responsible is someone other than the individual who completed and signed the application. Instances include, but are not limited to the following:

Example: Mr. and Mrs. Jones, husband and wife, always come to the office together to be interviewed and complete their application for food stamps. Mrs. Jones provides all of the information and answers all the questions, but Mr. Jones signs the application and has the Rights and Responsibilities form explained to him. If incorrect information is given at the time of application that results in an overissuance, Mrs. Jones could be the person responsible as well as Mr. Jones,

provided the case record is sufficiently documented to show Mrs. Jones answered the questions.

In such cases, the county should ensure that the narrative portion of the claim contains sufficient information to justify the reason the individual is believed to be responsible for the overissuance.

CRITERIA FOR ESTABLISHING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM

The months affected by the Suspected IPV overissuance will be calculated back to the month that the overissuance occurred, not to exceed more than six years prior to the date that the overissuance was discovered. The month of discovery will not be included in the six-year count, but will be included as part of the overissuance.

Example: If the overissuance is discovered in July 2006, the six-year period is July 2000 through July 2006. Any of those months may be reported as an overissuance.

In the event an overissuance is discovered too late to prepare a claim as outlined above, the case will be documented on CADM in MAVERICS as to the date the overissuance was discovered, the most recent month that the household received more benefits than it was entitled to receive, and the reason for no claim being reported.

NOTE: The date of discovery is the date the county receives verification/evidence that an overissuance occurred.

DETERMINING THE FIRST MONTH OF THE SUSPECTED INTENTIONAL PROGRAM VIOLATION

After excluding those months that are more than six years prior to the month the overissuance was discovered, the county will determine the first month of overissuance as outlined below:

Household Fails to Report Accurate Information at Application, Recertification or During Interview

If the household is suspected of intentionally failing to provide accurate information when filing or interviewing for an application (initial, reapplication or application for recertification) and the failure to provide that information results in an overissuance, the first month reported as an

overissuance will be the beginning month of the certification period for which that application is approved.

Example: A Simplified Reporting household was certified from May through August. At the time the application was filed, a household member was working but this fact was not reported. The first month reported as an overissuance will be May.

Example: A Simplified Reporting household was certified from May through August. At the time of application for recertification in April, a new source of earned income which began in March was not reported. If the household remained eligible, the first month reported as an overissuance would be May.

Household Fails to Report a Change Within the Certification Period

If a change in household circumstances is not timely reported as required within a certification period, and the failure to report that change results in an overissuance, the first month reported as an overissuance will be the first month in which the change would have been effective had it been timely reported.

Timely reporting is determined from the date the household becomes aware of the change for Change Reporting households**.** Simplified Reporting (SR) households are required to report by the 10th of the month following the month of change when the household's total gross monthly income meets or exceeds 130% of the poverty level for the household size at the time of its current certification. See **Chapter 8, Changes Within Certification Periods**, for reporting requirements.

Example: A Change Reporting household reported on July 15 a new household member with income moved in on June 29, therefore failing to report the change timely. Because the household was required to report the change by July 10, the first month reported as an overissuance will be August.

Example: A member of an SR household obtained employment February 1 and received his first check February 14. Household income exceeded the 130% poverty level limit during the month of March. Therefore, the household was required to report the change by the 10th day of April, which was a work day. The county became aware of the change in June, and verified that the income exceeded the limit for the household size. Action was taken to close the case effective July. The months reported as an overissuance would be May through June.

Household Fails to Report a Change Within the Certification Period and During Interview

A household may fail to report a change during a certification period and also fail to report that same change when making application for recertification. The first month reported as an overissuance will be the first month in which the change would have been effective had it been timely reported. In addition, any months of overissuance beginning with the first month of the certification period will be reported.

Example: A Change Reporting household is certified from January through December. The household begins receiving an extra $100 in monthly income beginning September 3rd. The household fails to report the new source of income. Therefore, because the household did not properly report the change within the certification period, the claim for the overissuance will begin with the month of November. In addition, Because the household did not accurately report circumstances at the time of the application for recertification, there is a claim for any months in which benefits were overissued beginning with the first month of the new certification period.

NOTE: For determining the first month of a claim for a Categorically Eligible Household, refer to **CLAIMS REQUIRING SPECIAL HANDLING, CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS,** later in this chapter.

DETERMINING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM AMOUNT

NOTE: **The earned income deduction will not be allowed when determining an overissuance amount due to failure of a household to report earned income in a timely manner.**

After determining the first month of overissuance, the county will determine the correct amount of food stamp benefits the household should have received for those months the household participated while the overissuance was in effect.

1. When determining the amount of food stamp benefits the household should have received, all known facts related to the overissuance will be considered even though they may not Have been reported or known at the time the benefit amount was determined. Example: A Change Reporting household was overissued benefits from July to

December because the household failed to report a new source of income which exceeded $50 per month. At the time the household reported the new source of income, it also provided verification of an allowable medical expense which was incurred during the period of overissuance but was not reported. The county should include the medical expense when calculating the amount of food stamp benefits the household should have received during the period of overissuance.

NOTE: Had the household not told the worker of the medical expense and not provided verification, the worker would not have been responsible for requesting any additional information other than the income verification to complete the claim.

2. When the correct information is entered in the Claims Data Base regarding budgets worked for the appropriate months of the claim, the amount the household should have received will be calculated.

3. The amount the household received, the amount the household should have received and the difference between the two (the overissuance) will be displayed on FSSU**.**

Only months of overissuance will be reported in the Claims Data Base (FSSU). When an overissuance and an underissuance occur in different months and are discovered at the same time, the months resulting in an overissuance will be reported in the Claims Data Base (FSSU) and the months resulting in an underissuance will be determined using MDHS-EA-521, Food Stamp Worksheet**, provided** the underissuance is due to administrative error.

Example: Due to Administrative Error, a household was underissued a total of $50 for the monthsJanuary, March and May, and overissued a total of $150 for the months February, April and June. MDHS-EA-521 will be used to determine months of underissuance (January, March and May) in the amount of $50, and overissuance prepared in the Claims Data Base for the months of overissuance (February, April and June) in the amount of $150. The underissuance amount of $50 will then be applied to the total amount of the claim leaving a balance due of $100. The procedure to follow for offsetting a restoration is outlined in **Chapter 12, RESTORATION, Offsetting The Restoration.**

OFFSETTING THE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM

If more than one error, whether as a result of an error by the household or the Agency, occurs in the **same month** the computations will be combined in arriving at one total. If the difference results

in an overissuance, this will be reported in the Claims Data Base. If the difference results in an underissuance, MDHS-EA-521, Food Stamp Worksheet, will be prepared **provided** the underissuance is due to Administrative Error. Since IPV is suspected, it **will** be reported **in** the Claims Data Base as outlined in **METHODS OF REPORTING SUSPECTED** INTENTIONAL **PROGRAM VIOLATION**, earlier in this chapter. (In some instances this may result in an "Intent" only claim.)

The amount of a claim may be offset against restored benefits owed to any household which contains a member who was an adult member of the original household at the time the overissuance occurred. (MAVERICS will only recoup up to the amount of the claim.)

Restorations are **not** worked into **SIPV** claims to offset overpayment amounts. In an SIPV claim situation, the restoration is not processed into the claim because budgets for those claim months were based on income reported by the household. Even though actual income is used to determine months of overissuance, the claim months were originally worked based on income the household reported, and therefore no restoration would be due.

EXAMPLE:

	APRIL	MAY	JUNE	JULY
Original allotment:	$200	$200	$200	$200
	Overpayment	Underpayment	Partial Overpayment	Overpayment
Recalculation:	$200	$200	$100	$200
Monthly Claim Amount:	$0	$200	$100	$200
Total Claim Amount:		$500		

In the above example, the claim starts in May. An underpayment occurred in April based on actual income. Because April benefits had been determined based on income the household reported, no restoration is due.

PURPOSE

This material contains procedures to be followed when preparing a claim involving a unique situation, and may not be limited to the following situations:

SUSPECTED INTENTIONAL PROGRAM VIOLATION COMMITTED BY AN AUTHORIZED REPRESENTATIVE WHO IS NOT A MEMBER OF THE SNAP HOUSEHOLD

If an authorized representative who is not a member of the SNAP household is suspected of committing IPV, the county will establish a non-IPV claim against the household for the overissuance provided the household retained the benefits in question. The narrative section in the Claims Data Base or the MDHS-EA-540 will detail the circumstances involved and name the Representative responsible. The claim cannot be pursued as IPV unless **collaboration can be established** as defined below.

If it can be determined that a household member collaborated with the authorized representative to commit IPV, the claim narrative will detail the circumstances involved and the household member may be subjected to an administrative Disqualification Hearing or court action. If the hearing or the courts find that IPV was committed, the household member will be disqualified as outlined in the **INTENTIONAL PROGRAM VIOLATION** material, later in this chapter.

For correct procedures when a representative, not the household, retains the benefits in question, refer to **DISQUALIFICATION OF REPRESENTATIVES**, later in this chapter.

ADDITIONAL CLAIM SITUATIONS INVOLVING MONTHS WITH BENEFIT REDUCTION

When the county discovers an additional claim situation which involves months in which benefit reduction has been in effect the claim will be calculated in the Claims Data Base as though benefit reduction was not involved.

Example: If the household's benefits were $50 before benefit reduction and $40 after benefit reduction, show the amount of $50.

The Claims Data Base, SNAP Summary (FSSU) screen, will show the benefits the household was entitled to receive **prior** to recoupment.

PREPARATION OF CLAIM INVOLVING ANY COMBINATION OF ADMINISTRATIVE ERROR, INADVERTENT HOUSEHOLD ERROR AND SUSPECTED IPV OCCURRING IN THE SAME MONTH

When any combination of Administrative Error (AE), Inadvertent Household Error (IHE), and/or Suspected Intentional Program Violation (SIPV) occurs during the same month, AE budgets must be completed prior to including either of the other types; if AE is not involved, prepare IHE first, then IHE with SIPV. Each claim type must be assigned a separate recoupment number.

Example: In June, the worker failed to include VA income reported by the household. Also, the household failed to report a household member, who had income which put the household over 130% in June. First, complete a budget reflecting the VA income only (this is the AE budget). Then, complete a second budget including both the new household size and the VA income. This is the combination AE/SIPV budget.

NOTE: If all three (3) overissuance types, AE, IHE, and SIPV, occur in the same month, complete as outlined in the example above, completing the SIPV last.

PREPARATION OF CLAIM WHEN EXACT AMOUNT OF OVERISSUANCE CANNOT BE DETERMINED

The county may discover that an overissuance occurred, but may not be able to determine the exact amount of the overissuance. This may be due to the household's failure to respond to the county's request for information or the employer's refusal to search past records to supply wage verification. However, when the exact amount of the overissuance cannot be determined, the worker must make an estimate based on the best available information and document fully the steps taken to determine the estimate. Examples include but are not limited to:

1. The household is willing to cooperate, but does not have records. Neither the household nor the worker can obtain information from the employer who says he does not have time to review records for a prior period. A figure might be obtained by requesting that the employer provide an estimate; asking the household to make an estimate; and/or obtaining an estimate from another case record in which there was employment of the same type during the period in question, etc. When the household is willing to cooperate, as in this example, both the household and the worker should be in agreement that the figure to be used is reasonable and based on the best available information.

2. The household does not respond to the worker's request to come in to discuss the overissuance and/or to provide the information necessary to determine the exact amount of overissuance. In this situation, the worker must still make every effort to arrive at a reasonable estimate. Methods to use might be, but are not limited to, one or more of the following:

   a. Contact the employer to obtain the needed information. If unavailable, request an estimate of hours and hourly wages for the same type work performed for the client.

   b. Contact another employer who has the same type work available and pays the going rate in the community.

   c. Make an estimate from available records in the county for a person performing the same type work.

A claim based on an estimated amount is subject to revision at a later date if additional information is obtained.

If the county has exhausted all available sources and still cannot make an estimate, a request should be sent directly to Fraud and Investigation for further investigation. This will be done on a very limited basis because it is not the responsibility of Fraud and Investigation to establish a claim amount.

CLAIMS INVOLVING CATEGORICALLY ELIGIBLE HOUSEHOLDS

For regular categorically eligible households (all members receive either TANF or SSI), a claim will only be determined when it can be computed on the basis of changed household net income and/or household size. A claim shall not be established if there was not a change in net income and/or household size. The type of claim will be decided on the facts and circumstances of the overissuance.

After determining that a household should not have received TANF or SSI, the worker must then determine what caused the ineligibility. The "cause of ineligibility" will determine whether or not a claim can be established and whether the agency is entitled to retain any portion of the value of the claim and how much. For specifics, please see **INSTANCES REQUIRING A CLAIM; INSTANCES WHICH DO NOT REQUIRE A CLAIM; and, TYPES OF OVERISSUANCE**, all earlier in this chapter.

For claims purposes, Categorical Eligibility cannot be rescinded retroactively. As long as each household member received TANF and/or SSI during a given period of time, the household would be considered to have been eligible for SNAP benefits, for claims purposes, even if its eligibility for TANF and/or SSI was later determined improper. A claim can be established against a categorically eligible household whose TANF and/or SSI eligibility is subsequently determined improper if the reason for TANF or SSI ineligibility was additional household income or changes in household size and/or deductions which directly affect the calculation of the SNAP benefit amount. **A claim cannot be established if the reason for TANF and/or SSI ineligibility is related to excess resources.**

In cases of suspected recipient fraud involving categorically eligible household, the type SIPV, (Suspected Intentional Program Violation) can be used. However, this type claim can **ONLY** be used when the Agency is pursuing a separate and distinct SNAP action via Administrative Disqualification Hearing or court (legal) action, based on investigative findings. A fraudulent act to obtain TANF or SSI benefits cannot automatically be considered a fraudulent act to obtain SNAP benefits. The above policy statements apply, provided a claim could be calculated based on a change in net income and/or household size. Until a client is found guilty via Administrative Disqualification Hearing or court action, the case will be reported as **IHE** on **FNS-209, Status of Claims Against Households.**

Example: Ms. Smith received TANF and SNAP benefits for herself and her 3 children from October through March. There were no other reported household members so the household was categorically eligible for SNAP benefits. At the time of the evaluation in March the worker learned that Ms. Smith had gone to work November 1 and failed to report the change. Had she reported this change, the worker would have closed both the TANF and SNAP cases for January 1 as her income caused total ineligibility. The TANF and SNAP cases are closed effective April 1. This household continued to be categorically eligible because the TANF benefit was received through March even though it was received in error. However, because the earnings were not included in the benefit determination, the household was over issued benefits. A claim should be prepared for the months of overissuance to report that the household was eligible for "0" benefits. Please refer to the appropriate material, **DETERMINING THE FIRST MONTH OF THE NON-INTENTIONAL, OR SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIM,** elsewhere in this chapter.

Example: Mr. and Mrs. Jones received SSI and were determined categorically eligible for SNAP benefits beginning January. On June 3 the eligibility worker learned that their SSI benefits were terminated May 1 (last check received in May) because of a

$5000 savings account which the Jones' had at the time of application in January, and sent a notice of adverse action to close the case effective July 1. A claim should be prepared for June showing total ineligibility due to resources over the maximum allowed which caused the SSI benefits to end May 1.

Example: In the example above the worker later learned that another person who did not qualify for TANF or SSI had moved into the household in December and this was not reported. A claim can be established for the difference between the benefits the household received and the benefits the household should have received as a non-categorically eligible household had the additional household member been properly reported and included in the calculation of the benefit amount based on household size and net income.

PREPARATION OF IHE AND SUSPECTED INTENTIONAL PROGRAM VIOLATION (SIPV) CLAIMS INVOLVING UNREPORTED EARNED INCOME

The earned income deduction is not an allowable deduction when computing the budget for a claim due to failure of a household to report earned income in a timely manner. When preparing a claim (IHE or SIPV) involving unreported earned income the "UR" code MUST be entered on the EAIN screen.

CLAIMS INVOLVING VOLUNTARY QUIT

Household Certified As Expedited Pending Verification of Voluntary Quit

A claim shall be completed if a household which is entitled to Expedited Service is certified pending verification of a voluntary quit and the worker later verifies that the head of household quit a job without good cause within 60 days prior to the date of application or between the date of application and certification. For additional information regarding **VOLUNTARY QUIT**, please refer to **Chapter 3** earlier in **Volume V**.

CLAIMS INVOLVING GROUP HOMES

When a worker suspects a claim has occurred involving a resident of any Group Living Arrangement, please refer to **Chapter 7, SPECIAL CIRCUMSTANCES**, for specifics involving the following:

1. RESIDENT ADDICTS AND ALCOHOLICS
2. BLIND AND DISABLED GROUP LIVING ARRANGEMENTS
3. RESIDENTS OF SHELTERS FOR BATTERED WOMEN AND CHILDREN

Claims may be established against group homes and/or authorized representatives even though such individuals are not known to MAVERICS. Special procedures must be implemented in order to establish such claims.

For claims involving a group home, the county must first register a case in MAVERICS in the name and address of the group home. The name and social security number of the responsible individual will be entered for tracking purposes. For a claim against an authorized representative, register that person as the PI. In either instance, the case should be denied using the "F213 Denial-Other Reasons" notice, with the notice sent to history. The free text portion of the notice may be used to document information on the claim. After registration and denial of the case, a claim should be identified and processed. Contact the Claims Management Unit for further information on the processing of such claims.

CLAIMS INVOLVING AGENCY EMPLOYEES AS RECIPIENTS

When an overissuance occurs in a case in which an agency employee is a recipient, either as a head, or a member of, a SNAP household, a claim shall be prepared by the supervisor who is assigned the responsibility of handling the employee's case. Upon approval by the county director, or designee, the claim and hearing material must be submitted in an envelope marked **confidential** and addressed to **DIRECTOR, CLAIMS MANAGEMENT UNIT**. No other claims or unrelated material may be submitted in the same envelope.

After approval by the Claims Management Unit, the claim will be submitted to Fraud and Investigation for possible Court action.

DISQUALIFICATION OF REPRESENTATIVES

When there is evidence that an Authorized Representative has misrepresented a household's circumstances and knowingly provided false information pertaining to the household, a memorandum will be prepared and submitted to the Claims Management Unit reporting the Representative for Suspected Intentional Program Violation (SIPV), **if the representative, not the household, retained the benefits** in question.

When there is evidence that a Benefit Representative has improperly obtained and/or used benefits, a memorandum will be prepared and submitted as SIPV against the Representative.

These provisions apply to non-recipients as well as recipients. Thus, these acts can and should be prosecuted under appropriate Mississippi Law, or handled with an Administrative Disqualification

Hearing. If found guilty, the Representative would be subject to the appropriate level of disqualification.

The court could order the Representative to refund the benefit amount used illegally. However, as this is not a claims situation, the ongoing retention rate will apply to any funds collected.

Examples of this type violation:

1. A client was admitted to a nursing home in August. The representative continued to use the benefits through February, without reporting that the client was no longer in her home.

2. A client died in May and the representative continued to use the SNAP benefits for several months after the client's death.

3. A client and her three children receive SNAP benefits. The client was arrested and incarcerated on May 12. The client's sister took the children to live with her in another county on June 27. The representative continued to use the benefits through July, with none of the benefits benefitting the remaining household members and any report made regarding the client being out of the home.

INTENT AND TRAFFICKING CLAIMS

INTENT AND TRAFFICKING claims are identified in the system on **OVN 1-4** and **OVC2** screens. The narrative must include documentation for the **INTENT ONLY** or the **TRAFFICKING** claim. Budgets are not necessary.

SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS AGAINST DECEASED CLIENTS

If while preparing an SIPV claim the county discovers the household member responsible is deceased, the claim type must be changed from SIPV to IHE and an explanation included in the narrative.

Should death occur **AFTER** the Administrative Disqualification Hearing decision is rendered, **OR** waiver signed, but prior to implementation of disqualification, the claim **will** be handled as IPV. If there were additional adult household members during the period of overissuance they will be considered responsible for repayment. If this was a one person household or no other adults participated during the period of overissuance, the claim will be terminated by the Claims Unit.

OTHER POSSIBLE SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS

SIPV claims may be established through reports received in the county office, or in some cases by program investigators, concerning findings of client misuse of benefits. As county offices prepare such claims, the Claims Management Unit (CMU) should be contacted for assistance in entering the amount of these claims into the claims data base. For more information, refer to the discussions under **'Claims, General"** earlier in this chapter.

ADMINISTRATIVE ACTION ON SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS

After the amount of the claim has been calculated, the **narrative** completed and the claim pended in the Claims Data Base by the Supervisor/Director, it is available for review by the Claims Management Unit (CMU). If the reviewer determines the claim is correct and agrees with the Suspected Intentional Program Violation determination, the claim will be approved and referred to Fraud Investigations for further investigation and possible court action, or Administrative Hearings for an administrative disqualification hearing.

Upon the approval of a claim referred to Program Integrity for an Administrative Hearing (AH), MAVERICS will send the client the SNAP Repayment Notice. Prior to a hearing decision, repayment will be handled in the same manner as that outlined in **REPAYMENT**, later in this chapter.

The purpose of referrals to Fraud Investigations for possible court action or Administrative Hearings is to obtain a determination of IPV so that the appropriate disqualification penalty can be imposed.

NOTE: Demand for repayment will not be sent to the household at the time a claim is referred to Fraud Investigations (for "FI" claim amounts of $5,000 and above) or any trafficking claims until a determination of IPV is rendered. See **VOLUNTARY REPAYMENT of SIPV CLAIMS SUBMITTED TO FRAUD AND INVESTIGATION** later in this chapter.

SUSPECTED INTENTIONAL PROGRAM VIOLATION WHICH IS NOT DETERMINED TO BE INTENTIONAL PROGRAM VIOLATION

There will be instances in which Program Integrity (Administrative Hearings or Fraud and Investigation) determines IPV cannot be substantiated. One example is the death of the responsible household member prior to signing a waiver or receiving an administrative disqualification hearing.

Based on an investigator's report, Fraud Investigations will determine if it is likely that intent to commit IPV can be proven. If the decision is made that it appears unlikely that intent to commit IPV can be proven, the claim will be handled as an IHE claim. Fraud and Investigation will provide the Claims Management Unit (CMU) with a copy of the report of this decision. The CMU will notify the county of this decision.

If it is determined in an administrative disqualification hearing or in court that IPV was not committed or that intent to commit IPV cannot be proven, the SIPV claim will be handled as an IHE claim, as discussed in the paragraph above. If the decision results from an administrative disqualification hearing, the Hearings Officer will provide written notice to the household with a copy to the county and the Claims Management Unit. If the decision result is from court action, the Fraud investigator's report will so indicate and the county and the Claims Management Unit will receive a copy of the report. The exception is trafficking. If IPV is not determined, the claim will be voided. Federal regulations do not allow states to establish collection on claims for benefit trafficking due to SIPV or IHE.

OUT OF COURT SETTLEMENTS

When a suspected IPV claim is referred for prosecution and the prosecuting attorney and/or Court agrees not to prosecute or render final judgment in exchange for an agreement by the individual responsible for the overissuance to make full restitution, the claim should continue to be handled as an SIPV claim. No disqualification period will be imposed against the household since a determination of IPV was not made. However, there will be no enforced benefit reduction should the individual fail to repay in accordance with the out of court agreement. The worker will need to notify Fraud Investigations in writing, who in turn will notify the court when the individual fails to adhere to the agreement. The Agency will accept payments in accordance with the court agreement.

VOLUNTARY REPAYMENT OF SUSPECTED INTENTIONAL PROGRAM VIOLATION CLAIMS SUBMITTED TO FRAUD INVESTIGATIONS

Although the Claims Management Unit will not issue a demand letter for repayment of an SIPV claim which was submitted to Fraud Investigations for possible court action or on trafficking claims, this will not prevent the household from voluntarily repaying a portion or the entire balance of the SIPV claim prior to the time an IPV determination is made or on trafficking claims. The Agency may accept full repayment either in one lump sum or in monthly installments or through voluntarily returned benefits. Refer to **REPAYMENT** later in this chapter for further discussion. Voluntary repayment of an SIPV claim prior to a determination of IPV by the Court will not prevent prosecution of the individual suspected of committing IPV.

PARTICIPATION WHILE AWAITING A DISQUALIFICATION HEARING AND/OR COURT ACTION

A pending disqualification hearing or pending court action will not affect the individual's or

household's right to be certified and participate in SNAP. Since the household member cannot be disqualified for IPV until the hearing official or the court finds that the individual has committed IPV, the county will determine the eligibility and benefit level of the household in the same manner as for any other household.

Example: If the action for which the household member is suspected of IPV does not affect the household's current circumstances, the household will continue to receive benefits based on the latest certification action or it will be recertified based on a new application and its current circumstances.

However, the household's benefits will be terminated if the certification period has expired and the household, after receiving its notice of expiration, fails to reapply.

The county will also reduce or terminate the household's benefits if the county has documentation which substantiates that the household is ineligible or eligible for fewer benefits (even if these facts lead to the suspicion of IPV and the resulting disqualification hearing) and the household fails to request, within the ten-day time frame, a fair hearing and continuation of benefits pending the fair hearing.

The county may have facts which substantiate that a household failed to report a change in its circumstances as required even though the county has not yet demonstrated that the failure to report involved an IPV act. However, if the household does, within the appropriate ten day time frame, request a fair hearing and continuation of benefits, procedures discussed in **Chapter 10, HEARINGS,** will be followed.

NOTE: Continued benefits do not have to be requested for a client to continue to participate; but, in order **not** to receive continued benefits, the client must request that benefits not continue.

The fair hearing procedure will not address whether an act of IPV has or has not been committed.

SUSPECTED INTENTIONAL PROGRAM VIOLATION (SIPV) DETERMINED TO BE INTENTIONAL PROGRAM VIOLATION (IPV)

A claim will be handled as an IPV if:

1. As a result of an administrative disqualification hearing, there is a determination that an individual(s) committed IPV; or

2. An individual has signed a waiver of right to an administrative disqualification hearing or

3. A court of appropriate jurisdiction has determined that an individual(s) committed IPV.

DEFINITION OF AN OFFENSE FOR DISQUALIFICATION PURPOSES

All violations which occur prior to a hearing (court or administrative) or which occur prior to the signing of the waiver of hearing must be considered one offense. This definition holds true regardless of where the IPV decision is made.

Example: A client signs a waiver in Mississippi in 2010 for a violation that occurred in 2008. However, the client was found guilty of IPV in Tennessee in 2009. Because the Mississippi violation occurred prior to the Tennessee IPV decision, there is only one disqualification offense and disqualification will not apply for the Mississippi violation.

An offense is directly related to the disqualification penalty. There may be several violations involved in one disqualification offense, and the determining factor is the timing of the hearing or waiver. All violations prior to June 1, 1983, are considered as one offense.

Example: A household was certified through September. A client did not report receipt of earned income which exceeded the household's gross income limit for the months of January and February. The EW discovered the overissuance at a later date and submitted a Suspected Intentional Program Violation claim. The hearing was held on July 10. In the meantime the EW discovered that the client had also failed to report the receipt of excess unearned income beginning March 1. An additional Suspected Intentional Program Violation claim was submitted to reflect the overissuance resulting from this violation. Even though there are two claims and two violations involved, there is only one disqualification offense, regardless of whether IPV is determined. Had the worker not discovered the unreported income until after the hearing on July 10, there would still be only one disqualification offense, because the violation occurred prior to the date the hearing was held.

Example: A client failed to report that a household member had left her household in March 2001. This was later discovered by the EW and a SIPV claim was submitted and approved. The hearing was held on December 19, 2001. In May 2002, the EW discovered that the client obtained employment and started to work on December 1, 2001. This was not a monthly reporting household at the

time, thus the change should have been reported no later than December 11. **Because the violation occurred prior to the hearing, this was not an additional disqualification offense** even though the actual months of overissuance for the additional claim encompassed months after the hearing. This would still be true even if the household was subsequently recertified and did not report the change, **because the violation occurred prior to the hearing.**

Example: Client failed to report in August, 2004, the receipt of earned income. Upon discovery, the EW submitted a SIPV claim, and the approved claim was submitted for possible court action. The Court hearing began on February 12, 2005, and the Judge rendered a decision of IPV in February. In June, 2005, the EW discovered that the client also failed to report at recertification in March the receipt of unearned income beginning March 2005. Since this was after the initiation of the hearing (February 12), there would be an additional claim and additional offense.

SPECIAL SITUATIONS

1. **ONE VIOLATION - Error or Change in Claim Discovered And/Or Handled After the Hearing/Waiver**

When there is a change or error in the claim amount but it is the same act of IPV, submit a revised claim for the months previously submitted, and an additional claim for any additional months.

If the IPV determination is by administrative disqualification hearing or waiver, the additional amount is merely a revised overissuance amount which is handled as IPV. The reason is that the waiver or administrative disqualification hearing is based on the violation and not on the amount of the claim.

If the IPV determination is made by the court, the court order dictates the policy to be followed:

a. If the court rules only on the violation, the revised claim is handled accordingly.

b. If the court rules on the amount for which the individual is responsible, that amount cannot be changed without approaching the court again. In this event, a revised claim should be prepared, but with full explanation in the narrative. The Claims Management Unit will submit the revised claim to Fraud and Investigation. Fraud and Investigation will determine if the claim will go to court. If the court rules the

additional amount cannot be allowed, the claim will be voided. However, if the court rules that the additional amount is to be allowed, it is handled as dictated by the court. In other words, the court could rule that the additional amount is Administrative Error or Inadvertent Household Error rather than IPV.

2. TWO OR MORE VIOLATIONS - The Latter Violation(s) Discovered Before Approval by the Claims Management Unit Or Before the Hearing is Scheduled

If the initial claim has not been approved, a corrected claim should be submitted, with full explanation. However, if the claim encompassing the first violation has already been approved, it will be necessary to follow the procedures for revised claims, and if other months are involved, follow procedures for additional claims. Depending upon the timing, an effort will be made to delay the hearing through notification to Fraud and Investigation pending approval of the revised and/or additional claims. This will allow all violations to be heard at the same time.

3. TWO OR MORE VIOLATIONS - All Occurring Prior to The Hearing/Waiver But One Or More Discovered After the Hearing or Waiver

Once a hearing has been held or a waiver signed, all violations that occurred prior to the hearing/waiver do not constitute additional disqualification offenses. However, revised and/or additional claims must be established to encompass the violations which were not covered by the hearing or waiver. The additional claim amount generated by the additional violation(s) will be handled as Agency Error, Inadvertent Household Error or SIPV as appropriate. If the additional amount is SIPV, it will be handled as such for collection purposes unless or until determined IPV through an administrative disqualification hearing, signing the waiver, or court action.

INTENTIONAL PROGRAM VIOLATION PENALTIES

Violations Which Occurred after June 1, 1983, But Prior to September 22, 1996

Recipients to be disqualified for penalties which occurred prior to September 22, 1996, shall be ineligible to participate in the Program for six (6) months for the first offense, twelve (12) months for the second offense and permanently for the third offense.

Violations Which Occurred on or after September 22, 1996, But Prior to April 2, 2001

Individuals found to have committed IPV shall be ineligible to participate in the Program for:

1)	12 Months	First Offense.
2)	24 Months	Second Offense; or First Offense for Trading SNAP benefits for a controlled substance.
3)	10 Years	Fraudulent misrepresentation of identity or residence in order to receive multiple SNAP benefits simultaneously.
4)	Permanently	Third Offense; or, Trafficking SNAP benefits of $500 or more. Fleeing felons and probation/parole violators are ineligible to participate in SNAP.

These penalties will be applied for Program violations which occurred or continued on or after September 22, 1996, but prior to April 2, 2001. However, one or more violations of the Food Stamp Act of 1977 (i.e., violations on or after March 1, 1979) which occurred prior to June 1, 1983, shall be considered as one offense when determining the appropriate penalty to impose in a case under consideration. Disqualification will apply only to the individual found to have committed IPV or who signed the waiver of right to an administrative disqualification hearing, and not to the entire household.

Duplicate Participation - defined as fraudulent statements or representations with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously.

1st Offense	120 Months
2nd Offense	120 Months
3rd Offense	Permanently Ineligible

Example: A man applies in Mississippi and states that he and his family have moved from Illinois. The local office verifies the current identity and Mississippi residence of the applicant, and a duplicate participation check reveals that the applicant has a case or was a participant in another case in Illinois. The applicant did not report the change to the office in Illinois. The ten-year disqualification **would not apply** in this situation because the applicant did not make a fraudulent statement with respect to residency or identity in order to receive multiple SNAP benefits simultaneously. The fact that the applicant did not report the change to the Illinois office does not constitute an attempt at duplicate participation. The ten-year penalty **would apply** if recertification was due for the case in Illinois and the applicant also attempted to participate in that location.

Example: A father applies for benefits for himself and his two children. However, the

children actually live apart from their father and are included in another SNAP household. The ten-year penalty would not apply here because the father did not give false statements regarding his identity or residence (he was only participating once). However, by including the children in his application, he would be subject to a 12-month disqualification (provided it is the first offense) if found guilty of IPV. If the father was included in both SNAP households, then the ten-year penalty would apply if there is a finding of IPV.

Conviction by a court for using or receiving benefits in a transaction involving the sale of a controlled substance.

1st Offense	24 months
2nd Offense	Permanently Ineligible

Any Trafficking Conviction (including Drugs) Involving $500 or More - conviction by a court of having trafficked benefits for an aggregate amount of $500 or more.

1st Offense	Permanently Ineligible

Firearms Trafficking Conviction of any Amount - conviction by a court of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives.

1st Offense	Permanently Ineligible

Violations Which Occurred on or after April 2, 2001:

Individuals found to have committed IPV, either through an administrative disqualification hearing or by a Federal, State or local court, or who have signed a waiver of right to an administrative hearing shall be ineligible to participate in the program as follows:

Application Fraud Including Non-Report of Changes
SNAP Trafficking Determined by Administrative Finding - ADH or waiver of ADH
Other Intentional Program Violation

1st Offense	12 Months
2nd Offense	24 Months
3rd Offense	Permanently Ineligible

IMPOSING DISQUALIFICATION

When the county receives notice that the individual has been found guilty of IPV through an Administrative Disqualification Hearing or by the signing of a waiver for the hearing, the worker will send the individual's household written notice via MAVERICS Notice F600, Notice of IPV Disqualification. The notice will advise the individual of the disqualification period (beginning and ending dates). The disqualification period shall begin the month following the guilty decision whether or not the household is certified.

NOTE: If the client signs a waiver, the decision of IPV from administrative hearings must be received before disqualification can be imposed.

Once a disqualification penalty has been imposed, the period of disqualification shall continue uninterrupted until completed regardless of the eligibility of the disqualified member's household. The procedures for handling the income and resources of the individual disqualified for IPV are outlined in **Chapter 7, SPECIAL CIRCUMSTANCES, Households With Excluded Members.**

Disqualification as a Result of an Administrative Disqualification Hearing or an Individual Signing the Waiver of Right to an Administrative Disqualification Hearing

If an individual is found guilty of IPV as a result of an administrative disqualification hearing, or if an individual signs the waiver of right to an administrative disqualification hearing, the individual will be notified of the decision by the Hearings Officer. If the client signed an Administrative Disqualification Hearing Waiver, the hearing office will send the client an **Administrative Disqualification Waiver Decision (F093)** through MAVS. When the county receives notice that the individual has committed IPV, the individual shall be disqualified in accordance with the disqualification penalties specified above. The worker will send the individual's household written notice via **MAVS Notice F600, or MDHS-EA-542, FS Notice of Disqualification.**

The notice will be sent by the worker **immediately** upon receipt of the hearing decision and **will not allow for a 10-day advance notice period,** but will advise the individual that disqualification begins with the very next month regardless of whether the individual or household is eligible or participating.

Example: If the IPV determination is received in the county on June 27, the individual will be notified and the period of disqualification will begin July 1. If disqualification is not imposed in a timely manner, a claim due to agency error will be established for

the months(s) the individual was not properly disqualified.

As outlined in **Chapter 10, ADMINISTRATIVE DISQUALIFICATION HEARINGS,** no further Agency administrative appeal procedure exists after an adverse hearing (other than the household's right to appeal the **amount** of the overissuance via the fair hearing process). However, the individual found to have committed IPV through an administrative disqualification hearing may appeal the decision to the courts. When an appeal to the courts is made, penalties for IPV resulting from the adverse Administrative Disqualification Hearing will not be imposed during the appeal process. The county will postpone disqualification and the repayment requirement until the appeal is heard by a court of appropriate jurisdiction and a decision rendered. The county shall then abide by the court's ruling.

No further administrative appeal procedure exists after a waiver to an administrative disqualification hearing has been signed and a disqualification penalty has been imposed. However, when an individual who has signed a waiver requests an administrative disqualification hearing prior to the day the disqualification period begins, he does have the right to a hearing. When such a request is made, the county will immediately notify the Hearings Unit of the request. The penalties for IPV will not be imposed during the hearing process. The county will postpone disqualification until a decision is rendered. The county shall then abide by the ruling of the hearing.

Court Imposed Disqualification

Fraud and Investigation will encourage prosecutors to recommend to the courts that a disqualification penalty as provided in the Food and Nutrition Act be imposed in addition to any other civil or criminal IPV penalties. A court of appropriate jurisdiction may order an individual disqualified from participation in SNAP for any number of months if the court finds that individual guilty of civil or criminal IPV.

If the court fails to address disqualification, the county will impose disqualification as outlined in **Disqualification When Court Fails to Specify**. In instances where the court orders a jail sentence and disqualification, the mandatory disqualification period will run concurrently with the jail sentence unless the court order specifies otherwise.

If the individual found guilty of IPV by the court appeals the court’s decision to a higher court, the penalties for IPV as imposed by the lower court will not be enforced during the appeal process. The county will postpone imposing disqualification until the appeal is heard by the appropriate court and a decision is rendered. The county shall then abide by the ruling of the court of Appeals.

When the county receives notice that an individual has been found guilty of IPV through court proceedings and that the court has ordered disqualification, the worker will send the individual's household written notice via **MAVS F600, SNAP NOTICE OF DISQUALIFICATION**, advising that the individual who committed IPV will be disqualified for the number of months specified by the court order. However, the county will only impose the remaining months of the disqualification period.

Example: If a court ordered a two-year disqualification period to begin July 8, 2005, but the court order was not received until July 26, 2005, the county should disqualify the currently certified individual from August 1, 2005 through July 2007. The month of July will not be a claim.

NOTE: When the court order designates a specific date for the disqualification period to begin, the disqualification period must begin with that date. When the court sets a beginning date and a time limit, an ending date is implied and followed when imposing disqualification. Disqualification does not depend upon certification in any case unless ordered by the court.

If the beginning date of disqualification is not specified in the court order, the worker will issue **MAVS F600**, imposing disqualification within 45 days of the date the disqualification was ordered. The notice will not allow for a 10-day advance notice period.

Disqualification When Court Fails to Specify

If the court fails to address or specify a disqualification period, the county will impose a disqualification period in accordance with provisions in this material unless disqualification is prohibited by court order. When the county receives notice that the individual has been found guilty of IPV through court proceedings, the worker will send the individual's household written notice via MAVERICS Notice **F600** advising that the individual found to have committed IPV will be disqualified for a specified period. The disqualification shall begin within 45 days of the date the court found an individual guilty of IPV and will not allow for a 10-day advance notice period, but will advise the individual that disqualification begins the very next month.

APPLICANTS WITH CURRENT DISQUALIFICATION

At application or reapplication, the eligibility worker must inquire on CLIM or CLIN screens in MAVERICS. This inquiry will display the CLRE screen which shows if the individual subject to the inquiry is associated with a claim. Following the CLRE screen, the Client Profile (CLPR) screen will be displayed, indicating possible disqualification of all adult household members. If

CLPR screen indicates a disqualification or notification of a decision of IPV is received involving a pended application, hold the notice of IPV until disposition of the application.

Upon notification that an individual has been found guilty of IPV through an administrative disqualification hearing or by signing a waiver for the hearing, the eligibility worker will send the individual's household written notice via MAVERICS notice **F600** or manual notice **MDHS-EA-542**. The notice will advise the individual of the disqualification period even though the individual may no longer be receiving SNAP benefits.

Disqualification Pended by Court Order

If, at application, an individual has a court-ordered pending disqualification, the first month of eligibility will be the first month of the disqualification.

Example: On May 15, 2006, an individual applies for SNAP. CLPR screen shows a court-ordered pending disqualification from November 2002. The application is approved in June and May is the first month of eligibility. Disqualification will begin with May.

Example: On May 15, 2006, an individual applies for SNAP. CLPR screen shows a six (6) month court-ordered pending disqualification from March 2002. The application is approved in June. The household was ineligible for May benefits and eligibility begins with June. Disqualification will begin with June.

Current (Ongoing) Disqualification

Disqualification shall be considered served if the time elapsed from the decision date is greater than or equal to the disqualification period. If the time elapsed from the decision date is less than the length of disqualification period, the individual shall be considered disqualified until the time elapsed is equal to the length of the disqualification period.

Example: The client applied on June 15. The county received notification of the IPV decision on June 20. The application was approved on July 12. June will be the first month of disqualification. NOTE: The county should contact the CMU to correct CLPR.

Example: The client applied on May 28, 2006. Data on the CLPR screen indicated a twelve (12) month disqualification period imposed in January 2006, with February 2006

the first month of disqualification. The application was approved in June with May the first month of eligibility. The disqualification should run concurrently through January 2007, therefore, May 2006 through January 2007 is the remaining period of disqualification.

Reporting Individuals Found Guilty of IPV

The disqualification periods, as outlined in **INTENTIONAL PROGRAM VIOLATION PENALTIES** earlier in this chapter, are based on previous offenses anywhere SNAP is operating; that is, previous offenses are not only those which occurred in the county or state of current residence of the individuals(s).

Example: A person was disqualified in Alabama for 12 months, later moved to Mississippi and was found guilty of IPV. The individual would be subject to a 24-month disqualification.

Example: An individual was disqualified in Florida for 12 months beginning in June 2006 and moved to Mississippi in August 2006. The individual would remain disqualified in Mississippi through May 2007.

In order to assist with determining if an individual was previously or currently disqualified, or subject to disqualification, FNS developed the National Disqualification Reporting Network (DRS). Claims Management staff enters SNAP disqualification data into MAVERICS via CLMA (Client Maintenance) screen, for newly disqualified individuals. This data is displayed on CLPR (Client Profile) screen and an alert is generated to the eligibility worker to recompute the case using the new data. Refer to **Disqualified Recipient Subsystem (DRS)** later in this chapter.

NOTE: For those clients with **court pended disqualifications**, the county shall notify the Claims Management Unit when a client with a pending disqualification is approved for benefits, so disqualification data can be entered on CLMA screen. When an individual with a court pended disqualification reapplies and is approved, the CMU must be notified via memorandum or mailbox.

SPECIAL HANDLING OF CASES WITH HOUSEHOLD MEMBER(S) DISQUALIFIED FOR INTENTIONAL PROGRAM VIOLATION

Procedures for handling the income and resources of a disqualified individual are outlined in Chapter 7, **SPECIAL CIRCUMSTANCES, EXCLUDED HOUSEHOLD MEMBERS**. A

one person household disqualified for IPV and a household that becomes ineligible as a result of a household member being disqualified are handled as discussed below.

Disqualification of One Person Households and Disqualification Which Results in Ineligibility for Remaining Household Members

When a one person household is disqualified for IPV or when an individual is disqualified for IPV and as a result the remaining household members are ineligible, the case will be closed. Once started, the disqualification period would continue uninterrupted until completed, regardless of the eligibility of the disqualified member's household.

Example: A member of a 4-person household is found guilty of IPV. As a 4-person household, the adjusted net income was less than the maximum. However, as a 3-person household the adjusted net income exceeds the maximum, making the remaining household members ineligible. When the individual who committed IPV is notified of disqualification, the remaining household members are notified on the same notice that they are no longer eligible during the period of disqualification. The case will be closed without a 10-day advance notice, and the individual who committed IPV will continue to serve the period of disqualification uninterrupted.

Household With a Disqualified Member in Which Remaining Household Members Remain Eligible

When the head of the household is disqualified for IPV and the remaining household members remain eligible, it is not necessary to close the existing case and reopen in the name of another household member. However, policy prohibits a person disqualified for IPV from acting as a representative or having access to benefits unless the disqualified person is the only adult member of the household to act on behalf of the household, and the worker has determined that no one else is available to serve as Representative. In these instances, the case record should be documented. Refer to **Chapter 8, REPRESENTATIVES.**

Disqualified Member Who Moves to Another Household During the Disqualification Period

If the disqualified household member moves to another certified household during the disqualification period and as a result, the new household's benefits are reduced due to adding the disqualified individual's income, the worker shall issue a notice of adverse action to the household of new residence to affect the change in benefits.

If a balance remains on the claim and no recoupment/payment is presently being recovered, the claim should than be transferred to this certified household for recoupment.

PURPOSE

Suspected IPV cases referred for prosecution which are determined to be IPV by the court and ordered to make restitution must be handled differently from cases determined to be IPV as outlined in the preceding material. This is due to the fact that a court order supersedes regulations issued by USDA. This material outlines the procedures the county must follow in handling court cases in which restitution has been ordered.

COURT-ORDERED DISQUALIFICATION PERIODS

A court of appropriate jurisdiction may order a mandatory disqualification period of any number of months. The court may prohibit disqualification, in which case the county will not impose a disqualification period. However, if the court fails to address disqualification, the county will take action to disqualify the individual found guilty of IPV for twelve (12) months for the first offense, twenty-four (24) months for the second offense and permanently for the third offense as outlined previously under **INTENTIONAL PROGRAM VIOLATION PENALTIES.**

Procedures for handling the income and resources of the individual disqualified for IPV are outlined in **Chapter 7, SPECIAL CIRCUMSTANCES, Households With Excluded Members**.

COURT-ORDERED RESTITUTION

Demand for Repayment is not made on an individual that has been court ordered to make restitution. However, a Repayment Notice is sent to the responsible household member notifying the individual of the guilty decision and claim amount.

The court may or may not order restitution. If the court finds the individual guilty of IPV, but fails to address restitution or if the individual agrees to repay after being found guilty of IPV but has not been ordered by the court to make restitution, then court-ordered restitution does not exist. In these cases, the claim will be handled in the usual manner, i.e., a demand letter will be issued and an agreement to repay completed, etc. However, if the court orders the individual to make restitution, either through the court or through the Agency, the claim will be handled as follows:

1. If disqualification is in order, MAVS **F600, Notice of IPV Disqualification,** will be issued. However, no demand letter will be issued for cases with court-ordered restitution, nor will the household be asked to sign **MDHS-EA-921, Overissuance Repayment Agreement**. The court order replaces this step.

2. Benefit reduction will not be applied to court-ordered restitution cases unless:
   a. The court order provides for benefit reduction; or
   b. The court notifies the Agency that benefit reduction is permissible; or
   c. The household voluntarily chooses benefit reduction and it is not prohibited by the court order.

NOTE: The court may order benefit reduction in an amount in excess or less than the amount specified in policy which is 20% or $10, whichever is greater. In court cases such as this, the Agency will adhere to the court order and reduce the benefit by the amount specified in the court order.

3. A court order which specifies restitution made through the court cannot be subject to agency enforced benefit reduction for failure to repay. If the individual who committed IPV fails to abide by the court order, Fraud Investigations will notify the Court of the individual's failure to repay in accordance with the Court Order.

NOTE: Although benefit reduction is not enforced, the individual may voluntarily debit the EBT account toward repayment of the debt.

4. The court may order repayment of less than the full amount of the overissuance. In cases such as this, the Agency will abide by the court order.

Note the following examples of court ordered restitution cases:

- The court orders restitution and specifies a monthly repayment amount payable through the court system, the due date for the first payment, and the length of time repayment will cover. A demand letter will be issued and the Agency will not attempt to obtain a written agreement. The court order replaces both. If payment is not made in accordance with the court order, Fraud Investigations will notify the court.

  The Agency will not contact the household and will not enforce benefit reduction. Fraud Investigations must monitor such cases to ensure the household complies with the court order.

- The court orders restitution and specifies a monthly installment amount and the length of time restitution will cover, but no due date for the first payment. A demand letter will not be sent. However, it is permissible to contact the household to ask when repayment will begin. In accordance with ongoing policy, all contacts will be documented. If the household fails to make the initial payment within a reasonable time period, (usually

within one month), Fraud Investigations will notify the court. No further action will be taken unless instructed by the court.

If the household makes the initial payment and thereafter fails to keep payments current on a monthly basis, Fraud Investigations will notify the court.

- The court orders restitution of the full amount of the claim and specifies a time limit in which full restitution is to be made, e.g., within 12 months. There is no due date, nor is a monthly schedule established. If the full amount has not been paid by the end of the 12 month period, Fraud Investigations will notify the court. No further action will be taken unless specifically authorized by the court.

- The court orders restitution but does not specify the amount due; nor does the court specify repayment terms. In this situation, the full amount of the claim is considered the amount due. A demand letter will not be sent. The household should be contacted to arrange repayment terms. It is permissible to ask the household to sign an agreement. If the household fails to make an agreement within a reasonable time period, (usually within one month), or fails to live up to an agreement, Fraud Investigations will notify the court.

Fraud Investigations (FI) is responsible for monitoring the progress of cases referred to court for prosecution of SIPV. In instances when no action has been taken by a court "within a reasonable period of time", Federal regulations allow for such cases to be referred back to state agencies to conduct administrative disqualification hearings. After a period of 9 months of inaction by the court, FI will petition the court in writing to have such cases returned for referral to Administrative Hearings for a determination of Intentional Program Violation.

NOTE: For case documentation purposes, Fraud Investigations must provide a copy of the court order to the Claims Management Unit (CMU) for scanning into the case record.

DEMAND FOR REPAYMENT

Upon approval of the claim, MAVERICS will generate a demand letter to the household which received the over issuance. This demand letter, which is considered the notice of adverse action, is available to the county on Notice History (NOHS) in MAVERICS.

Collection action may be pursued against any or all of the individuals who were adult members of the household at the time the over issuance began.

For purposes of this provision, an adult is any household member who was age 18 or older for at least one month during the period of over issuance. (Coded Y or R on OVC2)

If a change in household membership occurs, the Claims Management Unit must be notified via MDHS-EA-540A, Claim Status Report, or memorandum of the current address and food stamp case number of the household or the individual so that collection action will be initiated against the household or individual responsible for repayment of the over issuance.

A demand letter will be issued unless:

1. The Agency has documentation which shows that the household responsible for repayment cannot be located; or

2. The household has repaid the total over issuance amount.

In the event the household responsible for repayment is located after the county was initially unable to locate the household, the Claims Management Unit will be notified of the current mailing address via MDHS-EA-540A, Claim Status Report, or memorandum so that a demand letter may be mailed, if appropriate.

The demand letter, issued by MAVERICS, will inform the responsible household regarding:

1. The amount of the claim;
2. The intent to collect from all adults in the household when the overpayment occurred;
3. The type (IPV, IHE, AE) of claim and the reason for the claim;
4. The time period associated with the claim;
5. That the month-by-month claim calculations are available upon request;
6. The telephone number to call for more information about the claim;
7. The opportunity to inspect and copy records related to the claim;

8. That, if not paid, the claim will be referred to the Federal government for Federal collection;
9. That the household can make a written agreement to repay the amount of the claim prior to it being referred for Federal collection action;
10. That, if the claim becomes delinquent, the household may be subject to additional processing charges;
11. Unless the amount of the claim was established at a hearing, the opportunity for a fair hearing on the decision related to the claim. The household will have 90 days to request a fair hearing;
12. That the State agency may at its discretion reduce any part of the claim if the agency believes that the household is not able to repay the claim;
13. A due date or time frame to either repay or make arrangements to repay the claim, unless the State agency is to impose benefit reduction;
14. If benefit reduction is to be imposed, the percentage to be used and the effective date.

OVERISSUANCE REPAYMENT AGREEMENT - IHE/AE

A repayment agreement for IHE/AE over issuances consists of the following provisions:

1. The household must return the demand letter, signed by the head of the household or a responsible household member and indicate its preferred methods of repayment in the space provided, within 10 days as specified, or may call the telephone number (given in the top right portion of the letter) and arrange repayment with their worker.

2. In addition to the signed demand letter which states the individual's household agrees to repay, the household must agree to an acceptable repayment amount or benefit reduction amount as outlined in **REPAYMENT OF CLAIMS**. A month and year in which repayment or benefit reduction will begin will be designated. If the repayment agreement is made by telephone contact with the household, the worker will prepare a notice to the client detailing the repayment agreement and retain a copy for the case record.

The worker will inform the household that cash payment(s) for IHE or AE claims are due prior to the 16th day of each month in order to avoid enforced benefit reduction.

NOTICE TO CLAIMS MANAGEMENT UNIT, CLAIMS STATUS REPORT (MDHS-EA-540A)

MDHS-EA-540A, CLAIMS STATUS REPORT, or memorandum will be submitted to the Claims Management Unit when any of the following occurs:

1. Any information which may affect a claim or collection, etc., such as, but not limited to the household or client moves out of the state.

2. Change of address on inactive cases unless the change has been entered on ADDR screen in MAVERICS.

SUSPENSION OF COLLECTION ACTION

Suspension of collection efforts does not mean that repayment cannot be accepted. Suspension of collection action simply means that demand letters will not continue to be sent. The county is encouraged to personally discuss repayment of the claim with the household whenever repayment again seems feasible for the household. If at any time the household does agree to pay the claim, **MDHS-EA-540A,** or memorandum with this information should be submitted to the Claims Management Unit.

Demand/Delinquent Notices will be suspended after three have been issued, but the claim will be available for offsetting against future restoration, Federal Tax Offset, or other Federal benefits.

Regardless of whether the claim is being repaid, any restoration of benefits due the household must be applied first against any outstanding IPV claim; if no IPV claim exists, offset against any existing Suspected IPV claim, if no IPV or Suspected IPV claim exists, offset against any existing Inadvertent Household Error and Agency Error claim.

Although a claim may be terminated after it has been in suspended (SU) status for three years, collection action will be pursued through the Treasury Offset Program. This Program allows for a time frame of ten years from the date demand for payment was issued. The Claims Management Unit will notify the county via a claims termination list when a claim is terminated. Once terminated, it will not be used to offset against a restoration of lost benefits nor will payments be accepted.

REPAYMENT PROCEDURES

MAVERICS

MAVERICS is programmed to complete the required computations/reductions once proper codes are entered on the appropriate screen to initiate **BENEFIT REDUCTION,** as outlined in **Volume X, SNAP CLAIMS PROCESSING.** MAVERICS will compute the household's benefit reduction amount each time an issuance transaction occurs.

Claims Management Unit (CMU)

Following approval of all claims except those referred to Fraud and Investigations and trafficking claims, CMU staff will enter the recoupment plan and the percentage of recoupment on the OVCA screen. If recoupment is already in place for a prior claim, MAVERICS will enter a code automatically that effectively blocks recoupment for the second claim until the first claim is paid out. At the point the first claim is repaid, recoupment will begin on the second claim, and so on until all claims are recouped in full. If a certified household fails to respond within ten days to the demand letter, responds but fails to make an acceptable agreement, agrees to repay and subsequently fails to make a payment, or makes repayment of a lesser amount than originally agreed upon, benefit reduction will be automatic for the month following the month of the lesser payment, etc..

OUTSTANDING CLAIM BALANCE AT APPLICATION

When inquiry in MAVERICS at application indicates an outstanding claim balance on the CLRE screen, Claims Management Unit (CMU) must be notified immediately via **email** or MDHS-EA-540A. The CMU will transfer the claim if the responsible individual is participating in another case number. If the individual remains in the case containing the claim, the supervisor or County Director must access OVCA and enter a plan for benefit reduction to begin in the appropriate month.

Households identified as having an unpaid claim balance at the time of application, or those households which contain a member with an unpaid claim, **shall have benefits issued in the second month of the certification period reduced** for repayment of the claim. If the responsible person was in an active case in the prior month and recoupment was in progress, recoupment will continue uninterrupted in the new household even though the responsible person is not the head of household.

Example: A household with an outstanding claim balance reapplied for SNAP benefits on August 20. The requested information was furnished and the case approved on September 15 for prorated benefits of $50 for August and regular benefits of $175 for September. The combined August/September amount of $225 was issued in September. Recoupment may not begin until the regular benefit amount of $175 is issued in October, the *second* month of the certification period in which benefits are issued. In this same case, if requested information was provided, the case approved and prorated benefits of $50 were issued in August, recoupment of the regular benefit amount of $175 would begin in September, the second month of the certification period in which benefits were issued.

Example: John is a responsible person for suspected IPV in Mary's case and recoupment is in progress. Mary reported John moved from her home October 20. John's mother applied November 4 including him in her household. Via **MDHS-EA-540A** or Mail Box, the county must **notify** Claims Management Unit **immediately** to transfer the claim to the new case for recoupment. Recoupment should continue uninterrupted.

NOTE: Communication between the county and the Claims Management Unit (CMU) is critical in timing the transfer of a claim in order to prevent the loss of recouped funds and in determining in which case the claim should be placed, considering the person(s) responsible. Very often there is more than one household member responsible for repayment of a claim. If the claim is currently being recouped from a household which contains a member responsible, the claim will not be transferred to the new applicant's case for recoupment, but rather recoupment from the case currently being recouped will continue. However, if the new household contains the member found guilty of IPV, the claim will be transferred to the new household containing the guilty individual for recoupment.

REPAYMENT PROCEDURES FOR AE, IHE, SIPV AND IPV

The Agency will collect payment for administrative error (AE), inadvertent household error (IHE), suspected IPV (SIPV - not referred to Fraud Investigations or related to trafficking) and IPV claims, by cash or benefit reduction. The household has an option as to the method of repayment. If, prior to the tenth day, the household comes to the county office and requests benefit reduction, the eligibility worker can enter the plan. See **Volume X,** for MAVERICS instructions, etc. If the household failed to respond to the demand letter within the ten-day time frame, fails to make the required payment, etc., the plan entered at the time of approval of the claim will take effect automatically the following month.

Repayment Schedules

The Agency will collect payment for AE, IHE, and SIPV claims (not referred to Fraud Investigation or related to trafficking) in one of the following ways:

1. Lump Sum Cash Payments

   a. If the household is financially able to pay the claim at one time, the Agency shall collect a lump sum cash payment. (The household shall not be required to liquidate all of its resources to make one payment).

b. The Agency shall accept a lump sum cash payment for part of the claim if the household is financially unable to pay the entire claim.

c. The Agency shall accept a lump sum payment of food stamp benefits through deduction from the EBT account as partial or total payment of a claim.

2. Installment Cash Payments

a. For amounts which cannot be collected through a lump sum payment, the Agency shall negotiate a payment schedule with the household.

b. Payments shall be accepted in regular installments.

c. The household may use food stamp benefits as full or partial payment for any installment.

d. For certified households, the Agency shall ensure that the amount to be repaid each month is not less than the minimum monthly payment amount which could be recovered through benefit reduction (see below).

e. Once negotiated, the amount to be repaid each month shall remain unchanged, regardless of changes in the household's monthly benefits.

f. Both the Agency and the household shall have the option to initiate renegotiation of the payment schedule if it is believed the household's economic circumstances have changed enough to warrant such action, i.e., for the month the Agency will begin claim collection, the Agency must determine the amount that would be retained if the household's benefit amount was being reduced. If this amount is greater than the amount the household has agreed to pay in monthly installments, the household must agree to higher monthly installments or the household will be subject to benefit reduction. This assessment need only be done in the first month even if the household's benefit amount varies in subsequent months. The amount of the household's monthly cash installment will be renegotiated only if the Agency or the household requests renegotiation.

3. Voluntary Benefit Reduction

If currently certified, the household may choose to have their monthly food stamp benefits reduced as repayment of the claim. The household is required to make the minimum

monthly payment of $10 or 10% of the household's benefit amount, whichever is greater, as outlined below. The Agency may only reduce the allotment by $10 or 10%, whichever is appropriate, via benefit reduction. However, if the household wishes to pay more, the additional payment must be debited to the EBT account. If completed manually, the worker's computation of the reduction will be shown in the space provided on **MDHS-EA-521**, **Food Stamp Worksheet**, in accordance with instructions for the form found in the **GENERIC FORMS MANUAL**.

For the AE, IHE and SIPV:

a. The amount to be retained each month shall be the greater of 10 percent of the household's entitlement amount (the benefit the household would receive if the disqualified member(s) was included in determining household size) or $10. **NOTE:** Always round calculations ending in 1 through 99 cents **up** to the nearest dollar.

Example: A household's benefits are $188. Ten percent is $18.80 which is rounded to $19. This amount is greater than $10, therefore, $19 is the recoupment amount. If the benefit amount was $181, 10% is $18.10, which rounded is still $19, still greater than $10, making the recoupment amount $19.

b. The requirement for a $10 minimum benefit level for one and two person households shall apply to the benefits **before** reduction.

Example: If a one or two person household is eligible and only entitled to a $10 benefit per month, the minimum monthly payment is $10.00. Benefits due the household is zero.

c. MAVERICS will compute the household's benefit reduction each time the budget has been reworked, at the time an issuance is transacted. For additional information involving these procedures, refer to the **Volume X, OVER AND UNDER PAYMENT**.

For IPV:

a. For IPV claims the amount to be retained each month shall be the greater of 20 percent of the household's entitlement (i.e., the benefits the household would be receiving if the disqualified member(s) was included in determining household

size) or $10, whichever is more. **NOTE**: Always round calculations ending in 1 through 99 cents **up** to the nearest dollar.

Example: The household normally consists of four people. The household is beginning to repay the claim during the period of disqualification for one household member, so the household size is three for this period.

Assume the household's net income (including the disqualified member's income and deductions) is $400 a month. The household's entitlement is $250, (this is the benefit level for a four-person household with $400 income.) The household's actual benefits for a three-person household is $172.

The amount of the benefit reduction is calculated on the entitlement as follows:

Twenty percent of $250 = $50, this is greater than $10; therefore, this is the amount retained. This amount is subtracted from the $172 benefit level so the benefits the household is authorized for this month is $122.

NOTE: When determining the minimum monthly payment, always round calculations ending in 1 through 99 cents **up** to the nearest dollar.

The amount reduced may vary monthly if the household's entitlement and/or benefit amount changes. If benefit reduction brings the benefit level down to 1, 3 or 5 dollars, round to the nearest 2, 4 or 6 dollar amount. If proration is involved, prorate first, then compute the benefit reduction.

MAVERICS will compute the household's benefit reduction each time the budget has been reworked, at the time an issuance is transacted. For additional information involving these procedures, refer to **Volume X, OVER AND UNDERPAYMENT**.

If the household agrees to repay the AE, IHE or SIPV claim, the worker will complete AND have the client sign the demand letter and place a copy in the case folder.

4. Involuntary Benefit Reduction

If currently certified and the household fails to respond to the demand for repayment within the 10-day time frame, responds but fails to make an acceptable agreement, agrees to repay

and subsequently fails to make a payment, or makes repayment of a lesser amount than originally agreed upon, the plan for recoupment entered by Claims Management Unit will automatically enforce benefit reduction effective the following month. For additional discussion, see **ENFORCED BENEFIT REDUCTION FOR FAILURE TO TIMELY RESPOND OR REPAY** later in this chapter. The reduction will be the minimum monthly payment or a percentage of the household's benefits, whichever is greater. If the household wishes to pay more, the additional payment must be debited from the appropriate EBT account. The minimum monthly payment will be computed as outlined above for Voluntary Benefit Reduction.

NOTE: For IPV claims, if 20% of the household's entitlement with the disqualified household member in the budget is greater than the household's benefits, the Agency can ask for cash payment of the excess, but cannot force payment of the excess, i.e., 20% of the entitlement with the disqualified member included is $12; the actual benefits, after rounding, with the member removed is $10. Payment of the $2 excess can be requested but not forced. The only exception would be a court-ordered payment.

MAVERICS will make the correct calculation when the participation code of the disqualified individual is "**DF**." MAVERICS will compute the household's benefit reduction each time the budget is reworked, at the time an issuance is transacted.

REPAYMENT PROCEDURES FOR HOUSEHOLDS WITH MULTIPLE CLAIM TYPES AND/OR MULTIPLE CLAIMS (AE, IHE, SIPV AND/OR IPV)

Benefit reduction will **NOT** be enforced on more than one claim at a time, nor may voluntary benefit reduction be done on more than one at a time. However, the household may voluntarily repay through cash or EBT payments.

If a household has more than one claim type, e.g., AE and IPV, collection of the IPV claim will take priority (see exception later in this discussion). This is also true for combination claims, i.e., claims which include more than one type of over issuance, such as AE, IHE and/or SIPV or IPV, on the same claim. See **REPAYMENT PROCEDURES** for the appropriate claim type for detailed instructions on repayment of claims, earlier in this chapter. Under no circumstances shall the recoupment be a total of more than $10 per month or twenty percent (20%) of the original entitlement amount, whichever is greater.

Example: If a household has both an IHE and an IPV, once the member serves the disqualification period the reduction should be as follows: The household's monthly benefits are greater than $10. The IPV formula is applied to the household's original benefit yielding $18 (20% or $18 is greater than $10) to be recouped against the IPV claim and zero to be recouped against the IHE claim.

NOTE: The results for the example given above could be different while the disqualified member is excluded since the IPV formula during that time is based on the household's entitlement, not the benefits.

Some households may have more than one AE, IHE, SIPV or IPV claim. SIPV and/or IHE claims shall be recouped in sequence. Where two or more claims exist, recoupment of an IPV claim takes priority. However, if recoupment of a non-IPV claim is already in progress, the recoupment will not be stopped until the full amount of that claim is paid.

When there are multiple claims of the same receivable type, recoupment will be made on the oldest claim first.

ENFORCED BENEFIT REDUCTION FOR FAILURE TO TIMELY RESPOND OR REPAY

The county will enforce benefit reduction for AE, IHE, SIPV and IPV claims (not court-ordered) when the household is currently certified and fails to respond within the allotted time frame or fails to make timely payment on the claim. Benefit reduction will be applied when the household:

Fails to respond within 10 days to Demand for Repayment of AE, IHE, SIPV or IPV

If a household is currently participating and fails to respond to the demand letter **within 10 days** of the date the notice is mailed, the Agency will collect through enforced benefit reduction.

Example: If a demand letter is sent to the household on July 5, the household has until July 15 to respond or benefit reduction will be imposed by the Claims Management Unit to be effective August 1, without further notice.

Fails to Meet an Arranged Payment Schedule for either AE, IHE, SIPV or IPV

When the household agrees to repay the AE, IHE, SIPV or IPV claim either in a lump sum or installments and subsequently fails to make a payment, or makes repayment of a lesser

amount than originally agreed upon before the 16th day of the month in which the payment is due, the Claims Management Unit will take appropriate action to affect benefit reduction for the following month.

The Agency is not required to send a notice of adverse action, i.e., a 10-day advance notice is not required.

Any cash payments made after the due date can be accepted and credited to the AE, IHE, SIPV or IPV account. However, benefit reduction will continue unless the worker agrees to renegotiate the agreement. Renegotiation (completing a new **MDHS-EA-921, Over issuance Repayment Agreement)** is required before benefit reduction authorization is withdrawn even though renegotiation may result in accepting the original payment plan.

The worker has the option of accepting the renegotiated plan or continuing the benefit reduction.

Renegotiating Repayment Agreement

1. Benefit reduction will continue until the month in which the first payment, based on the renegotiated agreement, is due.

2. If the household wishes to make the delinquent payment during the month in which the payment was due (i.e., payment due prior to October 16 but not made until October 23) the payment can be accepted. However, benefit reduction will still be applied beginning with the following month unless a repayment agreement is renegotiated to be effective the following month.

   If the delinquent payment is made, as outlined above, and the worker accepts a renegotiated agreement to be effective in the following month, the worker will authorize the full benefit amount to which the household is entitled, to be effective the first of the following month. If it is so late in the month that the change cannot be completed by the last day of the month, the worker will authorize a supplement for the amount of the previously authorized benefit reduction. Note that the worker has an option in renegotiation, and if it is late in the month, the new agreement may be effective a month later.

   1. There may be instances when a household makes an initial agreement to make cash installment payments and does so for a period of time until no longer certified for some reason. If the agreed upon payments are not made in the months the household is not

certified, the household responsible for the over issuance will be asked to make all delinquent payments, in which case the initial agreement remains in effect. If these payments are not made prior to certification, the worker has the option of:

a. Enforcing benefit reduction at the time of certification, or

b. Renegotiating the agreement prior to certification. In renegotiating, the worker should make an effort to obtain an agreement for larger payments in order to recover the repayment missed provided the household's circumstances are such that larger payments will not create undue hardship on the household.

MAVERICS NOTICES

The MAVERICS notices listed below include a check-a-block statement which informs the household that the food stamp benefit will be reduced due to recoupment of an over issuance. No further notice of adverse action is required after **MAVERICS X020, Food Stamp Repayment Notice** has been sent. When the claim is approved and recoupment is involved or when there is a change in benefit amount, the eligibility worker will check the block for this statement and enter the 10% or 20% recoupment, whichever is appropriate. If recoupment is via court order, the dollar amount specified by the court will be entered.

F101, Food Stamp Approval
F102, FS Application Approval/Expedited
F300, FS Change Notice-Decrease in Benefits
F302, FS Decrease: Non-Adverse Action

PAYMENTS

All cash payments must be in the form of a money order or cashiers check made payable to **Treasurer, State of Mississippi**. The money order or cashier's check cannot be altered in any way. This includes white-outs, cross throughs, or erasures. If the money order or cashier's check is made payable to the SNAP office, it can be accepted but must be endorsed on the back exactly as it is worded on the front, with the county stamp below the endorsement.

If payment by money order or cashier's check is received in the county, an addressed envelope will be provided for the client to mail to Budgets and Accounting or the county will forward the envelope via the State Office mail if the client wishes. A MAVERICS generated receipt will be issued to the client the month after the month the payment is posted. This receipt will include the amount paid and balance remaining on that claim/recoupment number only.

VOLUNTARY REPAYMENT FROM EBT ACCOUNTS

The household may request a voluntary payment to be debited from the SNAP EBT account. The **MDHS-EA-921, Over issuance Repayment Agreement**, will be completed for voluntary repayment.

REPAYMENT FROM STATE EBT ACCOUNTS

A report will be generated for the Claims Restitution Unit (CRU) listing the cases with an outstanding claim balance. The system-generated notice, the **X061, SNAP Inactive EBT Account/Claim Payment,** will be issued to notify the households that the balance in their accounts will be applied to a SNAP claim if no written objection is received.

If the client objects in writing to this repayment process, it will not be performed. Individuals issued the X061 will have 10 days from the date of the notice to object to the process by signing and returning the notice to the CMU. The CMU address and telephone number is listed on the notice; however, clients may still send responses to the county office. If this occurs, the response must be faxed to the CMU on the same day it is received.

If no objection is received from the client during the 10-day period, MAVERICS will transfer the funds and apply them to the outstanding claim. An amount up to the balance on the claim may be transferred. Any balance remaining in the EBT account will be expunged after 365 days of inactivity. Once it is posted in MAVERICS, the transaction can be viewed on the Recoupment History (REHI) screen.

If no response is received from the client during the 10-day period, but it is determined that the EBT account has been reactivated or the case status in MAVERICS is open or received, the claim repayment will not be completed. Whenever a client wishes to make a voluntary claim repayment, county staff should follow procedures already in place for these repayments.

Repayment of claims from EBT accounts will improve claims collections and retention. The county
must promptly notify the CMU if a client returns a signed notice to the county office.

CLAIM ADJUSTMENTS FROM EXPUNGED BENEFITS

After 365 days of inactivity on a food stamp Electronic Benefit Transfer (EBT) account, benefits

will be expunged (removed) from that account. If there is an outstanding claim in active (AC) status, the expunged benefits will be used to adjust the claim amount.

Expungement Documentation in MAVERICS

As EBT account benefits are expunged, the information is reflected on the Issuance History (ISHI) screen in MAVERICS. The "Issuance Status" field will show "EXPUNGED" to indicate that some or all of that month's Food Stamp benefits have been removed from the EBT account. The "Status Date" filed will show the date that benefits were expunged in the EBT account.

Claims Adjustment Process

The daily expungement file from the EBT system will be matched with information on the Recoupment History (REHI) screen in MAVERICS. The Claims Management Unit (CMU) will receive a report of the match cases. CMU staff will process a claims adjustment by accessing the Over issuance/Claims Authorization (OVCA) screen and entering the amount of the adjustment and
expungement code in the Adjustment Reason field. This information will then be reflected on the Recoupment History (REHI) screen along with the new claim balance.

TREASURY OFFSET PROGRAM

The Treasury Offset Program (TOP), amended by the Debt Collection Improvement Act of 1996, collects on delinquent food stamp debts. A food stamp claim is a Federal debt. TOP encompasses several collection methods including offsetting Federal payments such as Federal income tax refunds, Federal salaries, retirement benefits and other payments. States are required to refer claims which are delinquent for at least six months to TOP. All claim types are subject to TOP referral including Agency Error claims. Claims in which collection is coordinated through the court system are not subject to the requirements for delinquent debts.

Prior to a claim being referred to TOP, a sixty day notice is mailed to the delinquent household, which affords them an opportunity to initiate a repayment agreement with the CMU to avoid TOP offsets. TOP is intended to collect on closed cases. Claims should be transferred when a responsible member moves from a closed case to an active one so benefit reduction can be implemented. When a closed case which has been referred to TOP becomes active, benefit reduction should be implemented to collect on the claim. For the period that benefit reduction is in force on any referred claim, TOP activity is suspended. If the case closes, the claim will become active in TOP, unless the household pays the claim in full.

Prompt repayment of claims should be discussed with every household on which a claim is established. Individuals referred to TOP are subject to additional administrative fees charged for collection on the claim. If Federal payments are received monthly, the administrative fees are charged monthly. This results in the individual paying much more than the original claim amount.

PAYMENT RECEIVED PRIOR TO PREPARATION/APPROVAL OF CLAIM

When payment is made before a claim has been approved by the Claims Management Unit, the payment will be transmitted daily to the Claims Management Unit.

NOTE: When this situation occurs, the Claims Management Unit must be notified immediately via Mail Box to ensure that this claim is handled as soon as possible. Payment on a claim will include a restoration offset against the claim.

A county warrant or designated county official's check may be accepted in payment of court-ordered repayment of IPV.

OUTSTANDING CLAIMS AND BANKRUPTCY

When the County Office becomes aware that bankruptcy has been filed by a client/household with an outstanding claim balance, the following action should be taken immediately:

1. If collection action **has not** been initiated, **delay initiation of collection action** until receipt of notification of final court action.

2. If collection action **has** been initiated, **stop all collection action on all claims**, AE, IHE, SIPV, and/or IPV; this includes payments via benefit reduction, offset of benefits and/or cash payments, voluntary or otherwise, as well as court ordered payments.

   To stop benefit reduction, the Claims/Restitution Unit must access **OVCA** screen and make the appropriate adjustments. The county, using **MAVERICS Notice F303, FS CHANGE NOTICE-INCREASE**, should notify the client of the action taken and document the case record accordingly.

   Example: If the notification of bankruptcy is received on August 10, the Claims Restitution Unit shall, within ten days, follow the procedures outlined above and stop collection action **effective September 1.**

In the event notification is received too late in the month to stop benefit reduction effective the first of the following month, action shall be taken to stop benefit reduction the first of the second month which follows the month in which notification was received.

Example: On August 28, the county receives notice that a household which is repaying a claim via benefit reduction has filed for bankruptcy. Allowing the worker 10 days to make the change, the change must be completed by September 7, to be effective October 1.

Failure to act within appropriate time frames may require a restoration of benefits.

Example: Failure to stop benefit reduction for October 1 (in the example given above), will require a restoration of the amount of the recoupment for October and all months following until recoupment is stopped or notification to continue the recoupment is received.

3. **Immediately** notify the Claims Management Unit via memorandum and attach a copy of the notification of bankruptcy received by the county. Place a copy of both in the case record.

   The Claims Management Unit will notify the Attorney General's Office and take any steps necessary to cease any collection notices or other action which involves the Claims Management Unit in collection of the claim(s). The Attorney General's Office will represent the interests of USDA/FNS/MDHS in court and notify the Claims Management Unit when collection activity may be resumed. The Claims Management Unit will then notify the county office of the action taken by the Bankruptcy Court and provide any needed changes.

Any amounts collected on claims through bankruptcy proceeding will be handled in the same manner as other collections on claims.

OVERPAYMENTS ON CLAIMS

There may be instances when a food stamp household overpays the total over issuance amount due. This may be the result of the household overpaying in cash via money order or cashier's check.

When Overpayment Is in Cash

When the overpayment is made in cash, i.e., cashier's check or money order, the CMU will initiate a request for a refund for the household via memorandum to Budgets and Accounting.

When Overpayment Is Debited from The Appropriate EBT Account

A restoration will be issued to households who overpay the total over issuance amount due by returning too many benefits or the Agency inadvertently overpays the account via benefit reduction.

When Overpayment Is a Combination of Cash and Benefits

In the event the over issuance is overpaid with a combination of cash and/or benefit reduction, a restoration will be issued.

NOTE: Prior to authorization of a restoration the worker shall ensure that the amount overpaid and the amount due the household is correct.

In addition, whenever a restoration is authorized for reasons outlined above, the CMU will notify **Budgets and Accounting** via memorandum of the amount restored to the household.

At this time **Budgets and Accounting** must make an adjustment in MAVERICS to reflect the restoration made to offset the overpayment. This adjustment must be reflected on the recoupment history **(REHI)** screen.

INTRODUCTION

Disqualified Recipient Subsystem (DRS) is the national reporting system to which individuals found guilty of IPV are reported. MAVERICS will be the primary source of information necessary for reporting, and, as much as possible, handling verification of matches from other states will be contained in the Claims Management Unit. Action on matches and notification to the client will remain a county responsibility. DRS will enable staff to determine the appropriate period of disqualification an individual should serve, as well as prevent the certification or participation of individuals who are currently in a disqualified status imposed by another state.

Prior to taking action to disqualify any individual, verification of the disqualification must be obtained from the state in which the individual was found guilty of Intentional Program Violation.

The Claims Management Unit will provide verification of disqualification matches found through DRS. The Claims Management Unit is responsible for furnishing to other states copies of documents that verify and support Mississippi's disqualification decisions. This includes documents such as, but not limited to, signed disqualification consent agreements, court determinations, waivers signed by the client which waive the right to an Administrative Disqualification Hearing, the hearing officer's decision, and the notification of disqualification.

The Claims Management Unit is responsible for contacting the state which reported the disqualification to DRS to obtain the documentation necessary for taking action to disqualify, and upon receipt of documentation will notify the county that the individual may or may not be disqualified.

A record of the disqualification must be contained either in Interwoven/Worksite or notice history in MAVERICS. Otherwise, if documentation is not available to properly verify the disqualification, the information for that particular individual and disqualification will be deleted from DRS.

Any delay in timely disqualification will result in preparation of a claim. Therefore, it is important to inquire on each adult household member of ALL applicant households as well as each adult added as a new member to current certified households.

DRS MATCH ON APPLICANT HOUSEHOLDS

If, on inquiring into DRS prior to or during the interview, an ongoing disqualification is discovered, the eligibility worker should discuss the match with the household during the

interview. At this time, the applicant may choose to sign form **MDHS-EA-542A, ACKNOWLEDGMENT OF IPV DISQUALIFICATION**, to acknowledge that a disqualification for IPV did occur in another state, thus agreeing to implementing disqualification. In addition to having the client sign **MDHS-EA-542A**, the worker must also have verification from the Claims Management Unit that this is indeed the necessary hard copy documentation. In order to obtain this information, the EW must print the MAVERICS screen, either DRIS or DRPR, and send it, attached to **MDHS-EA-540A**, to the Claims Management Unit. The Claims Management Unit will secure the necessary verification and return the forms to the county. At this time, the county will take the necessary action to impose disqualification, if appropriate. When the hard copy verification is received from the other state, copies will be transmitted to the county. All these verifications must be filed and/or documented in the case record.

Applicant Households Entitled to Expedited Service

Applicant households entitled to expedited service shall not have their benefits delayed beyond the timeframes allowed for expedited service while awaiting verifying documentation. If the individual is a member of an applicant household entitled to expedited service, the request will be for the other state to fax the material to the Claims Unit. Upon receipt of the documentation, the Claims Unit will notify the county office that the individual may or may not be disqualified. Verification of DRS match information shall not delay expedited service beyond the time frame allowed. A claim shall be established against the household for any benefits overissued prior to imposing a disqualification which was delayed pending receipt of verification. Ongoing policy for postponed verification involving expedited service shall be applied.

All Other Applicant Households

When DRS produces a match on a member of a household applying for food stamp benefits, the Claims Management Unit may give **verbal** verification of the disqualification which the Eligibility Worker **MUST** document in the case record. If not discussed with the client and handled during the interview, the worker will inform the household of the information by sending notice **MDHS-EA-942**, **REQUEST FOR INFORMATION,** with **MDHS-EA-542A** attached, to give the household a reasonable opportunity to respond, possibly by signing **MDHS-EA-542**.

If the household member agrees with the verbal verification from the Claims unit and signs **MDHS-EA-542A;** and the case is documented to reflect the verification by the Claims Management Unit, the worker then has the necessary verification to make a determination on the member's eligibility without waiting for the written documentation. Even so, the hard copy

documentation must be obtained from the Claims Management Unit to ensure sufficient evidence of verification is available should the household member request a fair hearing on the action taken to impose disqualification.

If all the steps outlined above are completed, implementation of disqualification shall **NOT** be delayed while awaiting hard copy documentation for verification.

If the member denies the verbal information received from the Claims Management Unit, the written documentation must be obtained prior to taking further action to impose disqualification. While waiting for the written documentation, the application must be held pending. As is the case with any application held pending receipt of additional information that affects eligibility and benefit level, by the 30th day following the date of application the household must be notified that its application is pending and why. The Claims Unit will have notified the county of the date of the request to the other state for written documentation verifying the disqualification. If the information has not been received by the 30th day following the date of application, the application may be held for an additional 30 days from the date the Claims Unit contacted the other state to request the written documentation which will verify the DRS match. Please refer to ongoing policy in **Chapter 8, Action on Delays Caused by Worker and Delays of 60 days or longer, item 1**, as both are applicable in these situations and proration does not apply.

If the member is found to be ineligible due to disqualification, but the household as a whole is eligible, the Eligibility Worker must inform the household via **MAVERICS F600, NOTICE OF DISQUALIFICATION**, that a member will be ineligible until the appropriate period of disqualification has been served. The Eligibility Worker then should determine the remaining household's food stamp benefit level according to ongoing policy.

DRS MATCH AGAINST PARTICIPATING HOUSEHOLDS

When a DRS match indicates a member of a participating household should be serving a disqualification imposed by another state, the procedure outlined above for obtaining verification will be followed. Once the penalty is imposed, the disqualification period shall continue uninterrupted until completed. If the household member affirms that he/she is currently serving a disqualification imposed by another state, the Eligibility Worker must calculate the time remaining in the individual's period of disqualification.

DISQUALIFICATION PERIOD ENDED WHEN VERIFICATION RECEIVED

If the disqualification has ended by the time the Eligibility Worker receives the verification, the member shall continue to receive benefits, provided he/she remains otherwise eligible. A claim against the household will be completed for any benefits overissued as a result of the disqualified individual's participation during the period of disqualification.

DISQUALIFICATION PERIOD NOT ENDED WHEN VERIFICATION RECEIVED

If a month or more remains in the disqualification period, the Eligibility Worker will notify the household member that he/she is no longer eligible for food stamp benefits for the remainder of the disqualification period. The remaining household members will be informed of their eligibility and benefit level. A claim against the household will be completed for any benefits overissued as a result of the disqualified member's participation during the disqualification period.

FAIR HEARING

The individual and the household do have the right to request a Fair Hearing to dispute the information/documentation and/or to contest the decision of the action taken in the case. Although the Fair Hearing cannot overturn the decision that an Intentional Program Violation was committed by the household member, the client does retain the right to seek to have the IPV guilty decision overturned in a Court of appropriate jurisdiction. The Fair Hearing will be conducted and a decision rendered by the National Office of USDA/FNS. During this period, the household will **NOT** be entitled to continued benefits.

NOTIFICATION TO PARTICIPATING HOUSEHOLDS

When the Eligibility Worker becomes aware through DRS that a participating household contains a member who would be serving a penalty for disqualification imposed by another state, a Notice of Adverse Action (10-day notice) is required. Current policy does not allow for 10-day Adverse Action notification for disqualification imposed in the State of Mississippi. The 10-day notice is required **ONLY** on DRS disqualifications.

CLAIMS

Ongoing policy will be applied when preparing a claim for months of participation when the client should have been disqualified. In these situations, claims will be established as Inadvertent Household Error (IHE). However, if staff can prove the intent necessary for an Intentional

Program Violation (IPV), the claim can be established as Suspected Intentional Program Violation (SIPV).

INTRODUCTION

The **Claims Data Base** was created to allow TANF and SNAP overpayments to be identified, worked and tracked via automation, using a combination of MAVERICS and a new data base.

The Claims Data Base allows entry of household members, income, resources, and/or expenses necessary to calculate the correct monthly benefit, i.e., the **benefit level that should have been issued as well as the claim narrative.** MAVERICS retains the information originally entered to determine the benefit actually received by the household.

IDENTIFYING/PREPARING A CLAIM

When a claim is discovered, the Eligibility Worker will access **OVCA** screen and enter the code signifying discovery of a claim, following instructions given below.

The claim must be prepared or coded deleted (**DE**) in the Claims Data Base **within 6 months of the date of discovery,** following the guidelines listed below:

1. Identify the claim in MAVERICS by entering the code **ID** on **OVCA** screen.

2. An overnight process will automatically cause all case data and paid benefits to be copied into the Claims Data Base **and** change the claim status on **OVCA** screen to **WK** in MAVERICS as well as in the Claims Data Base. At this point the claim is available for calculation of overissuance in the Claims Data Base. Paid benefits will continue to be copied into the Claims Data Base by a weekend process as long as the claim remains in **WK** status.

3. Enter the case number, correct recoupment number and program type on **SEOO** to ensure proper claim preparation. Complete OVN1 prior to working the budget.

4. In calculating the claim, work through each month of the claim, entering the information required. Overissuance details will be displayed on **FSSU** screen, i.e., months of overissuance, amount household received, amount household should have received and amount of overissuance. In the **Claims Data Base only,** code earned income which was not reported timely as **UR** on **EAIN** screen.

5. Complete the narrative portion using the screen(s) **OVN 1-5**.

6. **OVC2** is the tracking screen for all individuals responsible for repayment of a claim. All members associated with the case will be displayed on this screen. It is necessary to correctly identify all adults, age 18 or older in at least one month during the overissuance period, to insure correct collection procedures. (For instructions and correct codes see Volume X.)

7. When the AE or IHE claim is prepared the County Director or Supervisor must complete a **second party review** for accurate policy application and, either approve or delete the claim in the Claims Data Base. SIPV claims should be reviewed and pended (PE).

8. When the SIPV claim is pended it is available for the Claims Management Unit to provide a **third party review**. The Claims Management Unit will approve or deny the claim and make the appropriate referral for either an administrative disqualification hearing or fraud investigation.

9. Except for SIPV claims submitted to Fraud Investigations and trafficking claims, upon approval of AE, IHE or SIPV claims, the supervisor or County Director or the Claims Management Unit will enter appropriate codes on **OVCA** screen for automatic benefit reduction to be effective the first month following expiration of the 10-day notice, **X-020, MAVERICS SNAP Repayment Notice**. If the client responds within the 10-day time frame and prefers to repay the claim in cash, the Supervisor/Director must remove the recoupment plan and amount from **OVCA** screen.

NOTE: Preparation of claims should be considered an important responsibility of county staff. It is imperative that **ALL FACTS** of a suspected overissuance are investigated, verified and the claim thoroughly reviewed prior to submittal for approval to the Claims Management Unit. Approval of a claim and a guilty decision for a client may have serious consequences to the client such as: felonies, incarceration, permanent disqualification, fines and/or loss of employment. (A food stamp claim is a federal debt). Collection may be pursued on **ALL** adult household members, (except those involving court orders) through various means and it is important that adult members are properly identified on **OVC2** screen.

SPECIAL HANDLING

Combination Claims

Cases with an overpayment in both TANF and SNAP must be identified by program and worked simultaneously for cost effectiveness.

SNAP combination claims are those having different types of overissuances for the same time period, i.e., AE, IHE and/or SIPV occurring during the same time period. If an SIPV is included in the combination claim, it must be identified first as recoupment 001 or the next available recoupment number with other claim types, IHE, AE, following.

If two SNAP claim types are identified and one is a strong case for SIPV and the other is AE or IHE, the worker must complete the narrative explanation, basic data and responsible person(s) entries for the SIPV claim type first. The narrative for the second claim type may then be cross-referenced to the SIPV recoupment number since this claim type, if approved, is most likely to become permanent data in the case when connected to DRS. Do not attempt to cross-reference narratives unless the time periods of the overissuance are the same and the claims are prepared together.

NOTE: Anytime there is a combination of AE with an IHE and/or SIPV claim in SNAP, the AE claim budgets must be worked first before the other type(s) in order to calculate the correct overpayment for each affected month.

Supplements/Restorations

When two benefits are issued for the same month only **ONE ISSUANCE** is copied from MAVERICS into the Claims Data Base during the overnight process. The MAVERICS Help Desk must be notified via the **E-100, Help Desk Control Form,** to move the second issuance into the Claims Data Base.

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Revised 04-01-06

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[RESTORATION: DETERMINING IF BENEFITS WERE LOST]

Revised 10-01-10

GENERAL

SNAP benefits will be restored for specific month(s) in which it is determined that due to agency error the household did not receive the SNAP benefits to which it was entitled for any one of the following reasons:

1. SNAP benefits were erroneously delayed, denied, or terminated.

2. The county issued an incorrect benefit which was less than the amount the household was entitled to receive.

3. A fair hearing decision is in the claimant's favor, and the claimant participated at an adjusted basis of issuance while awaiting the decision.

4. An IPV disqualification is subsequently reversed by a court of appropriate jurisdiction.

5. State Operations indicates that certain households in special situations are eligible for restoration of lost benefits.

CRITERIA FOR ESTABLISHING THE RESTORATION

Benefits shall be restored for not more than twelve months prior to whichever of the following occurred first:

1. The date the agency receives a request for restoration from a household; or

2. The date the agency is notified or otherwise discovers that a loss to the household has occurred.

EXCEPTION

For Categorically Eligible Households (all members receive TANF or SSI) ONLY, a restoration may be authorized for longer than 12 months, if appropriate. Refer to Chapter 7, CATEGORICALLY ELIGIBLE HOUSEHOLDS, for additional information for determining the amount of restored benefits due these households.

The agency shall restore to the household benefits which were found by any judicial action to have been wrongfully withheld. If the judicial action is the first action the recipient has taken to obtain restoration of lost benefits, then benefits shall be restored for a period of not more than twelve months from the date the court action was initiated. When the judicial action is a review of the agency action, the benefits shall be restored for a period of not more than twelve months from the first of the following dates:

1. The date the agency receives a request for restoration; or

2. If no request for restoration is received, the date the fair hearing action was initiated; but

3. Never more than one year from when the agency is notified of, or discovers, the loss.

The twelve-month count will not include the month of discovery of the possible loss or the month the fair hearing was requested.

If the agency determines that a loss of benefits has occurred, and the household is entitled to restoration of those benefits, the agency will automatically take action to restore any lost benefits. No action by the household is necessary. However, benefits will not be restored if the benefits were lost more than 12 months prior to the month the loss was discovered by the agency in the normal course of business, or were lost more than 12 months prior to the month the agency was notified in writing or orally of a possible loss to a specific household. Benefits will be restored even if the household is currently ineligible.

Example: Due to agency error, a household was issued a smaller benefit amount from January through June than it should have received. This is discovered the following year in March by a worker reviewing that certification. The household is entitled to restoration for each month it participated from March through June. Lost benefits will not be restored for January and February as it exceeds the 12 months.

For each month affected by the loss, the worker will determine if the household was actually eligible. In cases where there is no information in the household's case file to document that the household was actually eligible, the worker will advise the household of what information must be provided to determine eligibility for these months. For each month the household cannot provide the necessary information to demonstrate its eligibility, the household shall be considered ineligible.

CALCULATING THE RESTORATION

After excluding those months that cannot be considered due to the 12 month time limit, the worker will calculate on Form MDHS-EA-521, Food Stamp Worksheet, the benefit the household should have received. If the household received a smaller benefit amount than it was eligible to receive, the difference between the correct benefit and the benefit amount actually issued equals the amount to be restored.

The worker will calculate the month(s) affected by the loss as follows:

1. Benefits are considered to be erroneously delayed, denied, or terminated when a benefit amount is not received by an eligible household for the month(s) of entitlement due to agency error. The month(s) affected by the loss will be calculated as follows:

    a. If an eligible household's application for recertification was erroneously delayed,

the first month the loss occurred will be the month following the expiration of the certification period.

Example: The household's certification period expired March 31. The household made timely application for recertification on March 14. Through error of the agency, the certification was not completed until May 3. Benefits should be restored for April.

If an eligible household's initial application or application for recertification filed after the expiration of the certification period was erroneously delayed by the agency, benefits will be retroactive to the month of application. No restoration is in order.

b. If an eligible household's application was erroneously denied, the first month the loss occurred will be the month of application; or for an eligible household filing a timely application, the first month the loss occurred will be the month following the expiration of its certification period.

Example: The household's application was made on March 20 and denied in error. Benefits will be restored beginning with the month of March. If the household had been certified through March 31 and had filed a timely application for recertification which was denied in error, benefits will be restored beginning with the month of April.

c. If an eligible household's benefits were erroneously terminated, the first month the loss occurred will be the first month benefits were not received as a result of the erroneous action.

Example: The household was certified January through June. In error, the case was closed effective April 1. Benefits will be restored for the months of April through June.

2. If the household was eligible but received an incorrect benefit amount, the loss of benefits will be calculated only for those months the household was certified.

Example: The household was approved for a food stamp benefit of $100 monthly beginning in April through September. The correct benefit should have been $150 per month. The household did not participate in June and August. For the months of April, May, July and September, the household is due a restoration of $50 per month, or a total of $200. No restoration is in order for June and August.

3. If a fair hearing decision is in the claimant's favor, and prior to the decision the household had been participating at an adjusted basis of issuance (so that if the decision is not in the claimant's favor the household will not owe an overissuance), the household will be due a

restoration of benefits for any increase in benefits it should have received during those months the household participated while awaiting the hearing decision.

Example: The household was certified January through December and assigned a benefit of $200. The agency obtained information which indicated that the benefit should be decreased to $150 as a result of additional income; and the benefit was decreased effective April since the household waived continuation of benefits. On May 27, the hearing decision was found in favor of the household, who had maintained it was not receiving the additional income. The household had participated at an adjusted basis of issuance for April and May. Therefore, a restoration of $50 per month, or a total of $100, is due the household.

4. Individuals disqualified for IPV are entitled to restoration of any benefits lost during the months that they were disqualified, not to exceed twelve months prior to the date of agency notification, only if the decision which resulted in disqualification is reversed in a court of appropriate jurisdiction.

   Example: While an individual would not be entitled to restoration of lost benefits for the period he was disqualified based solely on the fact that criminal conviction could not be obtained, he would be entitled to restoration if he successfully challenged the disqualification in a separate court action.

   For each month the individual was disqualified, not to exceed twelve months prior to agency notification, the amount to be restored, if any, shall be determined by comparing the benefit amount the household received with the benefit amount the household would have received had the disqualified member been allowed to participate. If the household received a smaller benefit amount than it should have received, the difference equals the amount to be restored. Participation in an administrative disqualification hearing in which the household contests the agency decision of IPV shall be considered notification that the household is requesting restored benefits.

5. At times the county may be advised by State Operations that restoration of lost benefits may be in order for certain categories of households. When this occurs, the county will be instructed as to how the months affected should be calculated.

OFFSETTING THE RESTORATION

As outlined in Chapter 11, months of overissuance will be reported through the Claims Database or on MDHS-EA-540, Overissuance Report, and months of underissuance will be calculated on MDHS-EA-521, Food Stamp Worksheet, provided the underissuance is due to administrative error. If an overissuance and an underissuance, whether as a result of error by the household or agency, occur in the same month, the computation will be combined in arriving at one total. If the difference results in an overissuance a claim will be prepared. If an underissuance results, the difference will be entered into MAVERICS, provided the underissuance is due to administrative

error. If IPV is suspected, a claim will be completed as outlined in Chapter 11.

If a previously established claim against a household is unpaid, or held in suspense, the amount to be restored will be offset against the amount due on the claim before the balance, if any, is restored to the household.

Suspension of collection action does not void the claim. It merely means that no further effort will be made to collect the claim at this point. If, at a later date, a household is entitled to restoration of benefits and has an outstanding claim on which collection action has been suspended, the restoration is offset against the claim. An outstanding claim is available for offset unless the claim is terminated by Claims Management Unit.

ROUNDING UP OF RESTORATION AMOUNT

There may be instances when the amount of restoration calculated results in other than a whole dollar amount or in amounts of $1, $3, or $5. In this event, round up to the next whole dollar.

Example: A household has been underissued $300.00, but owes a balance of $215.75 on a claim. Applying the restoration amount against the claim balance satisfies the claim and leaves a balance of $84.25 to be restored. This amount will be rounded up to $85.00.

In instances when the amount of restoration calculated results in amounts of $1, $3, or $5, these amounts should be rounded up to even-dollar amounts of $2, $4, or $6 unless this restoration amount is being offset against a claim balance. This rounding up of $1, $3, and $5 amounts to the next even-dollar amount does not apply to offsetting situations. If a restoration amount is calculated to be $1, $3, or $5 that is the actual amount that will be offset against the claim. The only time such amounts will be rounded up to the next even dollar is when the benefit will actually be issued to the household, rather than applied against a claim balance.

DISPUTED RESTORATION OF BENEFITS

If the household is found to be entitled to restoration of lost benefits, but the household disagrees with the amount to be restored as calculated by the county or with any other action taken by the county to restore lost benefits, the household may request a fair hearing within 90 days of the date it is notified of its entitlement to restoration of lost benefits. If a fair hearing is requested prior to or during the time lost benefits are being restored, the household shall receive the lost benefits as determined by the county pending the results of a fair hearing. If the fair hearing decision is favorable to the household, the lost benefits will be restored in accordance with that decision.

If the household believes it is entitled to restoration of lost benefits, but the county, after reviewing the case file, does not agree, the household has 90 days from the date of the disputed determination to request a fair hearing. The county will restore lost benefits to the household only if the fair hearing decision is favorable to the household.

GENERAL

Regardless of whether a household is currently eligible or ineligible, the county will restore lost benefits to a household by issuing a benefit amount equal to the amount of benefits that were lost. The amount restored will be issued in addition to the benefit amount currently eligible households are entitled to receive. All benefits will be restored in full in one lump-sum benefit.

NOTICE TO HOUSEHOLD AND ISSUANCE

The worker will notify the household via Notice of Restoration, F502, of its entitlement, the amount of benefits to be restored, and any offsetting that was done. The worker will also tell the household on the notice that benefits will be credited to their EBT account. The household will be reminded of its right to appeal through the fair hearing process if it disagrees with any aspect of the proposed restoration. The restoration will be authorized according to MAVERICS instructions in Volume X, Food Stamp Restorations (UNAU screen).

CHANGES IN HOUSEHOLD COMPOSITION

Whenever lost benefits are due a household and the household's membership has changed, the county will restore the lost benefits to the household containing a majority of the individuals who were household members at the time the loss occurred. If the county cannot locate or determine the household which contains a majority of household members, the county will restore the lost benefits to the household containing the head of the household at the time the loss occurred.

Revised 05-01-06

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13000	TABLE I, DEDUCTION STANDARDS
13100	TABLE II, INCOME AND RESOURCE MAXIMUMS/ALLOTMENTS
13200	TABLE III, MONTHLY INCOME MAXIMUMS (165% of Net)
13300	TABLE IV, ALLOTMENT PRORATION MULTIPLICATION FACTORS
13400	TABLE V, BASIS OF ISSUANCE (County file copy only)
13500	TABLE VI, MSCAP SHELTER DEDUCTIONS

[TABLE I: DEDUCTION STANDARDS]

Revised 10-01-14

1. Standard Utility Allowance (SUA)	2. Basic Utility Allowance (BUA)	3. Standard Telephone Allowance	4. Standard Deduction		5. Maximum Excess Shelter
$269	**$197**	**$28**	**House-hold Size**		**$490**
For All Households	**For All Households**	**For All Households**	**1-3**	**$155**	**For All Households Except Those Noted Below**
			4	**$165**	
			5	**$193**	
			6+	**$221**	

1. A household that shares a residence and utility expenses with other individuals is entitled to the full amount of the SUA or BUA, whichever is appropriate.

2. Households not entitled to use the SUA who are billed separately for at least **two non-heating or non-cooling** utility expenses other than telephone only, are entitled to Basic Utility Allowance (BUA).

3. The standard telephone allowance is not used if the SUA or BUA is used (included in the combined standard).

4. Disqualified individuals (DI, DF, DC, DW) or persons coded out (OU) are not included in the determination of household size.

5. For wholesale changes or other CWCP actions effective 10/01/14 and after, the maximum excess shelter is $490.

[TABLE II: INCOME AND RESOURCE MAXIMUMS/BENEFITS]

Revised 10-01-14

Household Size	Monthly Gross Income Maximum 1/ (130% of Poverty)	Monthly Net Income Maximum 2/ (100 of Poverty)	Monthly Maximum Allotment 3/
1	$1265	$973	$194
2	1705	1311	357
3	2144	1650	511
4	2584	1988	649
5	3024	2326	771
6	3464	2665	925
7	3904	3003	1022
8	4344	3341	1169
9	4784	3680	1315
10	5224	4019	1461
11	5664	4358	1607
12	6104	4697	1753
13	6544	5036	1899
14	6984	5375	2045
15	7424	5714	2191
16	7864	6053	2337
17	8304	6392	2483
18	8744	6731	2629
19	9184	7070	2775
20	9624	7409	2921
21	10064	7748	3067
22	10504	8087	3213
23	10944	8426	3359
24	11384	8765	3505
25	11824	9104	3651

1/ For households of 25 members, add $440 for each person in excess of 25.
2/ For households of 25 members, add $339 for each person in excess of 25.
3/ For households of 25 members, add $146 for each person in excess of 25.

Monthly Resource Maximum
Under Broad-Based Categorical Eligibility (BBCE), households are not subject to a resource test, with the following exceptions: • **households containing a member currently disqualified for Intentional Program Violation (IPV)** • **households containing a member disqualified due to a felony drug conviction** • **households containing at least one member who is elderly or disabled that fail the gross income test but pass the net income test.** • **households in receipt of any lump sum payments in the 12 months prior to the date of application (Exception: EITC, tax refunds, tax rebates, or tax credits.)**
The following monthly resource maximums will apply to non-Broad-Based Categorically Eligible households: • **households which contain at least one person 60 or older and/or a disabled individual: $3250** • **All other households: $2000**
NOTE: Regular categorically eligible households (All members receive TANF and/or SSI) are not subject to: • **Monthly <u>gross</u> income maximums,** • **Monthly <u>net</u> income maximums,** • **Resource maximums**

[TABLE III: MONTHLY INCOME MAXIMUMS (165% OF NET)]

Revised 10-01-14

Household Size	Monthly Income Maximum
1	$1605
2	2163
3	2722
4	3280
5	3838
6	4396
7	4955
8	5513
9	6072
10	6631
11	7190
12	7749
13	8308
14	8867
15	9426
16	9985
17	10544
18	11103
19	11662
20	12221
21	12780
22	13339
23	13898
24	14457
25	15016

This table should be used when determining eligibility for separate household status for elderly/disabled individual(s) living with others.

NOTE: Do not consider the elderly/disabled person and his/her spouse as household members for this comparison.

For households of over 25 members, add $559 for each person in excess of 25.

Low Shelter Deduction	High Shelter Deduction	Excess Shelter
$335	$392	$392.01
For MSCAP Households With Actual Shelter Expenses $335 or Less	For MSCAP Households With Actual Shelter Expenses Greater Than $335	If a Household Has Actual Shelter Expenses Greater than $392, the Household Has the Option to Participate in MSCAP. If a Household With Excess Shelter Expense Chooses to Participate in MSCAP, the Household Will be Entitled to the High Shelter Deduction

NOTE: These deductions are only for MSCAP cases, they are not to be used in a regular SNAP case.

MSCAP MEDICAL EXPENSE

If an individual has out-of-pocket medical expense in excess of $35, the individual can opt out of the MSCAP program and receive benefits at the county level, if otherwise eligible.

If an individual who has excess medical expenses chooses to participate in the MSCAP program, no medical deduction will be allowed.

MSCAP CHILD SUPPORT DEDUCTION

If an individual is eligible for the child support deduction for child support paid outside the home, the individual can opt out of the MSCAP program and receive benefits at the county level, if otherwise eligible.

If an individual who is eligible for the child support deduction chooses to participate in the MSCAP program, no child support deduction will be allowed.

CALCULATION FOR MSCAP BENEFIT LEVELS

Income	Shelter Deduction	Benefit Level
$741 (Combination)	$335	$30
$721 (SSI)	$335	$39
$741 (Combination)	$392	$47
$721 (SSI)	$392	$56

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