Supplemental Nutrition Assistance Program (SNAP)

QUICK REFERENCE and PROCEDURES GUIDE

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QUICK REFERENCE CHARTS

1. HOUSEHOLD COMPOSITION

MINIMUM BOARDER PAYMENT FOR MEALS		
NO. BOARDERS	2 MEALS OR LESS	MORE THAN 2 MEALS
1	$133	$200
2	244	367
3	350	526
4	445	668
5	528	793
6	634	952
7	701	1,052
8	801	1,202

* **PART 6.B.2.C**

165% FEDERAL PROVERTY INCOME FOR ELDERLY DISABLED PERSONS	
1	$1,536
2	2,081
3	2,625
4	3,170
5	3,714
6	4,259
7	4,803
8	5,348
ADD. MBR.	+ 545

* **PART 6.A.3**

2. RESOURCE LIMITS

- **$3250 IF HH CONTAINS AN ELDERLY MEMBER (AGE 60 OR OLDER) OR DISABLED MEMBER**
- **$2000 FOR ALL OTHER HHs.**

3. INCOME LIMITS

USE NET MAX FOR ELDERLY, DISABLED		
HH SIZE	GROSS MAXIMUM	NET MAXIMUM
1	$1,211	$ 931
2	1,640	1,261
3	2,069	1,591
4	2,498	1,921
5	2,927	2,251
6	3,356	2,581
7	3,785	2,911
8	4,214	3,241
ADD. MBR.	+ 429	+ 330

* **PART 11.A**

EARNED INCOME CONVERSION FACTORS	
2.15 BIWEEKLY	4.3 WEEKLY

* **PART 7.A.3**

ALLOWABLE COSTS FOR DAY CARE PROVIDERS		
BREAKFAST	LUNCH SUPPER	SNACKS
$ 1.27	$2.38	$ .71

* **PART 8.A.7**

4. INCOME DEDUCTIONS

DEDUCTION	AMOUNT
• EARNED INCOME	20% OF COUNTABLE
• DEPENDENT CARE	AMOUNT INCURRED
• TELEPHONE STD	$ 43
• HOMELESS STD	$ 143
• MAXIMUM SHELTER DEDUCTION	$469 MAY BE EXCEEDED IF HH MEMBER IS ELDERLY (AGE 60) OR DISABLED

DEDUCTION	AMOUNT
• STANDARD DEDUCTION HH SIZE	
1 – 3	$ 149
4	$ 160
5	$ 187
6 OR MORE	$ 214
• UTILITY STANDARD NO. OF RESIDENTS	
1 – 3	$ 277
4 OR MORE	$ 348
• MEDICAL STANDARD	$ 140

* **PART 10.A**

EXPEDITED SERVICE

*** PART 5**

EVALUATE ENTITLEMENT AS OF THE DAY OF APPLICATION. SUFFICIENT INFORMATION MUST BE PROVIDED. APPLICANT'S IDENTITY MUST BE VERIFIED. OTHER VERIFICATIONS MAY BE POSTPONED UNTIL DAY 30 OR END OF MONTH 2. CHANGE IN CIRCUMSTANCES AFTER APPLICATION HAS BEEN FILED DOES NOT CHANGE ENTITLEMENT. HOWEVER, IF THE AGENCY DID NOT DETERMINE ENTITLEMENT CORRECTLY OR WAS UNABLE TO MAKE A DETERMINATION BECAUSE THE INFORMATION PROVIDED WAS INCORRECT OR INCOMPLETE, BENEFITS MUST BE PROVIDED WITHIN 7 CALENDAR DAYS OF THE DISCOVERY OR THE RECEIPT OF THE NECESSARY INFORMATION. DOCUMENT ENTITLEMENT SCREENING RESULTS.

WHEN EVALUATING ENTITLEMENT TO EXPEDITED SERVICE

- FIRST...DETERMINE HH COMPOSITION
- THEN...EVALUATE ENTITLEMENT TO EXPEDITED SERVICE
- THEN...DETERMINE ELIGIBILITY

HOWEVER

FOR ENTITLEMENT TO EXPEDITED SERVICE TO EXIST WHEN THERE HAS BEEN A PRIOR EXPEDITED CERTIFICATION

- HH MUST HAVE PROVIDED ALL VERIFICATIONS POSTPONED AT PRIOR EXPEDITED CERTIFICATION

OR

- HH NOW PROVIDES ANY POSTPONED VERIFICATIONS FROM PRIOR EXPEDITED CERTIFICATION WITHIN 7 DAYS OF THE DATE OF THIS APPLICATION

OR

- HH HAS BEEN CERTIFIED UNDER NORMAL PROCESSING SINCE PRIOR EXPEDITED CERTIFICATION

NOTE: THE CASE NAME MUST BE THE SAME

*** PART 5.E.3**

ENTITLEMENT TO EXPEDITED SERVICE: ALL OTHER FACTORS OF ELIGIBILITY MUST BE MET IN ORDER FOR BENEFITS TO BE PROVIDED.

- GROSS MONTHLY INCOME LESS THAN $150 AND LIQUID RESOURCES $100 OR LESS;

- GROSS MONTHLY INCOME + LIQUID RESOURCES LESS THAN RENT/MORTGAGE + UTILITIES;

  USE "BILLED" AMOUNT FOR RENT/MORTGAGE, "ACTUAL" AMOUNT FOR UTILITIES, "BASIC SERVICE" FOR TELEPHONE.

  IF THE HH IS ENTITLED TO THE UTILITY STANDARD, THE STANDARD MUST BE USED UNLESS THE HH CHOOSES TO USE “ACTUAL” AMOUNT. DO NOT COUNT SECURITY DEPOSITS OR AMOUNTS DUE FOR PREVIOUS MONTHS.

- MIGRANT/SEASONAL FARMWORKER IN THE HH, RESOURCES $100 OR LESS, AND THE ONLY INCOME FOR THE MONTH OF APPLICATION WAS FROM

  - TERMINATED SOURCE AND RECEIVED PRIOR TO THE DATE OF APPLICATION, AND/OR
  - NEW SOURCE AND NO MORE THAN $25 TO BE RECEIVED BY THE 10th DAY.

EXPEDITED SERVICE: NOTICE OF ACTION

***PART 5.E**

WHEN AN EXPEDITED SERVICE APPLICATION IS APPROVED WITH POSTPONED VERIFICATIONS, COMPLETE THE **NOTICE OF ACTION** AS FOLLOWS:

DATE THE APPLICATION WAS FILED

⇓ ⇓

ON OR BEFORE THE 15TH OF THE MONTH	ON OR AFTER THE 16TH OF THE MONTH
⇓	⇓
DATE BY WHICH POSTPONED VERIFICATIONS REQUIRED 30 DAYS FOLLOWING DATE APPLICATION FILED	**DATE BY WHICH POSTPONED VERIFICATIONS REQUIRED** LAST DAY OF THE MONTH FOLLOWING THE MONTH OF APPLICATION
⇓	⇓
EFFECTIVE DATE OF CLOSURE IF VERIFICATIONS NOT RECEIVED LAST DAY OF THE MONTH OF APPLICATION	**EFFECTIVE DATE OF CLOSURE IF VERIFICATIONS NOT RECEIVED** LAST DAY OF THE MONTH FOLLOWING THE MONTH OF APPLICATION

IF POSTPONED VERIFICATIONS ARE NOT PROVIDED BY THE REQUIRED DATE, **ADVANCE NOTICE OF PROPOSED ACTION** IS NOT REQUIRED, BECAUSE THE HOUSEHOLD HAS ALREADY BEEN ADVISED OF THE PROPOSED ACTION.

APPLICATION PROCESSING

*** PART 2**

DAY 1 BEGINS THE DAY AFTER THE APPLICATION IS FILED IN THE CORRECT LOCALITY. IF DAY 7/30/60 FALLS ON A WEEKEND OR A HOLIDAY, ACTION TO APPROVE AND PROVIDE AN OPPORTUNITY TO PARTICIPATE, TO DENY, OR TO EXTEND THE PENDING MUST BE TAKEN NO EARLIER THAN THE NEXT BUSINESS DAY.

1. HH EXPRESSES AN INTEREST IN SNAP BENEFITS

AGENCY MUST ADVISE THE HH OF THE FOLLOWING

- AN APPLICATION MAY BE PICKED UP OR MAILED THE SAME DAY IT IS REQUESTED.
- AN APPLICATION MAY BE RETURNED TO THE AGENCY BY MAIL, IN PERSON, BY FAX OR ONLINE.
- IT IS IMPORTANT TO FILE AN APPLICATION THE SAME DAY THE AGENCY IS CONTACTED BECAUSE THE PROCESSING STANDARD AND THE AMOUNT OF BENEFITS FOR THE MONTH OF APPLICATION DEPEND ON THE APPLICATION DATE.
- AN INTERVIEW IS NOT REQ'D BEFORE AN APPLICATION IS FILED. HOWEVER, AN INTERVIEW IS REQ'D PRIOR TO CERTIFICATION. THE INTERVIEW MAY BE DONE IN THE OFFICE OR BY PHONE.
- AN INCOMPLETE APPLICATION MAY BE FILED IF IT CONTAINS AT LEAST THE NAME, ADDRESS, AND SIGNATURE OF A RESPONSIBLE HH MEMBER OR AN AUTHORIZED REPRESENTATIVE.
- ALL PROCESSING STANDARDS BEGIN THE DAY AFTER THE APPLICATION IS FILED.
- ONLY SNAP RULES WILL APPLY.

2. AN APPLICATION IS FILED

- ADVISE HH AN INTERVIEW IS REQ'D, THE HOURS DURING WHICH THE AGENCY HOLDS INTERVIEWS, AND IF THE INTERVIEW WILL BE IN THE OFFICE OR BY PHONE.
- GIVE THE "SNAP - HOTLINE INFORMATION" FORM.
- SCREEN THE APPLICATION FOR ENTITLEMENT TO EXPEDITED SERVICE.
  IF UNABLE TO DETERMINE ENTITLEMENT AND THE HH CANNOT BE CONTACTED WITHIN THE 7 DAYS, NORMAL PROCESSING APPLIES UNTIL THE HH CAN BE CONTACTED AND DELAYED SCREENING CAN TAKE PLACE.

3. AN INTERVIEW IS SCHEDULED

- SCHEDULE ALL INTERVIEWS ASAP TO ENSURE OPPORTUNITY TO PARTICIPATE IS PROVIDED TIMELY.
- IF INTERVIEW IS MISSED, AGENCY IS NOT REQ'D TO RESCHEDULE UNLESS REQUESTED BY HH BUT EW MUST SEND THE MISSED INTERVIEW NOTICE.
- FOR AN APPOINTMENT SYSTEM, AGENCY MUST ASSIGN A SPECIFIC INTERVIEW DAY AND A SPECIFIC TIME. FOR A WALK-IN SYSTEM, AGENCY MUST ASSIGN A SPECIFIC INTERVIEW DAY AND A SPECIFIC PERIOD OF TIME DURING WHICH TO APPEAR.

4. BY DAY 7

- IF HH IS ENTITLED TO EXPEDITED SERVICE, CONDUCT THE INTERVIEW, DETERMINE ELIGIBILITY TIMELY AND PROVIDE BENEFITS. THE IDENTITY OF THE APPLICANT MUST BE VERIFIED BUT ALL OTHER ELEMENTS MAY BE POSTPONED.

*** PART 5.D**

APPLICATION PROCESSING

*** PART 2**

5. BY DAY 30

- IF THE INFORMATION NECESSARY TO DETERMINE ENTITLEMENT TO EXPEDITED SERVICE IS NOT PROVIDED, NORMAL PROCESSING APPLIES.
- IF REQUIRED VERIFICATIONS ARE NOT PROVIDED BY THE 30TH DAY, EXTEND THE PENDING STATUS AND SEND NOTICE**.**
- IF ELIGIBLE, PROVIDE OPPORTUNITY TO PARTICIPATE.
- IF INELIGIBLE, DENY AND SEND NOTICE.
- IF HH MISSED THE SCHEDULED INTERVIEW, SEND THE MISSED INTERVIEW NOTICE. IF THE INTERVIEW IS NOT RESCHEDULED, DENY AND SEND NOTICE.

6. BY DAY 60

- IF REQUIRED VERIFICATIONS PROVIDED, DETERMINE ELIGIBILITY.
- IF REQUIRED VERIFICATIONS NOT PROVIDED, DENY ON THE 60TH DAY. NOTICE IS NOT REQUIRED. NO NOTICE IS REQUIRED UNLESS IT WAS AGENCY DELAY AT DAY 30.
- PRORATE BENEFITS BACK TO THE APPLICATION DATE IF AGENCY FAULT
- PRORATE BENEFITS BACK TO DATE HH PROVIDES VERIFICATIONS IF HH DELAY AT DAY 30.

CERTIFICATION PERIODS

*** PART 4**

THE MINIMUM CERTIFICATION PERIOD IS ONE MONTH. HOUSEHOLDS MAY HAVE THE MAXIMUM CERTIFICATION PERIOD OUTLINED BELOW IF THE CIRCUMSTANCES WARRANT.

24 MONTHS

- NO EARNED INCOME AND ALL HH MEMBERS ARE ≥ AGE 60 OR DISABLED, AS DEFINED IN DEFINITIONS.

  THE HH MUST FILE AN INTERIM REPORT BEFORE THE END OF THE 12TH MONTH. IF THE HH DOES NOT SUBMIT A COMPLETED INTERIM REPORT, ADAPT WILL CLOSE THE CASE AT THE END OF THE 13TH MONTH. SEE PAGE 29b.

6 MONTHS OR LESS

HOUSEHOLDS WITH LESS STABLE CIRCUMSTANCES.

- ALL MEMBERS ARE HOMELESS. SEE DEFINITIONS.
- AT LEAST ONE ADULT MEMBER IS A MIGRANT OR SEASONAL FARM WORKER. SEE DEFINITIONS.

5 MONTHS

- HOUSEHOLDS ASSIGNED TRANSITIONAL BENEFITS AFTER THE CLOSURE OF THEIR TANF CASES.

12 MONTHS

- ALL OTHER HOUSEHOLDS NOT LISTED ABOVE. HOUSEHOLDS ARE REQUIRED TO SUBMIT AN INTERIM REPORT. SEE PAGE 40.

RECERTIFICATIONS

*** PART 4**

AN APPLICATION FILED BEFORE THE END OF THE MONTH FOLLOWING THE MOST RECENT CERTIFICATION END DATE IS A RECERTIFICATION, PROVIDING IT DOES NOT FOLLOW A NEGATIVE ACTION.

1. HH ACTS TIMELY

HH HAS A RIGHT TO UNINTERRUPTED BENEFITS. PROVIDE AN OPPORTUNITY TO PARTICIPATE BY THE FIRST DAY OF THE FIRST MONTH OF THE NEW CERTIFICATION PERIOD

HH FILED APPLICATION TIMELY

- BY THE 15th DAY OF THE LAST MONTH OF THE CURRENT CERTIFICATION PERIOD
- WITHIN 15 DAYS OF RECEIVING EXPIRATION NOTICE, IF CERTIFIED IN THE LAST MONTH OF THE CERTIFICATION PERIOD

AND

HH IS INTERVIEWED TIMELY

- BY THE LAST DAY THE HH CAN PROVIDE VERIFICATIONS IN ORDER TO RECEIVE UNINTERRUPTED BENEFITS

AND

HH PROVIDED VERIFICATIONS TIMELY

- WITHIN 10 DAYS OF THE REQUEST FOR VERIFICATIONS OR BY THE LAST DAY OF THE CERTIFICATION PERIOD, WHICHEVER IS LATER

2. HH ACTS TIMELY BUT IS NOT DETERMINED ELIGIBLE IN TIME TO PARTICIPATE BY THE FIRST DAY OF THE MONTH

BECAUSE OF AGENCY ERROR

- PROVIDE OPPORTUNITY TO PARTICIPATE THE NEXT WORKING DAY AFTER ELIGIBILITY IS DETERMINED

BECAUSE OF 10 DAY VERIFICATION PERIOD

- PROVIDE OPPORTUNITY TO PARTICIPATE WITHIN 5 WORKING DAYS AFTER VERIFICATIONS ARE PROVIDED

3. HH FAILS TO ACT TIMELY

HH LOSES THE RIGHT TO UNINTERRUPTED BENEFITS. **INITIAL MONTH BENEFITS ARE NOT PRORATED**.

- **DID NOT FILE TIMELY BUT FILED BEFORE THE END OF THE CERTIFICATION PERIOD**

- PROVIDE OPPORTUNITY TO PARTICIPATE WITHIN 30 DAYS AFTER APPLICATION FILED, AS LONG AS HH IS GIVEN 10 DAYS TO PROVIDE VERIFICATIONS.

- **FILED TIMELY BUT WAS NOT INTERVIEWED OR DID NOT PROVIDE VERIFICATIONS TIMELY**

- PROVIDE OPPORTUNITY TO PARTICIPATE WITHIN 30 DAYS AFTER APPLICATION FILED OR NORMAL ISSUANCE CYCLE, WHICHEVER IS LATER.

4. HH FILES APPLICATION AFTER THE END OF THE CERTIFICATION PERIOD

INITIAL MONTH BENEFITS ARE PRORATED. DETERMINE ENTITLEMENT TO EXPEDITED PROCESSING.

HOUSEHOLD COMPOSITION * PART 6

EVALUATE HOUSEHOLD COMPOSITION AS OF THE DAY OF APPLICATION. TREAT ADDITIONS OR DELETIONS AS A CHANGE FOR THE FOLLOWING MONTH. INCLUDE PERSONS FREQUENTLY AWAY FROM HOME, EVEN IF THEY ARE NOT IN THE HOME ON THE DAY OF APPLICATION. DO NOT INCLUDE PERSONS IN THE HOSPITAL OR NEW BORN INFANTS NOT YET HOME UNTIL THEY ARE PHYSICALLY PRESENT IN THE HOME. NOTE: DIVORCE, NOT DEATH, SEVERS "STEP" AND MARITAL RELATIONSHIPS; ADOPTION SEVERS "BIOLOGICAL" RELATIONSHIPS.

THE PURCHASE/PREPARE RULE

DOES THE PERSON LIVING WITH OTHERS CUSTOMARLILY PURCHASE AND PREPARE FOOD FOR HOME CONSUMPTION SEPARATE AND APART FROM THE OTHERS?

*** PART 6.A.1**

NO ⇓

FINANCIALLY UNABLE TO P/P SEPARATELY BUT INTENDS TO DO SO IF CERTIFIED?

NO ⇓

MUST BE INCLUDED IN THE SAME HH WITH THE OTHERS

YES ⇓

MAY BE A SEPARATE HH FROM THE OTHERS EVEN IF SOMEONE ELSE ACTUALLY PURCHASES AND PREPARES FOOD ON BEHALF OF ANOTHER, SUCH AS A DISABLED PERSON

YES ⇓

MAY BE A SEPARATE HH IF NOT OTHERWISE REQUIRED TO BE INCLUDED IN THE SAME HH WITH THE OTHERS

1. PERSON LIVING WITH OTHERS

APPLY THE PURCHASE/PREPARE RULE.

2. ELDERLY (AGE 60 OR OLDER) AND DISABLED PERSON LIVING WITH OTHERS

- UNABLE TO P/P SEPARATELY DUE TO PERMANENT DISABILITY?

AND

- COMBINED INCOME OF REST OF HH DOES NOT EXCEED 165% POVERTY LEVEL? (**CHART, PAGE 1)**

*** PART 6.A.3**

NO ⇓

MUST BE INCLUDED IN THE SAME HH WITH THE OTHERS

YES ⇓

MAY BE A SEPARATE HH FROM THE OTHERS

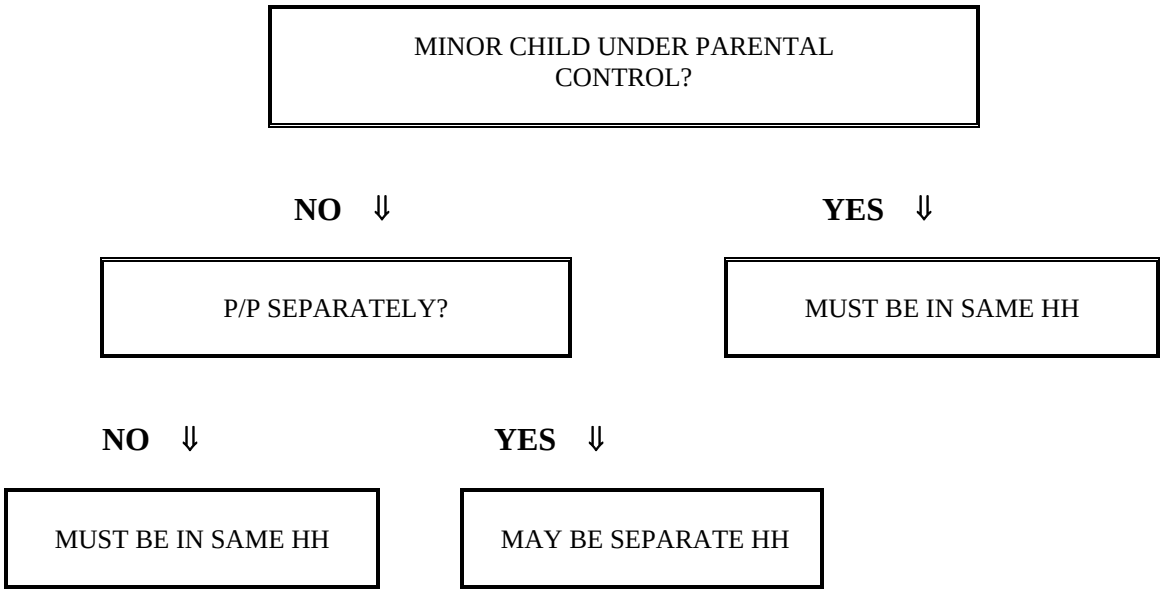
HOUSEHOLD COMPOSITION (CONTINUED)

3. SPOUSES LIVING TOGETHER

MUST BE IN THE SAME HH UNLESS THE FREQUENTLY AWAY POLICY (#8) APPLIES.

4. CHILD UNDER AGE 18 LIVING WITH AN ADULT OTHER THAN A PARENT

EVALUATE PARENTAL CONTROL. PARENTAL CONTROL IS NOT AUTOMATICALLY PRESUMED BUT DEPENDS ON THE CIRCUMSTANCES. TO BE CONSIDERED UNDER PARENTAL CONTROL, A CHILD MUST BE FINANCIALLY OR OTHERWISE DEPENDENT ON THE ADULT. PARENTAL CONTROL IS ASSUMED IF THE ADULT HAS LEGAL CUSTODY OF THE CHILD.



IF A CHILD UNDER AGE 18 LIVES WITH BOTH AN ADULT OTHER THAN A PARENT WHO HAS PARENTAL CONTROL AND A PARENT, ALL THREE PERSONS MUST BE IN THE SAME HH UNLESS THE FREQUENTLY AWAY POLICY APPLIES.

5. CHILD UNDER AGE 22 LIVING WITH A PARENT (NATURAL, ADOPTIVE, OR STEP PARENT)

MUST BE IN THE SAME HH UNLESS PARENTAL RIGHTS HAVE BEEN TERMINATED OR SEVERED THROUGH DIVORCE OR THE FREQUENTLY AWAY POLICY APPLIES. CHILDREN UNDER AGE 22 BEING MARRIED OR HAVING CHILDREN OF THEIR OWN DOES NOT CHANGE THE REQUIREMENT TO BE IN THE SAME HH AS THE PARENT

6. CHILD AT LEAST AGE 22 LIVING WITH A PARENT

APPLY THE PURCHASE/PREPARE RULE

HOUSEHOLD COMPOSITION (CONTINUED)

7. PERSON IN FOSTER CARE * PART 6.A.3

HH OPTION WHETHER TO INCLUDE FOSTER CARE PERSON IN THE HH. IF EXCLUDED, THE FOSTER CARE PERSON CANNOT PARTICIPATE AS A SEPARATE HH. HOWEVER, THE FOSTER CARE PERSON CAN PARTICIPATE AS A MEMBER OF ANY OTHER HOUSEHOLD IN WHICH HE OR SHE LIVES, AS LONG AS THIS IS SPECIFICALLY ALLOWED BY A FOSTER CARE SERVICE PLAN. THIS PROVISION DOES NOT APPLY TO THE "INDEPENDENT LIVING PROGRAM."

8. PERSON FREQUENTLY AWAY FROM HOME * PART 6.A.6

PERSON IN THE MILITARY MAY BE INCLUDED. RESIDENT OF AN INSTITUTION MAY NOT BE INCLUDED.

PERSON IN THE HOME
AT LEAST 15 DAYS/MONTH?

NO ⇓

HH OPTION TO INCLUDE,
IF NOT CERTIFIED ELSEWHERE

HH MAY ALSO CHOOSE TO
EXCLUDE

YES ⇓

INCLUDE, IF NOT
CERTIFIED ELSEWHERE

HOUSEHOLD COMPOSITION (CONTINUED)

9. RESIDENT OF AN INSTITUTION * PART 7.C.1

RESIDENTS WHO RECEIVE A MAJORITY OF THEIR MEALS (OVER 50% OF 3 MEALS DAILY) FROM THE INSTITUTION CANNOT PARTICIPATE. FOR EXAMPLE: HOSPITALS, SCHOOL DORMITORIES, JOB CORPS

EXCEPTIONS

RESIDENTS OF INSTITUTIONS WHO MAY PARTICIPATE

- RESIDENTS OF FEDERALLY SUBSIDIZED HOUSING FOR THE ELDERLY
- RESIDENTS OF A DRUG/ALCOHOL TREATMENT PROGRAM AND THEIR CHILDREN WHO ALSO LIVE AT THE CENTER
- BLIND OR DISABLED INDIVIDUALS (AS DEFINED IN "DEFINITIONS" SECTION OF CERTIFICATION MANUAL) WHO ARE RESIDENTS OF A GROUP LIVING ARRANGEMENT
- WOMEN, CHILDREN WHO TEMPORARILY RESIDE AT A SHELTER FOR BATTERED WOMEN
- RESIDENTS OF PUBLIC OR PRIVATE NON-PROFIT SHELTERS FOR HOMELESS PERSONS

10. BOARDER * PART 6.B

DEFINITION: PERSON LIVING WITH A HOUSEHOLD AND PAYING A "REASONABLE AMOUNT" FOR MEALS AND LODGING. PERSON LIVING IN A COMMERCIAL BOARDING HOUSE IS INELIGIBLE TO PARTICIPATE. CERTAIN RELATIVES OF THE HH PROVIDING BOARD ARE NOT CONSIDERED BOARDERS. FOR EXAMPLE: SPOUSE; CHILD UNDER AGE 18 AND UNDER PARENTAL CONTROL OF A HH MEMBER; CHILD UNDER AGE 22 LIVING WITH A PARENT (NATURAL, ADOPTIVE, STEP).

MAKING MINIMUM BOARDER PAYMENT FOR MEALS?
(**CHART, PAGE 1**)

NO ⇓

- NOT A BOARDER
- INCLUDE AS A MEMBER OF THE HH

YES ⇓

- A BOARDER
- HH OPTION TO INLCUDE
- CANNOT PARTICIAPTE SEPARATE FROM HH

HOUSEHOLD COMPOSITION (CONTINUED)

11. PERSONS NOT CONSIDERED HOUSEHOLD MEMBERS

* PART 6.C

MAY PARTICIPATE AS A SEPARATE HH

- ROOMER
- LIVE-IN ATTENDANT
- PERSON LIVING WITH HH BUT P/Ps SEPARATELY

- **CANNOT PARTICIPATE AS A SEPARATE HH**
- **DO NOT COUNT INCOME, RESOURCES**

- INELIGIBLE STUDENT
- EXCLUDED BOARDER
- EXCLUDED FOSTER CARE PERSON

- **CANNOT PARTICIPATE AS A SEPARATE HH**
- **COUNT INCOME, RESOURCES**

- SSN DISQUALIFICATION
- INELIGIBLE ALIEN
- QUESTIONABLE U.S. CITIZENSHIP
- WORK REGISTRATION, VOLUNTARY QUIT, WORK REDUCTION DISQUALIFICATION
- FRAUD DISQUALIFICATION
- FLEEING FELONS
- PROBATION/PAROLE VIOLATION
- DRUG FELONY CONVICTION AFTER 8/22/96 FOR DISTRIBUTION
- DRUG FELONY CONVICTION FOR USE OR POSSESSION IF NOT COOPERATING WITH COURT REQUIREMENTS
- SNAP BENEFIT TRAFFICKING
- FALSIFICATION OF IDENTITY, RESIDENCE TO GET MULTIPLE SNAP BENEFITS IN MORE THAN ONE LOCALITY
- PERSON RECEIVED BENEFIT LIMIT DURING 36-MONTH "WORK REQUIREMENT" PERIOD

NOTE: SEE DISQUALIFIED PERSONS CHART ON PAGE 35

STUDENTS

*** PART 7.E**

TO BE CONSIDERED A "STUDENT", A PERSON MUST MEET ONE OF THE FOLLOWING CRITERIA:

- BE ENROLLED AT LEAST HALF-TIME IN A BUSINESS, TECHNICAL, TRADE OR VOCATIONAL SCHOOL FOR WHICH A H.S. DIPLOMA OR GED IS NORMALLY REQUIRED.

OR

- BE ENROLLED AT LEAST HALF-TIME IN A REGULAR CURRICULUM AT A COLLEGE OR UNIVERSITY WHICH OFFERS DEGREE PROGRAMS, REGARDLESS OF WHETHER A H.S. DIPLOMA IS REQUIRED.

NO ⇓ **YES** ⇓

- EVALUATE INCOME, RESOURCES EXPENSES OF HH MEMBER TO CALCULATE ELIGIBILITY AND BENEFIT LEVEL.

⇓

⇓

TO BE ELIGIBLE, A STUDENT MUST MEET AT LEAST ONE OF THE FOLLOWING:

- AGE 17 OR YOUNGER OR AGE 50 OR OLDER
- PHYSICALLY OR MENTALLY UNFIT
- EMPLOYED AN AVERAGE OF 20 HRS/WK FOR CASH (80 HRS/MO)
- SELF-EMPLOYED AN AVERAGE 20 HRS/WK AND RECEIVING AT LEAST WEEKLY EARNINGS = MINIMUM WAGE X 20 HOURS
- PARTICIPATION IN A STATE/FEDERAL WORK-STUDY PROGRAM, A VIEW WORK INCENTIVE PROGRAM, OR AN ON-THE-JOB TRAINING PROGRAM
- RESPONSIBLE FOR THE CARE OF A HH CHILD UNDER AGE 6
- RESPONSIBLE FOR THE CARE OF A HH CHILD AGE 6 BUT NOT YET 12 AND "ADEQUATE" CHILD CARE NOT AVAILABLE TO ENABLE THE STUDENT TO <u>BOTH</u> ATTEND CLASS <u>AND</u> SATISFY THE 20 HRS/WK WORK REQUIREMENT OR PARTICIPATE IN WORK-STUDY
- FULL-TIME STUDENT AND EITHER SINGLE PARENT OR CARETAKER RESPONSIBLE FOR THE CARE OF A HH CHILD UNDER AGE 12
- RECEIVING TANF BENEFITS
- PLACED IN SCHOOL THROUGH:
  - WORKFORCE INVESTMENT ACT (WIA)
  - SNAP EMPLOYMENT AND TRAINING PROGRAM
  - STATE/LOCAL EMPLOYMENT AND TRAINING PROGRAM
  - TRADE ACT SECTION 236 PROGRAM

NO ⇓ **YES** ⇓

- EXCLUDED FROM HH. EXCLUDE INCOME AND RESOURCES

- EXCLUDE EDUCATIONAL INCOME, AND EXPENSES**)**

RESOURCES

*** PART 9**

EVALUATE LIQUID RESOURCES AS OF TIME OF INTERVIEW. COUNT RESOURCES OF DISQUALIFIED HH MEMBERS AND INELIGIBLE ALIENS OTHERWISE ELIGIBLE. EXCLUDE RESOURCES OF INELIGIBLE STUDENTS, EXCLUDED FOSTER CARE PERSONS, AND EXCLUDED BOARDERS.

1. LIQUID RESOURCES

- CASH ON HAND
- MONEY IN ACCOUNTS
- STOCKS, BONDS, CDs
- LUMP SUM PAYMENTS
- TRUST FUNDS (IF MONEY IS AVAILABLE)
- EITCs **(SEE "EXEMPT RESOURCES" #12)**

2. JOINT BANK ACCOUNTS

COUNTABLE VALUE DETERMINED BY RELATIONSHIP OF OWNERS. OBTAIN SIGNED STATEMENT FROM ALL PARTIES TO ESTABLISH NET CONTRIBUTION.

IF NOT MARRIED	IF MARRIED	**IF DIVORCED**
o NET CONTRIBUTION, UNLESS DIFFERENT ARRANGEMENT VERIFIED	o DIVIDE EQUALLY	o NET CONTRIBUTION, UNLESS SPECIFIES DIFFERENT DIVISION

EXEMPT RESOURCES

*** PART 9.E**

RESOURCES THAT ARE EXEMPT FROM CONSIDERATION INCLUDE:

1. REAL PROPERTY.

2. HOUSEHOLD GOODS, PERSONAL EFFECTS, TOOLS.

3. BURIAL PLOTS AND BONA FIDE FUNERAL ARRANGEMENTS.

4. CASH VALUE OF LIFE INSURANCE POLICIES.

5. PENSION/RETIRMENT PLANS AND EDUCATIONAL ACCOUNTS, AS LONG AS MONEY IS NOT WITHDRAWN.

6. VEHICLES.

7. THE CONTRACT AMOUNT FOR LAND, BUILDINGS, AND VEHICLES SOLD AT FMV ON AN INSTALLMENT BASIS AND HH RETAINS THE TITLE WHILE RECEIVING INSTALLMENT PAYMENTS.

8. RESOURCES WHOSE CASH VALUE IS NOT ACCESSIBLE TO HH, SUCH AS, BUT NOT LIMITED TO:
   - SECURITY DEPOSITS ON RENTAL PROPERTY OR UTILITIES.
   - PROPERTY IN PROBATE.
   - SOME PROFIT SHARING PLANS.
   - IRREVOCABLE TRUST FUNDS (**9.D.9.d.**).

9. GOVERNMENT PAYMENTS DESIGNATED FOR THE RESTORATION OF A HOME DAMAGED IN A DISASTER.

10. RESOURCES OF HH MEMBERS APPROVED FOR OR RECEIVING SSI OR TANF, OR A TANF-FUNDED SERVICE.

11 RESOURCES OF NON-HH MEMBERS, INCLUDING ROOMERS, BOARDERS, LIVE-IN ATTENDANTS, INELIGIBLE STUDENTS, AND EXCLUDED FOSTER CARE PERSONS.

12. FEDERAL, STATE, AND LOCAL EARNED INCOME TAX CREDITS (EITC's) ARE EXCLUDED FOR 12 MONTHS FROM THE MONTH OF RECEIPT IF THE PERSON WAS RECEIVING SNAP BENEFITS WHEN THE EITC WAS RECEIVED AND HAS PARTICIPATED CONTINUOUSLY DURING THE 12 MONTH PERIOD. FEDERAL EITC's ARE ALSO EXCLUDED IN THE MONTH OF RECEIPT AND THE FOLLOWING MONTH.

13. RESOURCES EXCLUDED BY LAW (**9.D.13**).

TRANSFER OF RESOURCES

*** PART 9.G**

EVALUATE ANY TRANSFER WHICH OCCURRED DURING THE 3 MONTHS (90 DAYS) PRECEDING THE DATE OF APPLICATION, OR WHICH OCCURED ANY TIME DURING THE CERTIFICATION PERIOD. SEE MANUAL FOR DETERMINING PERIOD OF DISQUALIFICATION.

ELIGIBILITY IS NOT AFFECTED BY THE FOLLOWING TRANSFERS:

- EXEMPT RESOURCES
- RESOURCES, WHICH WHEN ADDED TO OTHER NONEXEMPT RESOURCES, DID NOT EXCEED RESOURCE LEVEL AT THE TIME OF TRANSFER
- RESOURCES TRANSFERRED AMONG HH MEMBERS
- RESOURCES TRANSFERRED FOR REASONS OTHER THAN BECOMING OR REMAINING ELIGIBLE - - - <u>FOR EXAMPLE</u>: TO PAY EDUCATIONAL OR MEDICAL EXPENSES

WORK RELATED INCOME

*** PART 11.C**

1. WAGES, SALARY, BONUSES, COMMISSIONS

EARNED INCOME. NOTE: EXCLUDE EMPLOYEE BENEFITS REFLECTED AS CREDITS IF THE EMPLOYEE CANNOT ELECT TO RECEIVE A CASH PAYMENT.

2. SICK PAY, VACATION PAY

IF THE PERSON IS RECEIVES PAY FROM THE EMPLOYER (DIRECTLY/SPONSORED INSURANCE)	IF THE PERSON IS LAID OFF, OR TERMINATED	IF SICK PAY IS FROM A SOURCE OTHER THAN THE EMPLOYER SUCH AS AN INSURANCE COMPANY
• EARNED INCOME	• EARNED INCOME IF MORE THAN ONE PAYMENT IS RECEIVED • RESOURCE IF A SINGLE PAYMENT IS RECEIVED	• UNEARNED INCOME

3. ADVANCED, GARNISHEED, WITHHELD PAY

ADVANCED PAY	GARNISHEED PAY	WITHHELD PAY
• EARNED INCOME IN MONTH RECEIVED	• EARNED INCOME IN MONTH WITHHELD	• EARNED INCOME IF AN EMPLOYEE OPTION • EXCLUDE IF AN EMPLOYER OPTION • EXCLUDE IF TO REPAY ADVANCE

4. SEVERANCE PAY

EARNED INCOME IF MORE THAN ONE PAYMENT IS RECEIVED. RESOURCE IF A SINGLE PAYMENT IS RECEIVED.

5. RENTAL PROPERTY INCOME

EARNED INCOME IF PROPERTY IS MANAGED AT LEAST 20 HRS/WK. OTHERWISE, UNEARNED INCOME.
NOTE: INCOME FROM ROOMERS, BOARDERS IS SELF-EMPLOYMENT INCOME.

6. ANNUALIZED CONTRACT INCOME (NOT MIGRANT, SEASONAL FARMWORKER HHS)

- CONTRACT INCOME IS INTENDED TO BE AN ANNUAL AMOUNT BUT IS DERIVED OVER PERIOD OF TIME LESS THAN A YEAR

AND

- CONTRACT INCOME IS A SET AMOUNT AND ABLE TO BE CALCULATED FOR THE CONTRACT PERIOD

***PART 12.E**

⇓ **NO**

- AVERAGE OVER PERIOD INTENDED TO COVER

⇓ **YES**

- AVERAGE OVER 12 MONTHS

⇓

- IF THE CONTRACT AMOUNT CHANGES, ADJUST THE MONTHLY AVERAGE

⇓

- DO NOT "AVERAGE IN" ANY INCOME EARNED IN ADDITION TO THE CONTRACT AMOUNT

SELF EMPLOYMENT INCOME

*** PART 12.A**

1. AVERAGING SELF EMPLOYMENT INCOME

USE AVERAGED AMOUNT TO DETERMINE ENTITLEMENT TO EXPEDITED SERVICE.

HAS THE BUSINESS BEEN IN OPERATION AT LEAST A YEAR

⇓ **NO**

- AVERAGE INCOME OVER THE TIME IN OPERATION
- PROJECT MONTHLY AMT. FOR THE COMING YEAR

⇓ **YES**

- DOES INCOME REPRESENT HH'S ANNUAL SUPPORT?

⇓ **NO**

- AVERAGE INCOME OVER THE TIME THE INCOME IS INTENDED TO COVER

⇓ **YES**

- AVERAGE INCOME OVER 12 MONTHS
- ADJUST MONTHLY AMOUNT FOR SUBSTANTIAL CHANGES

2. DEDUCTIBLE, NON-DEDUCTIBLE COSTS

DEDUCTIBLE COSTS
(NOT LIMITED TO THE FOLLOWING)

- COSTS OF LABOR, RAW MATERIALS, SEED LIVESTOCK
- PRINCIPAL AND INTEREST ON PURCHASE PRICE OF REAL ESTATE, CAPITAL ASSETS, MACHINERY, EQUIPMENT, OTHER DURABLE GOODS
- INSURANCE PREMIUMS ON PROPERTY, BUILDINGS, VEHICLES, CROPS, LIVESTOCK
- REAL ESTATE, PERSONAL PROPERTY TAXES RELATED TO SELF EMPLOYMENT
- MAINTENANCE, REPAIR, REPLACEMENT COSTS
- IDENTIFIABLE SHELTER COSTS SEPARATE FROM HOME LICENSES
- ADVERTISING COSTS
- TRANSPORTATION COSTS (NOT TO/FROM WORK)
- WAREHOUSING COSTS
- OTHER COSTS ASSOCIATED WITH SELF-EMPLOYMENT

NON-DEDUCTIBLE COSTS

- LOSSES FROM PREVIOUS PERIODS
- FEDERAL, STATE, LOCAL INCOME TAXES
- MONEY SET ASIDE FOR RETIREMENT
- WORK-RELATED PERSONAL EXPENSES – UNIFORMS, TRANSPORTATION TO/FROM WORK
- DEPRECIATION

3. COSTS OF OPERATING A BOARDING HOUSE (CHART, PAGE 1)

- USE THE FULL BENEFIT AMOUNT FOR THE TOTAL NUMBER OF BOARDERS IF THEY TAKE 3 MEALS/DAY
- USE TWO-THIRDS OF THE BENEFIT AMOUNT IF THE BOARDERS TAKE LESS THAN 3 MEALS/DAY
- USE ACTUAL VERIFIED COSTS IF THESE COSTS ARE HIGHER THAN THE BENEFIT AMOUNT.

EXCLUDED INCOME

*** PART 11.F**

1. REPAYMENT OF A PRIOR OVERPAYMENT

EXCLUDE INCOME WITHHELD OR VOLUNTARILY RETURNED TO REPAY A PRIOR OVERPAYMENT RECEIVED FROM THAT INCOME SOURCE. COUNT MONEY WITHHELD FROM AN ASSISTANCE PROGRAM DEFINED IN PART 12.D BECAUSE OF FAILURE TO COMPLY WITH A PROGRAM REQUIREMENT.

2. SUPPORT PAYMENTS RECEIVED AND KEPT BY DCSE

EXCLUDE PAYMENTS RECEIVED BY TANF RECIPIENTS THAT MUST BE DIRECTED TO DCSE AS A CONDITION OF TANF ELIGIBILITY, EVEN IF THE HOUSEHOLD KEEPS THE PAYMENT.

3. IN-KIND BENEFITS

ANY GAIN OR BENEFIT TO THE HH NOT IN THE FORM OF A MONEY PAYMENT. FOR EXAMPLE: FOOD, CLOTHING, HOUSING.

4. INFREQUENT INCOME NOT MORE THAN $30 PER CALENDAR QUARTER

5. LOANS

6. ENERGY ASSISTANCE PAYMENTS

EXCLUDE ONLY THOSE PAYMENTS RECEIVED UNDER FEDERAL LAW. FOR EXAMPLE: VIRGINIA FUEL ASSISTANCE PROGRAM PAYMENTS, HUD AND FMHA UTILITY REIMBURSEMENTS.

7. EDUCATIONAL INCOME

EXCLUDE ANY MONEY RECEIVED FOR EDUCATIONAL PURPOSES FOR ANY SCHOOL LEVEL.

8. VENDOR PAYMENTS

A MONEY PAYMENT MADE DIRECT TO A SERVICE PROVIDER OR CREDITOR ON BEHALF OF THE HH BY A NON-HH MEMBER. THE PAYMENT MUST BE FROM THE PAYER'S OWN FUNDS AND NOT FROM MONEY LEGALLY OBLIGATED AND OTHERWISE PAYABLE TO THE HH.

EXCLUDE THE FOLLOWING VENDOR PAYMENTS

- PA (NOT GR) VENDOR PAYMENTS FOR MEDICAL, CHILD CARE, ENERGY, OR EMERGENCY ASSISTANCE.
- GR VENDOR PAYMENTS FOR UTILITIES, ENERGY ASSISTANCE, HOUSING ASSISTANCE FROM STATE OR LOCAL HOUSING AUTHORITY, OR EMERGENCY ASSISTANCE. NOTE: ALL OTHER GR VENDOR PAYMENTS FOR HOUSING ARE COUNTED AS INCOME.
- HUD RENT OR MORTGAGE VENDOR PAYMENTS.
- VENDOR PAYMENTS IN THE FORM OF REIMBURSEMENTS.

NOTE: LEGALLY OBLIGATED PAYMENTS, EVEN IF DIVERTED TO A 3rd PARTY, MUST BE COUNTED AS INCOME.

EXCLUDED INCOME (CONTINUED) * PART 11.F

9. REIMBURSEMENTS

- PROVIDED FRO AN IDENTIFIABLE EXPENSE OTHER THAN NORMAL LIVING EXPENSES?

AND

- DOES NOT EXCEED THE ACTUAL EXPENSE?

AND

- DOES NOT REPRESENT A GAIN OR BENEFIT TO THE HH?

NO ⇓

UNEARNED INCOME

YES ⇓

EXCLUDE

10. THIRD PARTY FUNDS

MONEY RECEIVED AND USED FOR THE CARE OF A NON-HH MEMBER.

IF USED FOR CARE OF NON-HH MEMBER ONLY

- EXCLUDE

IF USED FOR CARE OF BOTH HH AND NON-HH MEMBERS

- EXCLUDE NON-HH MEMBER'S PRORATA SHARE
- COUNT HH'S SHARE AS UNEARNED INCOME

11. EARNINGS OF CHILDREN

- NOT YET AGE 18

AND

- ENROLLED AT LEAST HALF-TIME IN ELEMENTARY OR HIGH SCHOOL, GED CLASSES APPROVED BY LOCAL SCHOOL BOARD, OR APPROVED HOME – SCHOOL.

AND

- CERTIFIED WITH A PARENT; OR CERTIFIED WITH AND UNDER THE PARENTAL CONTROL OF AN ADULT OTHER THAN A PARENT

NO ⇓

UNEARNED INCOME

YES ⇓

EXCLUDE UNTIL THE FIRST FULL MONTH THE CHILD IS 18

OTHER INCOME

LUMP SUM PAYMENTS * PART 11.F.9

EXCLUDE NON-RECURRING OR IRREGULAR PAYMENTS.

EXAMPLES:

- REFUNDS
- REBATES
- CREDITS
- RETROACTIVE BENEFITS OR PAYMENTS
- RETROACTIVE SSI PAYMENTS EVEN WHEN RECEIVED IN MULTIPLE INSTALLMENTS, SETTLEMENTS
- GAMBLING WINNINGS
- MONEY GIFTS FOR IDENTIFIABLE ONE-TIME ONLY OR ANNUAL OCCASIONS
- TANF DIVERSIONARY ASSISTANCE PAYMENTS.

COUNT LUMP SUM PAYMENTS AS A RESOURCE IN THE MONTH RECEIVED.

WORKER'S COMPENSATION
• RESOURCE

CHILD SUPPORT AND UNEMPLOYMENT COMPENSATION
• UNEARNED INCOME

SUPPORT DISREGARD IF ENTITLEMENT DATE IS 2 MONTHS PRIOR TO CHECK DATE
• RESOURCE

SHELTER EXPENSES

*** PART 10.A.4**

WHEN DEDUCTIBLE AND NON-DEDUCTIBLE EXPENSES CANNOT BE SEPARATELY IDENTIFIED, ALLOW THE FULL AMOUNT AS A DEDUCTIBLE EXPENSE.

1. EXPENSES DIRECTLY RELATED TO THE HOME

DEDUCTIBLE EXPENSES

- RENT/MORTGAGE (RENT AS AN IN-KIND BENEFIT IS NOT DEDUCTIBLE)
- LOAN PAYMENTS LEADING TO OWNERSHIP OF A MOBILE HOME
- PERSONAL PROPERTY TAXES ON A MOBILE HOME
- INITIAL COST OF MOVING MOBILE HOME FROM DEALER TO LOT
- SET-UP COSTS AT A NEW LOT FOLLOWING A SUBSEQUENT MOBILE HOME MOVE
- REAL ESTATE TAXES
- INSURANCE PREMIUMS FOR THE HOME STRUCTURE, NOT FOR FURNITURE OR PERSONAL BELONGINGS
- REPAIR COSTS TO HOME OR MOBILE HOME RESULTING FROM A DISASTER, PROVIDING COSTS WILL NOT BE REIMBURSED
- CONDOMINIUM OR HOMEOWNER ASSOCIATION FEES

2. UTILITY EXPENSES

UTILITY EXPENSES ARE DEDUCTIBLE WHEN NOT INCLUDED IN THE RENT/MORTGAGE, EVEN IF THEY ARE COVERED BY A FUEL ASSISTANCE VENDOR PAYMENT.

DEDUCTIBLE EXPENSES

- ELECTRICITY, GAS, OIL, KEROSENE, WOOD, COAL
- WATER, SEWAGE, SEPTIC TANK MAINTENANCE
- GARBAGE COLLECTION
- TELEPHONE STANDARD
- INITIAL INSTALLATION FEES BY A UTILITY, TELEPHONE OR SEPTIC TANK COMPANY
- EXCESS UTILITY CHARGES, WHEN UTILITIES ARE INCLUDED IN RENT

NON-DEDUCTIBLE EXPENSES

- ACTUAL TELEPHONE COSTS
- EXPENSES PAID THROUGH VENDOR PAYMENT
- ONE-TIME SECURITY DEPOSITS
- UTILITY EXPENSES PAID OR REIMBURSED THROUGH HUD OR FmHA

NOTE: IF THE HH CLAIMS ACTUAL EXPENSES BUT DOES NOT PROVIDE VERIFICATIONS BY DAY 30, THE UTILITY STANDARD WILL BE USED TO DETERMINE ELIGIBILITY IF THE HH IS ENTITLED TO THE STANDARD. IF THE HH IS NOT ENTITLED TO THE UTILITY STANDARD, ELIGIBILITY WILL BE DETERMINED WITHOUT A UTILITY EXPENSE DEDUCTION.

SHELTER EXPENSES (CONTINUED)

3. UTILITY STANDARD * PART 10.A.4.e

DEDUCTIBLE EXPENSES

- RESPONSIBLE FOR HEATING EXPENSE FOR PRIMARTY FUEL ANYTIME DURING THE YEAR?

OR

- RESPONSIBLE FOR COOLING EXPENSE FOR AIR CONDITIONING ANYTIME DURING THE YEAR?

OR

- RECEIVED OR WILL RECEIVE ENERGY ASSISTANCE ANYTIME DURING THE NOVEMBER – OCTOBER FUEL YEAR AT THE CURRENT RESIDENCE?

OR

- RESPONSIBLE FOR HEATING OR COOLING EXPENSE BEYOND THE AMOUNT PAID BY HUD OR FmHA.

NO ⇓

NOT ENTITLED TO UTILITY STANDARD

YES ⇓

ENTITLED TO UTILITY STANDARD **(CHART, PAGE 1)**

ONCE THE HH HAS SELECTED USE OF THE UTILITY STANDARD OR ACTUAL COSTS, THE HH MAY SWITCH FROM ONE TO THE OTHER ONLY AT RECERTIFICATION OR WHEN THE HH MOVES.

4. TELEPHONE EXPENSES/STANDARD * PART 10.A.4.f

ACTUAL TELEPHONE EXPENSES ARE NEVER DEDUCTED. IF THE UTILITY STANDARD IS USED, NO FURTHER TELEPHONE DEDUCTION IS GIVEN. IF ACTUAL UTILITY EXPENSES ARE USED, THE TELEPHONE STANDARD IS USED. **(CHART, PAGE 1)**

5. HOMELESS SHELTER STANDARD * PART 10.A.7

HOMELESS HHs WHICH HAVE OR REASONABLY EXPECT TO HAVE SHELTER EXPENSES DURING THE MONTH MUST USE THE HOMELESS SHELTER STANDARD UNLESS THE HH CLAIMS SHELTER COSTS THAT EXCEED THE STANDARD, IN WHICH CASE, ACTUAL COSTS ARE ALLOWED. **(CHART, PAGE 1)**

THE HOMELESS SHELTER STANDARD IS A SEPARATE DEDUCTION AND NOT INCLUDED AS PART OF THE SHELTER EXPENSE DEDUCTION. ACTUAL SHELTER COSTS OR COSTS, IF USED, ARE INCLUDED AS PART OF THE SHELTER EXPENSE DEDUCTION.

A **HOMELESS HH** IS DEFINED AS A HH WHICH LACKS A FIXED, REGULAR NIGHTTIME RESIDENCE, OR HAS AS ITS NIGHTTIME RESIDENCE.

- SUPERVISED SHELTER THAT PROVIDES TEMPORARY ACCOMMODATIONS.
- HALFWAY HOUSE THAT PROVIDES TEMPORARY ACCOMMODATIONS FOR PERSONS INTENDED TO BE INSTITUTIONALIZED.
- TEMPORARY ACCOMMODATION IN SOMEONE ELSE'S HOME. "TEMPORARY" IS DEFINED AS IN THE HOME NOT MORE THAN 90 DAYS.
- PLACE NOT ORDINARILY USED FOR SLEEPING.

MEDICAL EXPENSES

MEDICAL COSTS FOR AN ELDERLY OR DISABLED PERSON WHEN THE EXPENSE IS INCURRED. ALLOW ONLY THAT PORTION NOT REIMBURSABLE BY INSURANCE OR COVERED BY MEDICAID. HH MUST FIRST VERIFY THAT PORTION FOR WHICH IT IS RESPONSIBLE BEFORE THE EXPENSE IS ALLOWED. EXPENSES MUST BE VERIFIED AT RECERTIFICATION. EXPENSES "EXPECTED" DURING THE CERTIFICATION PERIOD ARE ALLOWED UPON VERIFICATION. "REASONABLE ESTIMATES" ARE ACCEPTED AS VERIFICATION. THE $35 LIMIT APPLIES TO THE HH, NOT TO EACH ELDERLY OR DISABLED INDIVIDUAL.

1. MEDICAL STANDARD DEDUCTION

ALLOWED ONCE HH VERIIFIES AT LEAST $35 OF ALLOWABLE EXPENSES. HH MAY OPT OUT OF MEDICAL STANDARD DEDUCTION IF THERE ARE MORE THAN $175 OF ALLOWABLE EXPENSES. ITEMS 2 AND 3 BELOW APPLY ONLY TO HHs USING ACTUAL EXPENSES. MAY ONLY SWITCH BETWEEN ACTUAL AND THE STANDARD AT APPLICATION EXCEPT IF NOT PREVIOUSLY ENTITLED TO THE STANDARD.

2. METHODS OF DEDUCTION

* **PART 13.B.4**

HH DETERMINES THE METHOD OF DEDUCTION FOR EACH EXPENSE.

LUMP SUM	AVERAGING	EXPECTED PAYMENT
• DEDUCT IN THE MONTH THE EXPENSE IS INCURRED, BILLED, OR BECOMES DUE. • IF THE DUE DATE CANNOT BE ESTABLISHED, CONSIDER THE DUE DATE TO BE THE MONTH FOLLOWING THE DATE BILLED OR THE DATE THE EXPENSE WAS INCURRED. • A ONE-TIME EXPENSE INCURRED DURING THE FIRST 12 MONTHS OF A 24-MONTH PERIOD MAY BE ALLOWED FOR ONE MONTH DURING MONTHS 13 – 24.	• AVERAGE ONE TIME ONLY EXPENSES OVER THE REMAINING MONTHS OF THE CERTIFICATION PERIOD IN WHICH THEY ARE BILLED OR BECOME DUE. • AVERAGE A RECURRING EXPENSE OVER THE PERIOD IT IS INTENDED TO COVER. • AN EXPENSE INCURRED DURING THE FIRST 12 MONTHS OF A 24-MONTH PERIOD MAY BE AVERAGED OVER THE REMAINING MONTHS 11 – 12 OR 1 – 24.	• MUST BE ARRANGED BEFORE BILL BECOMES OVERDUE. • VERIFY THE ARRANGEMENT AND PAYMENT AMOUNT, NOT WHETHER THE PAYMENT IS ACTUALLY MADE. • DEDUCT IN THE MONTH THE PAYMENT IS DUE.

3. DEDUCTIBLE EXPENSES

* **PART 10.A.5.a**

DEDUCTIBLE EXPENSES

- MEDICAL, DENTAL, PSYCHOTHERAPY, REHABILITATION SERVICES
- NURSING CARE, NURSING HOME CARE
- PRESCRIPTIVE DRUGS AND OVER-THE-COUNTER MEDICATION, IF PRESCRIBED
- MEDICAL SUPPLIES, SICK ROOM EQUIPMENT (RENTAL), OTHER PRESCRIBED EQUIPMENT
- HEALTH/HOSPITALIZATION INSURANCE POLICY PREMIUMS (NOT ACCIDENT, INCOME MAINTENANCE, OR LUMP SUM SETTLEMENT POLICY PREMIUMS)
- MEDICARE PREMIUMS
- COSTS OF DENTURES, HEARING AIDS, AND PROSTHETICS
- COSTS ASSOCIATED WITH SEEING EYE OR HEARING DOG , OTHER ATTENDANT ANIMALS
- COSTS OF EYE GLASSES, IF PRESCRIBED
- COSTS OF TRANSPORTATION AND LODGING TO OBTAIN MEDICAL TREATMENT
- COSTS FOR AN ATTENDANT, OR AIDE, OR NEEDED CHILD CARE SERVICES DUE TO AGE, INFIRMITY, OR ILLNESS
- TELEPHONE FEES FOR AMPLIFIERS AND WARNING SIGNALS FOR DISABLED PERSONS

HEAD OF HOUSEHOLD

*** PART 6.D**

HH MAY SELECT ANY ADULT MEMBER. HOWEVER, IF THE HH DOES NOT MAKE A SELECTION OR THE SELECTION WAS NOT TIMELY OR ALL ADULT MEMBERS DID NOT AGREE ON THE SELECTION, THE AGENCY WOULD SELECT THE HEAD OF HH. IN THE EVENT OF A WORK REGISTRATION, VOLUNTARY QUIT OR WORK REDUCTION VIOLCATION (**5.D.3**), THE PRINCIPAL WAGE EARNER (PWE) RULE MAY APPLY.

THE HH INCLUDES A PARENT/CARETAKER AND CHILD COMBINATION

- ADULT PARENT AND CHILD OF ANY AGE, OR
- ADULT WITH PARENTAL CONTROL AND CHILD UNDER 18

AND

THE HH SELECTS THE PARENT/CARETAKER AS HEAD OF HH

AND

ALL ADULTS IN THE HH AGREE ON THE SELECTION

AND

SELECTION BY HH WAS TIMELY

- APPLICATION/REAPPLICATION: BY DAY 30
- RECERTIFICATION: BY VERIFICATION DEADLINE
- HH COMPOSITIONS CHANGE: BY VERIFICATION DEADLINE

NO ⇓

- PWE RULE MAY APPLY

YES ⇓

- PWE RULE DOES NOT APPLY
- HH SELECTION "STANDS"

IN THE EVENT OF A WORK REGISTRATION, VOLUNTARY QUIT, OR WORK REDUCTION VIOLATION, DETERMINE WHETHER THE PWE RULES APPLIES

HH SELECTED THE PARENT/CARETAKER AS HEAD OF HH

⇓

- PWE RULE DOES NOT APPLY
- HH SELECTION "STANDS"

HH SELECTED ANY OTHER ADULT AS HEAD OF HH

AGENCY SELECTED THE HEAD OF HH

⇓ ⇓

- IF THE PERSON SELECTED AS HEAD OF HH IS AGE 16 OR OLDER AND LIVING WITH PARENT/CARETAKER

AND

- THE PARENT/CARETAKER OF THIS PERSON IS
  - SUBJECT TO AND PARTICIPATING IN ESP; OR
  - AN APPLICANT/RECIPIENT OF UNEMPLOYMENT COMPENSATIO; OR
  - WORKING 30 HRS/WK OR RECEIVING EARNINGS = 30 HRS/WK X MINIMUM WAGE

NO ⇓

- PWE RULE APPLIES
- PWE SELECTION "STANDS"

YES ⇓

- PWE RULE DOES NOT APPLY
- HH/AGENCY SELECTION "STANDS"

WORK REGISTRATION

*** PART 8.A**

FOR NON-SNAPET AGENCIES, EVALUATE AND DOCUMENT EACH HH MEMBER'S WORK REGISTRATION STATUS AT APPLICATION. REVIEW AND UPDATE STATUS AT RECERTIFICATION. FOR SNAPET AGENCIES, REGISTER NON-EXEMPT MEMBERS AT APPLICATION, REAPPLICATION, AND EVERY 12 MONTHS THEREAFTER. REGISTER NEW MEMBERS ADDED DURING THE CERTIFICATION PERIOD AT RECERTIFICATION. ADVISE E&T WORKER OF ANY CHANGE WITHIN 30 DAYS FROM THE DATE THE CHANGE BECOMES KNOWN.

1. EXEMPTION CRITERIA

EXEMPT FROM WORK REGISTRATION

- UNDER AGE 16 OR AT LEAST AGE 60
- AGE 16 OR 17 AND NOT HEAD OF HH
- ESP REGISTRANT (TANF, GR RECIPIENTS)
- PARENT/CARETAKER OF A CHILD UNDER AGE 6 (LIMITED TO ONE PARENT).
- ATTENDANT FOR AN INCAPACITATED PERSON. NOTE: THIS PERSON IS NOT REQUIRED TO BE A HH MEMBER
- APPLICANT OR RECIPIENT OF UNEMPLOYMENT COMPENSATION IN VIRGINIA
- REGULAR PARTICIPANT IN AN ALCOHOL/DRUG TREATMENT PROGRAM
- EMPLOYED FOR CASH WAGES IN ANY AMOUNT OR SELF EMPLOYED A MINIMUM OF 30 HRS/WK OR RECEIVING EARNINGS = 30 HRS/WK X MINIMUM WAGE
- "OBVIOUS" OR SUBSTANTIATED PHYSICAL/MENTAL DISABILITY
- "ELIGIBLE" STUDENT ENROLLED HALF-TIME (SEE "STUDENT" SECTION)
- ANY PERSON ENROLLED HALF-TIME IN ANY SCHOOL OR TRAINING PROGRAM

2. LOSS OF EXEMPTION

NON-SNAPET AGENCIES ONLY DOCUMENT CHANGE IN STATUS.

RESULT OF A CHANGE REQUIRED TO BE REPORTED

- REGISTER THE PERSON WHEN THE CHANGE IS REPORTED
- GIVE/MAIL THE REGISTRATION FORM
- IF THE FORM IS NOT RECEIVED WITHIN 10 DAYS, SEND ADVANCE NOTICE

RESULT OF A CHANGE NOT REQUIRED TO BE REPORTED

- REGISTER THE PERSON AT RECERTIFICATION

VOLUNTARY QUIT/WORK REDUCTION

***PART 8.B**

AT APPLICATION, THE AGENCY MUST EXPLAIN THE CONSEQUENCES OF THE HEAD OF HH OR ANOTHER HH MEMBER VOLUNTARILY QUITTING A JOB OR REDUCING THE HOURS WORKED TO LESS THAN 30 HOURS/WEEK WITHOUT GOOD CAUSE AND THE CONSEQUENCES OF A PERSON JOINING THE HH AS ITS HEAD IF THAT PERSON HAS VOLUNTARILY QUIT OR REDUCED HOURS WORKED.

1. GOOD CAUSE

GOOD CAUSE FOR LEAVING EMPLOYMENT INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING

- DISCRIMINATION BY THE EMPLOYER
- UNREASONABLE WORK DEMANDS OR CONDITIONS, SUCH AS NOT BEING PAID ON SCHEDULE
- HALF-TIME ENROLLMENT IN A SCHOOL OR TRAINING THAT <u>REQUIRES</u> PERSON TO QUIT
- ANOTHER HH MEMBER ACCEPTS WORK OR ENROLLS HALF-TIME IN A SCHOOL OR TRAINING PROGRAM, WHICH REQUIRES HH TO MOVE AND PWE TO QUIT
- RESIGNATION BY PERSON UNDER AGE 60 WHICH IS RECOGNIZED BY THE EMPLOYER AS RETIREMENT
- ACCEPTANCE OF A "BONA FIDE" JOB OFFER OF 30 HRS/WK OR EARNINGS = 30 HRS/WK X MINIMUM WAGE. GOOD CAUSE IS SATISFIED EVEN IF "BONA FIDE" OFFER DOES NOT MATERIALIZE.
- LEAVING A JOB IN WHICH WORKER FREQUENTLY MOVES, SUCH AS MIGRANT LABOR OR CONSTRUCTION
- CIRCUMSTANCES BEYOND PERSON'S CONTROL, SUCH AS ILLNESS, ILLNESS OF ANOTHER HH MEMBER, HH EMERGENCY, OR LACK OF TRANSPORTATION.

- UNSUITABLE EMPLOYMENT
  - PAY IS LESS THAN MINIMUM WAGE OR LESS THAN 80% X MINIMUM WAGE IF NOT UNDER FEDERAL GUIDELINES. INCLUDES "EXPECTED" PIECE WORK PAY.
  - REQUIRES JOINING OR NOT JOINING A LABOR ORGANIZATION
  - WORK IS AT A SITE SUBJECT TO A STRIKE OR LOCKOUT
  - WORK IS HAZARDOUS TO SAFETY OR HEALTH
  - PERSON IS PHYSICALLY OR MENTALLY UNFIT TO PERFORM THE WORK. MUST BE SUBSTANTIATED BY A MEDICAL STATEMENT.
  - DAILY ROUND TRIP TRAVEL, EXCLUDING TIME TO/FROM DAY CARE, EXCEEDS TWO HOURS.
  - DISTANCE IS TOO FAR TO WALK AND OTHER TRANSPORTATION IS NOT AVAILABLE
  - TYPE OF WORK OR WORKING HOURS CONFLICTS WITH PERSON'S RELIGION

2. EXEMPTION CRITERIA

SAME AS THE EXEMPTION CRITERIA FOR WORK REGISTRATION **EXCEPT** FOR THE EXEMPTION FOR EMPLOYMENT AND TANF/GR REGISTRATION.

3. DETERMINATION OF VOLUNTARY QUIT/WORK REDUCTION

VOLUNTARY QUIT INCLUDES NOT ACCEPTING A RENEWAL CONTRACT WITH COMPARABLE TERMS; DOES NOT INCLUDE TERMINATING SELF-EMPLOYMENT, RESIGNING AT THE DEMAND OF AN EMPLOYER, OR NOT REENLISTING IN THE MILITARY.

DETERMINE IF VOLUNTARY QUIT OCCURRED

- EMPLOYED AT LEAST 30 HRS/WK OR RECEIVES WEEKLY EARNINGS = 30 HRS/WK X MINIMUM WAGE
- VOLUNTARY QUIT WAS WITHIN 60 DAYS OF APPLICATION OR ANY TIME THEREAFTER
- VOLUNTARY QUIT WAS WITHOUT GOOD CAUSE

DETERMINE IF WORK REDUCTION OCCURRED

- EMPLOYED MORE THAN 30 HRS/WK
- HOURS REDUCED TO LESS THAN 30 HRS/WK
- WORK REDUCTION WAS WITHIN 60 DAYS OF APPLICATION OR ANY TIME THEREAFTER
- WORK REDUCTION WAS WITHOUT GOOD CAUSE

THEN

DETERMINE IF THE PERSON WAS THE DESIGNATED HEAD OF HH OR IF THE PWE RULE APPLIES

THEN

DETERMINE IF THE PERSON WAS EXEMPT FROM WORK REGISTRATION AT APPLICATION OR ON THE DAY OF VOLUNTARY QUIT OR WORK REDUCTION

VOLUNTARY QUIT/WORK REDUCTION
(CONTINUED)

4. SANCTIONS FOR VOLUNTARY QUIT/WORK REDUCTION

DISQUALIFY ANY HH MEMBER OTHER THAN THE HEAD OF HH WHO QUITS A JOB OR REDUCES HOURS WORKED TO LESS THAN 30 HOURS/WEEK. IF THE HEAD OF HH QUITS OR REDUCES HOURS WORKED, DISQUALIFY THE ENTIRE HH. USE SANCTION NOTICE.

IF CASE IS PENDING	IF CASE IS ONGOING
o BEGIN SANCTION THE DAY OF THE QUIT OR WORK REDUCTION o HH MEMBER: DISQUALIFY MEMBER HEAD OF HH: DENY APPLICATION	o BEGIN SANCTION 1ST MONTH AFTER 10 DAY NOTICE PERIOD o HH MEMBER: DISQUALIFY MEMBER HEAD OF HH: CLOSE CASE

5. SANCTION PERIODS

APPLYING HOUSEHOLD	ONGOING HOUSEHOLD
o 1ST VIOLATION: 30 DAYS o 2ND VIOLATION: 90 DAYS o 3RD VIOLATION: 180 DAYS	o 1ST VIOLATION: 1 MONTH o 2ND VIOLATION: 3 MONTHS o 3RD VIOLATION: 6 MONTHS

NOTE: SANCTION PERIOD SHALL BEGIN WITH THE DATE OF THE ACTUAL QUIT OR WORK REDUCTION

6. REESTABLISHING ELIGIBILITY

ELIGIBILITY IS REESTABLISHED IF
o SANCTION PERIOD EXPIRES o PERSON WHO CAUSED THE SANCTION LEAVES THE HH OR BECOMES EXEMPT FROM WORK REGISTRATION FOR SOME REASON OTHER THAN BEING AN ESP REGISTRANT OR AN APPLICANT/RECIPIENT OF UNEMPLOYMENT COMPENSATION

NOTE: THE SANCTION FOLLOWS THE PERSON WHO CAUSED THE SANCTION. IF THIS PERSON JOINS ANOTHER HOUSEHOLD, THE PERSON REMAINS DISQUALIFIED FOR THE BALANCE OF THE SANCTION PERIOD. IF THE PERSON JOINS ANOTHER HOUSEHOLD AS HEAD OF HH, THAT HOUSEHOLD BECOMES INELIGIBLE FOR THE BALANCE OF THE SANCTION PERIOD.

WORK REQUIREMENT

***PART 15**

1. AT APPLICATION OR IF ASSISTANCE IS REQUESTED FOR A NEW HH MEMBER, EVALUATE WHETHER THE PERSON IS SUBJECT TO THE WORK REQUIREMENT.

PERSON IS AT LEAST 18 BUT NOT YET 50

NO

- WORK REQUIREMENT DOES NOT APPLY UNTIL THE MONTH FOLLOWING THE MONTH THE PERSON TURNS 18.
- WORK REQUIREMENT NO LONGER APPLIES BEGINNING THE MONTH FOLLOWING THE MONTH THE PERSON TURNS 50.
- TRACKING IS NOT REQUIRED UNLESS THE WORK REQUIREMENT APPLIES.

YES

PERSON IS

- LIVING IN A HH CONTAINING A CHILD LESS THAN 18; OR
- PREGNANT; OR
- MEDICALLY CERTIFIED AS UNABLE TO WORK; OR
- LIVING IN AN EXEMPT LOCALITY OR
- OTHERWISE EXEMPT FROM WORK REGISTRATION (SEE PAGE 24)

YES

- PERSON IS NOT SUBJECT TO THE WORK REQUIREMENT
- BENEFITS DO NOT COUNT AGAINST THE Y1/Y2 LIMIT
- TRACKING IS REQUIRED

NO

- PERSON IS SUBJECT TO THE WORK REQUIREMENT
- DETERMINE WHETHER THE PERSON MEETS THE WORK REQUIREMENT

PERSON IS

- WORKING FOR CASH WAGES OR IN-KIND BENEFITS AT LEAST 20 HRS/WK AVERAGED MONTHLY; OR
- SERVING AS A VOLUNTEER OR IN A WORK EXPERIENCE PROGRAM FOR SNAPET FOR A NUMBER OF HRS/MO AT LEAST EQUAL TO THE HOUSEHOLD'S SHARE OF THE SNAP BENEFIT ÷ FED MIN. WAGE; OR
- PARTICIPATING IN A DSS WORK PROGRAM (E.G., SNAPET) OTHER THAN JOB SEARCH AT LEAST 20 HRS/WK; OR
- PARTICIPATING IN A NON-DSS WORK PROGRAM (E.G., WIA) AT LEAST 20 HRS/WK; OR COMBINATION OF ABOVE ACTIVITIES;
- WITH GOOD CAUSE FOR NOT COMPLETING WORK ACTIVITY

YES

- PERSON MEETS THE WORK REQUIREMENT
- BENEFITS DO NOT COUNT AGAINST THE Y1/Y2 LIMIT
- TRACKING IS REQUIRED

NO

- PERSON DOES NOT MEET THE WORK REQUIREMENT
- BENEFITS COUNT AGAINST THE Y1/Y2 LIMIT
- TRACKING IS REQUIRED

WORK REQUIREMENT

(CONTINUED)

2. IF THE PERSON IS SUBJECT TO THE WORK REQUIREMENT, EVALUATE Y1 BENEFITS.

HAS PERSON RECEIVED SNAP BENEFITS BEFORE IN VIRGINIA?

⇓ **NO**

DETERMINE 36 MONTH PERIOD

- 36-MONTH PERIOD BEGINS 1ST MONTH THE PERSON IS CERTIFIED TO RECEIVE BENEFITS

⇓

- REFLECT TRACKING INFORMATION

⇓
⇓
⇓
⇓
⇓
⇓
⇓
⇓
⇓
⇓
⇓
⇓
⇓

- PERSON IS ENTITLED TO 3 MONTHS OF Y1 BENEFITS
- Y1 MONHTS DO NOT NEED TO BE CONSECUTIVE

⇓ **YES**

DETERMINE 36 MONTH PERIOD

- 36-MONTH PERIOD BEGAN 1ST MONTH THE PERSON WAS CERTIFIED TO RECEIVE BENEFITS. A NEW 36-MONTH PERIOD WILL BEGIN THE MONTH AFTER THE PRIOR 36-MONTH PERIOD EXPIRES.

⇓

- COMPLETE OR UPDATE THE TRACKING INFORMATION TO SHOW PRIOR PARTICIPATION DURING THE 36 MONTH PERIOD
- COUNT AS Y1 ANY FULL MONTH IN WHICH THE PERSON PARTICIPATED
- DO NOT COUNT AS Y1 ANY MONTH IN WHICH THE HOUSEHOLD RECEIVES PRORATED BENEFITS
- DO NOT COUNT AS Y1 ANY MONTH IN WHICH THE PERSON DID NOT PARTICIPATE, E.G., ALLOTMENT WAS PRORATED TO ZERO, REPAID CLAIM CANCELLED PARTICIPATION ETC.
- DO NOT COUNT AS Y1 ANY MONTH IN WHICH THE REQUIREMENT

⇓

- DETERMINE THE NUMBER OF REMAINING MONTHS OF Y1 BENEFITS
- IF 3 MONTHS OF Y1 BENEFITS HAVE BEEN RECEIVED, DETERMINE THE PERSON'S ENTITLEMENT TO Y2 BENEFITS, PER STEP 5.

3. DETERMINE THE APPROPRIATE CERTIFICATION PERIOD BASED ON THE NUMBER OF Y1 MONTHS REMAINING. DELETE A WORK REQUIREMENT PERSON WITH AN ADVANCE NOTICE.

A PERSON SUBJECT TO THE WORK REQUIREMENT APPLIES FOR ASSISTANCE

- IF THE PERSON IS ENTITLED TO 3 MONTHS OF Y1 BENEFITS, CERTIFY THE HH FOR 6 MONTHS USING E9 CODE TO MAKE UP THE DIFFERENCE
- IF THE PERSON IS ENTITLED TO LESS THAN 3 MONTHS OF Y1 BENEFITS, CERTIFY THE HH FOR 6 MONTHS USING E9 CODE TO MAKE UP THE DIFFERENCE
- IF THE PERSON HAS USED UP THE ENTITLEMENT TO Y1 BENEFITS, CERTIFY THE REMAINING HH FOR UP TO 12 MONTHS, IF APPROPRIATE.

A PERSON SUBJECT TO THE WORK REQUIREMENT IS ADDED TO AN ONGOING HOUSEHOLD

OR

AN ONGOING HH MEMBER EXEMPT FROM THE WORK REQUIREMENT LOSES THE EXEMPTION.

- CONTINUE THE CERTIFICATION. ESTABLISH A SPECIAL REVIEW, DELETE PERSON OR CLOSE THE CASE AFTER THE 3RD Y1 MONTH

4. IF AN ONGOING HH MEMBER EXEMPT FROM THE WORK REQUIREMENT LOSES THE EXEMPTION, EVALUATE THE CHANGE IN STATUS.

THE LOSS OF EXEMPTION WAS THE RESULT OF A CHANGE REQUIRED TO BE REPORTED PER PART **XIV .A.1**

⇓ **NO**

⇓ **YES**

THE CHANGE WAS REPORTED TIMELY?

⇓ **NO**

⇓ **YES**

IF AN OVERISSUANCE OCCURRED, ESTABLISH A HH-CAUSED CLAIM

- CHANGE THE STATUS FROM EXEMPT TO NON-EXEMPT FOR THE MONTH FOLLOWING THE MONTH THE CHANGE OCCURS
- UPDATE THE TRACKING INFORMATION
- DETERMINE ENTITLEMENT TO Y1 BENEFITS

WORK REQUIREMENT

(CONTINUED)

5. IF ASSISTANCE IS REQUESTED FOR A PERSON CURRENTLY SUBJECT TO THE WORK REQUIREMENT AND THE PERSON HAS ALREADY RECEIVED 3 MONTHS OF Y1 BENEFITS, EVALUATE Y2 BENEFITS.

AFTER RECEIPT OF 3 MONTHS OF Y1 BENEFITS, THE PERSON MUST HAVE BEEN DENIED OR WOULD HAVE BEEN DENIED AS A RESULT OF THE WORK REQUIREMENT POLICY

⇓

EVALUATE WHETHER THE PERSON HAS REGAINED ELIGIBILITY

DURING A 30-DAY PERIOD WITHIN THE 36 MONTH PERIOD AFTER RECEIPT OF Y1 BENEFITS, HAS THE PERSON……..

- **WORKED FOR CASH WAGES FOR 80 HRS OR MORE?** OR,
- **PARTICIPATED IN A WORK PROGRAM FOR 80 HRS OR MORE?**

⇓ **NO**

- **NON-EXPEDITED: WILL THE 30 DAY/80HR REQUIREMENT BE COMPLETED IN THE MONTH OF APPLICATION?**
- **EXPEDITED: WILL THE 30 DAY/80HR REQUIREMENT BE COMPLETED IN THE 7 DAY EXPEDITED TIME PERIOD?**

⇓ **YES**

⇓ **NO**

PERSON IS INELIGIBLE. PERSON MAY REAPPLY ONCE 30 DAY/80 HR REQUIREMENT IS MET.

⇓ **YES**

PERSON HAS REGAINED ELIGIBILITY

⇓

IS THE PERSON CURRENTLY WORKING FOR CASH WAGES AT LEAST 20 HRS/WK OR PARTICIPATING IN A WORK PROGRAM

⇓ **NO**

- **BENEFITS COUNT AGAINST Y2 LIMIT, UNLESS THE PERSON IS OTHERWISE EXEMPT FROM THE WORK REQUIREMENT**
- **Y2 MONTHS MUST BE CONSECUTIVE. THE 3-MONTH PERIOD WILL COUNT EVEN IF THE PERSON DOES NOT RECEIVE BENEFITS FOR THE ENTIRE PERIOD.**
- **AFTER Y2 LIMIT IS MET, PERSON IS INELIGIBLE UNLESS THE PERSON REGAINS ELIGIBILITY (AGAIN) AND IS WORKING AT LEAST 20 HRS/WK OR IS PARTICIPATING IN A WORK PROGRAM OR UNLESS THE PERSON IS OTHERWISE EXEMPT FROM THE WORK REQUIREMENT**

⇓ **YES**

- **BENEFITS DO NOT COUNT AGAINST Y2 LIMIT**
- **IF PERSON LOSES THE JOB, REDUCES WORK BELOW 20 HR/WK, OR LEAVES THE WORK PROGRAM, BENEFITS NOW COUNT AGAINST Y2 LIMIT, UNLESS THE PERSON IS OTHERWISE EXEMPT FROM THE WORK REQUIREMENT.**
- **AFTER Y2 LIMIT IS MET, PERSON IS INELIGINBLE UNLESS THE PERSON REGAINS ELIGIBILITY (AGAIN) AND IS WORKING AT LEAST 20 HRS/WK OR IS PARTICIPATING IN A WORK PROGRAM OR UNLESS THE PERSON IS OTHERWISE EXEMPT FROM THE WORK REQUIREMENT**

WORK REQUIREMENT

(CONTINUED)

UNEMPLOYMENT RATE
APRIL 2009 – SEPTEMBER 2013
All Virginia Localities

LABOR SURPLUS/ UNEMPLOYMENT RATE
MAY 2007 – APRIL 2008
• ALLEGHANY/ COVINGTON • APPOMATTOX • BRISTOL • BRUNSWICK • BUCHANAN • CARROLL • CHARLES CITY • CHARLOTTE • DANVILLE • DICKENSON • FRANKLIN CITY • GALAX • GILES • GRAYSON • GREENSVILLE/ EMPORIA • HALIFAX • HENRY/ MARTINSVILLE • HOPEWELL • LEE • LUNENBURG • MECKLENBURG • NORTON • PATRICK • PETERSBURG • PITTSYLVANIA • PRINCE EDWARD • PULASKI • RUSSELL • SCOTT • SMYTH • SUSSEX • WILLIAMSBURG

LABOR SURPLUS/ UNEMPLOYMENT RATE
MAY 2008 – APRIL 2009
• ALLEGHANY/ COVINGTON • BRISTOL • BRUNSWICK • BUCHANAN • CARROLL • CHARLOTTE • DANVILLE • DICKENSON • FRANKLIN CITY • GALAX • GRAYSON • GREENSVILLE/ EMPORIA • HALIFAX • HENRY/ MARTINSVILLE • HOPEWELL LEE • LUENBURG • MECKLENBURG • NORTON • PATRICK • PETERSBURG • PITTSYLVANIA • PRINCE EDWARD • RUSSELL • SCOTT • SMYTH • SUSSEX • WILLIAMSBURG

LABOR SURPLUS/ UNEMPLOYMENT RATE
JULY 2006 – APRIL 2007
• APPOMATTOX • BRISTOL • BRUNSWICK • BUCHANAN • CARROLL • CHARLES CITY • CHARLOTTE • DANVILLE • DICKENSON • GALAX • GILES • GRAYSON • GREENSVILLE/ EMPORIA • HALIFAX • HENRY/ MARTINSVILLE • HOPEWELL • LEE LUNENBURG • MECKLENBURG • NORTON • PATRICK • PETERSBURG • PITTSYLVANIA • PRINCE EDWARD • PULASKI • RUSSELL • SCOTT • SMYTH • SUSSEX • WILLIAMSBURG

DISQUALIFIED PERSONS

*** PART 12.E**

THE TREATMENT OF DISQUALIFIED (DISQ) PERSONS DEPENDS ON THE REASON FOR THE DISQUALIFICATION	• **FAILURE TO OBTAIN OR REFUSAL TO PROVIDE AN SSN** • **U.S. CITIZENSHIP QUESTIONABLE** • **INELIGIBLE ALIEN** • **PERSON WHO HAS HAD 3 Y1 OR Y2 MONTHS OF BENEFITS**	• **FALSIFIYING IDENTITY, RESIDENCE TO GET SNAP BENEFITS IN MORE THAN ONE LOCALITY** • **VOLUNTARY QUIT, WORK REDUCTION** • **FRAUD** • **SNAP BENEFITS TRAFFICKING** • **FLEEING FELON, PAROLE OR PROBATION VIOLATION** • **DRUG RELATED FELONY CONVICTION AFTER 8/22/96**
1. RESOURCES	1. COUNT PERSON'S RESOURCES	1. COUNT PERSON'S RESOURCES
2. MAXIMUM RESOURCE LIMITS	2. DO NOT INCLUDE PERSON WHEN MAKING MAXIMUM RESOURCE LIMIT DECISIONS	2. DO NOT INCLUDE PERSON WHEN MAKING MAXIMUM RESOURCE LIMIT DECISIONS
3. INCOME	3. COUNT HH'S PRORATA SHARE OF PERSON'S INCOME	3. COUNT PERSON'S ENTIRE INCOME
4. EARNED INCOME DEDUCTION	4. APPLY TO HH'S PRORATA SHARE OF PERSON'S INCOME	4. APPLY TO PERSON'S ENTIRE INCOME
5. INCOME SCREENING	5. DO NOT INCLUDE PERSON WHEN MAKING DECISION WHETHER TO DO GROSS INCOME SCREENING	5. DO NOT INCLUDE PERSON WHEN MAKING DECISION WHETHER TO DO GROSS INCOME SCREENING
6. MAXIMUM INCOME LIMITS	6. DO NOT INCLUDE PERSON WHEN MAKING MAXIMUM INCOME LIMIT DECISIONS	6. DO NOT INCLUDE PERSON WHEN MAKING MAXIMUM INCOME LIMIT DECISIONS
7. HH SHELTER EXPENSES BILLED TO, PAID BY DISQ PERSON	7. ALLOW HH'S PRORATA SHARE OF THESE EXPENSES.	7. ALLOW ENTIRE HH EXPENSES
8. SHELTER MAXIMUM	8. UNLIMITED SHELTER EXPENSES DO NOT APPLY IF THE ONLY ELDERLY OR DISABLED PERSON IS DISQUALIFIED	8. UNLIMITED SHELTER EXPENSES DO NOT APPLY IF THE ONLY ELDERLY OR DISABLED PERSON IS DISQUALIFIED
9. UTILITY AND PHONE STANDARD	9. INCLUDE PERSON WHEN DETER-MINING NUMBER OF PERSONS IN THE DWELLING ALLOW ENTIRE STANDARD TO WHICH HH IS ENTITLED	9. INCLUDE PERSON WHEN DETERMIN-ING NUMBER OF PERSONS IN THE DWELLING ALLOW ENTIRE STANDARD TO WHICH HH IS ENTITLED
10. HOMELESS SHELTER STANDARD	10. ALLOW ENTIRE STANDARD	10. ALLOW ENTIRE STANDARD
11. MEDICAL EXPENSES OF DISQ PERSON	11. ALLOW HH'S PRORATA SHARE OF PERSON'S EXPENSES IN EXCESS OF $35	11. ALLOW PERSON'S EXPENSE IN EXCESS OF $35
12. HH DEPENDENT CARE EXPENSES BILLED TO, PAID BY DISQ PERSON	12. ALLOW HH'S PRORATA SHARE OF THESE EXPENSES	12. ALLOW ENTIRE HH EXPENSES
13. MANDATORY CHILD SUPPORT PAYMENTS	13. ALLOW HH'S PRORATA SHARE OF THESE EXPENSES	13. ALLOW ENTIRE HH EXPENSES
14. BENEFIT LEVEL	14. DO NOT INCLUDE PERSON WHEN DETERMINING HH SIZE FOR ASSIGNING BENEFIT LEVEL	14. DO NOT INCLUDE PERSON WHEN DETERMINING HH SIZE FOR ASSIGNING BENEFIT LEVEL

HH'S PRORATA SHARE:

1. DIVIDE THE INCOME OR EXPENSE AMOUNT BY THE TOTAL NUMBER OF HH MEMBERS INCLUDING ALL DISQUALIFIED PERSONS
2. MULTIPLY THIS AMOUNT TIMES THE TOTAL NUMBER OF **ELIGIBLE** HH MEMBERS
3. COUNT THIS AMOUNT TO THE HH

HANDLING CHANGES

*** PART 14.A.2**

THE AGENCY MUST ACT ON THE FOLLOWING CHANGES WITHIN 10 DAYS OF THE REPORT:

- **CHANGES REPORTED BY THE HOUSEHOLD**
- **CHANGES PUT IN ADAPT FOR OTHER PROGRAMS**
- **CHANGES THAT PREVENT DUPLICATE PARTICIPATION**
- **CHANGES THAT ARE VERIFIED ON RECEIPT**

ARE THERE OTHER CHANGES? IF YES, DETERMINE:

DID THE HOUSEHOLD HAVE TO REPORT THE CHANGE

YES ⇓

EVALUATE THE CHANGE WITHIN 10 DAYS

NO ⇓

EVALUATE THE CHANGE AT RECERTIFICATION OR FOR THE INTERIM REPORT

THE AGENCY MUST ACT ON CHANGES LISTED ABOVE WITHIN 10 DAYS OF THE REPORT OF THE CHANGE. ALL OTHER CHANGES MUST BE ACTED ON AT RECERTIFICATION OR DURING THE INTERIM REPORT EVALUATION.

CHANGE OCCURS AFTER THE APPLICATION IS FILED AND BEFORE DISPOSITION IS DETERMINED

HH COMPOSITION OR RESOURCES

- MAKE THE CHANGE FOR THE MONTH FOLLOWING THE MONTH THE CHANGE WAS REPORTED

OTHER EXPENSES

- ALLOW 10 DAYS FOR VERIFICATIONS, IF NECESSARY
- MAKE THE CHANGE FOR THE MONTH VERIFICATIONS ARE PROVIDED

HANDLING CHANGES

*** PART 14.A.2**
PART 14.B

CHANGES OCCURS DURING THE CERTIFICATION PERIOD – DETERMINE:

IS THE HOUSEHOLD REQUIRED TO REPORT THE CHANGE?

NO

CONTACT THE HOUSEHOLD INFORMALLY. IF THE HOUSEHOLD RESPONDS AND PROVIDES INFORMATION IMPLEMENT CHANGE

IF THE HOUSEHOLD DOES NOT RESPOND OR DOES NOT PROVIDE NECESSARY INFORMATION, ADDRESS THE CHANGE DURING THE INTERIM EVALUATION OR THE NEXT CERTIFICATION.

YES

- WHO REPORTED THE CHANGE?

  CHANGE REPORTED BY THE HOUSEHOLD?
  PUT IN ADAPT FOR ANOTHER PROGRAM?
  PREVENTS DUPLICATE PARTICIPATION?
  VERIFIED BY SOURCE?

YES

SEND THE REQUEST FOR CONTACT REQUESTING CONTACT INFORMATION IF REPORT IS INCOMPLETE

DOES THE HOUSEHOLD RESPOND?

YES

IMPLEMENT THE CHANGE

PROVIDE ADEQUATE OR ADVANCE NOTICE AS APPROPRIATE

IF VERIFICATION IS NEEDED, OBTAIN IT AT RECERTIFICATION OR FOR THE INTERIM, AS APPROPRIATE.

NO

CLOSE THE CASE

NO

CONTACT THE HOUSEHOLD INFORMALLY.
IF THE HOUSEHOLD RESPONDS AND PROVIDES INFORMATION IMPLEMENT THE CHANGE

IF THE HOUSEHOLD DOES NOT RESPOND OR DOES NOT PROVIDE NECESSARY INFORMATION, ADDRESS THE CHANGE DURING THE INTERIM EVALUATION OR THE NEXT CERTIFICATION.

REQUEST SHELTER INFORMATION IF HOUSEHOLD REPORTS A CHANGE OF ADDRESS. IF NEW EXPENSES ARE NOT PROVIDED, REMOVE SHELTER COSTS.

4. IF THE BENEFIT AMOUNT WILL CHANGE, DETERMINE WHEN THE ALLOTMENT MUST BE CHANGED

DECREASE IN ALLOTMENT
• MAKE CHANGE FOR THE 1ST MONTH AFTER THE 10-DAY NOTICE PERIOD • OBTAIN VERIFICATION PRIOR TO RECERTIFICATION OR FOR THE INTERIM REPORT

INCREASE IN ALLOTMENT
• MAKE CHANGE BY 1ST MONTH THAT IS 10 DAYS AFTER THE CHANGE IS REPORTED • IF THE INCREASE IS DUE TO THE ADDITION OF A HH MEMBER OR THE LOSS OF AT LEAST $50 IN HH INCOME, MAKE CHANGE BY 1ST MONTH AFTER THE MONTH THE CHANGE IS REPORTED. IF NECESSARY, A SUPPLEMENT MUST BE ISSUED BY THE 10TH OF THE 1ST MONTH AFTER THE CHANGE IS REPORTED • OBTAIN VERIFICATION PRIOR TO THE 2ND MONTHLY ALLOTMENT REFLECTING CHANGE • IF VERIFICATION NOT PROVIDED, CHANGE ALLOTMENT TO ORIGINAL AMOUNT

5. MULTIPLE CHANGES

CHANGES WHICH ARE CLOSELY RELATED OR THE RESULT OF ONE ANOTHER
FOR EXAMPLE: CHANGE IN TANF/GR DUE TO CHANGE IN INCOME
• CHANGES SHOULD BE IMPLEMENTED TOGETHER

CHANGES WHICH ARE NOT CLOSELY RELATED
FOR EXAMPLE: CHANGE IN SHELTER AND CHANGE IN INCOME
• CHANGES COULD BE IMPLEMENTED SEPARATELY

6. SUPPLEMENTS

SUPPLEMENTS MAY BE GIVEN IN THE SAME MONTH A DECREASE IN INCOME OR AN INCREASE IN EXPENSES OCCURS, AS LONG AS THE AGENCY GIVES THESE SUPPLEMENTS IN ALL SIMILAR CASES.

SUPPLEMENTS MAY NOT BE GIVEN IN THE SAME MONTH FOR A CHANGE IN HOUSEHOLD COMPOSITION.

REPORTING REQUIREMENTS

HOUSEHOLDS MUST REPORT:

- IF THE GROSS INCOME IS OVER THE GROSS INCOME LIMIT (130% OF FEDERAL POVERTY LEVEL) NOTE: CATEGORICALLY ELIGIBLE HOUSEHOLDS OR HOUSEHOLDS WITH AN ELDERLY OR PERMANENTLY DISABLED MEMBER ARE NOT SUBJECT TO THE GROSS INCOME LIMIT.

HOUSEHOLDS MUST REPORT CHANGES WITHIN 10 DAYS BUT NO LATER THAN THE 10TH OF THE NEXT MONTH.

HOUSEHOLD SIZE	INCOME LIMITS			
	MONTHLY AMOUNT	WEEKLY AMOUNT	BI-WEEKLY AMOUNT	SEMI-MONTHLY AMOUNT
1	$1,211	$281.63	$ 563.26	$ 605.50
2	1,640	381.40	762.79	820.00
3	2,069	481.16	962.33	1,034.50
4	2,498	580.93	1,161.86	1,249.00
5	2,927	680.70	1,361.40	1,463.50
6	3,356	780.47	1,560.93	1,678.00
7	3,785	880.23	1,760.47	1,892.50
8	4,214	980.00	1,960.00	2,107.00
Additional members	+ $429	+ $99.77	+ $199.53	+ $214.50

INTERIM REPORTING

ALL HOUSEHOLDS MUST REPORT INCOME CHANGES (PAGE 39) BUT NOT ALL HOUSEHOLDS ARE SUBJECT TO FILING AN INTERIM REPORT. HOUSEHOLDS MUST SUBMIT AN INTERIM REPORT BY THE 5TH OF THE 6TH MONTH OF A 12-MONTH CERTIFICATION PERIOD OR BY THE 5TH OF THE 11TH MONTH OF A 24-MONTH CERTIFICATION PERIOD.

HOUSEHOLDS EXEMPTED FROM INTERIM REPORTING:

UNIT WHERE THE CERTIFICATION PERIOD IS LESS THAN SIX MONTHS. THIS COULD INCLUDE A UNIT WHERE:

- EVERYONE IS HOMELESS
- AN ADULT MEMBER IS A MIGRANT OR SEASONAL FARM WORKER
- RECEIVING TRANSITIONAL SNAP BENEFITS BECAUSE TANF CASE CLOSED.

HOUSEHOLD RESPONSIBILITIES:

- SUBMIT COMPLETED REPORT TIMELY
- REPORT AMOUNT OF RESOURCES
- VERIFY EARNED INCOME
  - VERIFY AMOUNT IF CHANGED BY $100 OR MORE
  - VERIFY NEW SOURCE
  - VERIFY TERMINATED SOURCE
  - VERIFY CHANGES IN THE DAILY/HOURLY RATE
- VERIFY UNEARNED INCOME
  - VERIFY AMOUNT IF CHANGED BY $50 OR MORE
  - VERIFY NEW SOURCE
  - VERIFY TERMINATED SOURCE

INTERIM REPORTING (CONTINUTED)

LOCAL AGENCY RESPONSIBILITIES

INTERIM REPORT NOT RECEIVED

- REVIEW LIST OF CASES FOR WHICH AN INTERIM REPORT IS DUE

- BEGINNING THE 6TH OF THE MONTH, SEND THE INTERIM REPORT FORM-REQUEST FOR ACTION
  - NOTE THAT THE INTERIM REPORT WAS NOT RECEIVED
  - SEND THE INTERIM REPORT FORM-REQUEST FOR ACTION SAYING THAT THE INTERIM REPORT WAS NOT SUBMITTED
  - LOCAL OPTION - INCLUDE A COPY OF THE INTERIM REPORT
    NOTE: COPY MUST BE PROVIDED IF THE HOUSEHOLD REQUESTS IT

- IF THERE IS NO RESPONSE TO THE REQUEST FOR ACTION, ALLOW THE CASE TO CLOSE IN ADAPT

- DO NOT SEND ANOTHER NOTICE TO ADDRESS THE CLOSURE OF THE CASE

INTERIM REPORT RECEIVED

- ASSESS WHETHER THE INTERIM REPORT IS COMPLETE
  - IS THE FORM SIGNED?
  - SEND THE INTERIM REPORT FORM-REQUEST FOR ACTION TO GET THE FORM SIGNED
  - IF THE SIGNED FORM IS NOT RETURNED, ALLOW THE CASE TO CLOSE IN ADAPT

- IS THERE AN ENTRY FOR RESOURCES?
  - IF NO, CALL THE HOUSEHOLD TO GET AN AMOUNT THAT IS THE TOTAL OF ALL LIQUID RESOURCES
  - IF NO AND UNABLE TO CALL, SEND THE INTERIM REPORT FORM-REQUEST FOR ACTION TO GET THE AMOUNT.
  - F THERE IS NO RESPONSE TO THE REQUEST FOR ACTION, ALLOW THE CASE TO CLOSE IN ADAPT

- IS A NEW ADDRESS NOTED?,
  - CHANGE THE ADDRESS IN ADAPT
  - HAS THE HOUSEHOLD LISTED NEW SHELTER EXPENSES?
  - REMOVE EXISTING EXPENSES FROM ADAPT
  - ADD THE NEW EXPENSES

- ASSESS CHANGES IN THE NUMBER OF PEOPLE IN THE HOUSEHOLD
  - REMOVE MEMBERS WHO HAVE LEFT THE UNIT
  - REMOVE ANY INCOME ATTRIBUTED TO THE FORMER MEMBER
  - ADD (ASSESS) NEW MEMBERS
  - IF THE INTERIM REPORT DOES NOT ADDRESS NEW MEMBERS' INCOME AND RESOURCES, INFORMALLY CONTACT THE HOUSEHOLD TO GET INFORMATION
  - ADD NEW MEMBERS AND THEIR INCOME, RESOURCES, AND EXPENSES
  - REQUEST INFORMATION ABOUT NEW MEMBERS IF IT IS NEEDED
  - IF INFORMATION IS NOT PROVIDED, DO NOT ADD THE NEW MEMBER UNTIL THE INFORMATION IS PROVIDED

INTERIM REPORTING (CONTINUTED)

LOCAL AGENCY RESPONSIBILITIES

INTERIM REPORT RECEIVED

- ASSESS RESPONSE ABOUT CHILD SUPPORT PAID
  - IF THERE IS A CHANGE, WAS PROOF PROVIDED?
  - REQUEST PROOF INFORMALLY BY CALLING OR SENDING A LETTER
  - IF NO PROOF, REMOVE THE EXISTING DEDUCTION
  - IF NO PROOF, DO NOT ALLOW NEW OR CHANGED AMOUNT
  - ADJUST ADAPT ENTRIES IF NEEDED

- EARNED INCOME
  - ARE CHANGES NOTED?
  - IF THERE ARE CHANGES, HAS PROOF BEEN SUBMITTED?
  - USE ANY PAY INFORMATION PROVIDED REGARDLESS OF WHETHER PROOF WAS NEEDED
  - REQUEST PROOF IF ≥$100 DIFFERENT
  - REQUEST PROOF OF JOB STARTS AND STOPS
  - SEND THE INTERIM REPORT FORM-REQUEST FOR ACTION TO ASK FOR PROOF
  - IF THERE IS NO RESPONSE, ALLOW THE CASE TO CLOSE IN ADAPT

- UNEARNED INCOME
  - ARE CHANGES NOTED?
  - IF THERE ARE CHANGES, HAS PROOF BEEN SUBMITTED?
  - USE ANY INCOME INFORMATION PROVIDED REGARDLESS OF WHETHER PROOF WAS NEEDED
  - REQUEST PROOF IF ≥$50 DIFFERENT
  - SEND THE INTERIM REPORT FORM-REQUEST FOR ACTION TO ASK FOR PROOF
  - IF THERE IS NO RESPONSE, ALLOW THE CASE TO CLOSE IN ADAPT

- RUN SYSTEM INQUIRIES
  - IS NEW INFORMATION REFLECTED?
  - IS INFORMATION IN CONFLICT WITH THE INFORMATION REPORTED BY THE HOUSEHOLD?
  - CONTACT THE HOUSEHOLD INFORMALLY
  - RESOLVE INFORMATION DIFFERENCES

- ELIGIBILITY REVIEW COMPLETED
  - RUN EDBC

  - SAME BENEFIT AMOUNT
    - AUTHORIZE BENEFITS FOR FUTURE MONTH
    - AUTHORIZE BENEFITS IN BENEFIT ADJUSTMENT FOR CURRENT MONTH IF NECESSARY
    - ADEQUATE NOTICE NEEDED

  - DIFFERENT BENEFIT AMOUNT
    - AUTHORIZE BENEFITS FOR FUTURE MONTH
    - AUTHORIZE BENEFITS IN BENEFIT ADJUSTMENT FOR CURRENT MONTH IF NECESSARY
    - ADEQUATE NOTICE IS NEEDED
    - HOUSEHOLD IS NO LONGER ELIGIBLE BASED ON INFORMATION DISCOVERED THROUGH THE INTERIM REPORT
      - DISCONTINUE/CLOSE CASE
      - ADEQUATE NOTICE IS NEEDED
    - HOUSEHOLD IS NO LONGER ELIGIBLE FOR TANF BASED ON INFORMATION DISCOVERED THROUGH THE INTERIM REPORT
      - DETERMINE ENTITLEMENT TO TRANSITIONAL BENEFITS
      - IF ELIGIBLE FOR TRANSITIONAL BENEFITS AND THE INTERIM REPORT PROCESS IS TIMELY, (I.E., MONTH 6 OR 12), REMOVE THE TANF INCOME AND AUTHORIZE TRANSITIONAL BENEFITS BASED ON THE PRIOR MONTH'S CIRCUMSTANCES
      - IF ELIGIBLE FOR TRANSITIONAL BENEFITS AND THE INTERIM REPORT PROCESS IS NOT TIMELY (I.E., MONTH 7 OR 13), REMOVE THE TANF INCOME AND AUTHORIZE TRANSITIONAL BENEFITS BASED ON THE NEW INFORMATION PRESENTED THROUGH THE INTERIM REPORT
      - ADEQUATE NOTICE IS NEEDED

TRANSITIONAL BENEFITS

TRANSITIONAL BENEFITS

HOUSEHOLDS WILL GET FIVE MONTHS OF SNAP BENEFITS WHEN THE TANF CASE CLOSES

TRANSITIONAL BENEFITS APPLY WHEN:

- TANF CLOSES FOR REASONS OTHER THAN BECAUSE OF SANCTIONS OR NONCOMPLIANCE
- THERE IS AN ACTIVE SNAP CASE
- AT LEAST ONE SNAP HOUSEHOLD MEMBER RECEIVED BENEFITS FROM THE TANF CASE THAT CLOSED

ADVANTAGES OF TRANSITIONAL BENEFITS:

- HH GETS FIVE MONTHS OF UNCHANGED BENEFITS
- BENEFITS CALCULATED WITHOUT NEW/CHANGED INFORMATION AND WITHOUT TANF INCOME
- HH IS EXEMPT FROM INTERIM REPORTING

PROCEDURES

- CLOSE TANF
  - CANNOT BE SUSPENDED CASE
  - CANNOT BE CLOSED BECAUSE OF NONCOMPLIANCE
  - CANNOT BE CLOSED BECAUSE HOUSEHOLD FAILED TO FILE REVIEW
  - CANNOT BE CLOSED BECAUSE OF A TANF SANCTION OR CLOSED FOR ANOTHER REASON BUT TANF SANCTION REMAINS
  - CANNOT BE CLOSED BECAUSE TANF APPROVED IN ERROR
  - CANNOT BE CLOSED BECAUSE ALL ELIGIBLE CHILDREN HAVE BEEN REMOVED FOR CPS INVESTIGATION

- DETERMINE ENTITLEMENT TO TRANSITIONAL BENEFITS
  - HH CANNOT BE INELIGIBLE, DISQUALIFIED, OR SANCTIONED FOR SNAP BENEFITS

- CONVERT SNAP CASE
  - CONVERT UNLESS HH CHOOSES TO STAY IN REGULAR PROGRAM BEFORE THE EFFECTIVE DATE

- CALCULATE THE SNAP BENEFIT AMOUNT
  - REMOVE THE TANF AND TANF MATCH PAYMENT INCOME
  - IGNORE ANY CHANGED ELEMENTS THAT OCCURRED IN THE MONTH OF THE TANF CLOSURE
  - APPLY OVERIDE REASON FTB IF NECESSARY TO AVOID CHANGES TO THE ALLOTMENT
  - ADJUST SNAP BENEFIT AMOUNT ONLY TO REMOVE A HH MEMBER AND RELATED INCOME TO AVOID DUPLICATE PARTICIPATION

- ADJUST OR ASSIGN CERTIFICATION PERIOD
  - SHORTEN OR LENGTHEN CERTIFICATION PERIOD TO FIVE MONTHS
  - ASSIGN A FIVE-MONTH CERTIFICATION PERIOD IF AT RECERTIFICATION

- NOTIFY HOUSEHOLD
  - SEND NOTICE OF ACTION AT CONVERSION
  - SEND NOTICE OF EXPIRATION TIMELY AT THE END OF THE TRANSITIONAL BENEFITS PERIOD
  - SEND ADEQUATE NOTICE IF HH BECOMES INELIGIBLE FOR TRANSITIONAL BENEFITS SUCH AS WHEN THE HH REAPPLIES FOR TANF
  - NO NOTICE REQUIRED IF HH ASKS TO END TRANSITIONAL BENEFITS ONCE IT STARTS OR IF TANF CLOSURE IS RESCINDED

NOTICES

ALLOW **TWO** MAIL DAYS, NOT COUNTING THE DAY THE NOTICE IS MAILED.

1. ADEQUATE NOTICE * PART 14.E

MUST BE PROVIDED BY THE TIME THE CHANGED BENEFITS ARE RECEIVED OR, IF THE BENEFITS ARE TERMINATED, BY THE TIME THE BENEFITS WOULD HAVE BEEN RECEIVED.

ADEQUATE NOTICE NECESSARY

- CERTAIN MASS CHANGES (**14.A.4**)
- HH SIGNS A WAIVER TO AN ADVANCE NOTICE TO AVOID AN OVER-ISSUANCE
- HH IS CONVERTED FROM CASH OR VOLUNTARY REPAYMENT TO BENEFIT REDUCTION (**17.F**)
- BENEFIT REDUCTION IS INVOKED (**17.F**)
- LOSS OF CERTIFICATION BY DRUG/ALCOHOL PROGRAM OR GROUP LIVING ARRANGEMENT
- HH MEMBER IS DISQUALIFIED FOR FRAUD OR HH BENEFITS ARE REDUCED/TERMINATED FOR FRAUD
- HH WILL NOT RESIDE IN THE LOCALITY ON THE 1ST DAY OF THE NEXT MONTH AND AGENCY DOES NOT RETAIN THE CASE (**14.A.7**) OR TRANSFER RECORD (**14.A.8**)
- HH's ADDRESS IS UNKNOWN, POST OFFICE HAS RETURNED THE MAIL AND INDICATED NO KNOWN FORWARDING ADDRESS (REQUEST FOR CONTACT SENT PREVIOUSLY)
- BENEFITS OR ELIGIBILITY AFFECTED AS A RESULT OF INFORMATION ON THE INTERIM REPORT
- HH BECOMES INELIGIBLE FOR TRANSITIONAL BENEFITS

2. ADVANCE NOTICE * PART 14.D

MUST BE PROVIDED PRIOR TO REDUCING, SUSPENDING FOR ONE MONTH, OR TERMINATING BENEFITS. ADVANCE NOTICE PERIOD IS 10 DAYS AND BEGINS THE DAY FOLLOWING THE DATE THE NOTICE IS GIVEN OR MAILED TO THE HH. THE NOTICE OF ACTION CAN BE USED UNLESS BENEFITS IN BOTH TANF AND SNAP ARE BEING REDUCED OR TERMINATED SIMULTANEOUSLY.

3. NOTICE OF EXPIRATION * PART 4.C.1

MUST BE PROVIDED PRIOR TO THE CERTIFICATION PERIOD ENDING. MUST BE RECEIVED DURING THE NEXT TO THE LAST MONTH OF THE CURRENT CERTIFICATION PERIOD.

4. NOTICE OF ACTION AND EXPIRATION

MUST BE GIVEN/MAILED AT CERTIFICATION IF THE HH IS CERTIFIED FOR ONE MONTH ONLY OR CERTIFIED IN THE LAST MONTH OF ELIGIBILITY.

5. NEITHER ADEQUATE NOR ADVANCE NOTICE REQUIRED * PART 14.D

NOTICE NOT REQUIRED

- ALL HH MEMBERS HAVE DIED
- HH HAS MOVED FROM THE LOCALITY EXCEPT WHEN AGENCY KEEPS CASE OPEN (**14.A.7**) OR TRANSFER CASE (**14.A.8**)
- RESTORATION IS COMPLETED; PREVIOUS NOTICE GIVEN
- ALLOTMENT FLUCTUATES MONTHLY; PREVIOUS NOTICE GIVEN AT CERTIFICATION
- ALLOTMENT REDUCED BECAUSE SIMULTANEOUS TANF/GR APPLICATION APPROVED; PREVIOUS NOTICE GIVEN AT CERTIFICATION
- EXPEDITED ALLOTMENT REDUCED/TERMINATED WHEN POSTPONED VERIFICATIONS RECEIVED/NOT PROVIDED; PREVIOUS NOTICE GIVEN
- ALLOTMENT CHANGED BACK WHEN VERIFICATIONS NOT PROVIDED; PREVIOUS NOTICE GIVEN
- ALL HH MEMBERS MOVED INTO AN INSTITUTION (**7.C.1**)
- HH REQUESTS IN WRITING OR IN PRESENCE OF ELIGIBILITY WORKER THAT ITS CASE BE CLOSED OR REQUESTS TO END TRANSITIONAL BENEFITS
- HH FAILS TO RETURN A COMPLETED INTERIM REPORT AFTER AGENCY MAILS INTERIM REPORT FORM – REQUEST FOR ACTION

NOTE: IF A PREVIOUS NOTICE WAS REQUIRED BUT NEVER GIVEN, AN ADVANCE NOTICE IS NOW REQUIRED.

DISAGREEMENT WITH A QA ERROR FINDINGS REPORT

RESPONDING TO A QA ERROR FINDINGS REPORT

- AGENCY RECEIVES A CONCURRENCE MEMO ALONG WITH THE QC ERROR FINDING REPORT.
- AGENCY RESPONDS BY INDICATING ON THE CONCURRENCE MEMO THEIR AGREEMENT OR DISAGREEMENT WITH THE QA ERROR FINDINGS REPORT AND RETURNING THE MEMO TO THE REGIONAL QA SUPERVISOR.
- AGENCY MUST INCLUDE WITH THE MEMO WRITTEN EVIDENCE TO SUPPORT THE DISAGREEMENT.

TIME FRAME FOR RESPONDING

- AGENCY HAS 7 WORK DAYS FROM THE POST MARK DATE OF THE CONCURRENCE MEMO TO RESPOND. THE CONCURRENCE MEMO MUST BE RECEIVED AT THE REGIONAL QA OFFICE BY THE END OF THE 7TH WORK DAY.
- IF ADDITIONAL TIME IS NEEDED, THE AGENCY MUST CONTACT THE REGIONAL QA SUPERVISOR PRIOR TO THE END OF THE 7TH WORK DAY AND REQUEST AN EXTENSION.
- IF AN AGENCY DOES NOT RESPOND TIMELY, THE QA ERROR FINDING WILL “STAND”.

RESOLUTION OF THE DISAGREEMENT

- THE FIRST ATTEMPT AT RESOLUTION SHALL BE A REVIEW OF THE WRITTEN EVIDENCE BY THE REGIONAL QA SUPERVISOR. FREQUENTLY, THE QA SUPERVISOR WILL TELEPHONE THE AGENCY PROGRAM SUPERVISOR FOR DISCUSSION OR CLARIFICATION.
- IF RESOLUTION IS NOT REACHED AT THIS LEVEL, THE REGIONAL QA SUPERVISOR WILL SET UP A CONFERENCE WITHIN 5 WORK DAYS FROM THE DATE THE CONCURRENCE MEMO WAS RECEIVED AT THE REGIONAL OFFICE. THIS CONFERENCE NORMALLY WILL INCLUDE AGENCY REPRESENTATIVE(S), THE REGIONAL QC SUPERVISOR, THE QA REVIEWER, AND THE REGIONAL PROGRAM COORDINATOR (“SPECIALIST”).
- IF RESOLUTION IS NOT REACHED AT THIS CONFERENCE, THE AGENCY MAY REQUEST THE STATE QA MANAGER TO REVIEW THE ERROR FINDING. THIS REQUEST MUST BE IN WRITING TOGETHER WITH ALL EVIDENCE THE AGENCY WANTS CONSIDERED AND MADE WITHIN 3 WORK DAYS FROM THE CONFERENCE DATE. OTHERWISE, THE QA FINDING WILL STAND.
- THE DECISION OF THE STATE QA MANAGER IS FINAL.