

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES



Food Stamp Phase II SUCCESS

For
New Family Independence
Case Managers

Participant Guide

June 18, 2009



Objectives for Introduction to Training

By the end of this section, you should be familiar with:

- how Food Stamp Phase II training is organized.
- basic information about Quality Control.
- several initiatives that promote collaboration between the Office of Family Independence (OFI) and Social Services sections.
- seven concepts/areas of concern that may serve as red flag warnings of possible child abuse and/or neglect.
- your responsibility as mandated reporters for Child Protective Services and Adult Protective Services.
- general site information and computer lab rules
- expectations regarding Food Stamp Phase II Training

Outline of Food Stamp SUCCESS Phase II 15 Day Training

Day One - Monday

Brief Introduction

Course Evaluations

Quality Control Presentation

Mandatory Reporting Requirements

Collaboration Models

Introduction to Phase II Training

Accessing ODIS – On-line Directives Information System

Confidentiality and HIPAA

Introduction to SUCCESS



Day Two- Tuesday

Clearinghouse

Case Record Organization

Screening and Registration

Day Three - Wednesday

Screening and Registration

Documentation Standards

Initial Applications

Day Four – Thursday

Notice/Benefit History

Initial Applications

Day Five – Friday

Initial Applications

Day Six – Monday

Casework Interview Skills

Customer Service

SUCCESS Interview Skills

Day Seven – Tuesday

SUCCESS Real Plays (Initial Applications)

Review Activity

Day Eight – Wednesday

FS Phase II Policy/ SUCCESS Exam 1

Review of Exam

Managing Alerts

Day Nine – Thursday

Expedited Food Stamp Policy

Expedited SUCCESS

Adding and Deleting People



Day Ten – Friday

Adding and Deleting People

Financial Changes



Day Eleven – Monday

Financial Changes

Day Twelve – Tuesday

Reviews

Day Thirteen – Wednesday

SUCCESS Real Plays (Reviews)

Day Fourteen – Thursday

Pulling It All Together Real Plays

Policy Review Activity

Day Fifteen – Friday

FS Phase II Policy/ SUCCESS Exam 2

Review of Exam

On the Job Training and the Field Practice Guide

Course Evaluations

Closing

Quality Control



Quality Control Information Sheet



The Quality Control (Q.C.) is the system currently used by the Federal government to measure the accuracy of a state's Food Stamp Program. Quality Control acts as our checks and balances system to ensure that we are meeting policy standards.

Quality Control performs reviews of Food Stamp cases to determine whether or not the recipient's eligibility for Food Stamp benefits was correctly determined. Food Stamp cases reviewed by Quality Control are selected at random. Quality Control reviews eligibility and accuracy of Food Stamp benefits for a specific calendar month.

Quality Control reviewers have the right to review all pertinent case records within the agency. Quality Control reviewers will review Food Stamp case records to determine:

- if the client provided complete, correct, and accurate information to the county office.
- if county office correctly administered federal and state policies when determining eligibility for Food Stamps.
- if the FS benefit allotment received by the client during the month of QC review was correct.
- if there is an indication of fraudulent practice or abuse of the Food Stamp program by the client or the county office.

The QC Review Process

The QC review process is an investigation of each element of eligibility and of each factor that relates to determining the Food Stamp allotment. The Quality Control reviewer will independently establish and verify the facts about each element of eligibility as of the QC review date. To do this QC will:

- Analyze the Food Stamp case record to identify discrepancies and correct application of policies and procedures.
- Gather factual information.
- Apply federal and state policy.

- Reach a decision on the correctness of eligibility and allotment status.

Client Cooperation

Client cooperation with Quality Control is a program eligibility requirement. When Quality Control determines the client has refused to cooperate with the review process, the client is no longer eligible for the program benefits and will not be eligible until the client has cooperated.

Client Contact

Quality Control will conduct personal interviews on all active Food Stamp reviews. The interview is usually conducted in the Food Stamp recipient's home. The Food Stamp recipient will receive a notice that their Food Stamp case has been selected for a Quality Control review.

During the Quality Control interview, the focus is on establishing identity, relationship, and living arrangements for all of the members of the household and/or Food Stamp AU. The Quality Control reviewer will discuss with the client all significant aspects of eligibility, review household's documents related to eligibility, and explore any changes in the situation as they relate to factors in the case record.

Talking to the client about Quality Control

- Present the information about Quality Control to the client in a non threatening manner that explains that Quality Control reviews are a part of the DFCS process used to ensure that we are providing the best customer service possible.
- Emphasize that when a client is contacted by Quality Control, they are simply validating the information the client has already provided to the county office to ensure that as an agency we are doing quality work.
- Stress that any follow-up of information by Quality Control is not necessarily a check on the client; it is a check on our work.
- Emphasize that if the client has provided correct and complete information to the county office, there is no need to hesitate in cooperating with the Quality Control reviewer.



OFI

Working Collaboratively and Sharing Information with Social Services



Collaboration Models



Family Preservation Services Pilot

The Family Preservation Services pilot was established in seventeen counties from around the state in order to develop and assess a new model for providing ongoing Child Protective Services (CPS). It was initiated in response to two pieces of data; families were involved with the CPS system longer than desired, and these same families had a higher than desired rate of recidivism into the CPS system. This data suggested that the current CPS practice model needed to be analyzed and possibly changed in order to more effectively attain positive outcomes for children and families.

The basis of the Family Preservation Model is in family centered practice and engaging community and family into our work. It incorporates Family Team Meetings and is focused on strengthening families by including them in the planning and decision-making process. Key elements and anticipated benefits of the new service delivery model include:

- Early and prompt assessment of family needs and risk issues
- Continuous assessment of risk throughout the life of the case
- Family focused Family Team meetings which identify strengths and resources early on
- Team approach engaging the family, OFI case manager, CPS investigator, Family Preservation case manager (CPS ongoing case manager) and community agencies
- Case Plan completion in less than 60 days, decreasing initial assessment time and focusing on goals to be completed and resources available
- Case Plan development with the family; focused on strengths and needs
- Community involvement leading to better relationships among agencies and more resources to families
- Informal support systems identified and engaged with the family; available to provide ongoing support once the case is closed.
- Broad monitoring plan developed
- Key relatives identified early on as supports or as safety resources if needed
- Planned exit strategy (Discharge Plan) established with the family
- Time of agency involvement with the family potentially shortened. (Average length of Family Preservation Services: 4-5 months)

Family Resource Connection Pilot

The Family Resource Connection Pilot is being established in Regions VI and X in order to provide early intervention services to at-risk families receiving Food Stamp benefits and TANF. It was initiated in response to data indicating that both regions had a high percentage of Food Stamp cases that were also opened for ongoing child protective services. The data suggested that early assessment of risk, provision of short-term

intervention and connections to family, community and agency resources might prevent later CPS involvement. Family Resource Specialists have been hired to screen Food Stamp applicants for voluntary participation in the Family Resource Connections pilot. Families participating in the pilot will receive supportive services from the DFCS Family Resource Specialist referrals to community resources.

Diversion

Diversion cases are those that may not immediately meet the criteria for a CPS investigation, but that indicate the family may need additional resources or support. Diversion workers initiate contact with the family, assess safety and risk, identify family needs, and provide appropriate services and referrals. Diversion cases are not investigations but can be reassigned as a formal investigation if more serious needs or potential risk are discovered. Diversion is an example of a collaborative model between Social Services and Office of Family Independence. Both Social Services and OFI provide connections to community resources in order to assist families to prevent CPS involvement or the need to apply for OFI services. A work group including case managers and supervisors involved in diversion has been meeting to document the various models of diversion and best practices

Family Team Meetings

Since the summer of 2005, the Division has embraced one model of structured Family Team Meetings (FTM) and has emphasized the importance of the Family Team Meeting process in all programs of the division...from child protective services to foster care to Office of Family Independence programs. Structured Family Team Meetings involve families and their personal resources in a manner which supports the family, ensures the safety of the child, and enhances the planning process. The meeting is different from any other type of family meeting or staffing done by DFCS; it is a structured meeting, and follows a sequence of stages lasting a total of 1.5 – 2 hours. The use of FTMs has proven to be effective in changing the entire dynamic of the relationship between child welfare professionals and families and can be utilized whenever a formal plan needs to be created (e.g., Case Plan) or a key decision made (e.g., potential relative placement), regardless of program areas.

Facilitating the Family Team Meeting requires an advanced skill set, especially group facilitation skills, and is led by a “DFCS Approved” FTM Facilitator, who has gone through an extensive training and coaching process. The FTM Facilitator is supported by a Co-Facilitator, who records key planning/decision making points on Easel Pads. The long-range goal is to have every Case Manager within these areas trained and approved to a Family Team Meeting Facilitator and competent in facilitating or actively supporting/participating in Family Team Meetings.



7 Concepts / Areas of Concern

Child Vulnerability

- Child Under 4 years of age
- Child physically or mentally impaired or in need of special care?

Caregiver Capability

- Does caregiver have significant impairment in mental capacity?
- Does caregiver have history of drug or alcohol abuse?
- Was caregiver abused or neglected as a child?

Quality of Care

- Has child been denied essential medical treatment?
- Is there overall lack of physical care?

Maltreatment Pattern

- Was any child addicted or exposed to drugs or alcohol?
- Has child suffered physical injuries or sexual abuse?

Home Environment

- Is the family experiencing any recent significant stress?
- Are the conditions in and/or around the home hazardous or unsanitary?

Social Environment

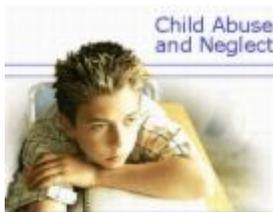
- Is the family socially isolated or unsupported by extended family?
- Has any person in the home ever been a victim of spousal abuse?

Response to Intervention

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is any caregiver hostile toward or refusing to cooperate with CPS?



Child Protective Services (CPS) Referral Situations



Situation 1: Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four-year-old to stop crying. You notice he screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

Action to be taken: Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

Situation 2: An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he got there your client was "out of it".

Action to be taken: Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

Situation 3: A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

Action to be taken: You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.

ADULT PROTECTIVE SERVICES

All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.

Calls that are Emergency Situations should be directed to contact... 911.

Reports of abuse, neglect or exploitation of disabled adults or elder persons (**who are NOT residents of nursing homes or personal care homes**) should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Services, Division of Aging Services.

APS Central Intake Unit Contact Information:

- Toll-Free: (888) 774-0152
- Within Metro Atlanta local calling area: (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Services, **Office of Regulatory Services or Long Term Care Ombudsman Program**.

Office of Regulatory Services Intake Contact Information:

- Toll-Free: (800) 878-6442
- Within Metro Atlanta local calling area: (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

Long Term Care Ombudsman Program Contact Information:

Toll-Free: (888) 454-5826 **Contact Information:**

Division of Aging Services
Two Peachtree Street, NW
Suite 9385
Atlanta, Georgia 30303-3142

Phone: 404.657.5258
Fax: 404.657.5285



SUCCESS Computer Labs



In an effort to keep the computer equipment in good working condition, the following rules apply:

- Please **do not** change the home page for the internet.
- Please **do not** surf the web while in class.
- Please **do not** download any kind of information to the computers. This includes screen savers.
- Please **do not** eat or drink in the computer labs.
- Please remove all disks before shutting down the computers.
- Please shut down each computer at the end of each day.
- Please **do not** place stickers or post it notes of any kind on the computers, monitors or printers.
- Please **do not** write in pencil, pen, marker or otherwise on the computers, monitors, printers or desks.



EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

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

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

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

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

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

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

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

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

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

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

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

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

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

Trainees are encouraged to review the DHR Employees Handbook at:

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

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

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

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

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

OR

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

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

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

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

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

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

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

Signature _____ Date _____

August 23, 2006

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

CLASSROOM STANDARDS, EXPECTATIONS
AND ATTENDANCE POLICY

SIGNATURE PAGE

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

Signature _____

Date _____

Weekly Planner

January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

For use in the Training Region Only

FOOD STAMPS (October 2006)				
AU SIZE	Elderly/Disabled Reference For Separate AU Status	Max Gross Income Limit	Max Net Income Limit	Max Allotment
1	1316	1037	798	152
2	1765	1390	1070	278
3	2213	1744	1341	399
4	2661	2097	1613	506
5	3109	2450	1885	601
6	3558	2803	2156	722
7	4006	3156	2428	798
8	4454	3509	2700	912
	+449	+354	+272	+114
(Each additional member)				
Standard. Deduction AU Size 1-4 \$134 AU Size 5 \$157 AU Size ≥ 6 \$179		H/C SUA: \$323 Non-H/C SUA: \$175 Telephone Standard: \$30		
Excess Shelter Limit: \$400 (Except AU with elderly or disabled member) Dependent Care Limits (each): TANF/LIM/FS: Dependent < 2 = \$200 Dependent 2+ = \$175				

Objectives for Introduction to SUCCESS

By the end of this section, you should know:

- what support materials are available to help you with SUCCESS
- how to access and navigate in ODIS the On-line Policy Manual
- the procedures to sign on to Novell
- the procedures to sign on to Group Wise
- how to sign on to and off of the SUCCESS system
- how to navigate in SUCCESS
- the types of SUCCESS screens
- how to utilize the function keys in SUCCESS

The DHR Computer System



Novell Sign On Procedures

- Step 1 – Turn on your computer
- Step 2 – When the Novell Client prompt appears, enter your password and click OK. Note: In the training region use the password designated for the SUCCESS Lab. In the county your Novell Username will pre-populate.
- Step 3 – Your computer will boot and the Group Wise sign on will appear..

Novell Facts

1. Your Novell Username is usually your first initial, middle initial and last name.
2. Your Novell Password will need to be updated monthly.
3. Your Novell Username and Group Wise Id are the same.
4. Your Group Wise password does not have to be changed monthly.
5. If you are away from your computer but at a net work computer and you want to check your e-mail, follow the instructions below:
 - a. Click on Start
 - b. Click on Novell Group Wise
 - c. Click on Group Wise
 - d. Enter your Group Wise id and password and click OK.

Group Wise Sign On Procedures

- Step 1 – Double click on the group wise icon.
- Step 2 – Enter your group wise password and click OK.
- Step 3 – Your e-mail will appear



ODIS

On-line Directives Information System

WWW.ODIS.DHR.STATE.GA.US

It's the Policy Manual On-line!

WHY SHOULD I USE THE ON-LINE POLICY MANUAL?



3 Great Reasons:

1. The online manual is the only way for **every worker** to have access to a policy manual at **any time**.
2. The on-line policy manual is updated online, paper copies are not issued.
3. Accessing the on-line policy manual is the fastest and quickest way to get the most current policy!

Accessing the On-line Policy Manual



Step 1. Enter the website address
www.odis.dhr.state.ga.us

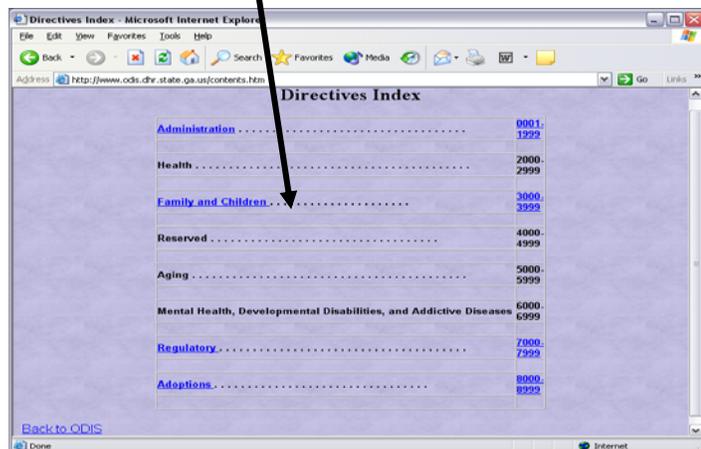
Step 2. Choose Index

Click once on the icon above
the word Index



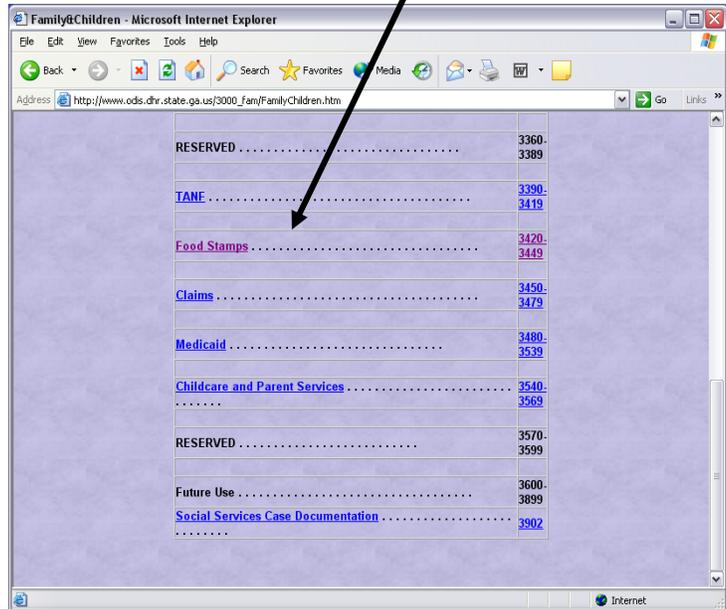
Step 3. Select Family and Children

Click once. (Give the computer a few seconds to
follow your command. Do not click more than once.)



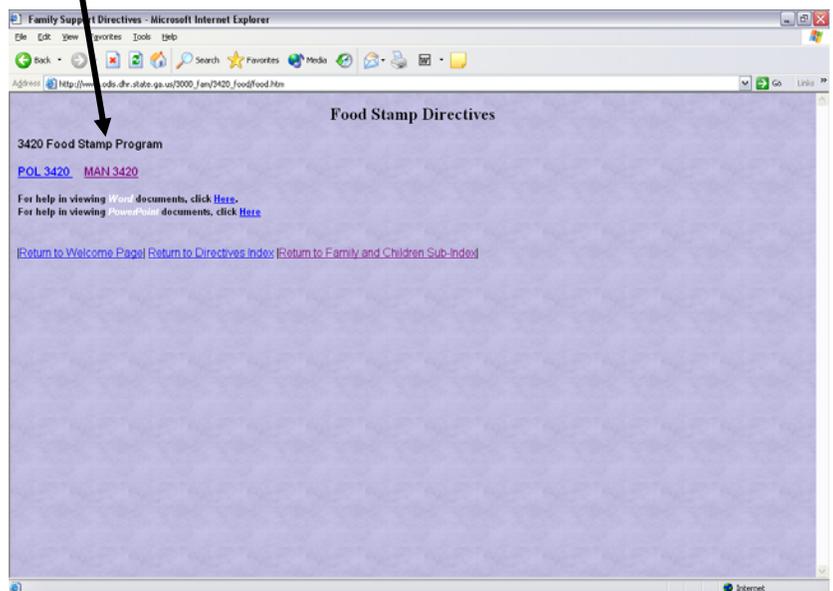
Step 4. Select the specific program area

Put your cursor (the arrow) on the vertical scroll bar and drag the screen down until you see TANF, Food Stamps, Claims, and Medicaid. Put your cursor (the arrow) on the word Medicaid. The arrow will turn into a hand. Click once. (Give the computer a few seconds to follow your command. Do not click more than once.)



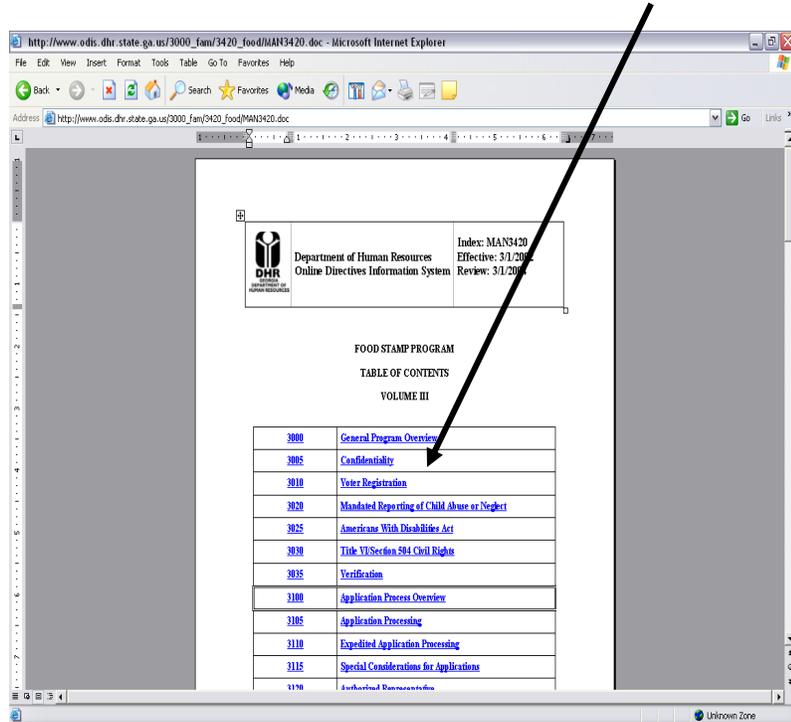
Step 5. Select “MAN 3420”

Put your cursor (the arrow) on the words MAN 3480. The arrow will turn into a hand. Click once.



Step 6. Scroll to the section of the policy manual you want to review

You are now at the Table of Contents for the Food Stamp Manual.



The screenshot shows a Microsoft Internet Explorer browser window displaying the Table of Contents for the Food Stamp Manual. The browser's address bar shows the URL: http://www.odis.dhr.state.ga.us/3000_fam/3420_food/MAN3420.doc. The page content includes the DHR logo, the text "Department of Human Resources Online Directives Information System", and the index information: "Index: MAN3420 Effective: 3/1/2009 Review: 3/1/2009". Below this is the title "FOOD STAMP PROGRAM TABLE OF CONTENTS VOLUME III". A table lists various sections with their corresponding page numbers and blue hyperlinks. A black arrow points to the "General Program Overview" link.

Page Number	Section Title
3000	General Program Overview
3005	Confidentiality
3010	Visitor Registration
3020	Mandated Reporting of Child Abuse or Neglect
3025	Americans With Disabilities Act
3030	Title VI/Section 504 Civil Rights
3035	Verification
3100	Application Process Overview
3105	Application Processing
3110	Expedited Application Processing
3115	Special Considerations for Applications
3150	Authorized Representatives

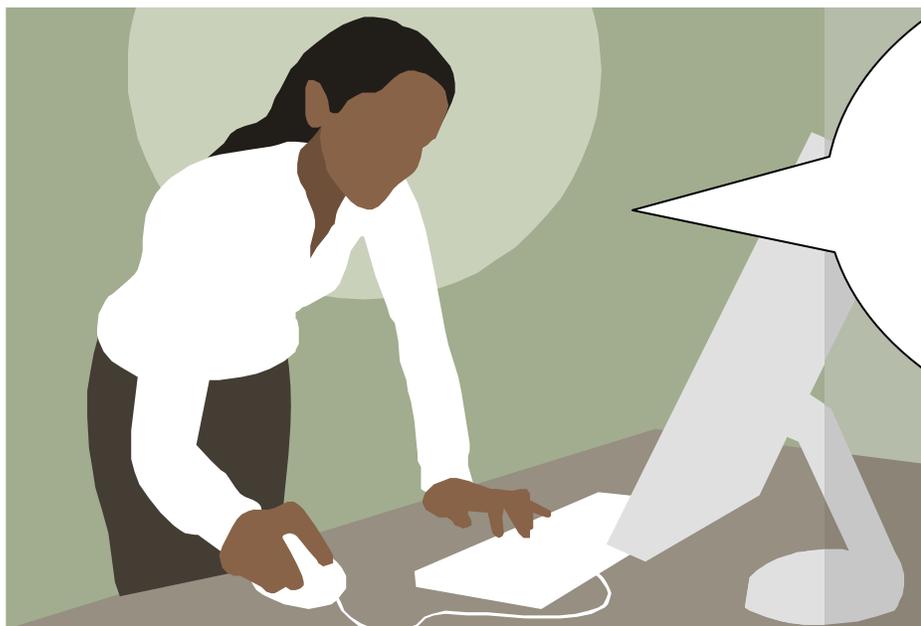
Tip: The easiest and fastest access to the manual is to save it in your “favorites” on you office desktop or tablet.

Confidentiality



Using ODIS review the policy for Confidentiality, then determine whether the following statements are true or false. Indicate your response in the provided space.

1. Information obtained from the Internal Revenue Service (IRS) may be released to the A/R.
2. A representative from Legal Aid may view an A/R's case file without the A/R's consent.
3. There are no consequences to the Case Manager who violates the confidentiality policy.
4. Statistical information of the number of FS recipients and total expenditures of FS funds may be released to the public media.
5. Information regarding a pending criminal prosecution cannot be released to the A/R.
6. The Case Manager may release names of FS recipients to a school nutrition counselor for the purpose of administering the Free and Reduced School Lunch program.
7. The Case Manager may release the address of a FS recipient to a law enforcement officer who wants to question the recipient about a recent crime.
8. The Case Manager may release case record information to an employee of the Office of Investigative Services who is investigating a fraud referral.
9. The Case Manager may not release any information to the Social Security Administration.
10. DFCS may charge for copies of case record material.



Where can I find more practice or additional help that I can do on my own?

The DFCS Education and Training Website at:

www.dfcs.dhr.georgia.gov/training

- ✚ Click on New Office of Family Independence Case Manager Training
- ✚ Click on Resource Library
- ✚ Train Tracks, Job Aids and Self Studies are listed by program area

OR

The DFCS Online Training at:

www.gadfcs.org/training

- ✚ Select the program area you would like to review
- ✚ Select the stand-alone module or a module (book) within a course you would like to review

SUCCESS Sign – On Procedure



Step 1 The first screen that displays is the “GO” screen.

Note: In the county you will type DHR8.

Step 2 At the GO screen, type **CICSV2**.

Step 3 The next screen that displays is the SUCCESS sign-on screen.

Step 4 At the SUCCESS sign-on screen...

- a. Select SUCCESS **04**
- b. Type your **RACF ID** _____
- c. Type the **password** _____
- d. Press enter

Step 5 The next screen that displays is the SUCCESS Main Menu.

Date: Thursday, 2 May 2002 11:25am ET
To: FIELDDIRECTORS, DFCS.COUNTY.DIRS, SUCCESS.SUPVS
From: DFCS.DIVISION@GOMAIL
Subject: SUCCESS security

From: Juanita Blount-Clark
Division Director

Recent events in one of our urban counties have illustrated the need for Division staff at all levels to be cognizant of correct security procedures for SUCCESS user IDs and RACFs. Staff assigned a SUCCESS user ID and RACF which permits authorization of benefits on SUCCESS are legally responsible for all benefits authorized using the assigned ID and RACF. Forms 283 AND 291, completed by all staff to acquire SUCCESS IDs and RACFs, note that the individual is "personally responsible for all actions taken by your UserID/password." IDs and RACFs are never to be shared or revealed to anyone other than the person to whom they are assigned. It is also critical that any person with SUCCESS access never leave her/his workstation while signed on to SUCCESS. Any entry made while signed on is attributed to the person to whom the ID/RACF is assigned, regardless of who may have actually completed the data entry. These security measures are necessary to prevent erroneous benefits from being authorized, case actions being processed in error or invalid cases being established.

It is incumbent upon all management staff at both the Field Area and County levels to insure that correct SUCCESS security procedures are observed in county departments. Every county must insure that terminals are never left unattended while signed on to SUCCESS, to prevent unauthorized issuance of benefits. Counties must also insure that when staff terminate or transfer to other areas that correct security procedures are observed. Field Coordinators will be adding discussions of increased SUCCESS security procedures to their meetings with county directors.

It is my expectation that all counties will review SUCCESS security procedures in every office on a regular basis, and will assure that procedures are in place to prevent unauthorized issuance of benefits on SUCCESS.

------(end of letter)-----

SUCCESS Template for Standard PC Keyboard

RESET	CLEAR
-------	-------

Annotate PF 1-12 keys. Cut on dotted lines. Fold each piece in half lengthwise. Align over keys and tape to keyboard.

1	2	3	4
shift 13	14	15	16

5	6	7	8
17	18	19	20

9	10	11	12
21	22	23	24

shift

EXERCISE

Use your SUCCESS User Manual in section 1.1 to complete the template for the PF keys that remain the same all the time on your SUCCESS keyboard.

SUCCESS Sign-Off Procedures



Step 1

PF3 to the Main Menu

Step 2

PF3 once more

Step 3

A black screen with “SUCCESS
Session Terminated” at the top will
appear

Step 4

Press the Pause/Break key to clear
the screen

Step 5

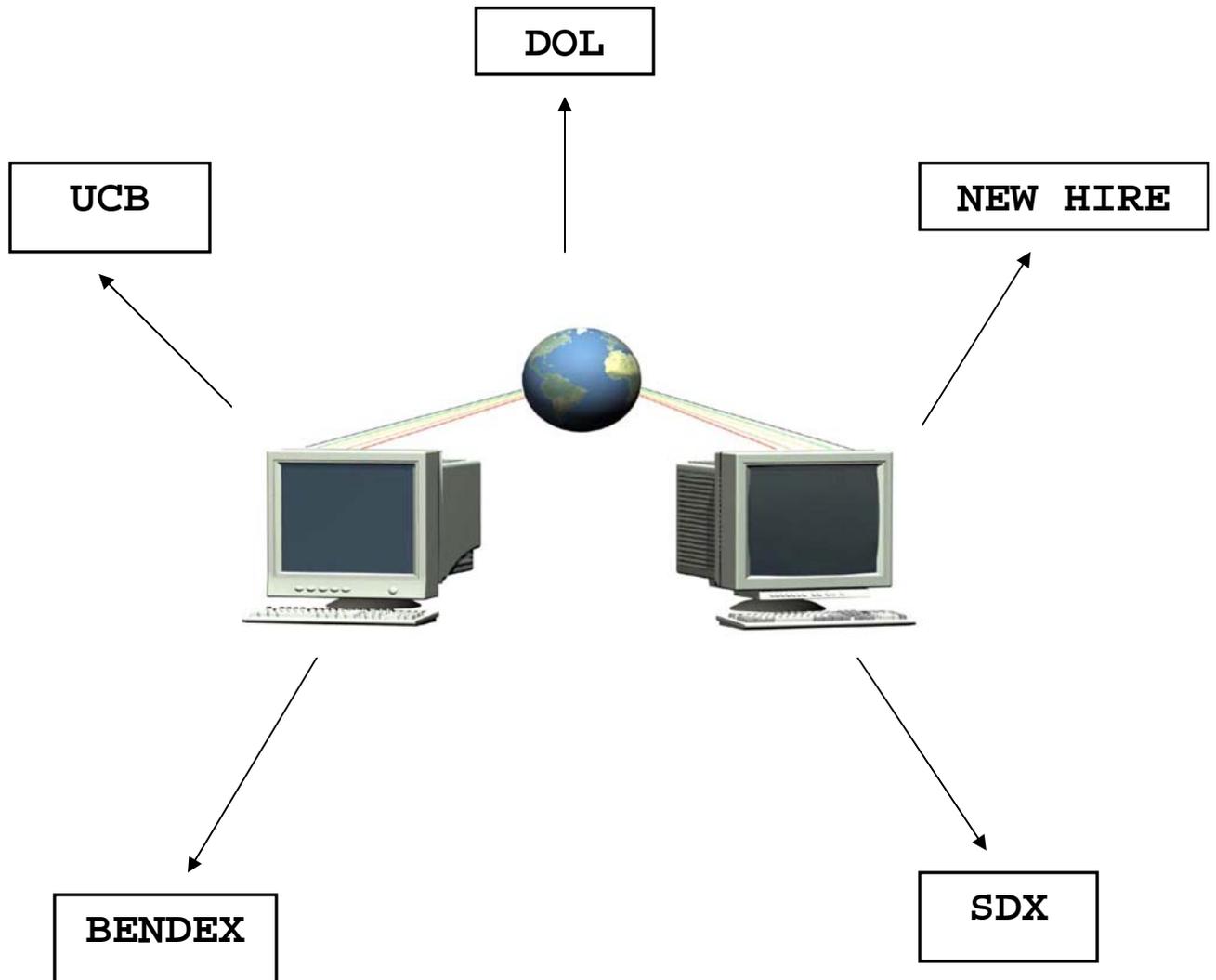
Type “CESF Logoff” and press enter
You will return to the GO screen

Objectives for Clearinghouse

By the end of this section, you should know:

- How to log on to the online training
- how to access and view clearinghouse screens on SUCCESS
- how to identify important elements of DOL Wage file
- how to identify discrepancies in DOL Address file
- how to identify important elements of New Hire file
- how to review for potential UCB payments
- how to distinguish between WBA and actual amount of UCB payment
- how to identify important elements of BENDEX file
- how to identify important elements of SDX file

CLEARINGHOUSE



Clearinghouse Matches

- ❖ Georgia Department of Labor (DOL) Wage Files provides five quarters of employment history by employer name, employer number, and amount of wages earned. **Note:** Information that appears on this wage file is two quarters behind the current quarter.
- ❖ Georgia Department of Labor (DOL) Employer Address Files – the work location and/or the address of the accounting office of the employer
- ❖ Georgia Department of Labor (DOL) Unemployment Compensation Benefits (UCB) Files provides the monthly UCB amounts for the most recent 13 months and a list of individual checks for the last ten weeks.
- ❖ Georgia Department of Labor (DOL) Unemployment Compensation Benefits (UCB) Claimant Address File provides the address of each UCB recipient.
- ❖ Department of Labor (DOL) W-4 Employer Reporting System New Hire Information Inquiry provides the name and address of any new employer upon hiring and the date of hire
- ❖ Social Security Administration Beneficiary Data Exchange System (BENDEX) files provide RSDI benefit information on individuals who are current or past recipients of public assistance
- ❖ Social Security Administration State Data Exchange (SDX) provides SSI benefit information.

CLEARINGHOUSE - DOL WAGES

DOL WAGE INQUIRY - WGEIWGEI

Next SSN

9 2 3

SSN 254 12 5409

Benefit Year Begin Date

	Sel	Employer Name	Emplr Num	Qtr/Yr	Wages	Sur 4
1	Y	RADIOSHACK	80565113	1 09	3,642	JOH
		RADIOSHACK	80565113	2 09	2,417	JOH
		QUICKTRIP CORP	43219871	3 09	3,749	JOH
		QUICKTRIP CORP	43219871	2 09	712	JOH

	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
	3/08		4/08		1/09	3,859	2/09	3,129

Tot Wages **7,304** Potential Amount **103** Num of Wks **18** Max Amt
 Message 8 6 7

13-Bendex 14-SDX1 16-UCBI

1. Type "Y" in the Sel field to obtain the name and address of the employer.
2. Indicates the quarter that wages were earned.
3. Gross wages earned during the quarter.
4. This is the first three letters of the employee's surname.
5. Total wages earned for the four indicated quarters
6. Potential weekly amount of UCB the employee may be eligible to receive
7. Potential number of weeks of UCB the employee may be eligible to receive
8. Total amount of wages earned for all the four quarters.
9. Benefit year begins from the date of application when an individual applies for UCB.

CLEARINGHOUSE- DOL UNEMPLOYMENT

INQUIRY DOL UNEMPLOMENT INSURANCE PAYMENT HISTORY - UCBI

06 02 09 01 4

Next SSN Mailing Address (UCCA) Y

SSN 254 12 5409 Month/Yr 12/09 and 13 Months Prior

3

SUR WAT Ben Yr Begin **03/21/09** WBA **164** MBA **3116** Weeks Dur 19 Clm
VALID

1

2

Monthly Totals

Totals for last 10 weeks

EUC

Eff Date	6		Check Date	5		8
Month/Year	Paid	# of Checks	Check Date	Amount	Paid	8
12/09			03/28/09	164		
11/09			04/05/09	164		
10/09			04/13/09	164		
09/09			04/19/09	164		
08/09			04/26/09	164		
07/09			05/03/09	164		
06/09			05/10/09	164		
05/09	656	4	05/17/09	164		
04/09	656	4	05/24/09	164		
03/09	164	1				
02/09						
01/09						
12/09						

Message

13 - BNDX 14 - SDXI 15 - WGEI

1. The date of UCB application
2. Maximum weekly benefit amount for UCB
3. Total maximum benefit amount that can be paid to beneficiary during the benefit year
4. Type "Y" to see where the UCB checks are mailed
5. List the UCB payments of the last ten consecutive weeks based on inquiry date
6. List the monthly total of UCB paid
7. List the date of each UCB payment
8. List the amount of each UCB payment

NEW HIRE INFORMATION INQUIRY

INQUIRY

W-4 EMPLOYER REPORTING SYSTEM
NEW HIRE INFORMATION INQUIRY

W4ER

1

SSN: **321-XX-XXXX**

LAST NAME: **THOMAS**

FIRST NAME: **SAM**

MI:

ADDRESS1: **1902 WILLOW LANE**

ADDRESS2:

CITY: **STONE MTN** STATE: **GA**

ZIP CODE: **30083**

D-O-B: **11/16/69**

2

D-O-H: **01/21/09**

3

EMPLOYER NAME: **JO-MAC ENTERPRISES**

FEDERAL ID: **246000685** ADDRESS1: **32 JOHNSON HWY.**

PHONE: **(770) 363-9251**

CITY: **CONYERS**

STATE: **GA**

ZIP CODE: **30064**

4

Message

1. Provide client's name and SSN.
2. Provide client's address and date of birth. Always compare the client's address given to employer indicated in "New Hire" section with home address the client gives to you. Resolve any discrepancies.
3. The actual date the employee was hired.
4. This section lists the employer's name, business address and phone number. This may be the actual address of site where client works but not necessary the employer's corporate address.

SOCIAL SECURITY – BENDEX INQUIRY

INQUIRY	BENDEX INQUIRY – BNDX	BNDX
NEXT SSN		01
Claimant Name JOHN	P NGUYEN	DOB 06 21 30 SEX M
County 050		Beneficiary's own SSN 265 12 8749
SSA Claim Number 265 12 8749 A		Claimant SSN 265 12 8749
Agency Code 110		Category of Assistance A
State Control Data		Old BIC Payment Status CP
Mo. Benefit Payable 165.00		Date of Initial Entitlement 07 90
Gross Amount Payable 165.40		Date of Current Entitlement 07 90
Net Monthly Amount 150.00		Communication Code MAT
Black Lung Acct. No. 00000000		Prev Gross Amt 150.30 Date 11 08
BL Entit/Term Date 00 00 BL Status		6 SSI Entit/Term Dt 06 93 Status E
BL Payment Amount 0.00		7 Monthly Overpymt Deducted 0.00
RR Claim No RR Status		End Date Overpayment 00.00
8 SMI Option Code Y Date Entitled 06 93		H.I. Option Code E Amt 0.00
9 SMI Premium Amt 94.60 Date Term 00 00		H.I. Date Entit/Term 06 93
10 SMI Premium Payer 110		11 Direct Dep C
SMI 3 rd Party DT Entit/Term 00 00		Disab Onset 00 00
Dual Entit SSN 000 00 0000		Trip Entit SSN 000 00 0000
Message		
0020 INQUIRY COMPLETED SUCCESSFULLY		
14 – sdx 15 – wgei 16 – ucbi		

6. Indicates either the first month of SSI eligibility or the month following the last month of SSI payment if it has been terminated. The status indicates whether it is active or terminated.
7. Indicates the amount of the overpayment that has been deducted from the gross RSDI benefit.
8. "Y" indicates Medicare eligibility status
9. Amount of Medicare premium deducted from RSDI
10. Code "110" indicates that the state is paying the Medicare premium
11. Code "C" indicates that the RSDI is being deposited into a checking account

SSI – SDX1 INQUIRY

INQUIRY STATE DATA EXCHANGE - SDX1
SDX1

NEXT SSN 9 01

Client Name JOHN NGUYEN Client ID

DOB 05 19 1950 Race W Individual SSN 152 21 0698

Date of 1 **Mrtl** Alien Es. Pers. --SDX Transaction-- Multiple
Death Sex **Sts** Code Ind Code Date SSN
2 M **3** N 0 08 11 23 99 0

Appl **Denial** 3 Denial **Appeal** Appeal Onset Disab/ **SSI Elig** Medica
Date **Date** 4 Code **Date** 5 Code Blindness **Date** Test
02 09 88 **02 09 88**

Chg Dt Pay Stat Fed Liv State/Cnty
02 88 6 **C01** 7 **A** 8 11530 FS FS FS Input TPL Medica
 Appl Stat Date Cd Eff Dt
 N N 03 88 N 02 09 88

9 10 ---- STATE SUPPLEMENT ----
 Adv Pay Bdgt Mo. **SSI/GPA** **Mthly Asst** Amt Pd Elig Pd Grant
 2 **262.00** **262.00**

----- **OVERPAYMENT** ----- **RESOURCES** -----
 - 11 12
 Ind Balance Waiver Amt Waiver Date **House MV Lfe Ins Prop**
Z B Z Z

1. The Mrtl Sts is the marital status of SSI recipient – code “3” indicates single, divorced or widowed.
2. The Appl Date is the date of SSI application.
3. The Denial Date is the date on which SSI application has been denied.
4. The Appeal Date indicates date when the denial was appealed.
5. The SSI Elig Date is the beginning date of SSI eligibility.
6. The Chg Dt is the most recent change or update to SSI benefits.
7. The Pay Stat is the payment status. Code “C01” indicates the recipient is currently receiving SSI benefits.
8. The Fed Liv is the federal living arrangement which code “A” indicates own household of the recipient in the budget.
9. The SSI/GPA is the SSI gross payable amount before any overpayments are withheld.
10. The Mthly Asst is the monthly assistance for the actual amount of SSI payment.
11. The OVERPAYMENT indicates balance of an SSI overpayment.
12. The RESOURCES indicate resources reported by client.

SSI – SDX3 INQUIRY

INQUIRY STATE DATA EXCHANGE - SDX3 SDX3

Client Name JOHN P NGUYEN Client ID 01
DOB 04 02 1942 Individual SSN 413 64 1625

1

Payee Name and Address

MARY NGUYEN FOR
JOHN NGUYEN
2561 JONES ROAD
ATLANTA GA
30331-9861

Residence Address

2

105 CEDARS DRIVE
LAWRENCEVILLE GA
30045-6940

Message

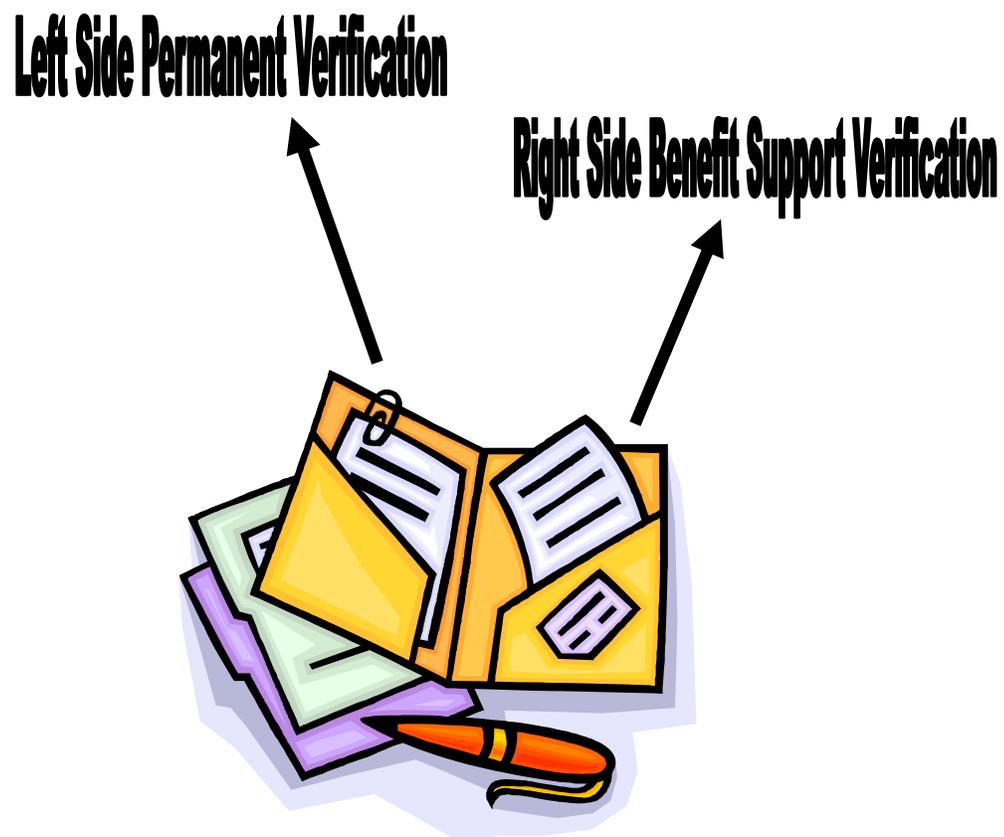
PF13 BNDX PF15 WGE1 PF16 UCBI

-
1. Address of where the check is being mailed and name of payee if applicable
 2. Residential address of the recipient

Objectives for Case Record Organization Food Stamp Cases

By the end of this session, you should know:

- how to organize a case record according to policy standards



Case Record Organization

Permanent Verification (information that does not change) Left Side of Record	Information that Supports an AU's Eligibility (Benefit Support) - Right Side of Record
Documents verifying age, identity, residency and citizenship	Mandatory forms – 297 application for assistance, 297-A Signature Page, 354 Expense Statement,
Copies of Social Security Cards, including Form 189, Referral for Social Security Application	Copies of written referrals
Other legal documents such as a divorce decree, verification of death, and custody or guardianship papers	All verification provided at initial application, interim change, or review.
Any other documents, such as verification of shelter, that my considered permanent verification by the county department	Copies of all communications with the AU that are not maintained in the system
Most current signed HIPAA forms	All paperwork completed and signed by the AU

Benefit Support

Hearing decisions must be filed directly on top of the case actions to which they pertain. When the benefits supports section exceeds 2 1/2 inches in thickness, case actions prior to the most recent application or review must be removed and transferred to an additional volume of the case record.

Computer-generated Reports

Computer-generated reports are considered case record material, if documented with information. Documented computer-generated reports must also be retained for three years as provided in this section.

A SUCCESS/INFOPAC report that has been printed for caseload management may be destroyed when no longer needed if the report does not serve as documentation in support of case record material.

Claims

Claims information is maintained in a separate, hardcopy file. The claims file may either be located inside the active FS case record or filed centrally. Claims files for inactive cases must be maintained in a central file. Claims materials must be filed in chronological order from the oldest to the most current.

The outside of the front of the FS case is marked with a “C” to indicate that the case has an active claim.

The following forms are filed in the claims records:

- Report of claim determination or copy of NARR documenting the reason for the claim.
- Form 5667, Request for Investigation, and disposition packet from the Office of Investigative Services
- Repayment and/or Form 5640, Waiver of Disqualification Hearing, or court consent agreement (PAC counties, court order)
- Disqualification hearing decision
- Paper work relating to a claim as determined in the Benefit Recovery, Volume III Manual.

Files for closed claims must be retained for a three-year period dating from the end of the federal fiscal year in which the last claim was paid in full or terminated and/or through one fiscal audit. The portion of the claim file supporting intentional program violation must be retained permanently.

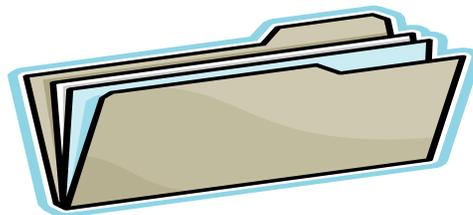
Case material and/or claims material that support a disqualification for an intentional program violation are permanent documents and cannot be destroyed.

Retention of Materials for Active and Inactive Cases

Inactive cases must be retained for a period of three years dating from the calendar month in which the most recent activity took place. Case materials may be destroyed when no activity has taken place for 36 consecutive months.

Active cases, materials relative to establishing eligibility, must be retained for a period of three years. Case materials three years and older may be destroyed, with the following exceptions: any verification used to establish eligibility factors on which current eligibility is based.

When destroying a case record or any document carrying the names of applicants or recipients, or social security numbers or other identifying or confidential information, the materials must be shredded or burned.

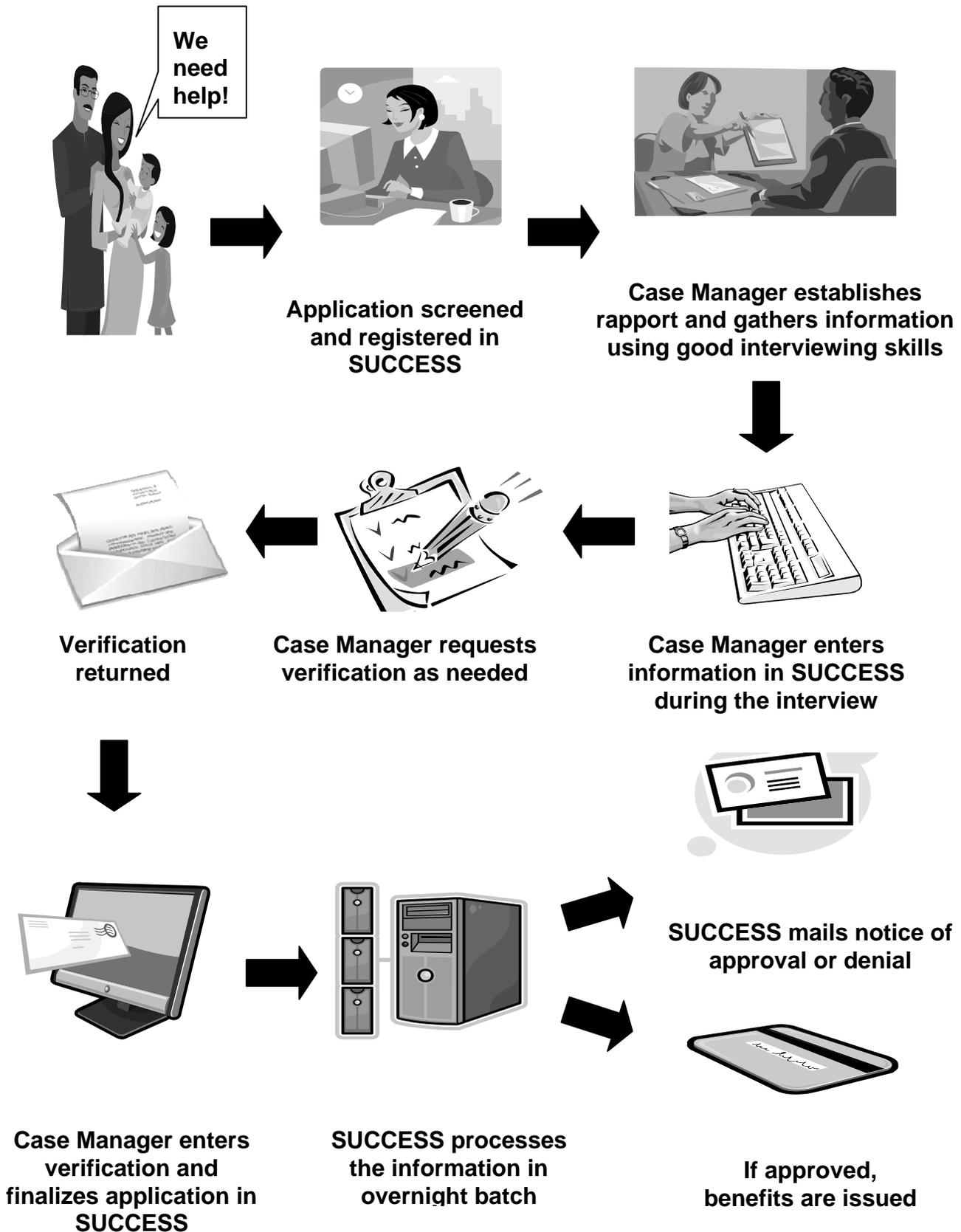


Objectives for Screening and Registration

By the end of this section, you should know:

- how the information you learned in “Application Processing” ties in with the SUCCESS system
- how to screen an applicant on SUCCESS
- how to register an applicant on SUCCESS
- how to print an application

OVERVIEW OF THE APPLICATION PROCESS



Procedure: SUCCESS Screening Instructions	
Step	Procedure
<p>Scenario: A customer, known or unknown to DFCS, submits an application for services. A customer is applying to add a NEW person, known or unknown to DFCS to the AU for new or existing services. When interviewing the client, always ask if they have ever applied for or received benefits or services.</p>	
Step 1	From the AMEN screen enter option 'A'-Name/Part Inquiry. The Client Registration System Name/SSN Inquiry screen will appear.
Step 2	Screen by SSN. Press <Enter>.
Step 3	If no match on SSN, then type in the Head of Household's (HOH) information that the customer provided-Last Name, First Name, Sex ('U' for unknown can also be used). Press <enter>. If client has used other names, also screen on the other name(s).
Step 4	Repeat steps 2 and 3 for each person listed in the household.
Step 5	If there is one match, check to ensure the information provided on the application is the same as the data in CRS. Screen print and/or document if all data does not match the client's application.
Step 6	Next, type a 'Y' to the left of the matching client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Check to see if the client has any active SUCCESS cases.
Step 7	If there is more than one match, determine which client ID is correct. For details on this process, please refer to the Instructions for Requesting a Client ID Correction. The same information is also included in DFCS Systems County Letter #00-100 dated August 18, 2000. When you have determined which ID is correct, type a 'Y' beside the client ID and press F11. Screen print and/or document the Client Participation History screen that is displayed for that client ID. Repeat this process for each client ID shown. Check for any active SUCCESS cases.
Step 8	If there is a "No Matches Found" message in the bottom left corner of the screen, there was no match in CRS and the customer will be assigned a new client ID. Use F8 to move to the last page of the Client Registration System NAME/SSN Clearance screen. Type 'Y' in Assign New Client ID field and press <enter>.

Procedure: Requesting a Client ID Correction	
Step	Procedure
In order for the DFCS Systems Help Desk to correct a client ID, the county worker will need to complete the following steps:	
Step 1	Screen on each client that you have determined to have multiple IDs.
Step 2	Determine which client ID is the correct ID and which is erroneous based on the following guidelines: <ul style="list-style-type: none"> A. SUCCESS active status take priority over \$TARS active status. B. SUCCESS active status takes priority over closed/denied status. C. Active in Medicaid AU take priority over Active in non-Medicaid AU. (Exception: If one client ID is in Medicaid COA and the other ID is active in multiple SUCCESS cases, keep the ID in the multiple AUs.) D. Client ID with active claims cases needs to be the correct ID.
Step 3	When the worker has determined an ID is erroneous, confirm that the SSN is in ALTERNATE STATUS. If the SSN is not an alternate status, move SSN from primary to alternate in CRS from the DEM1 screen.
Step 4	If both client IDs are in an active status in SUCCESS, then the worker will have to take the following steps: <ul style="list-style-type: none"> A. Deny the client from the case with the erroneous ID. B. Select ADD A PERSON function and match on correct client ID.
Step 5	If incorrect client ID is active in a \$TARS case, contact your local CSE agent to clear up problem.
Step 6	When all cases connected to the erroneous client ID are in closed or denied status, send an email to HD.EBT/CRS with the following information: <ul style="list-style-type: none"> A. On subject line type ERRONEOUS CLIENT ID B. In the text of the email, provide all relevant client IDs and indicate which the correct ID is and which is the erroneous ID. C. Include the following client demographic information on all client IDs <ul style="list-style-type: none"> — full name (last, first, and middle initial) — date of birth — sex — race and ethnicity — SSN, when present
Step 7	For any additional questions, please contact the DFCS Systems Help Desk at (404)-657-3717 (locally), 1-800-241-5072 (toll-free) or email HD.EBT/CRS.

Margaret Simmons: Screen an Applicant

Background

- Margaret Simmons is a single mother with two young children. She recently lost her full time job and is now only working part time. She is applying for Food Stamps.
- First, we will screen Margaret Simmons and her children to see if they have ever received assistance.
- Select "A" from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection A		
AU ID Screen ID Benefit Month (MM YY)		Client ID As Of Date Notice Type
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

CRS Name/SSN Inquiry for Margaret Simmons

- SSN 595 01 XXXX

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:08:21
L NAME	F NAME	M NAME	SFX
SSN1 595 01 XXXX	DOB (MM DD YYYY)	+/-	SEX
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL CL ID	E CTY L NAME	F NAME	MI DOB SX RCE SSN A

92169 No matches found

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

+ PF2 to refresh the screen

CRS Name/SSN Inquiry for Margaret Simmons (second time)

- The applicant is Margaret Simmons
- Type "U" in the sex field

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:12:42
L NAME SIMMONS	F NAME MARGARET	M NAME	SFX
SSN1	DOB (MM DD YYYY)	+/-	SEX U
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL CL ID	E CTY L NAME	F NAME	MI DOB SX RCE SSN A

92169 No matches found

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

- PF2 to refresh the screen

CRS Name/SSN Inquiry for Tina Simmons

- SSN 595 02 XXXX

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:08:21
L NAME	F NAME	M NAME	SFX
SSN1 595 02 XXXX	DOB (MM DD YYYY)	+/-	SEX
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL CL ID	E CTY	L NAME	F NAME
		MI	DOB
		SX	RCE
		SSN	A

92169 No matches found

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

- PF2 to refresh the screen.

CRS Name/SSN Inquiry for Tina Simmons (second time)

- The applicant is Tina Simmons
- Type "U" in the Sex Field.

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006											
	NAME/SSN INQUIRY		11:12:42											
L NAME SIMMONS	F NAME TINA	M NAME	SFX											
SSN1	DOB (MM DD YYYY)	+/-	SEX U MORE											
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN											
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE												
ETHNICITY (L/N)?: HISPANIC/LATINO														
SEL	CL	ID	E	CTY	L	NAME	F	NAME	MI	DOB	SX	RCE	SSN	A

92169 No matches found

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

- PF2 to refresh the screen.

CRS Name/SSN Inquiry for Susan Simmons

- Does not have a Social Security Number
- Type "U" in the sex field.

HRRS0010	CLIENT REGISTRATION SYSTEM	CICSV2	10/05/2006
	NAME/SSN INQUIRY		11:12:42
L NAME SIMMONS	F NAME SUSAN	M NAME	SFX
SSN1	DOB (MM DD YYYY)	+/-	SEX U
			MORE
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN		WHITE	ASIAN
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		AMERICAN INDIAN/ALASKAN NATIVE	
ETHNICITY (L/N)?: HISPANIC/LATINO			
SEL	CL ID	E CTY	L NAME
			F NAME
		MI	DOB
		SX	RCE
			SSN
			A

92169 No matches found

F1-HELP F2-REFSH F3-EXIT F7-UP F8-DOWN F9-CLT DET F11-CLT PART F12-RETN

- PF3 to exit CRS back to AMEN.

Margaret Simmons Registration

- Select "J" from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection J

AU ID
Screen ID
Benefit Month (MM YY)

Client ID
As Of Date
Notice Type

A. Name/Part Inquiry
B. AU/Client Inquiry
D. Address Inquiry
E. Trial Budget
F. Trial Eligibility
G. Batch Print Request
H. Notice History
I. SPA Inquiry

J. Registration
K. Add A Person
L. Add A Program
M. Reinstatement
N. Initiate Review
O. Interview
P. Process Appl Months
Q. Finalize Application

R. Interim/Hist Change
S. QRF Change
Y. Spndwn Med Expnse Update
Z. Spndwn Med Expnse Inquiry
1. Spndwn Authorization
5. Prior Medicaid Copy
6. Finalize Prior Medicaid

Message

NAME for Margaret Simmons

- Margaret Simmons
- Does not live in public housing
- Does not wish to register to vote
- Lives at 2640 Lincoln Boulevard, Atlanta, GA 30303
- Has a phone number of 404-656-1200
- Would like her mail to be delivered to PO Box 5680, Atlanta, GA, 30303

REGISTER	APPLICANT NAME AND ADDRESS - NAME	NAME
----------	-----------------------------------	------

CO 049 LO 049 Load ID XXXX	Client ID	RES CO
HOH F Name MARGARET MI	L Name SIMMONS	Suf

Primary Language	Visually Impaired	Hearing Impaired	Public Housing	Serial Number	Census Tract	Voter Reg
E	N	N	Z			N

Residential Address

Address Line 1			Line 2					
Street	Number	Dir	Name	Type	City	Dir	Apt	
	2640		LINCOLN	BLVD				
City	ATLANTA		ST GA	Zip	30303		Phone	404 656 1200

Mailing Address

Address Line 1			Line 2				
Street	Number	Dir	Name	Type	City	Dir	Apt
			PO BOX 5680				
City	ATLANTA		ST GA	Zip	30303		

Message 0013 0156

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

KIND for Margaret Simmons

- Margaret wants to apply for Food Stamp Assistance

REGISTER	KINDS OF ASSISTANCE DESIRED - KIND	KIND
----------	------------------------------------	------

Select kinds of assistance desired

- Financial Assistance
- Y** Food Stamp Assistance
- AFDC Related Medicaid
- Medicaid for the Aged, Blind, Disabled (ABD)
- Foster Care or Adoption Assistance Medicaid
- Other

Message

18-tbud

CIRC for Margaret Simmons

- Currently earns \$50.00/week at her part-time job and has a final pay check from a terminated position with Reynolds Cleaners in the amount of \$125.
- Has no unearned income
- Has \$300 in her checking account and \$50 cash
- Pays \$250/month rent, approximately \$50/month for her gas bill and \$25 on her phone. (Telephone Standard - \$30)

REGISTER	HOUSEHOLD CIRCUMSTANCES - CIRC		CIRC
Monthly Income (FS)			
Earnings Types/Amts	EI 200	EI 125	
Unearned Types/Amts	NI 0		
Liquid Resources (FS)			
Resource Types/Amts	CH 300	CA 50	
Current Rent/Mortgage/Utilities (FS)	330		
Select:			
Anyone > 18 who formerly recvd SSI		Any Unpaid Medical Bills Prior Month	
Medicare Entitlement		Community-Based Waiver	
Nursing Home		Hospital	
		Resident Battered Woman Shelter	
Migrant/Seasonal Farmworker		Refugee	
MA needed for adult with dep child		Authorized Rep	
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
		18-tbud	

MEMB for Margaret Simmons

- Was born December 5, 1980 based on her statement
- Is a black female
- Has a Social Security number of 595 01 XXXX (customize the SSN), based on her statement
- Is pregnant; however, do not code pregnancy field; this is completed when registering pregnant women Medicaid case

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 01 01
----------	-------------------------	---------------

Client ID	Del	
F Name MARGARET	MI	L Name SIMMONS
Relationship SE	DOB (MM DD YYYY) 12 05 1980	V CS Sex F
SSA/SSN Appl For	SSN1 595 01 XXXX	V CS Race: B W A N P Ethnic: N
Preg	Due Date	Y N N N N

Alternate Names	F Name	MI	L Name	Suf	
-----------------	--------	----	--------	-----	--

		More Names
SSN V	SSN V	SSN V

More SSNs

More Members

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

18-tbud

24-del

Back on MEMB for Margaret Simmons

- Type a "Y" to indicate that there are more members to add.

REGISTER	HOUSEHOLD MEMBER - MEMB	MEMB 01 01
----------	-------------------------	---------------

Client ID 986002419 Del

F Name MARGARET MI L Name SIMMONS Suf
Relationship SE DOB (MM DD YYYY) 12 05 1980 V CS Sex F
SSA/SSN Appl For SSN1 595 01 XXXX V CS Race: B W A N P Ethnic: N
Preg Due Date Y N N N N

Alternate Names F Name MI L Name Suf

SSN V SSN Additional SSNs SSN V More Names
SSN V
More SSNs

Message  More Members Y

18-tbud

24-del

CRS Name/SSN Clearance for Tina Simmons

- SUCCESS finds no match for Tina, so you tell SUCCESS to assign a new client ID.

HRRS0070	CLIENT REGISTRATION SYSTEM	CICSY2							
	NAME/SSN CLEARANCE							13:51:53	
CLIENT ID	L NAME	F NAME	MI	DOB	SEX	SSN			
000000002	SIMMONS	TINA		05 15 2000	F	595 02 1000			
RACE (Y/N)?: BLACK OR AFRICAN AMERICAN Y			WHITE N		ASIAN N				
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER N			AMERICAN INDIAN/ALASKAN NATIVE N						
ETHNICITY (L/N)?: HISPANIC/LATINO N									
0000 POSSIBLE MATCHES			TYPE OF MATCH			NO POSSIBLE MATCHES			
SEL	CL ID	E CTY	L NAME	F NAME	MI	DOB	SEX	RCE	SSN ALT

ASSIGN IV-A CLIENT ID
ASSIGN NEW CLIENT ID Y

NEXT MATCH TYPE

END OF MATCHES

F1-HELP F2-RFRSH F3-EXIT F7-UP F8-DN F9-CLT DET F10-PREV F11-CLT PART F12-MATCH

Back on MEMB for Tina Simmons

- Type a "Y" to indicate that there are more members to add.

REGISTER	HOUSEHOLD MEMBER - MEMB				MEMB 02
					01
Client ID 751006210	Del				
F Name TINA	MI	L Name SIMMONS		Suf	
Relationship CH	DOB (MM DD YYYY) 05 15 2000		V CS	Sex F	
SSA/SSN Appl For	SSN1 595 02 XXXX		V CS	Race: B W A N P Ethnic: N	
Preg	Due Date			Y N N N N	
Alternate Names					
	F Name	MI	L Name	Suf	
				More Names	
SSN	V	SSN	V	SSN	V
				More SSNs	
				More Members Y	
Message					
				18-tbud	24-del

REDI for Margaret Simmons

- Margaret needs an appointment to be interviewed later today.
- To make an appointment we have to select another unit type; because, in the training region unit type "01" is for clerical and unit type "02" is for intake.
- Schedule an interview for 10/05/06 from 02:00 to 3:00
- Under last name/remarks enter "Simmons/FS intake".
- For print location enter "L." By selecting "L" for local, the appointment letter will print out when we press enter.

REGISTER	REGISTRATION DISPOSITION - REDI	REDI
----------	---------------------------------	------

HOH Name MARGARET SIMMONS Client ID 986002419

Withdrawal?

Sched Interview

Unit Type 02	Unit Supv 9862
Inquiry Date 10 05 06	Load ID XXXX
Appt Date 10 05 06	Appt Type INT
Appt Begin Time (HH:MM) 02: 00	Appt End Time (HH:MM) 03 : 00
L Name/Appt Remarks SIMMONS/FS INTAKE	
Appointment Letter Print Location L	

Other Persons At This Address/Other Narrative Information

Message 0164

0164 DO YOU NEED TO SCHEDULE AN APPOINTMENT?

13-note 14-schs 15-nmiq 18-tbud

Inquire to check for pending status

- A. To ensure that the application is in the system, and is pending, inquire on the AU.**

AMEN

- Select B
- Leave the AU number that will be showing there
- Press ENTER
- Review the STAT screen to be sure the AU STAT field has a P in it for pending
- PF3 back to AMEN

B. Intake Schedule Inquiry

AMEN

- PF3 back to the Main Menu

Main Menu

- Select E
- Press ENTER

EMEN

- Select A
- Enter the date of the appointment, 10/06/06
- Press ENTER

SCHD

- PF3 back to the Main Menu

Main Menu

- Select A
- Press ENTER

II. Walk Through Case Alice Dutton Registration

This case demonstrates how to reopen the old AU number.

Alice Dutton was designed to review the process of registration. You will learn how to reopen a closed case.

Background

- Alice Dutton is married and has a three-year-old child. She is applying for Food Stamps for everyone on October 5, 2006. She states that the family applied for Food Stamps before but their case was denied due to income. Her husband is a construction worker who has been out of work lately and has been reduced to doing odd jobs for money. Mr. Dutton's adult brother, Robert, also lives with them, but they do not want to include him as he is responsible for his own food. All household members have been screened.

Your Assignment

- Reopen Alice Dutton's closed Food Stamp case. The trainer will walk you through this process.

AMEN

- Select "A" to find the FS AU number for the denied Food Stamp Case
- Press ENTER
- Type Alice's Social Security Number 444 – 01- XXXX (customize)
- Press ENTER
- Type Y in the select field for Alice's Social Security Number
- Press F11
- Write Down the Food Stamp AU ID Number _____
- Press F3 back to AMEN

AMEN

- Select J and type the Food Stamp AU ID for the denied FS AU

NAME

- This screen is pre-filled with data from the earlier denial. This information has not changed. Alice still lives at the same address and has the same telephone number.
- Type "Z" for the public housing code
- PF4 around the warning message due to address not being found by the Code Plus feature

CIRC

- Daniel Dutton earns around \$100 per week (\$400/month for expedited criteria)
- AU has no unearned income (Use code NI - this is not in your valid values, but can be used in the county)
- AU has \$15 in a checking account
- Shelter costs include:

Rent	\$200 per month
Gas	\$50 per month
Electricity	\$45 per month
Telephone	\$20 per month (use \$30 telephone standard)

MEMB for Alice Dutton

- Exists in the system, no changes needed, press ENTER

MEMB for Daniel Dutton

- Exists in the system, no changes needed, press ENTER

MEMB for Andrea Dutton

- Exists in the system, no changes, press ENTER

INCH

- Type "Y" for Food Stamps
- Type "N" for All Applicants receiving AF, RF, SSI
- Type 10/05/06 for application date
- PF20 to print AFA

REDI

- Schedule an appointment for Alice; she will be interviewed for Food Stamps today.
- Type "Y" for other persons living at this address/narrative, press F4

NARR

- Type the following text in bold

UPDATE	NARRATIVE - NARR	NARR	01
9/01/2006 01:31 PM H. JACKSON, XXXX, XXXX, 912-679-9999			
INTAKE - MS. DUTTON APPLIED FOR FS. SHE STATES THAT SHE LIVES IN THE HOME WITH HER HUSBAND, DAUGHTER AND BROTHER IN LAW. SHE STATES THAT SHE DOES NOT HAVE ANY INCOME. HER BROTHER IN LAW IS UNEMPLOYED. HER HUSBAND WORKS AT THE MARRIOTT ON RIVER STREET.			
10/05/2006 – OV - 01:00 PM A. CASE MANAGER, LOAD, PHONE			
ALICE DUTTON'S ADULT BROTHER-IN-LAW, ROBERT DUTTON, LIVES WITH THE FAMILY BUT DOES NOT WANT TO BE INCLUDED IN THE FS CASE AS HE PURCHASES AND PREPARES HIS FOOD SEPARATELY. L.CLERICAL/F176			
More			
MESSAGE			
13-bott			

Quiz Time



1. From the AMEN screen, what is the selection to register the case?

2. What is the first screen in the Registration Process? _____

3. What information is found on this screen?

4. What is the second screen in the Registration Process? _____

5. What is the purpose of this screen? _____

6. What is the third screen in the Registration Process? _____

7. This screen captures what basic information about the AU's situation?

8. SUCCESS will use the information on this screen to determine if the AU is eligible for what type of Food Stamps? _____

9. What is the fourth screen in the Registration Process? _____

10. Will each member in the AU have this fourth screen? _____

11. From the fourth screen in the Registration Process, what separate system can be accessed? _____

12. In this system, which is separate from SUCCESS, what can be assigned to an AU member? _____

13. How can you access an additional fourth screen for other AU members?

14. What is the fifth screen in the Registration Process? _____

15. What information is found on this screen? _____

16. How can you print an Application for Assistance (AFA)? _____

17. What is the last screen in the Registration Process? _____

18. What is the purpose of this screen? _____



Independent Study



Kelly Landon

BACKGROUND: Kelly Landon applies for Food Stamps for herself and her son Robert on 10/05/06. Ms. Landon is currently employed part time at Sears. Ms. Landon states she earns about \$900 per month. Ms. Landon's son Robert suffers from Muscular Dystrophy. Robert receives SSI \$417 per month. Ms. Landon states that she has a checking account. Ms. Landon states that she currently receives rent assistance through the Section 8 program. Her current rent amount is \$401 per month and utilities about \$190 per month. Schedule an appointment for Ms. Landon; she will be interviewed for Food Stamps today.

Instructions: Using the background information and Form 297 Application for Assistance located on the following page, screen and register Ms. Landon's Food Stamp case.



Georgia Department of Human Resources
Application for Benefits



What Am I Applying For?

I am applying for the following benefits:

Food Stamps

The Food Stamp program helps meet the food and nutritional needs of eligible households.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) provides temporary monthly cash payments, single cash payments, or other support services, to strengthen eligible families with children. If you are the child's parent, or the caretaker who would like to be included in the grant, we will require you to participate in a work program.

Refugee Cash Assistance

The Refugee Cash Assistance program provides financial assistance to refugee households who are not eligible for the TANF program. The term refugee includes refugees, Cuban/ Haitians, victims of trafficking, Amerasians, and unaccompanied refugee minors.

Medicaid

Medicaid offers medical coverage to elderly or disabled adults, pregnant women, children, and families. When you apply, we will look at all Medicaid programs and decide which ones you may be eligible to receive.

Tell Us About Yourself What language do you use the most? **English**

Please fill out the chart below about yourself.

First Name Kelly	Middle Initial P.	Last Name Landon	Suffix
Street Address Where You Live 332 Peachtree Street		Apt	
City Atlanta	State GA	Zip Code 30303	
Mailing Address (if different) P.O. Box 887			
City Atlanta	State GA	Zip Code 30303	
Home Telephone Number	Other Contact Number	E-Mail address	
Signature Kelly P. Landon		10/05/06	
Witness Signature if signed by 'X'			
For Office Use Only DFCS County		Date Received By The County 10/05/06	



Do I Qualify to Get Food Stamps Faster?

Answer these questions about yourself and all household members to see if you can get Food Stamps within 7 days.

1. Are you or any household member a migrant or seasonal farm worker? Yes No
2. How much money will you and all household members get this month? **\$ 1317**
3. How much money do you and all household members have in cash or in the bank? **\$389**
4. How much do you and all household members pay for rent or mortgage? **\$ 401**
5. How much do you and all household members pay for electric, gas, water, etc.? **\$ 190**

Can I Choose Someone to Apply for Food Stamps or Medicaid for Me?

Complete this section only if you want someone to fill out your application, go for your interview, or use your EBT card to buy food when you cannot go to the store.

The person I choose is: N/A

Name: _____ Phone: _____
 Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____

Tell Us about You and Your Household Members

Please fill out the chart below about yourself and all household members.

Name			Relation to you	Birth Date	Social Security Number	Sex	Hispanic or Latino? (Yes/No)	Race Code (see below)	US Citizen? (Yes/No)
First	Middle Initial	Last							
Kelly	P.	Landon	Self	12/9/70	100-01-XXXX	F	No	WH	Yes
Robert	M.	Landon	Son	3/10/97	100-02-XXXX	M	No	WH	Yes

Race Codes (Choose all that apply):
AI – American Indian/Alaska Native **AS** – Asian **BL** – Black/African American
HP – Native Hawaiian/Pacific Islander **WH** – White



Tell Us More About Yourself and Your Household Members

We need more information about you and your household members in order to decide if they are eligible. Please answer the following questions:

1. Has anyone received any benefits in another county or state? Yes No

Who: _____

What: _____

Where: _____

When: _____

2. Is anyone pregnant? Yes No

Who: _____

Due Date: _____

3. Does anyone need Medicaid to cover unpaid medical bills from the past 3 months? Yes No

4. Is anyone disqualified from the Food Stamp or TANF Program? Yes No

Who: _____

Where: _____

5. Is anyone trying to avoid prosecution or jail for a felony? Yes No

Who: _____

6. Is anyone violating conditions of probation or parole? Yes No

Who: _____

7. Has anyone been convicted of a violent or drug related felony? Yes No

Who: _____

When: _____

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

Kelly P. Lardon
Signature

10/05/06
Date

Authorized Representative

Date

Case Manager

Date

Table of Content

Objectives	Page 2
Interview Desk Guide	Page 3
Overview of Eligibility Determinations	Page 5
Documentation Tools	Page 9
Automated Documentation Screen Guide	Page 11
Documentation Standards	Page 12

Objectives for Documentation Standards

By the end of this section, you should know:

- how to document the correct information behind the appropriate screens at intake and ongoing eligibility.
- how to access and complete the Automated Documentation Tools for all required screens.

Interview Desk Guide



Overview

Tell me why you applied for Food Stamps.

Residency

Please give me your address.

Do you have some form of ID with you today?

AU Composition

Who lives in your home?

How are you related to _____?

Do you buy and cook your food with _____?

Demographics

What is _____ social security number?

What is _____ date of birth?

Are you all US citizens?

Does anyone attend school?

What school does _____ attend?

Is anyone receiving disability benefits?

Resources

Do you have any of the following _____?

Income

What money do the persons in your home receive?

Work Status

Are you or anyone listed in your home taking care of a child or incapacitated person?

Have you recently applied for UCB or SSI?

Deductions

Tell me about your expenses.

Does anyone have medical expenses?

Does anyone have dependent care expenses?

Does anyone in the home pay child support?

Are you billed for rent or mortgage?
Are you billed separately for property taxes and insurance?
What utilities are you billed for?
Have you received LIHEAP assistance?
How do you heat your home?
How do you cool your home?
Does anyone pay a part of these expenses?
What other house hold expenses do you have?

Questionable Information

Tell me how you are paying your bills?
You stated that you were able to pay all expenses this month using your paycheck. However, your expenses seem to be more than your bring home pay. Could you please explain how you were able to make all payments this month?

Overview of Eligibility Determinations in SUCCESS



Below is a list of the eligibility points that must be addressed along with the screens that must be completed to ensure that correct FS benefits are issued.

➔ Residency

ADDR – displays and validates the HH address.

Screen Name is **Household Addresses**.

➔ AU Composition, SRR and Identity

STAT – FICM determines AU composition.

Screen Name is **Assistance Status**.

➔ Enumeration

DEM1 – FICM validates SSN and determines age of A/Rs.

Screen name is **Demographic 1**.

Policy affected by DEM1:

- Enumeration
- Resource and Income Limits
- Eligibility for Excess Medical Deduction
- Eligibility for the full Excess Shelter Cost
- Eligibility for E&T exemption based on age

➔ Alien Status, Student Status

DEM2 – FICM determines citizenship, alien, student and disability status.

Screen name is **Demographic 2**.

Policy affected by DEM2:

- Eligibility based on citizenship status
- Eligibility based on alien status
- Eligibility based on student status
- Resource and Income Limits

- Eligibility for Excess Medical Deduction
- Eligibility for the full Excess Shelter Cost
- Eligibility for E&T Exemption based on age

 **Aliens Status, Student Status**

ALAS – Conditional Screen – appears when a FICM codes someone on DEM2 as an alien or student.

Screen name is **Aliens and Students**.

Policy affected by DEM2:

- Eligibility based on alien criteria
- Eligibility based on student criteria

 **Sanctions**

DEM3 – FICM determines eligibility based on TANF sanctions and Intentional Program Violations.

 **Excess Medical Deduction**

FSME – FICM determines the allowable medical expenses so that SUCCESS can calculate the excess medical deduction.

Screen name is **Food Stamp Medical Expenses**.

 **Resources**

RES1 – FICM enters liquid resources.

Screen name is **Resources 1**.

Information entered on RES1 will be used to determine total countable resources.

RES2 – FICM enters non-liquid resources.

Screen name is **Resources 2**.

Information entered on RES2 will be used to determine total countable resources.

RES3 – FICM enters non-liquid resources.

Screen name is **Resources 3**.

Information entered on RES3 will be used to determine total countable resources.



Transfer of Resources

TRAN – FICM determines if the AU has transferred resources with the intent of receiving FS.

Screen name is **Transfer of Resources**.



Income

ERN1 – FICM enters the AU members' employer.

Screen name is **Earned Income 1**.

ERN2 – FICM enters the AU members' wages.

Screen name is **Earned Income 2**.

Policy Function:

SUCCESS uses the information entered on this screen to complete the budget. Enter the representative amount in the Amount 1 field and the rate of pay in the Frequency field and SUCCESS will determine the gross amount of earned income to budget.



Child Support Deduction

DEAL – FICM enters child support obligation and payments of the AU member.

Screen name is **Deem/Allocate**.

Policy Function:

SUCCESS uses the obligated amount along with the amount paid to determine the allowable amount of the child support deduction.



Child Care Deductions

CARE – FICM enters the amount of dependent care paid for each dependent for which it is paid.

Screen name is **Dependent Care Expense**.



Income

UINC – FICM enters unearned income including work study income.

Screen name is **Unearned Income**.

 **E&T / ABAWD Status**

WORK – FICM determines the E&T status, enters countable months, determines and enters regaining months and determines eligibility for and months of 2nd three months in the system.

Screen name is **Work Registration/Participation**.

Policy Function:

- Generates a referral upon approval of a FS case in SUCCESS to the E&T case manager for any mandatory coded ABAWDs.
- Generates referral for anyone who needs to comply or regain eligibility prior to approval

 **Shelter Deductions**

SHEL – FICM enters shelter costs.

Screen name is **Shelter Expenses**.

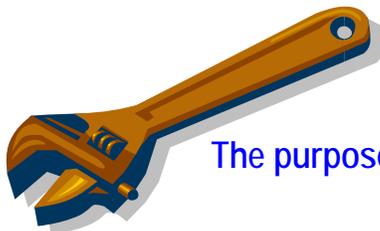
Policy Function:

SUCCESS uses to determine total shelter cost and the excess shelter deduction.

 **Management, Expedited Services**

MISC – FICM determines eligibility for expedited services, schedule appointments and determine eligibility management

Screen name is **AU Non-Financial Miscellaneous**.



Documentation Tools

The purpose of the documentation requirements and the ADTs are to provide explanation of the eligibility determination.

- The documentation standards include the information required to substantiate the eligibility determination.
- Documentation is completed on the REMA screen. To access the REMA screen press **F9** on a data screen.
- Automated Documentation Tools (ADTs) are also available. ADTs are pre-programmed statements and questions that populate to the REMARKs screen by depressing the tilde (~) key while ON THE DATA SCREEN.
- *Rules for REMA*
 - ~ REMA does not have word wrap.
 - ~ There is a selection field on the right side of the screen that will allow insertion or deletion of a line.
 - ~ Pressing the “**END**” key on any line will erase the remaining portion of that line.
- *Accessing ADTs*
 - ~ Press the tilde (~) key from the data screen.
 - ~ The Remarks screen will appear and the ADT will appear shortly there after.
- *Navigating on an ADT*
 - ~ Be sure that the insert function is turned off when documenting on an ADT.
 - ~ Press tilde to move from field to field.
 - ~ Do Not hold down or press the tilde key rapidly.
 - ~ Using the tilde key moves the cursor slowly.
 - ~ Be patient.

-
- *Deleting an ADT that was loaded accidentally*
 - ~ Place the cursor by each line of the text
 - ~ Press the “End” key
 - ~ This will leave a blank REMA screen in its place.

 - *Updating an existing ADT*
 - ~ From the data screen press **F9**

 - *Loading the FICMs Information*
 - ~ On the REMA screen press tilde
 - ~ The FICM must set up their tilde on the main menu.
 - Entering the FICMs information:**
 1. Access the main menu.
 2. Press tilde (~) on the main menu.
 3. Type your name, county, load id and phone number in this area.
 4. Click **OK**.

 - Correcting the time and date:**
 1. Click on **Start**
 2. Click on **Settings**
 3. Click on **Control Panel**
 4. Click on **Date/Time**
 5. Adjust the date or time and click **OK**.

 - Explain that throughout the course we will address documentation standards. The documentation standards for FS are found in the Food Stamp section of the policy manual in Appendix D.

Food Stamp Automated Documentation Screen Guide

Below is a list of SUCCESS screens that are used when completing FS cases. Each screen could require documentation. For some screens documentation ADTs are available. The list below indicates for which screens ADTs are available and which screens require free-form documentation on REMA.

<u>SUCCESS Screen</u>	<u>Documentation Tool</u>
ADDR	F21 to document
STAT	Tilde (~) to document
DEM1	F9 to document
DEM2	Tilde (~) to document
ALAS	Tilde (~) to document
DEM3	F9 to document
FSME	Tilde (~)
RES1	F9 to document
RES2	F9 to document
RES3	F9 to document
TRAN	Tilde (~) to document
ERN1	Tilde (~) to document earnings
ERN2	Tilde (~) to document
EVNC	F9 to document
DEAL	F9 to document
CARE	Tilde (~) to document
UINC	Tilde (~) to document
WORK	Tilde (~) to document
SHEL	Tilde (~) to document
MISC	Tilde (~) to document
FSFI	Tilde (~) to document



Food Stamp Documentation Standards

The general rule for documentation is if the screen adequately explains the situation, no further documentation is necessary. However, there are some standards that require documentation regardless of the information entered on the data screen. In these situations, remember that the requirements outlined in the documentation standards were developed in accordance with policy and will help case managers adequately address policy.

NARR Documentation Requirements:

Document manually the following on NARR:

- ✓ The case action
- ✓ Type of contact
- ✓ A summary of the initial conversation held with the A/R
- ✓ HIPAA notice provided
- ✓ A questionable mailing address
- ✓ The directions to the A/R's home, if needed
- ✓ TCOS and EITC brochures provided
- ✓ Questionable Information

There are 5 ADTs to document the following information:

- ✓ Over issuances
- ✓ Under issuances
- ✓ OIS referrals
- ✓ Claims actions
- ✓ IPV disqualification
- ✓ Transitional Food Stamp Worksheet

STAT Documentation Requirement:

Document the following:

- ✓ Verification of I.D.
- ✓ Whether there are any other HH members
- ✓ Explanation of denials /closures entered by the worker
- ✓ Name, age, relationship of non-AU members and an explanation of why they are not included in the AU.
- ✓ If non-AU members purchase and prepare separately and meet the criterion for separation, document the policy that allows them to be

separate.

- ✓ The resolution of prisoner match
- ✓ Voter registration offered and declaration secured in central file.

There are 6 available ADTs.

- Enter 1 – For AUs w/no other HH members.
ADT #1 is selected at initial application and review when there are no other HH members. The ADT adds the statement, “No other HH members” and allows the FICM to document identity as well as voter declaration.
- Enter 2 – For AUs with other HH members.
ADT #2 is selected at initial application, when there is a change and at review when there are other HH members and allows the FICM to list the other members as well as document identity and voter declaration.
- Enter 3 – To add or delete HH members.
ADT #3 is selected in interim or at review when a change is reported that adds or removes an AU member.
- Enter 4 – To document missed appointments
ADT #4 is selected at initial application or review when the AU misses an appointment
- Enter 5 – To document the reason for a Food Stamp denial.
ADT #5 is selected at initial application or review when the AU is denied Food Stamp benefits.
- Enter 6 – To document a request for a Fair Hearing.
ADT #6 is selected when the AU requests a Fair Hearing

 **DEM1 Documentation Requirement:**

- ✓ Receipt of out-of-state benefits/termination of benefits and verification
- ✓ Why Failure To Comply code is entered
- ✓ Residency verification

No ADT is available.

 **DEM2 Documentation Requirement:**

- ✓ Details of disability / incapacity
- ✓ Details, resolution of Death Match matches
- ✓ Date of conviction, if conviction meets the lawbreaker criteria and how it was verified
- ✓ Circumstances resulting in penalty/disqualification for any fleeing felons or probation/parole violators

There are 2 available ADTs:

- Enter 1 – Health/Citizenship/Identity for Medicaid cases

- Enter 2 – Lawbreakers

 **ALAS Documentation Requirement:**

- ✓ Eligibility/ineligibility for each alien and how verified.
- ✓ Student status eligibility and how verified.
- ✓ School attendance discrepancies. For example, a child is attending a school outside of their district which may indicate that the child is not in the home.

There are 2 available ADTs:

- Enter 1 – For a non-citizen.
Choose ADT #1 on the DEM2 screen when there is a non-citizen in the AU.

- Enter 2 – For students.
Choose ADT #2 on the DEM2 screen when there is a adult student in the AU.

 **DEM3 Documentation Requirement:**

- ✓ Details of any IPV Disqualifications from OIS.

No ADT is available.

 **FSME Documentation Requirement:**

- ✓ Why deductions were not given for potentially eligible AU members. (Such as expenses not verified, no current reimbursed medical expenses.)
- ✓ If Medicaid application is pending, document Medicare premium expense is not being given since we were unable to verify reimbursement.
- ✓ Computation or explanation of expenses given, if needed.

There is 1 ADT available.

 **RES1 Documentation Requirements:**

- ✓ AUs statement of resources and sources of third party verification, if required.
- ✓ Explain any unusual activity involving resources and countable value if amount not readily apparent.

No ADT is available.

 **RES2 Documentation Requirement:**

- ✓ Good faith effort to sell
- ✓ Bankruptcy
- ✓ Conversion or disposition of resources at review or interim change.
- ✓ Ownership of property
- ✓ Joint owners

No ADT is available.

 **RES3 Documentation Requirement:**

- ✓ Document details for any resources listed on this screen.

No ADT is available.

 **TRAN Documentation Requirement:**

- ✓ Document specifics of any transfers, include penalty imposed, month begin and month end.

There is 1 ADT available.

 **ERN1 Documentation Requirement**

- ✓ Employment record to track employers name, beginning / end dates, reason for termination and how verified.
- ✓ Discrepancies in clearinghouse information.
- ✓ DOL clearinghouse information that automatically displays for AU members 16 years of age or older.

There is 1 ADT available.

- Complete for all initial applications and reviews the DOL portion of the ADT.
- The top portion is specific to terminated sources of earned income and should be completed for terminated sources only. Thus, the name ERN History. Current income is documented on the ERN1 and ERN2 screen.
- If there is a DOL hit, when the FICM depresses the tilde key the clearinghouse match will load to the ADT.

 **ERN2 Documentation Requirement:**

- ✓ Hourly pay rate.
- ✓ Tips, if not included in gross pay on the pay stubs.
- ✓ Reason any pay period is not considered representative pay.
- ✓ If written verification of pay is not in the case record, document how verified.
- ✓ Calculation of representative pay and frequency of pay on this screen.
- ✓ If EVNC is used, indicate on this screen.

There are 4 ADTs available:

- Enter 1 – to document current employment when weekly pay amounts are provided.
- Enter 2 - for YTD Calculations – if check stubs are missing.
- Enter 3 – for EVNC Comments – if check stubs are entered on EVNC.
- Enter 4 – Self Employment – if A/R

 **CARE Documentation Requirement:**

- ✓ The AUs eligibility for the dependent care deduction if no deduction is allowed, documents the dependent care arrangements
- ✓ Subsidized care such as childcare payments received from CAPS

There is 1 ADT:

Complete this ADT whether the AU incurs a dependent care expense or not.

 **UINC Documentation Requirement:**

- ✓ Date payments will begin and/or terminate
- ✓ The source and expected duration of any contributions
- ✓ Reason net instead of gross is used
- ✓ Mathematical computations of monthly unearned income if necessary
- ✓ Financial aid for students
- ✓ Reason for any changes to the auto update
- ✓ The name and relationship of individuals are receiving RSDI on someone else's account
- ✓ The reason any fluctuating income is not considered representative
- ✓ Details of application for other benefits
- ✓ The results of UCB/SDX/BENDEX automatic matches and the resolution of any discrepancies

There is 1 ADT:

- Enter 1 – to document current unearned income and calculate representative amount. Document clearinghouse information.

 **WORK Documentation Requirement:**

- ✓ Reason for each month of non-compliance for ABAWD cases. Ensure that all non-compliance months have been recorded on the WORK screen.
- ✓ Exemptions as needed such as obvious incapacity or medical statement
- ✓ Reason 15% Exemption is granted
- ✓ Good Cause
- ✓ Circumstances of Voluntary Quit and work sanctions
- ✓ Reason and effective month for changes in the work status codes
- ✓ 2nd Three Months
- ✓ Regaining eligibility
- ✓ Employment for those ABAWD who meet the requirement through employment

There are 6 ADTs:

- Enter 1 – to document TANF Work
- Enter 2 – to document verification of an exemption, changes in FS Exemptions, voluntary quit and eligibility for the 15% exemption
- Enter 3 – to document FS Non-Compliance
- Enter 4 – to document FS Regaining Eligibility
- Enter 5 – to document FS 2nd Three Months
- Enter 6 – to document the ABAWD Calendar for all ABAWDs

SHEL Documentation Requirement:

- ✓ Eligibility for the shelter and utility deductions
- ✓ Eligibility for the appropriate SUA or telephone standard
- ✓ How expenses are paid by anyone outside the household will effect deductions and how it is verified
- ✓ How shared expenses effect deductions and how the situation is verified
- ✓ Insurance and taxes that are included in the mortgage payment
- ✓ Mathematical computations to get shelter expenses to a monthly amount
- ✓ Utilities that are included in rent and the situation
- ✓ How an ineligible alien AU member affects deductions and calculations of proration of deduction

There is 1 ADT:

This ADT has three portions. The first portion is to document dwellings with one AU. The second is to document shared dwellings. The third is to document how an ineligible alien AU member affects deduction

MISC Documentation Requirement:

- ✓ The reason the case is over the SOP
- ✓ Any change in the expedited services indicator
- ✓ The reason for manual issuance, the date of the manual issuance, the amount and month of the manual issuance
- ✓ Reporting Requirements
- ✓ POE

There are 2 ADTs available:

- Enter 1 to document POE.
- Enter 2 to document OSOP.

I. Introduction

Objectives for Intake

By the end of this section, you should know:

- how to enter basic information at intake
- how to document the appropriate screens at intake by utilizing the documentation standards
- how to request appropriate verification to determine eligibility
- how to process application months
- how to finalize an application
- what notice the applicant will receive after the case is complete
- how to correct demographic information entered during registration process
- how to enter variable income at application
- how to delete income at application
- how to enter information about a disability for eligible AU member per policy
- how to enter medical expense information for eligible AU member per policy
- how to enter child care information for eligible AU member per policy
- what forms must be completed at initial application to determine eligibility
- how to incorporate good interview techniques and policy information during the initial interview
- how to stop working on one case and access another SUCCESS case by accessing the Starch Pad Area (SPA)
- how to identify and correct the POE for the appropriate AU per policy

Margaret Simmons: A Case Study



Margaret Simmons
Non-Financial Criteria

On October 05, 2006 Margaret Simmons applies for Food Stamps at the Fulton County DFCS office. She is applying for herself and her two children, Tina (5) and Susan (3). Ms. Simmons is interviewed on 10/05/06.

Ms. Simmons, who is pregnant, lost her full-time job in September and now her only income is \$50 per week from a baby-sitting job. She is looking for another full-time job.

Ms. Simmons and her family live at 2640 Lincoln Boulevard in Atlanta, GA 30303. Her telephone number is 404-656-1200. No one else lives at this address. Her mailing address is P.O. Box 5680 Atlanta, GA 30303.

Tina was born on May 15, 2000 and Susan was born on November 25, 2003 at Maggie Valley hospital in Arizona. Ms. Simmons provides birth certificates for herself and her two children verifying that they are all US citizens.

She verbally provides SSNs for everyone except Susan. She states that she never applied for Susan's card.

Her case number is _____ and has been assigned to your caseload, _____, for disposition. Your telephone number is 404-656-8100.

Ms. Simmons provides you with her Georgia Driver's License.

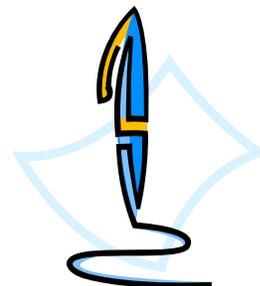




Non-Financial Criteria

Using the information provided, answer the following questions:

1. To what other agencies/programs would you refer Ms. Simmons?
2. By what date must the AU receive benefits?
3. If third party verification is required, what due date will you enter on Form 173?
4. If the AU returns incomplete verification, what action may the worker take?
5. If the AU does not return requested verification that is required to establish eligibility, what is the earliest date that you could deny the application?
6. If the AU does not return requested verification that is required to establish eligibility, what is the latest date to deny the application?
7. Who must be included in the AU?
8. Whose identity must be verified?
9. Have all points of non-financial eligibility been established?
10. What action will you take to establish all points of non-financial eligibility?



11. What must Margaret Simmons do to establish all non-financial points of eligibility?
12. If third party verification is requested and is not returned, how will the AU be affected?
13. List all AU members' work registrations status. If they are exempt, please explain why.
14. List any ABAWDs. If there are none, explain why.
15. Who is the Head of AU?
16. Thus far, which mandatory forms will you give and explain to this AU?

Complete Form 173.



Fact Sheet

O – Interview

- Do Not Fast Path during the interview.
 - Address all points of eligibility.
 - Fast Path at the end of the interview to correct outstanding errors.
 - All income/expenses entered are budgeted for all months.
 - New or terminated income/expenses received for a partial month – Document in “O” only.
 - If verification is not provided during the interview, leave verification field blank.
- Complete a manual verification checklist or wait until the end of the interview and a print verification checklist.



II. Margaret Simmons: Interview an Applicant

Margaret Simmons' Food Stamp application has been registered. Now we will complete a Food Stamp interview on her case.

- Select "O" from the AMEN menu

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN

AMEN

Selection **O**

AU ID **10000000**

Screen ID

Benefit Month (MM YY)

Client ID

As Of Date

Notice Type

- | | | |
|------------------------|-------------------------|------------------------------|
| A. Name/Part Inquiry | J. Registration | R. Interim/Hist Change |
| B. AU/Client Inquiry | K. Add A Person | S. QRF Change |
| D. Address Inquiry | L. Add A Program | Y. Spndwn Med Expnse Update |
| E. Trial Budget | M. Reinstatement | Z. Spndwn Med Expnse Inquiry |
| F. Trial Eligibility | N. Initiate Review | 1. Spndwn Authorization |
| G. Batch Print Request | O. Interview | 5. Prior Medicaid Copy |
| H. Notice History | P. Process Appl Months | 6. Finalize Prior Medicaid |
| I. SPA Inquiry | Q. Finalize Application | |

Message 0021

0021 CANCELLATION COMPLETED SUCCESSFULLY

NARR Documentation Requirements

- **Document manually the following on NARR:**
- **The case action**
- **Type of contact**
- **A summary of the initial conversation held with the A/R**
- **HIPAA notice provided**
- **A questionable mailing address**
- **The directions to the A/R's home, if needed**
- **TCOS and EITC**
- **Questionable Information**
- **There are several ADTs available for documentation of claims which include the following:**
- **Over issuances**
- **Under issuances**
- **OIS referrals**
- **Claims actions**
- **IPV disqualification**
- **Press F21 to document NARR for Margaret Simmons**
- **Press tilde(~) to add FICM information and then document remarks**

Note: By pressing the tilde key on the NARR screen the date, a space for the type of contact, and the date will pre-populate to the narrative screen.

UPDATE

NARRATIVE - NARR

NARR

01

10/05/06 – time – OV – Case manager – Load ID – County – Phone Number –

OV - MS.SIMMONS IS APPLYING FOR FS TODAY BECAUSE SHE LOST HER FT JOB. SHE IS APPLYING FOR HERSELF AND TWO CHILDREN. SHE WORKS PT EARNING \$50/WK. WITH HER INCOME AND CHECKING ACCOUNT; SHE CAN PAY HER EXPENSES FOR THE CURRENT MONTH. SHE STATES THAT SHE IS CURRENTLY LOOKING FOR EMPLOYMENT AND EXPECTS TO FIND ANOTHER FT JOB SOON. SHE STATES THAT SHE MAY BE ABLE TO PAY PARTIAL EXPENSES FOR A COUPLE OF MONTHS TO GET BY. HER RENT IS \$250/MO. HIPAA NOTICE PROVIDED. TCOS AND EITC BROCHURES PROVIDED.

More

MESSAGE

13-bott

Press ENTER to return to ADDR

STAT-FS for Margaret Simmons

- Margaret's statement is accepted as verification of her relationship to the children.

INTERVIEW				ASSISTANCE STATUS - STAT				STAT	A
Month 11 06				0071	10 0506			01	
AU ID	674173806	Prog	FS	Prog	Type	S	Prev ABD Type	Med COA	Claim N
CO	049	LO	049	Load ID	1700		Conversion Date		
AU Stat	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---		Appeal	
P	Reasons	Date	Date	Date	Date	Type	End Date	Ind	
		100506	100506						

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
MARGAR	SIM	SE	OT	Y	PN	P 100506		100506			
SUSAN	SIM	CH	OT	Y	PN	P 100506		100506			
TINA	SIM	CH	OT	Y	PN	P 100506		100596			

Message 0013 01

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

20-rmen

22-alau(arch)

23-alau(curr)

STAT Documentation Requirements:

- Verification of I.D.
- Whether there are any other HH members
- Explanation of denials /closures entered by the worker
- Name, age, relationship of non-AU members and an explanation of why they are not included in the AU.
- If non-AU members purchase and prepare separately and meet the criterion for separation, document the policy that allows them to be separate.
- Voter declaration

- Press tilde and select ADT # 1 to complete the documentation.

Note: SUCCESS automatically adds FICM information to the ADT

UPDATE	REMARKS - REMA	REMA
01	*****FS STAT*****	
	10/05/06 16:16; FICM Caseworker A123 123D Fulton 555-555-5555	
	There are NO OTHER HH members.	
	Ineligible/Sanctioned AU member? Y/N [N]	
	Explain:_____	
	Identity of Applicant verify by: <u>Drivers License</u>	
	Voter Registration offered and declaration secured in central file? Y/N (Y)	

More

MESSAGE

13-bott

-
- Press ENTER to return to STAT
 - Press ENTER to move to the next screen

DEM1 for Margaret Simmons

- Gave her statement at registration verifying her SSN and DOB
- Provided her Georgia Driver's License to verify residency
- Has never married and lives at home

INTERVIEW	CLIENT DEMOGRAPHIC 1 - DEM1							DEM1 01		
Month 11 06			1001	10 05 06						
Client Name MARGARET		SIMMONS			Suf	Client ID 771006042				
Alt	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race	Eth
Name	Appl For	Date			SSNs	(MM DD YYYY)				
			555 01 1003	CS		12 05 1980	CS	F	B	N
GA	Marital	Living	RSM	Min Par	Boarder	Amt Paid	-- Family Planning --			
Res	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals	Referral	Date		
Y	N	AH								
Concurr	SSI	Depriv	V	Prenatal Care	-----	Pregnant	-----	FTC		
Out of St	Recip			Ind Good Cse	Term/Due	Term/Due	V	Num	V	Code
CA FS MA					Code	Date		Exp		
N N N										

Message

15-lett

16-crs

23-alau

DEM1 Documentation Requirement:

- Verification of residency
- Receipt of out-of-state benefits/termination of benefits and verification
- Why Failure To Comply code is entered

There is no ADT to meet this documentation requirement. Press F9 to document on REMA.

- Document verification of identity

REMA for DEM1

UPDATE	REMARKS - REMA	REMA
01		
10/05/2006 14:35;	FICM CASEWORKER B123 123Z FULTON	555-555-5555

RESIDENCY VERIFIED BY GA DRIVER'S LICENSE 10/05/06

MESSAGE [More](#)

13-bott

EXAMPLE OF DEM2 IN THE PRODUCTION REGION (03/08)

INTERVIEW	CLIENT DEMOGRAPHIC 2 - DEM2	DEM2 01							
Month 03 08	AUTO 12 31 07								
Client Name	MARGARET SIMMONS	Client ID 771006042							
Citiz V	Orig ID	Stdnt V	Grade V	Striker	---Immunization -	Law -Health Chk-			
C	GM		12	CS	N				
TPL TPL	V	-----Medicare-----	-----	Disability / Incapacity	-----				
Coop	Entitlement	Claim Num	Disab	Approval	Begin Date	End Date			
			Type	Source	(MM YYYY)	(MM YYYY)			
Joint Vet	Military	Death	TANF Cap	Parent	-----	TANF Cap	Child	-----	
SSI/FS	Stat	Serv Num	Date	Ctr	End Date	Parnt	ID Rcv	Mo Cncpt	GCse
N									
Non-Custodial Parent?	V								
Message									
	15-lett						22-tpl	23-alau	

**Note: Refer to FS SUCCESS Handbook for an explanation of coding for
Citizenship Verification**

DEM1 for Susan Simmons:

- Lives at home with her mother
- Needs to apply for a SSN

INTERVIEW		CLIENT DEMOGRAPHIC 1 - DEM1				DEM1 02				
Month 11 06		1001		10 05 06		Remarks				
Client Name SUSAN		SIMMONS		Suf		Client ID 827002292				
Alt	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race	Eth
Name	Appl For	Date			SSNs	(MM DD YYYY)				
	P	10 05 06				11 25 2003		CS	F	B N
GA	Marital	Living	RSM	Min Par	Boarder	Amt Paid	-----	Family Planning	-----	
Res	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals		Referral		Date
Y	N	AH								
Concurr	SSI	Depriv	V	Prenatal Care	-----	Pregnant	-----	FTC		
Out of St	Recip			Ind Good Cse	Term/Due	Term/Due	V	Num	V	Code
CA FS MA					Code	Date		Exp		
N N N										

Message

15-lett

16-crs

23-alau

DEM2 for Susan Simmons

- Is a US Citizen based on birth certificate

INTERVIEW	CLIENT DEMOGRAPHIC 2 - DEM2	DEM2 02
Month 11 06	1001 10 05 06	

Client Name SUSAN SIMMONS Client ID 827002292

Citiz V	Student V	High Grade V	Striker	-----	Immunization	----	Law	-Health Chk -
	Stat	Completed	Stat	Curr	GCse	Due Dt	Brkr	Ref Date
C	BC		N					

TPL	TPL V	-----	Medicare	-----	-----	Disability / Incapacity	-----
	Coop	Entitlmnt	Claim Num	Disab	Approval	Begin Date	End Date
				Type	Source	(MM YYYY)	(MM YYYY)
N							

Joint	Vet	Military	Death	TANF Parent	-----	TANF Cap Child	-----
SSI/FS	Stat	Serv Num	Date	Ctrl	End Date	Parnt ID Rcv Mo	Cncpt GCse
N							

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

DEM1 for Tina Simmons

- Lives at home with her mother

INTERVIEW CLIENT DEMOGRAPHIC 1 - DEM1 DEM1 03
Month 11 06 1001 10 05 06

Client Name TINA SIMMONS Suf Client ID 800002353

Alt	SSA/SSN	SSN Appl	SSN1	V	More	DOB	V	Sex	Race	Eth
Name	Appl For	Date			SSNs	(MM DD YYYY)				
			555 02 1003	CS		05 15 2000	CS	F	B	N

GA	Marital	Living	RSM	Min Par	Boarder	Amt Paid	----	Family Planning	----
Res	Status	Arrngmt	Ad/Ch	/LA	Num Meals	for Meals	Referral	Date	
Y	N	AH							

Concurr	SSI	Depriv	V	Prenatal Care	-----	Pregnant	-----	FTC
Out of St	Recip			Ind Good Cse	Term/Due	Term/Due	V Num V	Code
CA FS MA				Code Date	Exp			
N N N								

Message

15-lett

16-crs

23-alau

DEM2 for Tina Simmons:

- Is a US Citizen based on birth certificate
- Attends Fulton Elementary school full time
- **Note:** Entering a code in this field will trigger the ALAS Screen, a conditional screen, for educational level and school name.

INTERVIEW CLIENT DEMOGRAPHIC 2 - DEM2 DEM2 03
 Month 11 06 1001 10 05 06

Client Name TINA SIMMONS Client ID 800002353

Citiz V Student V High Grade V Striker -----Immunization----- Law -Health Chk -
 Stat Stat Completed Stat Curr GCse Due Dt Brkr Ref Date
C BC FT CS N

TPL TPL V ----- Medicare ----- Disability / Incapacity -----
 Coop Entitlmnt Claim Num Disab Approval Begin Date End Date
 Type Source (MM YYYY) (MM YYYY)

N

Joint Vet Military Death TANF Cap Parent ----- TANF Cap Child -----
 SSI/FS Stat Serv Num Date Ctr End Date Parnt ID Rcv Mo Cncpt GCse
 N

Non-Custodial Parent? V

Message

15-lett

22-tpl 23-alau

ALAS – Student – ADT

*****Student*****

Tue Oct 05 2006 16:16; FICM Caseworker B123 123Z Fulton 555-555-55555

For FS, does the client meet student status elig for Higher ED (HE)?

Age 18-49 Y/N []

Institution meets def of HE Y/N []

Enrolled at least ½ time Y/N []

Eligible Student Criteria Y/N []

Explain: _____

For TANF, does AU contain a minor parent? Y/N []

If yes, is school attendance satisfactory as def by the school? Y/N []

- If no, does good cause exist? Y/N []

Explain: _____

To complete this ADT the FICMs will need to know student policy. This ADT will help FICMs identify persons who must have student criteria applied. This ADT is not necessary for children because student policy only applies to adults.

FSME ADT

*****FSME*****

Tue Oct 05 06 16:25; FICM Caseworker B123 123Z Fulton 555 – 555 – 55555

MEMBER MUST BE ELDERLY 60 YRS / OLDER OR DISABLED AS DEFINED
BY POLICY

Disabled / elderly HH member has medical expenses? Y/N []

If No,
explain: _____

If Yes, explain if none
allowed: _____

MEDICAID APPLICATION PENDING? Y/N []

If yes, Expenses is not given since we are unable to verify reimbursement

Computation or explanation of expenses given if needed;

FSME for Susan Simmons

- Susan Simmons is not eligible for a medical expense deduction.

INTERVIEW	FOOD STAMP MEDICAL EXPENSES - FSME	FSME 02
Month 11 06		01

Client Name SUSAN SIMMONS Client ID 728005972

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount
-----	------	---------------------	------	-----	---	------------------	------------	--------------------

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett

24-del

FSME for Tina Simmons

- Tina Simmons is not eligible for a medical expense deduction.

INTERVIEW Month 11 06	FOOD STAMP MEDICAL EXPENSES - FSME	FSME 03 01
--------------------------	------------------------------------	---------------

Client Name TINA	SIMMONS	Client ID 803002352
------------------	---------	---------------------

Del	Freq	Pro. Num Of Mths	Type	Amt	V	Date Incurred	TPL Amt	Prorated Amount
-----	------	---------------------	------	-----	---	------------------	------------	--------------------

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

Provider Name

More Med Exp

Message

15-lett

24-del



Margaret Simmons

Resources, Income, and Budgeting

Ms. Simmons states that she has a checking account with a balance of \$300 at First Union Bank and \$50 in cash with her today. The children have no income or resources.

Ms. Simmons states that she is currently baby-sitting 20 hours a week for her neighbor, Sally Hughes. Ms. Hughes pays her \$50 gross weekly on Fridays. She began baby-sitting for Ms. Hughes back in January 2006 and received her first pay in January. Ms. Simmons previously worked full-time at Reynolds Dry Cleaners until it went out of business in September. Her last day of employment was September 25th. She received her final paycheck on October 2nd in the amount of \$125.

Ms. Simmons provides her separation notice and her final pay stub during the interview. Also during the interview, Ms. Simmons provides a letter from the Department of Labor showing she is not eligible to receive Unemployment Compensation Benefits. No discrepancies are found on Clearinghouse.





Resources, Income, and Budgeting



Answer the questions that follow using the information contained in the scenario:

1. What is the FPL for this AU?
2. Identify the liquid resources.
3. What is the total amount of available resources?
4. Is the AU eligible for TCOS?
5. What income limit test(s) apply(ies) to this AU?
6. Whose income must be considered?
7. What additional third party verification will you request?
8. What amount of income will be budgeted for the month of October?

9. What amount of income will be budgeted for the ongoing month?

Complete Form 173.



RES1 for Margaret Simmons

- Has \$50 cash
- Has a checking account at First Union with a balance of \$300.

INTERVIEW
Month 11 06

RESOURCES 1 - RES1

RES1 01
01

Client Name MARGARET

SIMMONS

Client ID 777006064

Do you have any of the following: cash, money loaned out, checking, savings, credit union, CD's, stocks, bonds, or secured notes?

Del Type	Amount	V	Acct Num	Institution Name
CA	50	CS		
CH	300	CS		First Union Bank

Do you have any of the following: life insurance, pre-paid burial contracts, real estate, or cemetery lots?

Del Type	Face Amt	Cash Amt V	Policy Num	Company Name
----------	----------	------------	------------	--------------

More

Message

15-lett

23-alau

24-del

RES1 Documentation Requirements:

- AU's statement of resources and sources of third party verification
- Explain any unusual activity involving resources and countable value

There is no ADT to meet this documentation requirement. Press F9 to document.

RES3 for Margaret Simmons

- Margaret has no other non-liquid resources.
- Susan and Tina have no resources and have not transferred any resources.
- Press Enter until you reach ERN1 for Margaret Simmons.

INTERVIEW	RESOURCES 3 - RES3	RES3 01
Month 11 06		01

Client Name MARGARET SIMMONS Client ID 777006064

Do you have any of the following: safety deposit box, business holdings, non-home consumption produce, livestock, or other valuables?

----- Other Property -----

Del	Type	FMV	V	Encumb	V	Annl Rate	V
						Return	

Message

15-lett

More

24-del

RES3 Documentation Requirement

- Document details for any resources listed on this screen.

There is no ADT to meet this documentation requirement. Press F9 to document.

TRAN for Margaret Simmons

- Margaret has not transferred any resources.

INTERVIEW	TRANSFER OF RESOURCES - TRAN	TRAN 01
Month 11 06		01

Client Name MARGARET SIMMONS Client ID 777006064

Del Ind	Transf Date (MM YY)	Discovery Date (MM YY)	Transferee R'Ship	Resource Type	FMV	V	Amt Rec'd	V
---------	---------------------	------------------------	-------------------	---------------	-----	---	-----------	---

Reason for Transfer	Undue Hardship Ind	Rsn	1st Mth NH/Wvr MA (MM YY)
---------------------	--------------------	-----	---------------------------

Message

More

15-lett

24-del

TRAN Documentation Requirement

- Document specifics of any transfers, include penalty imposed, month begin and month end.

DOL Clearinghouse

DOL	WAGE	INQUIRY -	WGEI		WGEI		
Next SSN						01	
SSN	555 01 4500		Benefit Year Begin Date				
Sel	Employer Name		Emplr Num	Qtr/Yr		Wages Sur	
	REYNOLDS		63251981	3 05		3,859 SIM	
	REYNOLDS		63251981	4 05		3,954 SIM	
	REYNOLDS		63251981	1 06		3,379 SIM	
	REYNOLDS		63251981	2 06		3,285 SIM	

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/05	3,859	4/05	3,954	1/06	3,379	2/06	3,285

Tot Wages	14,477	Potential Amount	91	Num of Wks	20	Max Amt
Message						
13-Bendex	14-SDX1	16-UCBI				

ERN1 Documentation Requirement

- Employment record to track employers name
- Beginning / end dates of employment
- Reason for termination
- Verification of termination
- Discrepancies in clearinghouse information.
- DOL clearinghouse information from the interface

Press tilde (~) to document

REMA for ERN1

UPDATE REMARKS - REMA REMA

01

*****ERN1 History*****

10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

EMPLOYER:REYNOLDS CLEANERS

BEGIN DATE: **01/01/04** END DATE: **09/25/06** TIMELY? Y/N [Y]

REASON FOR TERMINATION:**WENT OUT OF BUSINESS**

HOW WAS THE TERMINATION VERIFIED: **SEPARATION NOTICE**

SHOULD VOLUNTARY QUIT SANCTION BE APPLIED? Y/N [N]

EXPLAIN: **Termination due to layoff not quit**

ACTUAL MONTHS OF 30 + 1/3 TANF: _____

MAO: _____

DOL Hit? Y/N [Y]

DISCREPANCIES? Y/N [N] Resolution of

discrepancies: _____

DOL	WAGE	INQUIRY -	WGEI	WGEI
Next SSN			01	
SSN 555 01 4500		Benefit Year	Begin Date	
Sel	Employer Name		Emplr Num	Qtr/Yr Wages Sur
	REYNOLDS		63251981	3 05 3,859 SIM
	REYNOLDS		63251981	4 05 3,954 SIM
	REYNOLDS		63251981	1 06 3,379 SIM
	REYNOLDS		63251981	2 06 3,285 SIM

Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total	Qtr/Yr	Qtr-Total
3/05	3,859	4/05	3,954	1/06	3,379	2/06	3,285

Tot Wages 14,477 Potential Amount 91 Num of Wks 20 Max Amt
Message

More

MESSAGE

13-bott

ERN2 Documentation Requirement:

- Hourly pay rate
- Tips, if not included in gross pay on the pay stubs
- Reason any pay period is not considered representative pay
- Verification of income when stubs are not in the CR
- Calculation of representative pay and frequency of pay on this screen
- If EVNC is used, indicate on this screen

REMA for ERN2

UPDATE	REMARKS - REMA	REMA
	01	

*****ERN2 Cal*****
10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

App () Review () New Job () Rate Of Pay () Hrs Chg ()

Date of change: _____ Date of Report: _____ Timely () Untimely ()

If new employment, rate of pay / hours: _____

Employer: **Sally Hughes** _____

Date Pd	Gross	Tips	Verf	Rep (Y/N)
1: _____ () ()	:	_____ ()		
2: _____ () ()	:	_____ ()		
3: _____ () ()	:	_____ ()		
4: _____ () ()	:	_____ ()		
5: _____ () ()	:	_____ ()	6: _____ () ()	
) : _____ ()				
Total:	: _____ /: _____ = :	_____	Rep Pay	

If not Rep, explain: _____

Freq of pay WK () BIWK () SEMIMTH () MONTHLY () ACTUAL ()

Hr Rate: _____

Calculate Y/N () Cal Monthly Income: _____
More

MESSAGE

13-bott

DEAL for Margaret Simmons

- Margaret does not pay child support outside the home.

INTERVIEW DEEM/ALLOCATE - DEAL DEAL 01
Month 11 06

Client Name MARGARET SIMMONS Client ID 777006064

----- Deemor Budget ----- CS Paid Outside Home -----
Num IRS Dep Alimony V Other Exp V Del Oblig Amt V Paid Amt V

----- ABD Allocation -----
Inelig Inelig
Del Ind Amount V Del Ind Amount V
Number Of
ABD Child
Appl Recip

----- Alien Sponsor ----- AF Allocation -----
Amt Actually Contributed/V Client ID
Number of Other Spons Aliens Who can
Number of Other FS Recips Spons Allocate to me

Message

15-lett

24-del

DEAL Documentation Requirement:

- Alien sponsor's name and address
- To whom child support paid outside the home
- Computation of the monthly amount

There is no ADT to meet this documentation requirement. Press F9 to document.

CARE for Margaret Simmons

- Margaret does not pay dependent care.
- Press tilde to document

INTERVIEW Month 11 06	DEPENDENT CARE EXPENSES - CARE	CARE 01 01
--------------------------	--------------------------------	---------------

Client Name MARGARET SIMMONS Client ID 777006064

Provider Address	City	Phone	ST	Zip
Del	Extra Dependent Expense	Day of Week Pd	More providers Rsn	
Depname	Und2	Freq	Date Pd	Amt
			Date Pd	Amt
			Date Pd	Extra
				V

More Dependents For This Provider

Message

15-lett

24-del

CARE Documentation Requirement:

- Eligibility for the dependent care deduction
- The dependent care arrangements if no deduction is allowed
- Subsidized care such as childcare payments received from CAPS

REMA for CARE

UPDATE	REMARKS - REMA	REMA
01		

*****DEPENDENTCARE*****

10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

A/R IS IN AN ACTIVITY THAT ALLOWS DEPENDENT CARE DEDUCTION Y/N [Y]

IS DEPENDENT CARE DEDUCTION NEEDED Y/N [N]

A/R IS NOT INCURRING AN EXPENSE BECAUSE: **A/R works in the home.**

RECEIVING SUBSIDIZED CHILD CARE Y/N [N] IF yes, date EW notifies child care worker of any TANF/FS/MA changes Approvals/Changes/Closures)

: _____

More

MESSAGE

13-bott

- Susan and Tina are not employed
- Press ENTER until you get to UINC for Margaret Simmons

UPDATE REMARKS – REMA REMA
00

*****UINC CAL*****

10/05/2006 04:45 FICM Caseworker B123 1232 Fulton 555-555-5555

UI type: _____

Date	Amt.	Verf	Rep {Y/N}	If not rep, explain
1: _____	()	:	() : _____	
2: _____	()	:	() : _____	
3: _____	()	:	() : _____	
4: _____	()	:	() : _____	
5: _____	()	:	() : _____	
6: _____	()	:	() : _____	
Total	:	/:	=	: _____ Rep Pay

Freq of pay WK() BIWK() SEMIMTH() MONTHLY() ACTUAL()

CALCULATE Y/N () Cal Monthly Income: _____

At application, no discrepancies were found on clearinghouse.

MESSAGE
0019 UPDATE COMPLETED SUCCESSFULLY
13-bott

UINC for Susan

- Susan has no unearned income.

INTERVIEW	UNEARNED INCOME - UINC	UINC 02
Month 11 06		01

Client Name SUSAN SIMMONS Client ID 728005972

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V

Client Potentially Elig For Other Benefits?

More

Appl Type	Stat	Date	Appl Type	Stat	Date
Message 0550					
0550 SSN NOT FOUND			16-uvnc	23-alau	24-del
	15-left				

UINC for Tina

- Tina has no unearned income.

INTERVIEW	UNEARNED INCOME - UINC	UINC 03
Month 11 06		01

Client Name TINA SIMMONS Client ID 803002352

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V

Client Potentially Elig For Other Benefits?
More

Appl Type	Stat	Date	Appl Type	Stat	Date
Message 5107					
5107 DOL DATA IS CURRENTLY UNAVAILABLE - TRY AGAIN LATER.					
	15-lett		16-uvnc	23-alau	24-del

WORK for Margaret Simmons

- Is exempt in Food Stamp E & T, verified by client statement
- Is a high school graduate (SUCCESS pre-populated based on DEM2)

INTERVIEW WORK REGISTRATION/PARTICIPATION - WORK WORK 01
Month 11 06

Client Name MARGARET SIMMONS Client ID 777006064

----- Employment Services -----				- Applicant Job Search -			
Exempt	Partic	Number	Comp	Supp	DA/PE	Non-Partic	AJS Start
Reason	Stat	V	Date	Offenses	Req	Work	Reason
CA							
FS	CA	NI	CS				

High School -- FS ABAWD Non-Compliance --
Non-compliance Regain Dates 2nd 3 Months

Grad/GED	Bnft	mth/yr	Start	End	Bnft	mth/yr
Y		1				
		2				
		3				

Message 16-phme 17-mo< 18-mo> 23-alau

WORK Documentation Requirement

- Reason for each month of non-compliance for ABAWD cases
- Exemptions as needed such as obvious incapacity or medical statement
- Reason 15% Exemption is granted
- Good Cause
- Circumstances of Voluntary Quit and work sanctions
- ABAWD Calendar
- Reason and effective month for changes in the work status codes
- 2nd Three Months
- Regaining eligibility
- Employment for ABAWD who meet the requirement through employment

Press tilde and select ADT #2 to document the reason for the exemption

UPDATE	REMARKS – REMA	REMA
--------	----------------	------

00

*****FS WR/VQ Exempt / 15%*****

10/05/06 – 00:00 – FICM – Load – County – Phone Number

Documentation/ Verification of exemption:

Ms. Simmons is caretaker of Susan Simmons age 3.

() Change in work registration code

Date of report:_____ Effective Month: _____

() Voluntary Quit Sanction is imposed if all of the following are met:

() 30 hrs or more per week or equivalent of 30 hrs x minimum wage

() quit within 30 days of application or anytime thereafter

() AU member is mandatory registrant

() No good cause

Further explanation:_____:

() 15% Participation Exemption granted because AU member is

() homeless according to work registration policy. SRR ()

Remains coded AB.

More

Message

WORK for Susan Simmons

- Susan is exempt from work for FS due to age. (SUCCESS prepopulates)

INTERVIEW WORK REGISTRATION/PARTICIPATION - WORK WORK 02
Month 11 06

Client Name SUSAN SIMMONS Client ID 728005972

----- Employment Services -----				- Applicant Job Search -					
Exempt Reason	Stat	V	Partic Date	Number Offenses	Comp Req	Supp Work	DA/PE	Non-Partic Reason	AJS Start Date
CA									
FS	AG	NI	CS						

High School Grad/GED	-- FS ABAWD Non-Compliance --		Non-compliance Regain Dates		2nd 3 Months	
	Bnft mth/yr	Start	End	Bnft mth/yr		
	1					
				2		
				3		

Message

16-phme

17-mo< 18-mo>

23-alau

Margaret Simmons
Deductions

Margaret Simmons states she has the following monthly expenses:

Rent: \$250 (includes electricity & water)
Gas: \$20
Telephone: \$25



She uses gas to heat and fans to cool her home.

She purchases prenatal vitamins for herself and Flintstone Vitamins for the children. She has not paid dependent care since September 25th.

Ms. Simmons does not have any verification with her.

Answer the following questions:

1. What Food Stamp deductions will be allowed? List.
2. For which utility standard is the AU eligible?
3. What is the amount of the utility standard?
4. What is the total shelter cost for this AU?
5. What third party verification would you request?

Complete Form 173.

SHEL for Margaret Simmons

- Refer to Form 354 Expense Statement
- Heats with gas
- Is eligible for the heating/cooling SUA
- Pays \$250.00 per month rent; does not have verification with her
- Rents from Mary Hill, 122 Broad Street, Newnan, GA, 30305, (770) 987-9876
- Margaret has paid all her bills for 10/06

INTERVIEW
Month 11 06

SHELTER EXPENSES - SHEL

SHEL 01

Client Name **MARGARET**

SIMMONS

Client ID 777006064

Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc	SUA Type	Number V Sharing	Phone STD
G			HC	CS	

Expense Type	Amt	V	Expense Type	Amt	V
Rent	250	?	Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name **MARY HILL**
Address **122 BROAD ST**

City **NEWMAN**

Phone **770 987 9876**
ST **GA** Zip **30305**

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett

SHEL Documentation Requirement

- Eligibility for the shelter and utility deductions
- Eligibility for the appropriate SUA or telephone standard
- Payment of expenses by anyone outside the household and how it is verified
- Sharing of expenses and their effect on the deduction and how it is verified
- Inclusion of insurance and taxes in the mortgage payment
- Computations shelter expenses to a monthly amount
- Inclusion of utilities in rent
- Ineligible alien and their affect on the deduction

SHEL REMA

- press tilde to document shelter choice

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [**M**] If yes, explain

Housing Cost A/R Incurs Rent[**Y**] Mortg[] Insur[] Taxes[] Lot Rent[]

Calc if other than monthly: _____

Included in mortg? Insurance[] Taxes[] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [**Y**] Included in Rent? Y/N [**M**]

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[**Y**] H/C SUA based on, Heating[**G**] AC[] LIHEAP[] Excess H/C Public Hsg[]

[] Non H/C based on two types of expenses: _____

_____ OR Excess Non H/C Public Hsg[]

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [**M**] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

More

MESSAGE

13-bott



Margaret Simmons
Household Circumstances

Review and sign Form 354 Expense Statement.

Complete Form 339.



MISC REMA for Management

- Document POE, SRR explained and Form 339 given

UPDATE	REMARKS – REMA	REMA
--------	----------------	------

*****Form 354*****

10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Form 354 is in the case record.

Monthly expenses : _____
Available net income : _____

Mgmt met? Y/N ()

POE type and reporting

- () 12 Month-Non SRR 10 day reporting requirements explained and Form 846 given.
- (X) 6 Month-SRR Explained and Form 339 given.

More

MESSAGE

13-bott

ERRO for Margaret Simmons

The errors which appear on this screen:

- Error code 0014 shows that verification was not received for earnings and shelter expenses; this is true, so, we will request verification.
- Error codes 1723, 1724, 1725, 1726 and 1944 show that Clearinghouse was not accessed during this interview. This sometimes happens in the training system so we will "PF4" around that as well. If this happens in the county, you should try again to access Clearinghouse prior to case approval.

INTERVIEW

CONSOLIDATED ERRORS - ERRO

ERRO
01

Display Error Text for This Code

Code	Screen	AU/CI Pntr	Code	Screen	AU/CI Pntr	Code	Screen	AU/CI Pntr
0014	ERN2	01						
0014	SHEL	01						

Message

System Generated Form 173

Date: 10 05 06
COUNTY: COUNTY 49 TRAIN
Load: 1001
Phone: 555 000 1212
Legal Aid Phone: 404 555 1212

MARGARET SIMMONS

P.O. BOX 5680

ATLATNA GA 30303

Client Number:

0028 – MISSING VERIFICATIONS

In order for the Department of Family and Children Services to complete its determination of your eligibility for assistance, it is necessary for you to provide verification (proof) of the following items for the people listed below:

Program: FS

NAME	VERIFICATION	BY PROVIDING
MARGARET SIMMONS	<p>SHELTER EXPENSE AMT</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><i>Needed in order to give deduction</i></div>	<p>BILL CHECK LANDLORD STATEMENT LETTER RECEIPT OTHER</p>
	<p>EARNED INCOME AMT</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><i>Need a statement from Sally Huahes</i></div>	<p>CHECK STUB IRS FORM LETTER OTHER QRF EMPLOYER WAGE FORM</p>

Need verification of application for a social security number for Susan in order to include her in the Food Stamp case

These verifications must be received at the County DFCS Office by 10-15-06. If you fail to provide all verification within the specified time period, the County DFCS Office will start action to deny or terminate your TANF, Food Stamp, or Medicaid case.

If you have received expedited Food Stamps for one month, you will Not receive a second month of Food Stamps until you provide the Verification requested on this notice.

If we have asked for verification of an expense that allows you to Receive a deduction in your TANF, Food Stamps, or Medicaid Eligibility budget, you will receive this deduction only if you Provide proof of the expense as requested.

IF ASSISTANCE IS NEEDED IN OBTAINING THIS INFORMATION, PLEASE CONTACT YOUR CASEWORKER.

DONE for Margaret Simmons

- This screen indicates that the Food Stamp case is pending and that verification is outstanding.

INTERVIEW	SESSION SUMMARY - DONE	DONE
Month 11 06		01
		Narr

AU ID	Prog	Med COA	Elig Req	- Status - Code	Cfirm	-- Benefit -- Amt	Cfirm	Outstanding Verifications
674173806	FS		N	P				Y

Message 0428 0759
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

Margaret Simmons

Returns Verification

ON 10/09/06

**Reminder: Verification from Reynolds
Cleaners was provided during the interview.**

Fact Sheet

P – Process

- Fast Path

- All verification was provided at the interview.
 - Select historical/current month from APP1- Press Enter.
 - Fast Path to DONE from ADDR, press Enter to commit.
 - F13 to AMEN

- Verification is not provided at interview. Verification is received.
 - Fast Path to screens to enter verification.
 - Fast Path to DONE, press Enter to commit.
 - F13 to AMEN



Margaret Simmons - Process Application Months

- Process the application months. Use the verification which you received to help you remember the screens that need to be updated.
 - Select “**P**” from the AMEN to begin the process
-

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
		Selection P
AU ID 674173806	Screen ID	Client ID
Benefit Month (MM YY)		As Of Date
		Notice Type
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0543
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE

ADDR for Margaret Simmons

- Susan is client pointer 03 in our case, but she may have a different client pointer in your case

CHANGE	CLIENT LIST FOR CASE UNIT - CLLI						ADDR 01		
Month 10 06							01		
CI			Client	AU		AU			
Pntr	F Name	L Name	ID	Pntr	Prog	AU ID	Pntr	Prog	AU ID
01	MARGARET	SIMMONS	761005918	A	FS	492513807			
02	TINA	SIMMONS	787005850	A	FS	492513807			
03	SUSAN	SIMMONS	912002486	A	FS	492513807			

Message

DEM1 for Susan Simmons

- Enter a remark for verification of application for SSN for Susan
- Fast Path to ERN2 for Margaret

CHANGE	CLIENT DEMOGRAPHIC 1 - DEM1										DEM1 03
Month 10 06	1001		10 05 06								Remarks
Client Name	SUSAN	SIMMONS			Suf	Client ID 827002292					
Alt Name	SSA/SSN Appl For	SSN Appl Date	SSN1	V	More SSNs	DOB (MM DD YYYY)	V	Sex	Race	Eth	
	S	10 05 06				11 25 2003	CS	F	B	N	
GA Res	Marital Status	Living Arrngmt	RSM Ad/Ch	Min Par /LA	Boarder Num Meals	Amt Paid for Meals	-- Family Planning Referral		-- Date		
Y	N	AH									
Concurr Out of St	SSI Recip	Depriv	V	Prenatal Care Ind	Good Cse	----- Term/Due Code	Pregnant Term/Due Date	----- V	Num V	FTC Code	
CA FS MA											
N N N											

Message

15-lett

16-crs

23-alau

REMA for DEM1

UPDATE	REMARKS - REMA	REMA 01
--------	----------------	---------

10/09/06 – Time- Case Manager – Load ID- County – Phone Number
VERIFICATION OF APPLICATION FOR SSN FOR SUSAN RECEIVED 10/09/06.

More

MESSAGE

13-bott

ERN2 for Margaret

- Enter the verification source (letter) for the babysitting income from Sally Hughes
- Press F9 to update documentation.

CHANGE	EARNED INCOME 2 - ERN2	ERN2 01
Month 10 06	0071 10 05 06	01
		Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name SALLY HUGHES

Avg Hrs 20 Freq WK Day Week Pd Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
50.00	LE								

	Work Expenses	
Type Amount Freq V		Type Amount Freq V

More Jobs

Message

15-lett	16-evnc	23-alau	24-del
---------	---------	---------	--------

REMA for ERN2

UPDATE REMARKS - REMA REMA

01

*****ERN2 Cal*****

10/09/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

App (**Y**) Review () New Job () Rate Of Pay () Hrs Chg ()

Date of change: _____ Date of Report: _____ Timely () Untimely ()

If new employment, rate of pay / hours: _____

Employer: **Sally Hughes** _____

Date Pd	Gross	Tips	Verf	Rep (Y/N)
1: 10/02/06 _____ (50.00)	()	: Letter _	(Y)	
2: 09/25/06 _____ (50.00)	()	: Letter _	(Y)	
3: 09/18/06 _____ (50.00)	()	: Letter _	(Y)	
4: 09/11/06 _____ (50.00)	()	: Letter _	(Y)	
5: _____ () ()	: _____ ()	6: _____ () ()		
): _____ ()				
Total: _____ : ____ /: _____ = : _____ Rep Pay				

If not Rep, explain: _____

Freq of pay WK (**X**) BIWK () SEMIMTH () MONTHLY () ACTUAL ()

Hr Rate: _____

Calculate Y/N (Y) Cal Monthly Income: _____
More

MESSAGE

13-bott

Place a "Y" and press the tilde. The macro will calculate the rep. pay and the monthly income to budget for fluctuating income using the weekly, biweekly or semi-monthly check stubs entered by the FICM. The FICM will then need to enter the rep pay on ERN2.

RESULTS

(SUCCESS has now determined the Rep Pay amount and the Monthly Amount)

REMA for ERN2

UPDATE	REMARKS - REMA	REMA
	01	
*****ERN2 Cal*****		
10/07/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555		
App (Y) Review () New Job () Rate Of Pay () Hrs Chg ()		
Date of change: _____ Date of Report: _____ Timely () Untimely ()		
If new employment, rate of pay / hours: _____		
Employer: Sally Hughes _____		
Date Pd	Gross	Tips
Verf	Rep (Y/N)	
1: 10/02/06 _____ (50.00) ()	:Letter_	(Y)
2: 09/25/06 _____ (50.00) ()	:Letter_	(Y)
3: 09/18/06 _____ (50.00) ()	:Letter_	(Y)
4: 09/11/06 _____ (50.00) ()	:Letter_	(Y)
5: _____ () ()): _____ ()	6: _____ () ()
): _____ ()		
Total: : 200.00 /: 4 = : 50 Rep Pay		
If not Rep, explain: _____		
Freq of pay WK (X) BIWK () SEMIMTH () MONTHLY () ACTUAL ()		
Hr Rate: _____		
Calculate Y/N (Y) Cal Monthly Income: 216.66 _____		
More		
MESSAGE		
13-bott		

- Press enter to return to ERN2 and enter the Rep Pay amount

ERN2 for Margaret Simmons

CHANGE	EARNED INCOME 2 - ERN2	ERN2 01
Month 10 06	0071 10 05 06	01
		Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name SALLY HUGHES

Avg Hrs 20 Freq WK Day Week Pd Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
50.00	LE								

----- Work Expenses -----
 Type Amount Freq V Type Amount Freq V

More Jobs Y

Message

15-lett

16-evnc

23-alau

24-del

- Type a "Y" under "More Jobs" so that we can enter the terminated income from the job at Reynolds Cleaners for 10/06.
- Press ENTER

ERN1 for Margaret Simmons

- Was employed at Reynold's Cleaners, 134 Main Street, College Park, GA, 30309, (770)526-3598
- Only has one check from the cleaners which needs to be budgeted. She received her last check on 10/02/06.

CHANGE	EARNED INCOME 1 - ERN1	ERN1 01
Month 10 06	1001 10 05 06	02
		Remarks
Client Name MARGARET	SIMMONS	Client ID 771006042

Do you have any of the following: wages, self employment, commissions/tips, roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA, Job Corps, training allowance, use/sale of personal property, or other income?

Employer Name REYNOLD'S CLEANERS	AJS Employ N						
Line 1 134 MAIN ST.	Line 2						
City COLLEGE PARK	ST GA Zip 30309 Phone 770 526 3598						
Begin Date	First Pay Date	End Date	Late Rpt	SON Ovr	\$30+1/3 Ind Cntr	\$30+1/3 End Date	\$30 End Date
EI	01 01 04	01 09 04	10 02 06	N	TANF		
					LIM		
					RSM		
			Num of Bords	ABD Stdnt Excl	AFDC Student Ind Cnt	-----JTPA----- Ind Cnt	----- Excl

Message More Jobs

ERN2 for Margaret Simmons

Margaret's average hours at the cleaners were 40 hours per week.

- Margaret received her last check for \$125 in 10/06
- Fast path to SHEL so we can enter the rent verification
- Note: The total amount of terminated income is entered ONLY in the "Amt 1" field using the frequency code of "AC" for actual.

CHANGE	EARNED INCOME 2 - ERN2	ERN2 01
Month 10 06		00
		Remarks

Client Name MARGARET SIMMONS Client ID 761005918

Employer Name REYNOLD'S CLEANERS

Avg Hrs **040** Freq **AC** Day Week Pd **FR** Extra Pay

Del

Amt 1	V	Amt 2	V	Amt 3	V	Amt 4	V	Extra	V
125.00	CH								

-----	Work Expenses	-----
Type Amount Freq V		Type Amount Freq V

More Jobs

Message 0013

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett

16-evnc

23-alau

24-del

APP1 for Margaret Simmons

Now that we've processed 10/06, we'll process 11/06:

- Type a "Y" beside 11/06

UPDATE	PROCESS APPL MONTHS - APP1	APP1 01
--------	----------------------------	------------

AU ID 492513807	Prog FS	
HOH Name MARGARET	SIMMONS	Client ID 761005918

Sel	Bnft Month	Status	Med COA	Disposition Status
	10 96	P		FINAL EDITS NEEDED
Y	11 96	P		WAITING FINALIZATION

Message
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
13-amen

ADDR for Margaret Simmons

- Fast path to ERN2 for Margaret.

CHANGE	HOUSEHOLD ADDRESSES - ADDR						ADDR
Month 11 06	0071 10 05 06						
CO 049	LO 049	Load ID 1700	Client ID 761005918	Prev CO/LO			
HOH	F Name MARGARET	MI	L Name SIMMONS	Suf			
Auth Rep	Prim Lang	Voter Reg	Visually Impaired	Hearing Impaired	Public Hsng/ Rent Subsidy	Serial Number	Census Tract
N	E	N	N	N	N		
Residential Address							
Address Line 1				Line 2			
Street Number	Dir	Name	Type	City Dir	Apt		
2640		LINCOLN	BLVD				
City ATLANTA		ST GA	Zip 30303	Phone 404 656 1200			
Mailing Address Del							
Address Line 1				Line 2			
Street Number	Dir	Name	Type	City Dir	Apt		
		PO BOX 5680					
City ATLANTA		ST GA	Zip 30303	Previous Addresses in last 2 years N			
Message 1884	1881						
1884 STREET NAME NOT FOUND IN ZIP CODE AREA							
15-left						21-narr 23-alau 24-del	

ERN2 for Margaret Simmons

- Enter the wage verification
- Fast path to SHEL for Margaret Simmons to enter the rent verification

CHANGE EARNED INCOME 2 - ERN2 ERN2 01
Month 11 06 1001 10 05 06 01

Client Name MARGARET SIMMONS Client ID 775006272

Employer Name SALLY HUGHES

Avg Hrs 020 Freq WK Day Week Pd FR Extra Pay

Del

Amt 1 V Amt 2 V Amt 3 V Amt 4 V Extra V
50.00 LE

----- Work Expenses -----
Type Amount Freq V Type Amount Freq V

More Jobs

Message 0013 01

0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett

16-evnc

23-alau

24-del

SHEL for Margaret Simmons

- Enter the rent verification
- Fast path to DONE for Margaret Simmons

CHANGE SHELTER EXPENSES - SHEL SHEL 01
Month 11 06 0071 10 05 06 Remarks

Client Name MARGARET SIMMONS Client ID 777006064

Primary	Receive	Public	SUA	Number	Phone
Heat/Cool	LIHEAP	Housing/Exc	Type	V Sharing	STD
G			HC	CS	

Expense Type	Amt	V	Expense Type	Amt	V
Rent	250	LL	Mortgage		
Taxes			Insurance		
Gas			Electric		
Telephone			Water		
Sewer			Garbage		
Disaster Repair			Oil		
Other Fuel			Other Housing		

Landlord Name MARY HILL Phone 770 987 9876
Address 122 BROAD ST City NEWNAN ST GA Zip 30305

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"
15-lett

ERRO for Margaret Simmons

- NOTE: Our case still has errors. These are because the training region does not access Clearinghouse. Since this occurs only in the training region, press Enter.

CHANGE	CONSOLIDATED ERRORS - ERRO	ERRO 01
--------	----------------------------	------------

Display Error Text for This Code

Code	Screen	AU/CI Pntr	Code	Screen	AU/CI Pntr	Code	Screen	AU/CI Pntr
1723	ERN1	01						
1724	UINC	01						
1725	UINC	01						
1726	UINC	01						

Message

DONE for Margaret Simmons

- Press ENTER to commit the information to the data base.

CHANGE	SESSION SUMMARY - DONE	DONE
Month 11 06		01
		Narr

AU ID	Prog	Med COA	Elig Req	- Status - Code Cfirm	-- Benefit -- Amt Cfirm	Outstanding Verifications
105165704	FS		N	P		

Message 0428
0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

APP1 for Margaret Simmons

This just shows that both months have now been processed and are waiting to be finalized.

- press PF13 to return to AMEN

UPDATE	PROCESS APPL MONTHS - APP1	APP1 01
--------	----------------------------	------------

AU ID 492513807	Prog FS	
HOH Name MARGARET	SIMMONS	Client ID 761005918

Sel	Bnft Month	Status	Med COA	Disposition Status
	10 06	P		WAITING FINALIZATION
	11 06	P		WAITING FINALIZATION

Message
0543 THIS DATA WILL BE WRITTEN TO THE DATABASE
13-amen



Disposition the Application

On October 9th, you receive the attached verification for Margaret Simmons' case.

Answer the following questions:

1. What POE will you assign to this AU?
2. What type of notice will the AU receive?
3. When will Ms. Simmons' FS benefits be available each month?

Complete Form 74 for the application and ongoing month.

The maximum excess shelter deduction in 2006 was \$400.

The GIL in 2006 for an AU of 3 was \$1744.

The NIL in 2006 was for an AU of 3 was \$1341.



Fact Sheet

Q – Finalize

- Historical/current month already chosen

- Check status of case/AU members and confirm ELIG screens

- Check budget and confirm benefit Amounts –
 - If resources, income, or expenses are not correct, F3 back to AMEN.
 - Select “P” and check resources, income or expenses screens to make corrections.
 - Select “Q” and confirm ELIG and FSFI



II. Margaret Simmons - Finalize the Application

The pending Food Stamp AU needs to be finalized (two RACF IDs are required)

- Select "Q" to finalize

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN		AMEN
Selection Q		
AU ID 10000000	Client ID	
Screen ID	As Of Date	
Benefit Month (MM YY)	Notice Type	
A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 1012

1012 RETURN FROM APP1 COMPLETED SUCCESSFULLY

ELIG-FS for Margaret Simmons

- Review to make sure the correct individuals are included for FS for 10/06
- If the non-financial screen is correct, type "Y" to confirm

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG A
Month 10 06 01

AU ID 492513807 Prog FS Prog Type S Med COA
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	-----Penalty----- Type End Date
A		100506	100506	100506		

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
MARGAR	SIM	SE	OT	Y	RE	A 100506		100506	100506	100506	
TINA	SIM	CH	OT	Y	RE	A 100506		100506	100506	100506	
SUSAN	SIM	CH	OT	Y	RE	A 100506		100506	100506	100506	

Message

FSFI for Margaret Simmons

- Using the completed Form 74, review the FSFI Budget to ensure that the correct income and resources have been budgeted for 10/06
- If the budget is correct for 10/06, type “Y” to confirm

ELIG-FS for Margaret Simmons

- Review to make sure the correct individuals are included for FS for 11/06
- If the non-financial screen is correct, type "Y" to confirm

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 06 01

AU ID 492513807 Prog FS Prog Type S Med COA
Confirm Y

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
MARGAR	SIM	SE	OT	Y	RE	A 100506		101696	100506		
TINA	SIM	CH	OT	Y	RE	A 100506		101696	100506		
SUSAN	SIM	CH	OT	Y	RE	A 100506		101696	100506		

Message

FSFI for Margaret Simmons

- Using the completed Form 74, review the FSFI Budget to ensure that the correct income and resources have been budgeted for FS for 11/06
- Review the POE (review begin and end date).
- If the budget is correct for 11/06, type “Y” to confirm



III. Margaret Simon - Review Notice and Benefit History

Background

- You have completed an intake application on Margaret Simmons. In over-night batch processing SUCCESS sent a notice to Margaret and issued initial benefits. In the training region, we are unable look up the notice and benefit history for Margaret since the date is always 10/05/06. However, we can look at a notice and the benefit history for a similar case Margaret Simon.

Your Assignment

- Locate and review the notice and benefit history for Margaret Simon.

Benefit History

MAIN Menu

- Select M

MMEN

- Select A for benefit history issuance inquiry
- Type Margaret Simon's FS AU # - XXXX00101 (customize)
- Press ENTER

BENL

- Type "Y" in the select field for 10/06
- Press ENTER
- Review FS benefits

MMEN

- PF3 to return to the MAIN Menu

Notice History

MAIN Menu

- Select A

AMEN

- Select H for notice history
- Type Margaret Simon's FS AU # - XXXX00101 (customize)

NHIS

- Type "Y" in the select field for the 07/06 notice
- Press ENTER

NCON

- Read the entire notice (press enter to scroll forward)
- PF3 to return to AMEN

Independent Study



Helen Jordan

IV. INDEPENDENT STUDY: HELEN JORDAN

Helen Jordan Intake

Background

- Helen Jordan applies for Food Stamps for herself and her 7 year old child Melissa on **9/28/06**. Helen is separated from her husband; there are no other household members. Helen was fired from her job in August because she was out so much due to her daughter's illness. She has \$500 in a savings account and has been using it to pay her living expenses for the last two months. She pays \$275 per month in rent. She received her last check from her job in September, it was \$156.43. Helen comes in for interview on 10/05/06. She is looking for work but needs assistance until she finds a job. She has her Georgia Driver's License with her to verify her ID.

Your Assignment

- The application for FS has already been registered. Complete the interview. Process the application months and Finalize the case.

STEP 1 "O" - Interview

AMEN

- Type Helen Jordan's FS AU # - XXXX00165 (customize)
- Press ENTER

ADDR

- Lives in Polk County
- 2560 Cochran Avenue, Cedartown, Ga., 30125
- Telephone # is (770)749-5487
- PF21 to type narrative information

NARR

- Enter the following:
- Tilde to add the date, name and worker ID.

OV - Ms. Jordan is applying for FS for herself and her daughter. She lost her job because she was out sick a lot with her daughter who has asthma. She received her last paycheck of \$156.43 in September. Her rent is \$275/mo. She states that she has been using her savings to pay her living expenses for the last two months. She is currently looking for a job. She will be able to pay 11/06 expenses with her resources and hopefully will

have a new job to pay 12/06 expenses. HIPAA form given. TCOS and EITC Brochures provided.

- Press ENTER to return to ADDR
- PF4 around the incorrect address warning message

STAT A (FS)

- Client's statement accepted for verification of relationship (Use code OT)
- Helen and Melissa are mandatory to be included in the case (Use code Y)
- Helen and Melissa applicants for Food Stamps (Use code PN)
- Press tilde and select ADT #1 using the following information.

There are no other household members. Helen provided her Georgia driver's license for verification of ID. Voter registration services offered and declaration statement completed.

DEM1 for Helen

The A/R:

- Lives at home
- Residency verified by Georgia Driver's License

DEM2 for Helen

The A/R:

- Is a citizen; birth certificate provided as verification
- She is a high school graduate

DEM3 for Helen

The A/R:

- Has no IPV penalties

DEM1 for Melissa

The A/R:

- Lives at home with her mother

DEM2 for Melissa

The A/R:

- Is a citizen; birth certificate provided as verification
- Is a full-time student

ALAS for Melissa

The A/R:

- Attends Cedartown Elementary School

DEM3 for Melissa

- The A/R has no IPV penalties

FSME for Helen

- A/R is not eligible for any medical deductions

FSME for Melissa

- A/R is not eligible for any medical deductions

RES1 for Helen

The A/R:

- States she has \$500 in her savings account at Wachovia

RES2 for Helen

The A/R:

- Has no countable non-liquid resources

RES3 for Helen

- None

TRAN for Helen

- Not applicable

RES1, RES2, RES3, TRAN for Melissa

- None

ERN1 for Helen

The A/R:

- Has no current income
- Has terminated income which will be entered for 09/06 only during the "P" process; she provides verification during the interview of the separation notice and the last check amount (**see following pages**) 
- Press tilde to complete the following documentation.

"A/R was working full-time at Pizza Hut since 1/12/04. She was terminated 8/25/06 for calling in sick too much. She received her last

check on 09/7/06 for \$156.43. Separation notice and last check in CR. No discrepancies in Clearinghouse.”

- Press ENTER to return to ERN1

DEAL for Helen

- None

CARE for Helen

- None

ERN1 for Melissa

- None

DEAL for Melissa

- None

CARE for Melissa

- None

UINC for Helen

- Press tilde and select ADT #1 to enter the following documentation
- No clearinghouse discrepancies found.

UINC for Melissa

- None



SEPARATION NOTICE

1. Employee's Name: **Helen Jordan**
2. SSN **111-01-XXXX**
3. Last Employed: From: **01/05/04** to **08/25/06** Occupation:
 Cashier

4. Where was work performed?
 Cedartown, GA

5. Reason for Separation: Lack of Work Discharge Quit

If lack of work, indicate if layoff is Permanent Temporary

If temporary, when do you expect to recall this individual? Date _____

If temporary, report any vacation pay that will be paid. Week Ending Date _____
Amount _____

I certify that the above worker has been separated from work and the information furnished hereon is true and correct.

Employer's
Name: **Pizza Hut**
Address where additional information may be obtained:
 600 Main Street
City: **Cedartown** State: **GA** Code: **30125**
Employer's
Telephone Number: _____
Employer's E-Mail
Address _____
(Area Code) (Number) (Ext)
Zip

First Middle Initial Last

Alice White, Manager

Signature of Official or Representative of the Employer
who has first-hand knowledge of the separation.



Employee Name: Helen Jordan SSN: 111-01-XXXX Ck No. 38451

Check Date 09/07/06

Pay Period End Date 8/25/06

Hours Per Week 40

Rate Per Hour \$6.75

Gross Pay* \$156.43

Net Pay \$117.33

FICA \$9.82

Federal \$22.75

State \$6.53

Health \$0.00

Dental \$0.00

****Year To Date*****

Gross Pay	FICA	Federal	State
\$10,677.43	\$ 52.37	\$121.33	\$34.82

WORK for Helen

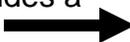
The A/R:

- Is a mandatory registrant (use code "MR"); client statement is accepted

WORK for Melissa

- System should exempt due to age, press enter.

SHEL

- Review Form 354 Expense Statement on next page.
- She heats with gas and is eligible for the H/C SUA.
- Pays \$275/month rent to Amy Grant who lives on Long Street in Cedartown, 33125. She does not have her phone number with her. She provides a statement from her landlord as verification. **(See following page)** 
- Press tilde to document.
- A/R rents their home and is eligible for the shelter deduction. AU is eligible for the H/C SUA because they heat with gas. Rent receipt in case record.

MISC

- Press tilde and select ADT #1
- Document POE, SRR explained and Form 339 was provided

ERRO

- Display all error codes. Ignore those that deal with Clearinghouse
- Correct all non Clearinghouse errors (ask trainers for help if needed)

DONE

- Press ENTER to return to AMEN and commit to the data base.

To whom it may concern:

Helen Jordan paid \$275 in cash for rent for the period of 09/01/2006 to 10/01/2006 at 2560 Cochran Avenue, Cedartown, Georgia 30125.

Sincerely,

*Amy Grant 10/01/06
1010 Long Street
Cedartown, Georgia 30125*

GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT

Application Review Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	\$ 275	Monthly	10/01	me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	\$ 22	Monthly	10/01	me
b. Gas	\$ 31	Monthly	10/01	me
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone	\$ 44	Monthly	10/01	me
SUBTOTAL				
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)	\$ 50			
Other	\$ 15			
TOTAL	\$ 437			

1. Does anyone pay any of these bills or any other household bills for you? Yes No
 If yes, who pays the bills? _____
 What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No
 If yes, who? _____
 What costs? _____

3. Comments / Documentation _____

STATEMENT OF INCOME AND RESOURCES

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

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

Name/ Address/ Phone Number of Employer		Name/ Address/ Phone Number of Employer	
Pizza Hut			
Date of Pay	Gross Pay	Date of Pay	Gross Pay
9/06	156.43 (last check)		

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

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

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

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

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Savings Acct.	487653234	500	Wachovia

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

Helen Jordan
Signature

10/05/06
Date

Authorized Representative
Sam Walker
Case Manager

Date
10/05/06
Date

STEP 2 “P” - Processing Interview Months

AMEN

- Select “P”

APP1

- Select 09/06 benefit month

ADDR

- Fast path to ERN1 for Helen (client pointer 01) in order to add the terminated income for 09/06
- PF4 around the incorrect address warning message

ERN1 for Helen

- Worked at Pizza Hut, 600 Main St., Cedartown, Ga., 30125
- Job not found during Applicant Job Search
- Began work 1/5/04, first check 1/12/04, last day 8/25/06, no late report

ERN2 for Helen

- Worked 40 hours per week, paid on Friday
- Type frequency code for ACTUAL wages
- Received last check for \$156.43 on 09/07/06; verified by the check stub
- Fast path to DONE
- Note: SUCCESS will give an error message in yellow. Press F4 to proceed.

DONE

- Press ENTER to commit to data base

APP1

Note: There are no changes to be made in 10/06 during the “P” processing of the historical months. But you must go into 10/06 as Final Edits are needed. Select 10/06 and press ENTER. At ADDR, fast path to Done, press ENTER to commit, then PF13 on Appl to return to AMEN.

STEP 3 “Q” Finalize

AMEN

- Select “Q”

APP2

SUCCESS selects 09/06 for you

- Press ENTER

ELIG for 09/06

- Review screen to be sure the correct persons are included as recipients and the case is active.
- Type “Y” to confirm, press ENTER

FSFI for 09/06

- Review screen to be sure the budget is correct
- Compare your budget to the one in your Participant Guide
- Enter “Y” to confirm, press ENTER

ELIG for 10/06

- Review screen to be sure the correct persons are included as recipients and the case is active.
- Type “Y” to confirm, press ENTER

FSFI for 10/06

- Review screen to be sure the budget is correct
- Compare your budget to the one in your Participant Guide
- Type “Y” to confirm, press ENTER

ELIG for 11/06

- Review screen to be sure the correct persons are included as recipients and the case is active.
- Type “Y” to confirm, press ENTER

FSFI for 11/06

- Review screen to be sure the budget is correct
- Compare your budget to the one in the participant manual
- Enter “Y” to confirm, press ENTER

APP2

- Enter "Y" to finalize case

FSFI for Helen Jordan 09/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 0906				
AU ID 378394905	Prog FS	Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	400.00	
Total Resources	500.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1390.00	Child Support Ded	.00	
Gross Count Earned	156.43	Adjusted Net Income	.00	
Self Employ Expenses	.00	Net Income Standard	1070.00	
Earned Income Deductn	31.28	Thrifty Food Plan	278.00	
Net Earned Income	125.15	Allotment Amount	278.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	27.00	
Standard Deduction	134.00	Previous Benefit	.00	
Bnft Eff Date 101696	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 96	Review End Dt 03 07	Strat 2	Issue Type	

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Helen Jordan 10/06

FINALIZE		FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 10 06					
AU ID 378394905					
	Prog FS	Prog Type S			
Resources			Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	400.00		
Total Resources	500.00	Medical Deduction	.00		
Income Test			Dep Care Deduction	.00	
Gross Income Standard	1390.00	Child Support Ded	.00		
Gross Count Earned	.00	Adjusted Net Income	.00		
Self Employ Expenses	.00	Net Income Standard	1070.00		
Earned Income Deductn	.00	Thrifty Food Plan	278.00		
Net Earned Income	.00	Allotment Amount	278.00		
Gross Count Unearned	.00	Recoupment Amount	.00		
TANF / Refugee	.00	Benefit Amount	278.00		
Standard Deduction	134.00	Previous Benefit	.00		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P		
Notice Type 0003	Waive Timely Notice Period		Notice Override		
Review Begin Dt 09 06	Review End Dt 02 07	Strat 2	Issue Type		

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Helen Jordan 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	.00	Thrifty Food Plan	278.00
Net Earned Income	.00	Allotment Amount	278.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	278.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 09 06 Review End Dt 02 07 Strat 2 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Walk Through Case and Independent Study



Alice Dutton

VIII. WALK THROUGH CASE/INDEPENDENT STUDY: ALICE DUTTON

Alice Dutton Intake

This case will give you another opportunity to practice the “O, P & Q” process. Remember that you will need to exchange AU numbers with your partner since you completed the registration yourself.

Some new things you will learn in Alice Dutton include:

- how to enter variable income
- how to delete income from the database

Background

- Alice Dutton applies for FS for herself, her husband, Daniel and their three-year-old child because Daniel lost his job and is now working day labor. The only resource the AU has is \$15 in Ms. Dutton’s checking account. Their only income is Daniel’s earnings (about \$100 per week). Ms. Dutton states that she is only paying \$10 on her utility bills each month. Daniel’s adult brother, Robert Dutton (age 37), lives in the home, but Ms. Dutton says that he purchases and prepares food separately. The Duttons pay \$200 per month in rent. Ms. Dutton brought her Georgia Driver’s License with her to verify her ID. She states she applied for Food Stamps before but her application was denied.

Your Assignment:

- Follow the trainer’s instructions on how to complete this case.

AMEN

- Select O, enter Alice’s FS AU number

ADDR

- PF21 to document on NARR and review remark entered by registration clerk
- Press ENTER

STAT

- Choose tilde #2 to document verification of ID and Robert’s full name, age, relationship, and that he is not included in the AU as he purchases and prepares separately.

Demographics

- All AU members live in the home

- DEM1 for Alice, she provides her Georgia Driver's License to verify residency
- All AU members are US citizens; verified by birth certificates
- DEM2 for Andrea the "High Grade Completed" field is coded incorrectly enter code 98 for no formal education in the "High Grade Completed" field and CS in the verification.



Alice and Daniel completed High School.

- New Information! Trainer will walk through information with you.

Resource Information

- Alice has a checking account with a balance of \$15 with Sun Trust Bank; change the information from the previous application.

Income Information

- Alice is not employed
- There are no clearinghouse discrepancies
- Press ENTER until ERN2 for Daniel

ERN2 for Daniel

- Daniel is no longer employed at the Marriot River Front
- Currently works at Labor Inc
- Delete the employer from ERN2
- Enter "Y" in the del field
- Press F24 (shift F12)
- Press PF7 to go back to the ERN 1 screen for Daniel to enter the information about his current employer

ERN1 for Daniel

- AJS – No
- Daniel works at Labor Inc., 500 Bull St., Savannah, Ga., 31298.
- He began on 8/1/06 and received his first check 8/7/06
- Enter "N" for late report
- Tilde to document clearinghouse, no discrepancies found

ERN2 for Daniel

- Daniel Dutton's income varies from week to week. To determine representative pay, we will access the EVNC screen to enter amounts and let SUCCESS average to determine representative pay.

- Leave all fields on ERN2 blank
- PF 16 to EVNC

Entering variable income

EVNC for Daniel

- Daniel Dutton has been working at a labor pool for approximately 25 hours per week, earns \$6.55 per hour and is paid every Friday. A/R provides check stubs for verification. **(see following pages)** 
- Enter all checks on EVNC
- Code the \$54.03 check as "N" for Repres as it is not representative
- Press ENTER to return to EVNC
- press ENTER to return to ERN2 (Average should be \$127.72)
- Tilde to document using tilde number 3 the EVNC ADT. Document that the \$54.03 check is not representative because Daniel was out sick some that week and will not be included in the average.

Labor Inc		500 Bull St. Savannah, GA 31298	
Employee Name:	Daniel Dutton	SSN: 564-46-9876	Ck No. 34123
Check Date	09/11/06	Pay Period End Date	09/04/06
Hours Per Week	18	Rate Per Hour	\$6.55
Gross Pay *	\$117.90	Net Pay	\$91.57
FICA	\$ 8.32	Federal	\$12.72
State	\$ 5.29	Health	\$0.00
Dental	\$ 0.00		
**** Year To Date ****			
Gross Pay	FICA	Federal	State
\$624.89	\$48.90	\$68.93	\$35.24

	Labor Inc	500 Bull St. Savannah, GA 31298	
Employee Name:	Daniel Dutton	SSN: 564-46-9876	Ck No. 34248
Check Date	09/18/06	Pay Period End Date	09/11/06
Hours Per Week	19	Rate Per Hour	\$6.55
Gross Pay *	\$124.45	Net Pay	\$96.66
FICA	\$ 8.42	Federal	\$13.15
State	\$ 6.22	Health	\$0.00
Dental	\$ 0.00		
**** Year To Date ****			
Gross Pay	FICA	Federal	State
\$749.34	\$57.32	\$82.08	\$41.46

Labor Inc		500 Bull St. Savannah, GA 31298	
Employee Name:	Daniel Dutton	SSN: 564-46-9876	Ck No. 34876
Check Date	10/02/06	Pay Period End Date	09/25/06
Hours Per Week	21:50	Rate Per Hour	\$6.55
Gross Pay *	\$140.82	Net Pay	\$109.38
FICA	\$ 9.25	Federal	\$14.29
State	\$ 7.90	Health	\$0.00
Dental	\$ 0.00		
**** Year To Date ****			
Gross Pay	FICA	Federal	State
\$944.19	\$69.90	\$101.80	\$52.66

	Labor Inc	500 Bull St. Savannah, GA 31298	
Employee Name:	Daniel Dutton	SSN: 564-46-9876	Ck No. 34621
Check Date	09/25/06	Pay Period End Date	09/18/06
Hours Per Week	8:25	Rate Per Hour	\$6.55
Gross Pay *	\$54.03	Net Pay	\$41.97
FICA	\$ 3.33	Federal	\$5.43
State	\$ 3.30	Health	\$0.00
Dental	\$ 0.00		
**** Year To Date ****			
Gross Pay	FICA	Federal	State
\$803.37	\$60.65	\$87.51	\$44.76

*****ERN2 EVNC*****

10/05/2006 18:23; FICM Caseworker B123 123Z Fulton 555-555-555

App [Y] Review [] Hourly Rate: **\$6.55 hour** _____

Client states the pay periods listed on EVNC are representative of expected pay with the following exceptions: **9/25/06 – The A/R was sick.** _____

: _____

: _____

Does AU member receive tips that are not included in the gross pay?

Y/N [N] If yes, explain: _____

: _____

MESSAGE

More

13-bott

- Press enter to return to ERN2

CARE for Daniel

- No dependent care is required. Document Alice cares for the children.

UINC

- There is NO Unearned Income, document Clearinghouse UINC for Alice and Daniel
- Press ENTER to go to WORK 01.

WORK for Alice

- Determine Alice's work requirement

WORK for Daniel

- Determine Daniel's work requirement

WORK for Andrea

- System should exempt due to age

Shelter Expense Information

- Pays \$200/month rent. She provides a copy of her current lease and a rent receipt verifies the rent was paid 10/1/06. (See following pages) →
- A/R states they heat with gas. The gas bill is \$50 per month. They also pay \$40 per month for electricity and \$25 per month for a telephone. There is no air conditioning. Robert (Daniel's brother) does not help out with the shelter expenses.
- Refer to Form 354 Expense Statement (See following pages) →
- Press Tilde to document shelter

Shallow Hill Apartments
297 Bob Cat Lane Savannah, Georgia
RENTAL AGREEMENT AND/OR LEASE

This Rental Agreement and/or Lease shall evidence the complete terms and conditions under which the parties whose signatures appear below have agreed. Landlord/Lessor/Agent, **Marcus Webb** , shall be referred to as "OWNER" and Tenant(s)/Lessee, **Alice Dutton, Daniel Dutton** , shall be referred to as "RESIDENT." As consideration for this agreement, OWNER agrees to rent/lease to RESIDENT and RESIDENT agrees to rent/lease from OWNER for use solely as a private residence, the premises located at **435 W. Magnolia Lane** in the city of **Savannah, GA** .

1. **TERMS:** RESIDENT agrees to pay in advance \$ **200** per month on the **5th** day of each month. This agreement shall commence on **September 1, 2006** and continue; (check one)
A. until , as a leasehold. Thereafter it shall become a month-to-month tenancy. If RESIDENT should move from the premises prior to the expiration of this time period, he shall be liable for all rent due until such time that the Residence is occupied by an OWNER approved paying RESIDENT and/or expiration of said time period, whichever is shorter.

B. **X** until **September 1, 2007** on a month-to-month tenancy until either party shall terminate this agreement by giving a written notice of intention to terminate at least 30 days prior to the date of termination.

2. **PAYMENTS:** Rent and/or other charges are to be paid at such place or method designated by the owner as follows **297 Bob Cat Lane Savannah, Georgia Apt.# 789** . All payments are to be made by check or money order and cash shall be acceptable. OWNER acknowledges receipt of the First Month's rent of \$ **200** , and a Security Deposit of \$ **100** , and additional charges/fees for **0** , for a total payment of \$ **300** . All payments are to be made payable to .

3. **SECURITY DEPOSITS:** The total of the above deposits shall secure compliance with the terms and conditions of this agreement and shall be refunded to RESIDENT within **30** days after the premises have been completely vacated less any amount necessary to pay OWNER; a) any unpaid rent, b) cleaning costs, c) key replacement costs, d) cost for repair of damages to premises and/or common areas above ordinary wear and tear, and e) any other amount legally allowable under the terms of this agreement. A written accounting of said charges shall be presented to RESIDENT within **10** days of move-out. If deposits do not cover such costs and damages, the RESIDENT shall immediately pay said additional costs for damages to OWNER.

4. **LATE CHARGE:** A late fee of \$ **50** , said amount not to exceed **25** % of the monthly rent, shall be added to any payment of rent made before the **2** day(s) after the due date or for which a deficient (bounced) check shall have been given.

5. **UTILITIES:** RESIDENT agrees to pay all utilities and/or services based upon occupancy of the premises except .

6. **OCCUPANTS:** Guest(s) staying over 15 days without the written consent of OWNER shall be considered a breach of this agreement. ONLY the following individuals and/or animals, AND NO OTHERS shall occupy the subject residence for more than 15 days unless the expressed written consent of OWNER obtained in advance .

7. **PETS:** No animal, fowl, fish, reptile, and/or pet of any kind shall be kept on or about the premises, for any amount of time, without obtaining the prior written consent and meeting the requirements of the OWNER. Such consent if granted, shall be revocable at OWNER'S option upon giving a 30 day written notice. In the event laws are passed or permission is granted to have a pet and/or animal of any kind, an additional deposit in the amount of \$ shall be required along with additional monthly rent of \$ along with the signing of OWNER'S Pet Agreement. RESIDENT also agrees to carry insurance deemed appropriate by OWNER to cover possible liability and damages that may be caused by such animals.

8. **LIQUID FILLED FURNISHINGS:** No liquid filled furniture, receptacle containing more than ten gallons of liquid is permitted without prior written consent and meeting the requirements of the OWNER. RESIDENT also agrees to carry insurance deemed appropriate by OWNER to cover possible losses that may be caused by such items.

9. **PARKING:** When and if RESIDENT is assigned a parking area/space on OWNER'S property, the parking area/space shall be used exclusively for parking of passenger automobiles and/or those approved vehicles listed on RESIDENT'S Application attached hereto. RESIDENT is hereby assigned or permitted to park only in the following area or space _____. The parking fee for this space (if applicable is \$ _____ monthly. Said space shall not be used for the washing, painting, or repair of vehicles. No other parking space shall be used by RESIDENT or RESIDENT'S guest(s). RESIDENT is responsible for oil leaks and other vehicle discharges for which RESIDENT shall be charged for cleaning if deemed necessary by OWNER.

10. **NOISE:** RESIDENT agrees not to cause or allow any noise or activity on the premises which might disturb the peace and quiet of another RESIDENT and/or neighbor. Said noise and/or activity shall be a breach of this agreement.

11. **DESTRUCTION OF PREMISES:** If the premises become totally or partially destroyed during the term of this Agreement so that RESIDENT'S use is seriously impaired, OWNER or RESIDENT may terminate this Agreement immediately upon three day written notice to the other.

12. **CONDITION OF PREMISES:** RESIDENT acknowledges that he has examined the premises and that said premises, all furnishings, fixtures, furniture, plumbing, heating, electrical facilities, all items listed on the attached property condition checklist, if any, and/or all other items provided by OWNER are all clean, and in good satisfactory condition except as may be indicated elsewhere in this Agreement. RESIDENT agrees to keep the premises and all items in good order and good condition and to immediately pay for costs to repair and/or replace any portion of the above damaged by RESIDENT, his guests and/or invitees, except as provided by law. At the termination of this Agreement, all of above items in this provision shall be returned to OWNER in clean and good condition except for reasonable wear and tear and the premises shall be free of all personal property and trash not belonging to OWNER. It is agreed that all dirt, holes, tears, burns, and stains of any size or amount in the carpets, drapes, walls, fixtures, and/or any other part of the premises, do not constitute reasonable wear and tear.

13. **ALTERATIONS:** RESIDENT shall not paint, wallpaper, alter or redecorate, change or install locks, install antenna or other equipment, screws, fastening devices, large nails, or adhesive materials, place signs, displays, or other exhibits, on or in any portion of the premises without the written consent of the OWNER except as may be provided by law.

14. **PROPERTY MAINTENANCE:** RESIDENT shall deposit all garbage and waste in a clean and sanitary manner into the proper receptacles and shall cooperate in keeping the garbage area neat and clean. RESIDENT shall be responsible for disposing of items of such size and nature as are not normally acceptable by the garbage hauler. RESIDENT shall be responsible for keeping the kitchen and bathroom drains free of things that may tend to cause clogging of the drains. RESIDENT shall pay for the cleaning out of any plumbing fixture that may need to be cleared of stoppage and for the expense or damage caused by stopping of waste pipes or overflow from bathtubs, wash basins, or sinks.

15. **HOUSE RULES:** RESIDENT shall comply with all house rules as stated on separate addendum, but which are deemed part of this rental agreement, and a violation of any of the house rules is considered a breach of this agreement.

16. **CHANGE OF TERMS:** The terms and conditions of this agreement are subject to future change by OWNER after the expiration of the agreed lease period upon 30-day written notice setting forth such change and delivered to RESIDENT. Any changes are subject to laws in existence at the time of the Notice of Change Of Terms.

17. **TERMINATION:** After expiration of the leasing period, this agreement is automatically renewed from month to month, but may be terminated by either party giving to the other a 30-day written notice of intention to terminate. Where laws require "just cause", such just cause shall be so stated on said notice. The premises shall be considered vacated only after all areas including storage areas are clear of all RESIDENT'S belongings, and keys and other property furnished for RESIDENT'S use are returned to OWNER. Should the RESIDENT hold over beyond the

termination date or fail to vacate all possessions on or before the termination date, RESIDENT shall be liable for additional rent and damages which may include damages due to OWNER'S loss of prospective new renters.

18. **POSSESSION:** If OWNER is unable to deliver possession of the residence to RESIDENTS on the agreed date, because of the loss or destruction of the residence or because of the failure of the prior residents to vacate or for any other reason, the RESIDENT and/or OWNER may immediately cancel and terminate this agreement upon written notice to the other party at their last known address, whereupon neither party shall have liability to the other, and any sums paid under this Agreement shall be refunded in full. If neither party cancels, this Agreement shall be prorated and begin on the date of actual possession.

19. **INSURANCE:** RESIDENT acknowledges that OWNERS insurance does not cover personal property damage caused by fire, theft, rain, war, acts of God, acts of others, and/or any other causes, nor shall OWNER be held liable for such losses. RESIDENT is hereby advised to obtain his own insurance policy to cover any personal losses.

20. **RIGHT OF ENTRY AND INSPECTION:** OWNER may enter, inspect, and/or repair the premises at any time in case of emergency or suspected abandonment. OWNER shall give 24 hours advance notice and may enter for the purpose of showing the premises during normal business hours to prospective renters, buyers, lenders, for smoke alarm inspections, and/or for normal inspections and repairs. OWNER is permitted to make all alterations, repairs and maintenance that in OWNER'S judgment is necessary to perform.

21. **ASSIGNMENT:** RESIDENT agrees not to transfer, assign or sublet the premises or any part thereof.

22. **PARTIAL INVALIDITY:** Nothing contained in this Agreement shall be construed as waiving any of the OWNER'S or RESIDENT'S rights under the law. If any part of this Agreement shall be in conflict with the law, that part shall be void to the extent that it is in conflict, but shall not invalidate this Agreement nor shall it affect the validity or enforceability of any other provision of this Agreement.

22. **NO WAIVER:** OWNER'S acceptance of rent with knowledge of any default by RESIDENT or waiver by OWNER of any breach of any term of this Agreement shall not constitute a waiver of subsequent breaches. Failure to require compliance or to exercise any right shall not be constituted as a waiver by OWNER of said term, condition, and/or right, and shall not affect the validity or enforceability of any provision of this Agreement.

23. **ATTORNEY FEES:** If any legal action or proceedings be brought by either party of this Agreement, the prevailing party shall be reimbursed for all reasonable attorney's fees and costs in addition to other damages awarded.

24. **JOINTLY AND SEVERALLY:** The undersigned RESIDENTS are jointly and severally responsible and liable for all obligations under this agreement.

25. **REPORT TO CREDIT/TENANT AGENCIES:** You are hereby notified that a nonpayment, late payment or breach of any of the terms of this rental agreement may be submitted/reported to a credit and/or tenant reporting agency, and may create a negative credit record on your credit report.

26. **LEAD NOTIFICATION REQUIREMENT:** For rental dwellings built before 1978, RESIDENT acknowledges receipt of the following: (Please check)

Lead Based Paint Disclosure Form

EPA Pamphlet

27. ADDITIONS AND/OR EXCEPTIONS

_____.

28. **NOTICES:** All notices to RESIDENT shall be served at RESIDENT'S premises and all notices to OWNER shall be served at _____.

29. **INVENTORY:** The premises contain the following items, that the RESIDENT may use.

_____.

30. **KEYS AND ADDENDUMS:** RESIDENT acknowledges receipt of the following which shall be deemed part of this Agreement: (Please check)

Keys #of keys and purposes _____
 House Rules Pet Agreement Other _____

31. **ENTIRE AGREEMENT:** This Agreement constitutes the entire Agreement between OWNER and RESIDENT. No oral agreements have been entered into, and all modifications or notices shall be in writing to be valid.

32. **RECEIPT OF AGREEMENT:** The undersigned RESIDENTS have read and understand this Agreement and hereby acknowledge receipt of a copy of this Rental Agreement.

RESIDENT'S Signature Alice Dutton Date 09/01/06

RESIDENT'S Signature Daniel Dutton Date 09/01/06

OWNER'S or Agent's Signature Ralph Jones Date 09/01/06

(No representation is made as to the legal validity or the adequacy of any provision in this Agreement. If you desire legal advice, consult your attorney.)

RENT RECEIPT	NO 23564
Alice Dutton paid \$200 in cash for rent for the period of 09/01/06 to 10/01/06 at 435 W. Magnolia Lane, Savannah, Ga.	
Sincerely,	
<u>Ralph Jones</u>	Date: <u>10/01/06</u>

- Refer to Form 354 Expense Statement (see following pages)

GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT

Application Review Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	\$200	monthly	10/1	Alice
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	\$40	monthly	10/1	Alice
b. Gas	\$50	monthly	10/2	Alice
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone	\$25	monthly	10/2	Alice
SUBTOTAL	\$315			
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other	\$18	monthly	9/30	Alice
TOTAL	\$333			

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

If yes, who pays the bills?

What bills are paid? I pay my rent each month and \$10 on all other bills.

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

If yes, who?

What costs?

3. Comments / Documentation

STATEMENT OF INCOME AND RESOURCES

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

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

Name/ Address/ Phone Number of Employer		Name/ Address/ Phone Number of Employer	
Labor, Inc. 500 Bull St. Savannah, GA			
Date of Pay	Gross Pay	Date of Pay	Gross Pay
10/02/06	105.54		

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

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

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

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

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Checking Acct		\$15	Sun Trust

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

Alice Patton
Signature

10/05/06
Date

Authorized Representative
Sam Waker
Case Manager

Date
10/05/06
Date

MISC

- Press Tilde to document POE, SRR explained and Form 339 was given to A/R

NOTE: There are no changes to be made to either 10/06 or 11/06 during the "P" processing of application months. **But, you must go into 10/06 as final edits are needed.** Select 10/06 and press enter at ADDR, fast path to DONE, press enter to commit, then, PF13 on APP1 to return to AMEN.

Note: Be sure to check your budgets with those in the participant manual **BEFORE** you confirm. Review the end date on this case and change if appropriate. Ask a trainer for help if your budgets are incorrect.

FSFI for Alice Dutton 10/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 10 06				
AU ID 120800148	Prog FS	Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	368.62	
Total Resources	15.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1744.00	Child Support Ded	.00	
Gross Count Earned	553.44	Adjusted Net Income	.00	
Self Employ Expenses	.00	Net Income Standard	1341.00	
Earned Income Deductn	110.68	Thrifty Food Plan	399.00	
Net Earned Income	442.76	Allotment Amount	399.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	345.00	
Standard Deduction	134.00	Previous Benefit	.00	
Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type	

Message

_13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Alice Dutton 11/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 120800148	Prog FS	Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	368.62	
Total Resources	15.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1744.00	Child Support Ded	.00	
Gross Count Earned	553.44	Adjusted Net Income	.00	
Self Employ Expenses	.00	Net Income Standard	1341.00	
Earned Income Deductn	110.68	Thrifty Food Plan	399.00	
Net Earned Income	442.76	Allotment Amount	399.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	399.00	
Standard Deduction	134.00	Previous Benefit	.00	
Bnft Eff Date 100506	Bnft Confirm	Reasons 313	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type	

Message

_13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Walk Through Case and Independent Study



Maggie Kendall

IX. WALK THROUGH/INDEPENDENT STUDY: Maggie and Jeff Kendall

This is another case that will give you an opportunity to practice the “O, P & Q” process.

Some new things you will learn in Maggie and Jeff Kendall include:

- how to correct demographic information
- how to enter disability information
- how to enter a medical expense
- how to enter dependent care information
- how to enter unearned income

Maggie Kendall Intake

Background:

- Maggie Kendall lives with her husband Jeff, her daughter Joyce (21), and her two grandchildren Kathy and Matt. She is applying for Food Stamps for everyone on 9/30/06. Maggie works full time earning approximately \$280 per week, Jeff receives RSDI disability (due to a heart problem) of \$800/month, and Joyce is unemployed. Maggie’s daughter Kiana left Kathy and Matt with Maggie a month ago so she is now caring for her grandchildren. This has put a financial strain on their already tight budget. The Kendall’s mortgage is \$675 per month. Maggie has her Georgia Driver’s License for verification of ID.

Your Assignment:

- Follow the trainer’s directions

AMEN

- Select O and enter Maggie Kendall’s FS AU number XXXX00166 (customize)

ADDR

- Lives in Cobb County
- Be sure to enter documentation on NARR

STAT

- Be sure to enter documentation on STAT
- New Information! Trainer will walk through information with you.



DEM1 for Maggie

- Maggie DOB is incorrect. The correct DOB is 2/5/46
- PF16 to CRS
- Change the DOB, press ENTER
- Back on DEM1, enter "CS" to indicate how the new birth date was verified
- Press Enter

SSNA

- This screen appears when CRS is changed
- If name or SSN were changed, it would show the old one here.

Demographics

- All persons live in the home
- Maggie verifies residency with her Georgia Driver's License
- All persons are US citizens; verified by birth certificates
- Maggie, Jeff, and Joyce all graduated high school
- Matt and Kathy attend Reynolds Elementary School



- New Information! Trainer will walk through information with you.

DEM2 for Jeff

- PF1 to find the appropriate code for heart disease for the Disab Type field
- PF1 to find the appropriate code for RSDI disability for the Approval Source field
- The disability began 1/04, there is no end date

FSME for Jeff

- Pays an out of pocket \$115 prescription each month
- **Provides a printout from CVS Pharmacy to verify the cost and frequency.**
Jeff pays \$115 and refills this prescription the first day of each month. This is a recurring medical expense. **(See the following page)**

CVS Pharmacy
215 Johnson Drive
Savannah, Georgia 31498
912-788-1859

Kendall, Jeff

HRN#

457893215

Date	Type	Amount	Paid by Insurance
10/1/2006	RX	\$115.00	0
9/1/2006	RX	\$115.00	0
8/1/2006	RX	\$115.00	0
7/1/2006	RX	\$115.00	0
6/1/2006	RX	\$115.00	0

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

***** FSME *****

10/05/2006 18:23; FICM Caseworker B123 123Z Fulton 555-555-555
MEMBER MUST BE ELDERLY 60 YRS /OLDER OR DISABLED AS DEFINED BY POLICY

DISABLED/ELDERLY HH MEMBER HAS MEDICAL EXPENSE? Y/N (Y)

IF NO, EXPLAIN: _____

IF YES, EXPLAIN IF NONE ALLOWED: _____

: _____

MEDICAID APPLICATION PENDING? Y/N (N)

IF YES, EXPENSE IS NOT GIVEN SINCE WE ARE UABLE TO VERIFY REIMBURSEMENT

COMPUTATION OR EXPLANATION OF EXPENSES GIVEN, IF NEEDED;

:CVS RX 115 PER MONTH RECEIPT PROVIDED _____

: _____

: _____

: _____

: _____

SEE NEXT SCREEN FOR TEMPLATE DOCUMENTATION

More

MESSAGE

13-bott

Resources

Maggie:

- Has \$10 in cash
- Has a checking account with Bank of America with a balance of \$100

Earned Income

Maggie:

- Works at Bennett Company, 654 Whitlock Ave., Marietta, Ga., 30060, (770)422-7652 ; she started working there 6/1/00 and received her first check 6/15/00.
- She works 40 hours/wk. at \$7/hour, paid on Fridays. She does not have any verification with her (**PF4 around the red question mark for verification**).

Jeff and Joyce:

- Document no DOL hit and no discrepancies behind ERN1 for both.



New Information! Trainer will walk through information with you.

CARE for Maggie

- Matt and Kathy attend the after school program at the YMCA on Simpson St. in Powder Springs, GA, 30127.
- Maggie pays \$25/week on Mondays for each child to attend. She last paid on 10/05/06.
- Maggie does not have verification with her (PF4 around the red question mark for verification).

UINC for Jeff

- Receives RSDI disability of \$800 on the third of each month. **You verify Jeff's disability income by award letter provided.** Claim # 31401xxxxA (see following page) 

Work

- Review Maggie's WORK status.
- Review Jeff's WORK status.
- Review Joyce's WORK status.

SHEL

- The AU heats and cools with electricity. The AU is eligible for the H/C SUA.
- Pays a mortgage of \$675/month; taxes of \$100/month and insurance of \$50/month are not included in the mortgage; they do not have verification of their housing expenses at today's interview; **PF4 around the red question mark for verification**
- Remember that we do not enter any utility bills on SUCCESS if an SUA is chosen. We look carefully at these expenses on the Expense Statement to address management.
- Press tilde to document shelter

MISC

- Press tilde to document POE, SRR explained and Form 339 given.

ERRO

- Displays all error codes, ignore those referring to Clearinghouse. Resolve all other errors; ask the trainers for assistance if needed.

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: August 1, 2006
Claim Number: 31401XXXXA

Jeff Kendall
2500 10th Street
Powder Springs, Georgia 30127

What We Will Pay and When

- You will receive \$800.00 for August 2006 around September 3, 2006.
- After that you will receive \$800.00 on or about the third of each month.

Your Benefits

We will no longer deduct the premium from your monthly payment.

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days begins the day after you receive this letter.

GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT

Application Review Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	\$ 675		10/1	me
Property Taxes	\$ 100		10/1	me
Property Insurance	\$ 50		10/1	me
Utilities				
a. Electricity	\$ 100		9/28	me
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage	\$ 84		9/28	me
e. Garbage				
f. Telephone	\$ 25		9/30	me
SUBTOTAL	\$ 974			
Medical Expense	\$ 115			
Child Care Expenses	\$ 200			
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL	\$ 1289			

1. Does anyone pay any of these bills or any other household bills for you? Yes No
 If yes, who pays the bills? _____
 What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No
 If yes, who? _____
 What costs? _____

3. Comments / Documentation _____

STATEMENT OF INCOME AND RESOURCES

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

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

Name/ Address/ Phone Number of Employer		Name/ Address/ Phone Number of Employer	
Bennett Company 654 Whitbeck Ave. Marietta, GA			
Date of Pay	Gross Pay	Date of Pay	Gross Pay
	280.00 wky		

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

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

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

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

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Cash		\$10	
Checking Acct.		100	Bank of America

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

Maggie Kendall
Signature

10/05/06
Date

Authorized Representative
Sam Walker
Case Manager

Date
10/05/06
Date

VERF

- Print out the VERF

DONE

- Press ENTER to commit

P - Process the application months

Maggie Kendall Returns the following verification on 10/07/06

- Enter the verification for each month

Bennett Company		
654 Whitlock Avenue		
Marietta, Georgia 30060		Maggie Kendall Id#27516
Pay Begin Date: September 04, 2006		Pay Date: September 11, 2006
Tax Year	2006	
Gross Pay YTD	\$10,266.56	
Pay Frequency	Weekly	
Federal Filing Status	Single	
Filing Status	Married	
# of Federal Exemptions	3	
Personal Allowances	2	
Weekly Gross Pay		\$280.00
Additional Federal W/H		\$0.00
Dep./Add'l Allowances		0
Additional State W/H		\$0.00
Federal Withholding		\$30.00
Social Security		\$10.00
Medicare		\$10.00
State		\$20.00
Net Pay		\$210.00

Bennett Company 654 Whitlock Avenue Marietta, Georgia 30060		Maggie Kendall Id# 27516
Pay Begin Date: September 11, 2006		Pay Date: September 18, 2006
Tax Year	2006	
Gross Pay YTD	\$10,546.56	
Pay Frequency	Weekly	
Federal Filing Status	Single	
Filing Status	Married	
# of Federal Exemptions	3	
Personal Allowances	2	
Weekly Gross Pay	\$280.00	
Additional Federal W/H	\$0.00	
Dep./Add'l Allowances	0	
Additional State W/H	\$0.00	
Federal Withholding	\$30.00	
Social Security	\$10.00	
Medicare	\$10.00	
State	\$20.00	
Net Pay	\$210.00	

Bennett Company	
654 Whitlock Avenue	
Marietta, Georgia 30060	
Maggie Kendall Id #27516	
Pay Begin Date: September 18, 2006	Pay Date: September 25, 2006
Tax Year	2006
Gross Pay YTD	\$10,826.56
Pay Frequency	Weekly
Federal Filing Status	Single
Filing Status	Married
# of Federal Exemptions	3
Personal Allowances	2
Weekly Gross Pay	\$280.00
Additional Federal W/H	\$0.00
Dep./Add'l Allowances	0
Additional State W/H	\$0.00
Federal Withholding	\$30.00
Social Security	\$10.00
Medicare	\$10.00
State	\$20.00
Net Pay	\$210.00

Bennett Company 654 Whitlock Avenue Marietta, Georgia 30060		Maggie Kendall Id# 27516
Pay Begin Date: September 25, 2006		Pay Date: October 02, 2006
Tax Year	2006	
Gross Pay YTD	\$11,106.56	
Pay Frequency	Weekly	
Federal Filing Status	Single	
Filing Status	Married	
# of Federal Exemptions	3	
Personal Allowances	2	
Weekly Gross Pay	\$280.00	
Additional Federal W/H	\$0.00	
Dep./Add'l Allowances	0	
Additional State W/H	\$0.00	
Federal Withholding	\$30.00	
Social Security	\$10.00	
Medicare	\$10.00	
State	\$20.00	
Net Pay	\$210.00	



COBB COUNTY PROPERTY TAX INFORMATION

2006 **TAX BILL** for property located at **2500 10th Street**

TAX YEAR	BILL NO.	PARCEL ID#	DATE PAID	TAX DISTRICT	DUE DATE
2006	125875	59832D S259	10/01/2006	FIRE DISTRICT	10/01/2006

PROPERTY OWNER

KENDALL, MAGGIE AND JEFF
2500 10TH STREET
POWDER SPRINGS, GA 30127

FAIR MARKET VALUE 119,185 **ASSESSED VALUE** 40% 47,674

EXEMPTIONS REG 10,000

	Millage Rate	Tax
County Tax	1.121	65.00
Fire Protection	.325	19.86
Street Light Protection		6.10
Total County Tax		90.96
School Tax	1.653	7.00
Total School Tax		7.00
Total State Tax		2.04
TOTAL PAYABLE TO TAX COMMISSIONER		100.00

RETURN THIS PORTION WITH PAYMENT



**PREMIUM NOTICE
STATE FARM INSURANCE COMPANIES
AGENT ISSUED DECLARATIONS**

POLICY NUMBER 12-L8-9865-7	BILLING PERIOD FROM 09/01/06 TO 10/01/2006	AGENT CODE 2085
--------------------------------------	--	---------------------------

LOCATION

2500 10TH STREET
POWDER SPRINGS, GA 30127

INSURED

KENDALL, MAGGIE & JEFF
2500 10TH STREET
POWDER SPRINGS, GA 30127

PREMIUM \$ 50.00

AMOUNT PAID \$ 0.00

AMOUNT DUE \$ 50.00

DATE DUE 10/01/06

MORTGAGEE

CHASE HOME FINANCE LLC
ITS SUCCESSORS AND/OR ASSIGNS
P O BOX 47020
DORAVILLE, GA 30362-0020
Loan Number: 8514267890

AGENT NAME & ADDRESS

MARCUS SMITH
1287 HIGHWAY 81
SUITE 10
POWDER SPRINGS, GA 30127
770-687-9523

STATE FARM INSURANCE COMPANIES
11350 JOHNS CREEK PARKWAY
DULUTH, GA 30098



MORTGAGE LOAN STATEMENT

Customer Care Phone: 1-800-749-5182
Please send payments only to: P O BOX 1229551
LOUISVILLE, KY
40290-1871
Hearing Impaired (TDD): 1-800-982-1582

Loan Number: 8514267890
Statement Date: 10/05/06
Payment Due Date: 11/01/06
Property Address: 2500 10th St.
Powder Springs, GA 30127

MAGGIE KENDALL
JEFF KENDALL
2500 10TH STREET
POWDER SPRINGS, GA 30127

Loan Information:

Balances:
Principal Balance \$74,914.70
Escrow Balance
Payment Factors:
Interest Rate 7.50000%
Principal & Interest \$ 675.00
Escrow Payment \$0.00
Optional Products \$0.00
Past Due Payment \$0.00
Unpaid Later Charges \$0.00
Miscellaneous Fees \$0.00
Total Payment \$675.00
Year-to-Date:
Interest \$5,196.79
Taxes \$0.00
Principal \$1,224.57

Activity Since Your Last Statement

TRANSACTION DESCRIPTION	TRANSACTION DATE	TOTAL RECEIVED	PRINCIPAL	INTEREST	ESCROW	OPTIONAL PRODUCTS	MISCELLANEOUS OR FEES
PAYMENT	09/06/06	\$675.00	\$525.00	\$150.00			

Important Messages About Your Account

When sending your payment, please be sure the Chase address, on the attached payment stub, appears in the window of the enclosed envelope or make your payments online with ease, convenience and security.

Simply visit www.chase.com/chaseonline to pay bills, check the status of your accounts, review your loan balances and contact us via secure email.

If you need to make your payment today, call 1-855-826-8227 toll free and select the FastPay option! You may make your mortgage payment until 8:00pm Eastern Time, on a business day, and your payment is credited to your account that day. A service fee may apply.

Please detach and return the bottom portion of this statement with your payment using the enclosed envelope

Q – Finalize the Application

FSFI for Maggie Kendall 9/06

FINALIZE		FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 09 06					
AU ID 805354115		Prog FS	Prog Type T		
Resources		Income Test (cont)			
Resources Limit	3000.00	Excess Shelter	489.50		
Total Resources	110.00	Medical Deduction	80.00		
Income Test		Dep Care Deduction	216.66		
Gross Income Standard	2450.00	Child Support Ded	.00		
Gross Count Earned	1213.32	Adjusted Net Income	828.00		
Self Employ Expenses	.00	Net Income Standard	1885.00		
Earned Income Deductn	242.66	Thrifty Food Plan	601.00		
Net Earned Income	970.66	Allotment Amount	353.00		
Gross Count Unearned	800.00	Recoupment Amount	.00		
TANF / Refugee	.00	Benefit Amount	11.00		
Standard Deduction	157.00**	Previous Benefit	.00		
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P		
Notice Type 0003	Waive	Timely Notice Period	Notice Override		
Review Begin Dt 09 06	Review End Dt 02 07	Strat 3	Issue Type		

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Maggie Kendall 10/06

FINALIZE		FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 10 06					
AU ID 805354115					
Prog FS		Prog Type T			
Resources			Income Test (cont)		
Resources Limit	3000.00	Excess Shelter	489.50		
Total Resources	110.00	Medical Deduction	80.00		
Income Test			Dep Care Deduction	216.66	
Gross Income Standard	2450.00	Child Support Ded	.00		
Gross Count Earned	1213.32	Adjusted Net Income	828.00		
Self Employ Expenses	.00	Net Income Standard	1885.00		
Earned Income Deductn	242.66	Thrifty Food Plan	601.00		
Net Earned Income	970.66	Allotment Amount	353.00		
Gross Count Unearned	800.00	Recoupment Amount	.00		
TANF / Refugee	.00	Benefit Amount	353.00		
Standard Deduction	157.00	Previous Benefit	.00		
Bnft Eff Date 100506		Bnft Confirm Y		Reasons	
Notice Type 0003		Waive Timely Notice Period		Budgeting Method P	
Review Begin Dt 09 06		Review End Dt 02 07		Strat 3	
				Issue Type	

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Maggie Kendall 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 805354115 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	3000.00	Excess Shelter	489.50
Total Resources	110.00	Medical Deduction	80.00
Income Test		Dep Care Deduction	216.66
Gross Income Standard	2450.00	Child Support Ded	.00
Gross Count Earned	1213.32	Adjusted Net Income	828.00
Self Employ Expenses	.00	Net Income Standard	1885.00
Earned Income Deductn	242.66	Thrifty Food Plan	601.00
Net Earned Income	970.66	Allotment Amount	353.00
Gross Count Unearned	800.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	353.00
Standard Deduction	157.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 96	Review End Dt 02 07	Strat 3	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Independent Study



Kelly Landon

X. INDEPENDENT STUDY: Kelly Landon

This is another case that will give you an opportunity to practice the “O, P & Q” process. Remember that you will need to swap FS AU Numbers with your partner since you completed the registration process yourself.

Background:

- Kelly Landon applies for Food Stamps for herself and her son Robert on 10/05/06. Ms Landon is currently employed part time at Sears. Ms Landon states she earns about \$900 per month. Ms. Landon’s son Robert suffers from Muscular Dystrophy. Robert receives SSI \$417 per month. Ms. Landon states that she currently receives rent assistance through the Section 8 program. Her current rent amount is \$401 per month and utilities about 210 per month. Ms. Landon provides a copy of her Georgia Driver’s License to verify her identity.

Your Assignment:

- The application for FS has already been registered. Complete the interview. Process the application months and Finalize the case

AMEN

- select O and enter Kelly Landon’s FS AU number

ADDR

- lives in Fulton County
- Be sure to enter documentation on NARR

STAT

- Be sure to enter documentation on STAT

Demographics

- Kelly and Robert live in the home together
- Kelly verifies residency with her lease agreement
- Both are US citizens; verified by birth certificates
- Kelly graduated high school
- Robert is in the 3rd grade. He attends Fulton Elementary School

DEM2 for Robert

- Code the Disability Incapacity Fields
- Disability Type Field use code “O”, because there is not an appropriate code to describe Roberts Disability
- Approval Source is SS for Supplemental Security Income
- Begin Date is 03/98
- Press F9 to document the following statement

“Robert suffers from Muscular Dystrophy. Code “O” used in the disability type field because there is not an appropriate code to describe Robert’s disability.”

Resources

- Ms. Landon has \$21 in cash.
- Ms. Landon has a checking account with Bank of America with a balance of \$378.

Earned Income

- Ms. Landon currently works at Sears, 2013 Jonesboro Road, Atlanta, Ga 30365, 770-847-8974. Ms Landon states that began employment in March 12, 2005. She received her first paycheck March 26, 2005.
- Ms. Landon works 32 hours/wk. at \$7/hour, paid on Thursdays. Ms Landon states that she throws her check stubs away, so she does not have any verification with her (***PF4 around the red question mark for verification***).
- **You provide Ms. Landon with Form 809 Verification of Earned Income. You advise Ms Landon to have her employer complete the form to verify her wages.**
- Be sure to document the DOL hit on ERN1. There are no discrepancies.

Child Care

- Ms. Landon pays after school care for Robert.
- Robert attends Special Care Learning Center, 8902 Brownsmill Road., Atlanta, GA 30303
- Ms. Landon states that she pays \$40 per week on Fridays. She last paid on 10/02/06. She does not have any verification with her.
- Be sure to enter documentation on Care

Unearned Income

- Robert suffers from Muscular Dystrophy. He receives SSI of \$417 on the first of each month.
- Clearinghouse SDX1 verifies the Gross SSI amount. (See below)

Clearinghouse Interface – SDX1 for Robert Landon

```

INQUIRY          STATE      DATA EXCHANGE - SDX1          SDX1
NEXT SSN
Client Name ROBERT LANDON          Client ID
      DOB 03 10 1997      Race      B      Individual SSN 100 02 XXXX
Date of          Mrtl  Alien  Es.  Pers.  --SDX Transaction-- Multiple
Death           Sex  Sts   Code  Ind    Code  Date      SSN
      M    3    N    0    08  08 19 97    0
  Appl Denial  Denial  Appeal  Appeal  Onset Disab/  SSI Elig  Medicd
  Date  Date   Code   Date   Code   Blindness  Date   Test
08 18 97                                08 18 97  08 18 97
  
```

```

Chg D  Pay Stat  Fed Liv  State/Cnty
08 97  C01    C    11530    FS  FS  FS Input  TPL  Medicd
      Appl Stat  Date  Cd  Eff Dt
      N    N    08 97  N  08 18 97
  
```

```

Adv Pay  Bdgt Mo  SSI/GPA  Mthly Asst
      2      417.00  417.00
  
```

```

---- STATE SUPPLEMENT ----
      Amt Pd  Elig Pd  Grant
  
```

```

----- OVERPAYMENT -----
Ind  Balance  Waiver Amt  Waiver  Date
  
```

```

----- RESOURCES -----
House MV  Lfe  Ins  Prop
Z      Z      Z      Z
  
```

Message

Work Requirements

- Ms. Landon works 32 hours per week
- Robert is under age 16

Shelter Costs

- Heats with gas and cools with electricity.
- Receives rent assistance through Section 8. She is responsible for paying \$401 of her total rent amount
- Ms Landon provides a copy of her Section 8 Contract Agreement. (See following page)
- Remember that we do not enter any utility bills on SUCCESS if an SUA is chosen. We look carefully at these expenses on the Expense Statement to address management.
- Press tilde to document shelter

MISC

- Press tilde to document POE, SRR explained and Form 339 given.

ERRO

- Displays all error codes, ignore those referring to Clearinghouse. Resolve all other errors; ask the trainers for assistance if needed.

GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT

Application Review Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	401.00	monthly	10/01 - 401.00	me
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	102.00	monthly	9/27 - 102.00	me
b. Gas	50.00	monthly	10/03 - 50.00	me
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage	17.00	monthly	9/20 - 17.00	me
e. Garbage				
f. Telephone	21.00	monthly	9/14 - 21.00	me
SUBTOTAL	591.00			
Medical Expense				
Child Care Expenses	40.00	weekly	10/2 - 40.00	me
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL	631.00			

1. Does anyone pay any of these bills or any other household bills for you? Yes No
 If yes, who pays the bills? _____
 What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No
 If yes, who? _____
 What costs? _____

3. Comments / Documentation _____

STATEMENT OF INCOME AND RESOURCES

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

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

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

AU Member	Type/ Source of Income	Amount of Income	How often received
<i>me</i>	<i>Work at Sears</i>	<i>900.00</i>	<i>Weekly</i>
<i>Robert</i>	<i>SSI</i>	<i>417.00</i>	<i>Monthly</i>

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

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

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

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

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
<i>Cash</i>		<i>21.00</i>	
<i>Checking</i>		<i>368.00</i>	<i>Bank of America</i>

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

Kelly Landon
Signature

October 5, 2006
Date

Authorized Representative
[Signature]
Case Manager

Date
10/5/06
Date

**Kelly Landon provides requested
verification on 10/8/06
(See following pages)**

P - Process the application months

- Enter verification for each month

Then:

Q – Finalize the Application

- Finalize each month
- Remember TWO RACF IDs are required to finalize an initial application



STATEMENT OF EARNED INCOME
(Declaración de ingreso ganado)

Date/Fecha: 10/08/06

Employer Name: Sears
(Nombre del Patrón o de la Compañía)

Employer Address: 2013 Jonesboro Road
(Dirección del Patrón o de la Compañía)
Atlanta, Georgia 30365

Recipient Name: Kelly Landon
(Nombre del Recibidor)

Case Name: Kelly Landon
(Nombre del Caso)

Case Number: _____
(Número del Caso)

Social Security Number: _____
(Número de Seguro Social)

The above named individual is an applicant/recipient of assistance in this county. Regulations require verification of all household income. (El individuo nombrado arriba es un solicitante/recibidor de asistencia en este condado. Reglamentos requieren verificación de todo el ingreso del hogar.)

Please complete the earnings statement on the reverse side. (Favor de llenar la declaración de ingresos al dorso.)

Your assistance is appreciated. (Le agradecemos su asistencia.)

Sincerely,
(Atentamente)

Ima Case Manager

Case Manager/Phone Number
Nombre del Trabajador Social / Número de

Teléfono

I hereby authorize my employer to furnish complete information about my earnings to the Fulton County Department of Family and Children Services. (Por este medio autorizo a mi empleador a proveerle al Departamento de Servicios Para Familias y Niños del Condado de _____ información completa sobre mis ingresos.)

Kelly Landon
Signature or Mark
(Firma o Marca)

If signed by an "X", person who witnesses the mark signs below. (Si ha firmado con una "X", la persona que testifica la marca debe firmar abajo.)

Signature of Witness
(Firma del Testigo)

Equal Opportunity Employer/(Un Empleador de Oportunidad de Igualdad)

I. a) Name and address of employee on employer's record. (*Nombre y dirección del empleado como Aparece en el expediente del empleador.*)

Sears 2013 Jonesboro Road Atlanta Georgia 30365

b) Beginning date of employment. (*Fecha en que comenzó a trabajar*) _____
Date of first pay (*Fecha del primer día de pago*) _____

c) Employee is paid Weekly Every Two Weeks Monthly Twice a Month
(*El empleado recibe pago*) (*Semanal*) (*Cada Dos Semanas*) (*Mensual*) (*Dos Veces al Mes*)

d) Day of the week paid if pay is received weekly or every two weeks. (*Favor de marcar el día de la semana que recibe su pago si le pagan semanalmente o cada dos semanas.*)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(*Lunes*) (*Martes*) (*Miércoles*) (*Jueves*) (*Viernes*) (*Sábado*) (*Domingo*)

e) Hourly rate (*Pago por hora*) \$7.00 per hour

f) Number of hours worked per week (*Número de horas de trabajo por semana*) 32
Hours _____

**II. PLEASE COMPLETE FOR LAST 4 WEEKS
(FAVOR DE LLENAR PARA LAS ÚLTIMAS SEMANTAS)**

Period End Date (<i>Fecha Final del Período</i>)	Date Pay Received (<i>Fecha de Recibir Pago</i>)	Hours Worked (<i>Horas Trabajadas</i>)	Gross Earning* (<i>Ingresos Brutos*</i>)	Net Earning	Tips (<i>Propinas</i>)
1) 09/30/06	10/05/06	32	\$224.00		
2) 09/24/06	09/28/06	32	\$224.00		
3) 09/17/06	09/21/06	32	\$224.00		
4) 09/10/06	09/14/06	32	\$224.00		
5)					

*DO NOT include advance EITC payments in Gross Earnings
(*No incluye pagos de EITC adelantado en Ingresos Brutos)

III. a) Do you expect a change in pay? Yes No
(*¿Anticipa usted un cambio en pago?*) (*Si*) (*No*)
If yes, what change do you anticipate? (*En caso afirmativo, ¿qué cambio anticipa?*)

When? (*¿Cuándo?*) _____

b) **If the person is no longer employed, provide the reason for termination/separation.** (*Si la persona ya no trabaja con usted, dé la razón por la terminación / separación.*)

Last date of employment (*Última fecha de empleo*) _____

Date of last pay received (*Última fecha de pago*) _____

Date form completed (*Fecha completada*) _____

Ronnie Greene

Signature of Employer (*Firma del Patrón*)

Manager

Title (*Título*)

404-799-2556

Phone Number (*Número Telefónico*)

An equal Opportunity Employer/(Un Empleador de Oportunidad de Igualdad)



**Special Care Learning Center
8902 Brownsmill Road
Atlanta, Georgia 30303**

To whom it may concern:

Kelly Landon pays me \$40.00/week every Friday for afterschool care. Kelly Landon last paid her fee on 10/02/06.

I may be contacted at 404-399-4040, if any additional information is needed.

Sincerely,

*Ashley Pittman, Owner
October 8, 2006*

Q – Finalize the Application

FSFI for Kelly Landon 10/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 10 06				
AU ID 805354115	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	3000.00	Excess Shelter	280.91	
Total Resources	399.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	173.33	
Gross Income Standard	1390.00	Child Support Ded	.00	
Gross Count Earned	970.65	Adjusted Net Income	605.00	
Self Employ Expenses	.00	Net Income Standard	1070.00	
Earned Income Deductn	194.13	Thrifty Food Plan	278.00	
Net Earned Income	776.52	Allotment Amount	96.00	
Gross Count Unearned	417.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	83.00	
Standard Deduction	134.00	Previous Benefit	.00	
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type	

Message

_13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Kelly Landon 11/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 805354115	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	3000.00	Excess Shelter	280.91	
Total Resources	399.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	173.33	
Gross Income Standard	1390.00	Child Support Ded	.00	
Gross Count Earned	970.65	Adjusted Net Income	605.00	
Self Employ Expenses	.00	Net Income Standard	1070.00	
Earned Income Deducn	194.13	Thrifty Food Plan	278.00	
Net Earned Income	776.52	Allotment Amount	96.00	
Gross Count Unearned	417.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	96.00	
Standard Deduction	134.00	Previous Benefit	.00	
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type	

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

OUTLINE FOR CASEWORK SKILLS

- I. INTRODUCTION
- II. EXPECTATIONS OF THE JOB
- III. COMPONENTS OF A GOOD HELPING RELATIONSHIP
- IV. STAGES OF THE INTERVIEW
- V. PREPARING FOR THE INTERVIEW
- VI. BEGINNING THE INTERVIEW
- VII. THE WORK STAGE
- VIII. ENDING THE INTERVIEW

OBJECTIVES FOR CASEWORK SKILLS

- 3 Participants will discuss their expectations of the job.
- 3 Participants will discuss the components of a good helping relationship.
- 3 Participants will be able to identify the four stages of an interview.
- 3 Participants will be able to prepare for the interview.
- 3 Participants will be able to discuss appropriate greetings to begin an interview.
- 3 Participants will be able to develop open questions to get an overview of the applicant/ recipient's situation.
- 3 Participants will be able to discuss the work stage of the interview.
- 3 Participants will discuss attending skills used during the interview.
- 3 Participants will discuss techniques used to gather and give information.
- 3 Participants will be able to discuss summarization of the interview.
- 3 Participants will be able to discuss appropriate ways to end the interview.

- 3 Participants will incorporate good interview techniques and policy information into the interview.

Congratulations!

Family Independence Case Managers

Your position as a Family Independence Case Manager (FICM) is one of the most important roles in the agency. Your role is to do more than gather information to determine eligibility for Food Stamps and other programs. As a FICM, it is important that you make every effort to provide clients with the best service possible in helping them reach their goal of becoming self-sufficient. Your interview with the client is critical in establishing a good helping relationship with the client. To achieve this goal, a level of professionalism must be present.

In this casework skills module, we will discuss your feelings about the position you have accepted, the components of a good helping relationship, and the stages of the interview. Each topic is designed to assist you in becoming more comfortable with the interview process. You will assist clients directly and indirectly; directly through the interview process and indirectly through the referral process. Remember, how you interact with your clients will impact their ability to achieve self-sufficiency.



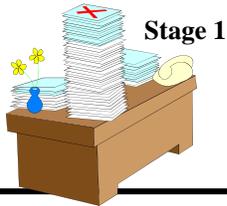


Components of a Good Helping Relationship

In order to establish a good helping relationship with your client, consider and act upon the following components:

- Y **Respect for a client's individuality** – Respond to the client as a unique individual rather than stereotyping. Treat the client as you would want to be treated.
- Y **Non-judgmental attitudes** – Accept the client by behaving in a manner in which respect and concern is demonstrated even though you may reject some of the client's behaviors.
- Y **Trust** – Operate on the premise that a person is honest until proven to be dishonest.
- Y **Genuineness and Interest** – Show concern and interest in the client's needs by listening to the client's story and responding with empathy.
- Y **Empathic Understanding** – Feel with the client rather than for the client (sympathy).
- Y **Acknowledge client's self-determination** – Establish an atmosphere that encourages client's participation and respects the client's initiative. Acknowledge the client's right and capacity to direct their own lives.
- Y **Consistency and reliability** – Advise the client of what to expect from you. Make sure the client understands what you can and cannot do
- Y **Confidentiality** - Respect the client's right to confidentiality. Assure the client that the information shared in the interview will not be made available to the public or other agencies.

Stages of the Interview



Stage 1

Preparing for the Interview

Beginning the Interview



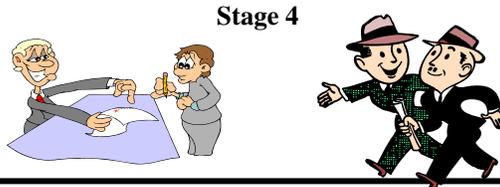
Stage 2

Stage 3



The Work Stage

Ending the Interview



Stage 4

Stages of the Interview

Notes Page



Stage 1 - Preparing for the Interview

Stage 2 – Beginning the Interview

Stage 3 – The Work Stage

Stage 4 – Ending the Interview

The Work Stage

Attending Skills to Use During the Interview

Identify the following as Negative (N) or Positive (P) attending skills.

<p>Eye Contact</p> <p><input type="checkbox"/> a. Frequently loses eye contact</p> <p><input type="checkbox"/> b. Stares at client</p> <p><input type="checkbox"/> c. Looks at client when talking</p> <p><input type="checkbox"/> d. Avoids eye contact</p>	<p>Voice</p> <p><input type="checkbox"/> a. Speaks too slowly or too quickly</p> <p><input type="checkbox"/> b. Speaks too loudly or too softly</p> <p><input type="checkbox"/> c. Little change in inflection</p> <p><input type="checkbox"/> d. Variation in tone; appropriate speech rate and loudness</p>
<p>Posture</p> <p><input type="checkbox"/> a. Face and/or body turned away from client</p> <p><input type="checkbox"/> b. Body faces client, slight lean</p> <p><input type="checkbox"/> c. Tense; slouched; arms and legs crossed</p> <p><input type="checkbox"/> d. Leans away from the client; aggressively leans forward</p>	<p>Verbal Following</p> <p><input type="checkbox"/> a. Stays on topic</p> <p><input type="checkbox"/> b. Switches topic</p> <p><input type="checkbox"/> c. Interrupts client</p> <p><input type="checkbox"/> d. Makes a smooth transition from one topic to another topic</p>
<p>Facial Expressions</p> <p><input type="checkbox"/> a. Facial expressions tense, blank, or distracting</p> <p><input type="checkbox"/> b. Calm yet expressive facial expressions</p> <p><input type="checkbox"/> c. Facial expressions congruent with client</p>	<p>Congruence</p> <p><input type="checkbox"/> a. Discrepancy between client and worker in verbal and nonverbal communication</p> <p><input type="checkbox"/> b. Verbal and nonverbal communication congruent with the client's Communication</p>
<p>Gestures</p> <p><input type="checkbox"/> a. Uses gestures for emphasis</p> <p><input type="checkbox"/> b. Occasional head nods</p> <p><input type="checkbox"/> c. Excessive use of head nods</p> <p><input type="checkbox"/> d. Spontaneous and fluid use of hands and arms</p> <p><input type="checkbox"/> e. Inappropriate gestures. e.g., rigid or fidgeting movements. Preoccupation with pencil, etc</p>	<p>Minimal Encouragers</p> <p><input type="checkbox"/> a. Repeats one or two key words</p> <p><input type="checkbox"/> b. "Um-hum"</p> <p><input type="checkbox"/> c. One-word questions (e.g., "Oh?", "Really?")</p> <p><input type="checkbox"/> d. Head nods</p> <p><input type="checkbox"/> e. "Tell me more"</p> <p><input type="checkbox"/> f. Excessive head nods or excessive "um-hums"</p>

ASK OPEN QUESTIONS

For each of the topics listed below, create at least two open questions to use during the interview.

AU COMPOSITION

RESOURCES

INCOME

SHELTER





**Georgia Department of Human Resources
Division of Family and Children Services
Food Stamp Phase II SUCCESS**

Objectives for Customer Service

By the end of this session, you will be able to:

- identify Customer Service Behavioral Standards
- discuss personal experiences with customer service
- identify non-verbal communications used in the SOFTEN formula
- list the ten rules for providing quality customer service
- demonstrate the standard DHS telephone greeting
- identify techniques to improve telephone customer service
- identify referral resources to assist customers
- combine good interviewing and customer service techniques along with policy knowledge to enter and complete an interview on SUCCESS

Outline for Customer Service

- I. Customer Service**
- II. Telephone Customer Service**
- III. Referrals to Other Programs**
- IV. Real Plays**

Customer Service Behavioral Standards



GREET your customers promptly and courteously.

LISTEN and verify your understanding of the customer's needs.



HELP customers with your answers and actions.

HONOR your commitments in a timely manner.



Experiencing Customer Service - Exercise



Think about the experiences you have had in your own life as a customer during the past few months (in any place: a store, restaurant, whatever).

STEP ONE: Please think about an example of bad service that you have received or have personally seen, the more horrible, the better.

- a) What did the person(s) do or not do that made it so awful or disappointing? Please be specific.
- b) What should they have done differently?
- c) How can we use this in our own work?

STEP TWO: Now please think about an example of excellent service that you have received or have personally seen, the more spectacular, the better.

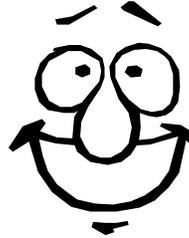
- a) What did the person(s) do or not do that made the service so exceptional? Please be specific.
- b) How can we use this in our own work?

Adapted from Michael Brandwein, Lincolnshire, IL

Non-Verbal Communication in Customer Service

Use the **S-O-F-T-E-N** formula:

Smile:



Open space: Don't put anything between you and the other person

Forward lean: Sends the message that you care about what the person has to say.

Territory: Do not invade the other person's space.

Eye contact: Make eye contact as often as possible, particularly when speaking to another person.

Nod: Nodding occasionally conveys to the other person that you are listening and interested in what they have to say.

Adapted from PML ASSOCIATES, Inc.
Human Resource/Management Consulting
Greenwood, SC

Ten Rules for Providing Quality Customer Service



1) Greet the Customer Immediately

- ♦ Call the customer by a courtesy title (Mr., Mrs., Ms.) and use his or her last name
- ♦ Make immediate eye contact
- ♦ If you are busy, acknowledge the customer's presence with a nod or a smile
- ♦ An immediate greeting only takes a second, but it puts the customer at ease and gets you started on the right foot.

2) Give the Customer Your Undivided Attention

- ♦ Let the customer know that his or her situation is your number one priority at that time
- ♦ Don't act disinterested or bored
- ♦ Pay attention to the customer and show that you consider him or her to be important
- ♦ Don't try to handle two customers at one time
- ♦ Practice good listening skills so you can discuss key points, answer questions, and make appropriate referrals.

3) Make the First 30 Seconds Count

- ♦ The first 30 seconds belong to the customer, not to you
- ♦ Don't force customers into the same mold; recognize that each individual and situation is unique
- ♦ Give each customer a chance to communicate his or her needs clearly in the first 30 seconds.

4) Be Natural, Not Phony or Mechanical

- ♦ Don't give the customer the standard or routine answers to questions
- ♦ Express genuine interest and concern
- ♦ Avoid the "have-a-nice-day-next" attitude.

5) Be Energetic and Cordial

- ♦ Approach each contact with a customer as a new event
- ♦ When answering the telephone, keep in mind that the customer can't see you and your voice is the only means you have of making a good impression
- ♦ Pace yourself as you work.

6) Be the Customer's Agent

- ♦ Make the commitment to help solve the customer's problem
- ♦ Know who is responsible for various duties within your organization so you can make appropriate referrals
- ♦ Be willing to apologize to a customer if the situation calls for it – even if you are not the one who made the mistake
- ♦ Think of your job as a matter of solving problems for the customer, not just performing a set of tasks.

7) Think! Use Your Common Sense

- ♦ It's ok to think for yourself
- ♦ If the answer isn't "in the manual", stop and think things over
- ♦ Try to think beyond the limits of habit, tradition, and standard procedures

- ♦ Look for new ways to do things that will be beneficial to your customers.

8) Be Flexible

- ♦ Don't allow the rules or procedures to become a barrier to helping the customer
- ♦ It's okay to bend the rules within reason if you are making the right decision for the customer and his/her family
- ♦ If you are in doubt, check with your supervisor about a new way to solve a customer's problem
- ♦ Rules exist to make things work properly, but when rules get in the way of serving the customer efficiently, it may be appropriate to question the rules.

9) Make the Last 30 Seconds Count

- ♦ The last impression a customer leaves with is just as important as the first impression
- ♦ Remember that customers are the reason you have a job
- ♦ Offer a bit of helpful information; let the customer know what to expect, and what information is needed
- ♦ Make the contact a positive experience.

10) Take Good Care of Yourself

- ♦ You can take good care of your customers by taking good care of yourself. Everyone has a bad day now and then, but the key to your success is to keep those feelings in check and not let those feelings impact the quality of service you provide
- ♦ Pay attention to your feelings throughout the day and keep yourself in a positive frame of mind
- ♦ When you are feeling good, you transmit that energy and optimism to your co-workers as well as to your customers.





Standard DHS telephone greeting:

Hello _____ (state your Division or office name), this is _____ (your name), may I help you?

Example: "Hello, Clarke County Department of Family and Children Services, this is Darren Chester, may I help you?"



Write down how you will answer the phone in your office:



Telephone Techniques:

- The telephone should be answered by the second ring.
- Put a smile on your face when talking. That smile will be "heard" by the caller.
- Adjust your rate of speech to match the caller.
- If you must put someone on hold, ask, "May I place you on hold while I get that information for you?" Make sure you wait for their answer before pressing the button.
- Never keep someone holding for more than 30 seconds.
- If necessary pick back up and explain any delay and give the caller an opportunity to hang up and have you call them back.

Referrals to OTHER Programs



Instructions: For each situation described below, please indicate the appropriate referral source.

1. Ms. Hayes is eligible for expedited Food Stamp. She will receive her Food Stamp allotment within 7 days. Until then she states she does not have any food.
Make a Referral to:

2. Mr. Saunders states that he was injured on the job last week.
Make a Referral to:

3. Ms. Allen is 3 months pregnant. Her doctor has advised her that she needs to eat healthy and take prenatal vitamins. She states she cannot afford the pre-natal vitamins.
Make a Referral to:

4. Mr. Stevens (65) states that he is having financial problems and is unable to pay his high gas heating bills for his home this winter.
Make a Referral to:

5. Mrs. James works full-time. She has a 6-month-old son and a 2-year-old daughter. She states that she cannot afford the high cost of childcare and may have to quit her job.
Make a Referral to:

6. Mr. Crane has been diagnosed with a disability. He is unable to work.
Make a Referral to:

7. Ms. Washington has trouble each month paying her rent. She states that her rent has increased over \$150 in the last 18 months. She states she really needs more affordable housing for herself and her family.
Make a Referral to:

Initial Application Process

Real Plays



Remember for an Effective Interview

- ↳ Prepare for the interview
- ↳ Greet the client appropriately
- ↳ Set an agenda
- ↳ Ask an OPEN question to get an overview; summarize, document on NARR

For Every Topic

- ↳ Ask an OPEN question
- ↳ Fill in details with closed questions and reflections
- ↳ Summarize the topic
- ↳ Document the case on SUCCESS

REAL PLAYS: BONNIE WYATT AND LUCY TAYLOR

- These two cases give you an opportunity to see the “big picture”: how to incorporate the policy you’ve learned, the interview skills which are necessary to establish a good working relationship with your clients, and all the forms that need to be completed in the initial interview.
- For each scenario, the worker role and the budgets for you to check your case are in the Participant Guide. Each person will be the worker in one situation.

THE TRAINER WILL HAND OUT THE APPLICANT INFORMATION YOU NEED TO COMPLETE THIS EXERCISE.

Bonnie Wyatt – Intake Real Play

Family Independence Case Manager Scenario

Background

Bonnie Wyatt is applying for Food Stamps on 10/02/06. Begin talking with the A/R to establish rapport and get an overview of her situation, then, record the information on SUCCESS. Remember to document her situation on the NARR screen and to document other information on the appropriate REAM screen using ADTs when appropriate.

Review required forms and get A/R to sign

Request verification if necessary

You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.

Process the Application Months

The A/R will provide you with any missing verification after you give her a checklist.

Finalize the case

FSFI for Bonnie Wyatt 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1049.65	Adjusted Net Income	197.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	209.93	Thrifty Food Plan	278.00
Net Earned Income	839.72	Allotment Amount	211.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	211.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Bonnie Wyatt 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI

A

Month 11 06

AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1049.65	Adjusted Net Income	197.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	209.93	Thrifty Food Plan	278.00
Net Earned Income	839.72	Allotment Amount	211.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	211.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Lucy Taylor- Intake Real Play

Family Independence Case Manager Scenario

Background

Lucy Taylor is applying for Food Stamps on 10/05/06. Begin talking with the A/R to establish rapport and get an overview of her situation, then, record the information on SUCCESS. Remember to document her situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.

Review required forms and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be handwritten on the checklist as it will not appear on VERF.

Process the Application Months

The A/R will provide you with any missing verification after you give her a checklist. Remember to enter terminated income only for the appropriate month.

Finalize the case

FSFI for Lucy Taylor 10/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI
A			
Month 10 06			
AU ID 904301315	Prog FS	Prog Type S	
Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	337.03
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1632.43	Adjusted Net Income	835.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	326.48	Thrifty Food Plan	506.00
Net Earned Income	1305.95	Allotment Amount	255.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	246.00
Standard Deduction	134.00	Previous Benefit	.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Lucy Taylor 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 904301315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	575.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	333.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	333.00
Standard Deduction	134.00	Previous Benefit	.00

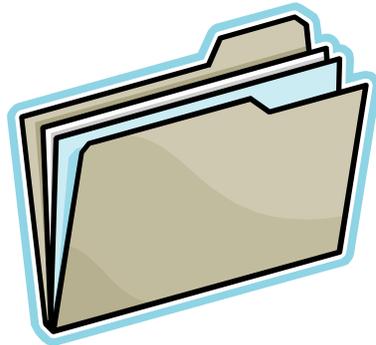
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Reviews Real Plays



Mitchell Green – Review Real Play

Family Independence Case Manager Scenario

Background

- Mitchell Green has come in for his Food Stamp review.
- Mitchell Green is a Food Stamp / RSM case. You will need to complete the Health Check field on the DEM2 screen. You will need to place a “Y” in the Health Check field.
- Begin talking with the A/R to get an overview of his situation, then, go through all the screens on SUCCESS updating information.

Review all required forms with A/R and have A/R sign them.

Request verification if necessary

- You will need to decide if verification is needed for anything this time.
- If verification is needed, the A/R will provide it after you give him the checklist, then you will go back in and complete the review
- If verification is not needed, complete the review

DO NOT compare budgets until you have completed the review.

Mitchell Greene CAFI
11/06

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06					
AU ID 180000008	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	442.99	
Gross Income Test			Net Unearned Income	50.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income	1442.98		Allocated Income	.00	
Net Unearned Income	50.00		Net Income	493.00	
Deemed Income		.00	Grant Amount	.00	
Allocated Income		.00	Recoupment Amount	.00	
Total Gross Income	582.99		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1100.00		Spenddown Amount		
Gross Earned Income	1442.98		Medical Expense Amt		
Self Employ Work Exp		.00	Net Spenddown Amt		
Bnft Eff Date 070106	Bnft Confirm	Reasons 309 303	Budgeting Method P		
Notice Type 0011	Waive Timely Ntc Period		Notice Override		
Review Begin Date 08 06	Review End Date 01 07		Strat 3		
Message					

13-note

Alice Denton – Review Real Play

Family Independence Case Manager Scenario

Background

- Alice Denton has come in for her Food Stamp review.
- Alice Denton is a Food Stamp / RSM case. You will need to complete the Health Check field on the DEM2 screen. You will need to place a “Y” in the Health Check field.
- Begin talking with the A/R in order to establish rapport and get an overview of his situation, then, go through all the screens on SUCCESS updating information.

Review all required forms with A/R and have A/R sign them.

Request verification if necessary

- You will need to decide if verification is needed for anything this time.
- If verification is needed, the A/R will provide it after you give them the checklist; then you will go back in and complete the review
- If verification is not needed, complete the review

DO NOT compare budgets until you have completed the review.

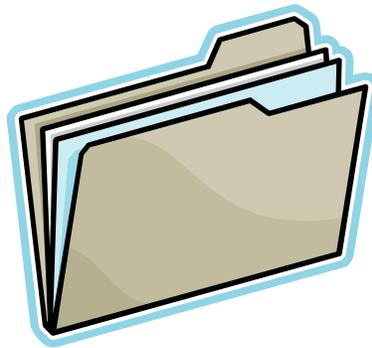
Alice Denton CAFI
11/06

CHANGE	CASH/MA	FINANCIAL	ELIGIBILITY - CAFI	CAFI	A
Month 11 06					
AU ID 180000046	Prog MA	Prog Type F	Med COA F22		
			Net Income Test (cont)		
Resources			Standard - 30 1/3	90.00	
Resource Limit		.00	Dependent Care	.00	
Total Resources		.00	Net Earned Income	828.63	
Gross Income Test			Net Unearned Income	.00	
Gross Income Limit		.00	Deemed Income	.00	
Gross Earned Income	918.63		Allocated Income	.00	
Net Unearned Income	.00		Net Income	829.00	
Deemed Income	.00		Grant Amount	.00	
Allocated Income	.00		Recoupment Amount	.00	
Total Gross Income	918.63		Benefit Amount	.00	
Net Income Test			Previous Benefit	.00	
Net Income Limit	1840.00		Spenddown Amount		
Gross Earned Income	918.63		Medical Expense Amt		
Self Employ Work Exp	.00		Net Spenddown Amt		
Bnft Eff Date 050106	Bnft Confirm Y	Reasons 308 302		Budgeting Method P	
Notice Type 0011	Waive Timely Ntc Period			Notice Override	
Review Begin Date 05 06	Review End Date 11 06			Strat 2	
Message					

13-note

Pulling It All Together

Real Plays



PULLING IT ALL TOGETHER REAL PLAYS

MIGUEL RODRIGUEZ AND SALLY HALL

- These two cases give you an opportunity to “Pull It All Together”: how to incorporate the policy you’ve learned, the interview skills which are necessary to establish a good working relationship with your clients, and all the forms that need to be completed in the initial interview, interim change, and review.
- In the Participant Guide is the information for each of the worker roles and the budgets for you to check your case. Each person will be the worker in one situation.

THE TRAINER WILL HAND OUT THE APPLICANT/RECIPIENT INFORMATION YOU NEED TO COMPLETE THIS EXERCISE.

Miguel Rodriguez– Intake Real Play

Family Independence Case Manager Scenario

Background

Miguel Rodriguez is applying for Food Stamps on 09/28/06. Begin talking with the A/R in order to establish rapport and get an overview of his situation, then record the information on SUCCESS. Determine if Mr. Rodriguez is eligible for TCOS based on his statement of AU income. **Remember to document his situation on the NARR screen.**

Review required forms and get A/R to sign

Request verification if necessary

You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.

Process the Application Months

The A/R will provide you with any missing verification after you give him a checklist. You will have two historical months since Mr. Rodriguez applied on 09/28/06.

Finalize the case

FSFI for Miguel Rodriguez 09/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 0906
 AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	1886.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1200.00	Adjusted Net Income	426.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	240.00	Thrifty Food Plan	399.00
Net Earned Income	960.00	Allotment Amount	271.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	18.00
Standard Deduction	134.00	Previous Benefit	.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Miguel Rodriguez 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 1006
 AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	1886.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1350.00	Adjusted Net Income	546.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	270.00	Thrifty Food Plan	399.00
Net Earned Income	1080.00	Allotment Amount	235.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	235.00
Standard Deduction	134.00	Previous Benefit	.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for Miguel Rodriguez 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A

Month 1106

AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	1886.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1350.00	Adjusted Net Income	546.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	270.00	Thrifty Food Plan	399.00
Net Earned Income	1080.00	Allotment Amount	226.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	235.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 09 06 Review End Dt 02 07 Strat 2 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Miguel Rodriguez - Interim Change #1 Real Play

Family Independence Case Manager Scenario

Background

Miguel Rodriguez is reporting a change on 10/01/06. Talk with the A/R to determine what change has occurred, then record the information on SUCCESS. Remember to document his situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.

Review required forms if appropriate, and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.
- The A/R will provide you with any missing verification after you give him a checklist.

Process the change

FSFI for Miguel Rodriguez 11/06 – Interim Change #1

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A

Month 1106

AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	2.00
Total Resources	1886.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1350.00	Adjusted Net Income	944.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	270.00	Thrifty Food Plan	399.00
Net Earned Income	1080.00	Allotment Amount	116.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	116.00
Standard Deduction	134.00	Previous Benefit	235.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.

Miguel Rodriguez- Interim Change #2 Real Play

Family Independence Case Manager Scenario

Background

Miguel Rodriguez is reporting another change late in the afternoon on 10/05/06. Talk with the A/R to determine what change has occurred, then record the information on SUCCESS. **Remember to document his situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.**

Review required forms if appropriate, and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.
- The A/R will provide you with any missing verification after you give her a checklist.

Process the change

FSFI for Miguel Rodriguez 11/06 – Interim Change #2

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A

Month 1106

AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	.00
Total Resources	1886.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1450.00	Adjusted Net Income	1026.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	290.00	Thrifty Food Plan	399.00
Net Earned Income	1160.00	Allotment Amount	91.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	91.00
Standard Deduction	134.00	Previous Benefit	116.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 09 06 Review End Dt 02 07 Strat 2 Issue Type

Message

13-note

NOTE: **Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.**

Note: **In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.**

Miguel Rodriguez- Review Real Play Family Independence Case Manager Scenario

Background

Miguel Rodriguez comes in for a Food Stamp Review on 10/05/06. Talk with the A/R to get an overview of the household situation, then, record the information on SUCCESS. Determine if Mr. Rodriguez is eligible for TCOS based on his statement of AU income. **Remember to document his situation on the NARR screen and to document other information on the appropriate REMA screen using the ADTs when appropriate.**

Review required forms and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.
- The A/R will provide you with any missing verification after you give him a checklist.

Finalize/Complete the review on the MISC screen

FSFI for Miguel Rodriguez 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 1106
 AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	24.86
Total Resources	690.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1662.86	Adjusted Net Income	1171.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	332.57	Thrifty Food Plan	399.00
Net Earned Income	1330.29	Allotment Amount	48.00
Gross Count Unearned	150.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	48.00
Standard Deduction	134.00	Previous Benefit	91.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 12 06	Review End Dt 02 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Sally Hall – Intake Real Play

Family Independence Case Manager Scenario

Background

Sally Hall is applying for Food Stamps 10/05/06. Begin talking with the A/R in order to establish rapport and get an overview of her situation, then, record the information on SUCCESS. Determine if Ms. Hall is eligible for TCOS based on her statement of AU income. **Remember to document her situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate. Always remember to use “date received” as 10/05/06 due to training region limitations.**

Review required forms and get A/R to sign

NOTE: Sally Hall has a pending Right From the Start Medicaid case which you will not be completing. Please use the RSM related codes listed below in order to avoid outstanding errors in the “O” process.

- **STAT A for Medicaid – use OT, Y, PN**
- **DEM1 for each A/R – Not an SSI Recipient – use code “N”**
- **DEM2 for each A/R – TPL Coop – use code “N”, client statement accepted**
- **DEM2 for each minor – Health Check – use code “Y”**

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.

Process the Application Months

- The A/R will provide you with any missing verification after you give her a checklist. Remember to enter terminated income/expenses only for the appropriate month.

Finalize the case

FSFI for Sally Hall 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A

Month 1106

AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	650.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1429.19	Adjusted Net Income	709.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	285.83	Thrifty Food Plan	506.00
Net Earned Income	143.36	Allotment Amount	293.00
Gross Count Unearned	100.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	293.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
Notice Type 0003 Waive Timely Notice Period Notice Override
Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Sally Hall-Interim Change #1

Family Independence Case Manager Scenario

Background

Sally Hall is reporting a change on 10/05/06. Talk with the A/R to determine what change has occurred, then record the information on SUCCESS. Remember to document her situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.

Review required forms if appropriate, and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.
- The A/R will provide you with any missing verification after you give her a checklist.

Process the change

Sally Hall-Interim Change #2

Family Independence Case Manager Scenario

Background

- Sally Hall is reporting another change late in the afternoon on 10/05/06. Talk with the A/R to determine what change has occurred, then record the information on SUCCESS. **Remember to document her situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.**

Review required forms if appropriate, and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.
- The A/R will provide you with any missing verification after you give her a checklist.

Process the change

FSFI for Sally Hall 11/06 – Interim Change #2

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 1106
 AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	325.32
Total Resources	650.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1429.19	Adjusted Net Income	784.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	285.83	Thrifty Food Plan	506.00
Net Earned Income	1143.36	Allotment Amount	271.00
Gross Count Unearned	100.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	271.00
Standard Deduction	134.00	Previous Benefit	293.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.

Sally Hall – Review Real Play

Family Independence Case Manager Scenario

Background

Sally comes in for a Food Stamp Review on 10/05/06. Talk with the A/R to get an overview of the household situation, then, record the information on SUCCESS. Determine if Ms. Hall is eligible for TCOS based on her statement of AU income. Remember to document his situation on the NARR screen and to document other information on the appropriate REMA screen using ADTs when appropriate.

Review required forms and get A/R to sign

Request verification if necessary

- You will need to request missing verification using either the VERF or a manual checklist and go over this with the A/R.
- Remember some verification must be hand written on the checklist, as it will not appear on VERF.
- The A/R will provide you with any missing verification after you give her a checklist.

Finalize/Complete the review on the MISC screen

FSFI for Sally Hall 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 1106
 AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	178.94
Total Resources	17.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1920.15	Adjusted Net Income	1223.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	384.03	Thrifty Food Plan	506.00
Net Earned Income	1536.12	Allotment Amount	139.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	139.00
Standard Deduction	134.00	Previous Benefit	224.00
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 12 06	Review End Dt 05 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Work Smarter

ALERTS

Training



Not Harder!

Participant Guide
Food Stamp Phase II Training

Table of Contents

Purpose and Objectives.....	3
Alert Basics.....	4
How to Read an Alert Screen.....	5
Four Types of Alerts.....	8
Worker Generated Alerts.....	9
Transaction Alerts.....	10
Interface Alerts.....	13
Case Tracking Alerts.....	14
Caseload Management and Alerts.....	15
Creating a Worker Generated Alert – ALWG.....	17
Priority Detail List – ALPR.....	18
Assistance Unit Detail List – ALAU.....	19
Due Date Detail List – ALDD.....	20
Load Alert Summary – ALWS.....	21
Alert Disposition.....	23
Tips for “Alert” SUCCESS.....	25

Welcome to Alerts Training!

Alerts are SUCCESS produced messages/reminders that require action or attention. When used correctly, alerts will enhance your ability to effectively manage your caseload. This guide is designed to reinforce as well as increase your knowledge of the Alert process. This participant guide can be used to assist you with caseload management now and in the future.

OBJECTIVES

Participants will be able to:

- read and interpret an alert screen
- access alerts from designated SUCCESS screens
- identify the different types of alerts
- create worker generated alerts
- disposition alerts
- use alerts for effective caseload management



Alert Basics

Alerts are SUCCESS produced messages/reminders that require your action/attention. Alerts are attached to the AU and are sent to the caseload assigned to that AU. FICMs should use their alerts to prioritize their work. Alerts notify the FICMs of the actions needed and/or actions that SUCCESS performed during overnight batching.

TERMS	EXPLANATION
ALERT CODES	Each alert is assigned an alert code. The alert code identifies the alert to the system. Alert codes are assigned a number from 001 to 999.
ALERT PRIORITY	Alert priority indicates the relative importance of the alert. Alert priorities are assigned numerically from 001 to 999.
PRIORITY ORDER	When you see alerts listed in priority order, you will usually see alerts with the lowest numerical value alert codes listed first, followed by the higher ones. Within each alert code, you will see the earliest due dates listed first.
DUE DATE	Each alert is assigned a due date. This date indicates when the work specified by the alert must be completed. For a worker-generated alert, the worker must enter this date.
DISPLAY DATE	Each alert is assigned a display date. For a worker-generated alert, the worker must enter this date. This date indicates when the system will display the alert.
SUMMARY GROUPS	A high-level classification for types of alerts, such as system maintenance or interface.

The alerts will appear in the following colors:

- **Hot Pink** means the alert is new today and has **NOT** been dispositioned.
- **Light Blue** means the alert has been on your alert listing more than one day and has **NOT** been dispositioned.
- **White** means you have just accessed that alert.
- **Yellow** means the alert has been transferred to another worker or you have dispositioned the alert today.

How to Read an Alert Screen

- Alerts are listed on two lines.
- The first line has the alert code, due date, AU or Client number, and message text.
- The second line has the name of the Head of AU or specific client being referred to if it is a system generated alert.

UPDATE	PRIORITY DETAIL LIST - ALPR					ALPR
	Prg	Load	000Z	001 More		
S	Cd	Due	Cd	AU/Client	Message Text	D
110	080706	FS	2826354967	Review Pending		
	Ida Mae Customer					
Message						
13-tier 14-altr 15-amem 16-esme 17-svds 18-svqc						

First Line →

Second Line →

Definition of Fields

“**S**” field - allows the worker to select a specific alert and use the PF keys at the bottom of the screen to find out more information or access the case.

“**CD**” field - lists the code of the alert. **Note:** All Alert Codes are listed, with an explanation, in the SUCCESS User’s Manual.

“**Due**” field - lists the date the alert is due

“**PROG CD**” field - the program code for the AU/Client for which this alert is generated.

“**AU/Client**” field - the AU case number or client ID number for which this alert is generated.

“MESSAGE TEXT” field - text for the alert. This tells you what action the system has taken on this AU or client, or it tells you what action you need to take to review eligibility for this AU or client.

“D” field - in the far right column, is the field where you disposition the alert. SUCCESS will automatically disposition some alerts while some will have to be manually deleted by the FICM. Note: The alert description in the User’s Manual tells which is required for each alert.

Functions Located at the Bottom of the ALPR Screen

“13-tier” - you want to obtain more detailed information on a two-tiered alert, type “Y” in the “S” field that is on the same line as the alert and press the **F13** key.

“14-altr” - Use Alert Transfer to transfer an alert to another load ID. **Only Supervisors are authorized** to transfer alerts. When an AU is transferred to another load ID, all current alerts are transferred automatically

“15-amen” - If you want to access a particular function that is listed on the **AMEN** screen, type the corresponding letter of the function in the “S” field that is on the same line as the alert then press **F15**. The system will transfer you to the function you entered for the AU or customer specified in the alert.

If you want to go from the alert into SUCCESS, place an “R” in the ‘Select Field’ and **F15**, this will take you to the ADDR screen, from there you can fast path to the appropriate screens. **This process will only allow you to work in the ongoing month**, therefore, if corrections need to be made in the current and/or historical months, you will have to make those corrections from the **AMEN** screen.

“16-esme” – to go into the Employment Services screens using the selections on ESME. If you want to access a particular function that is listed on the ESME screen, type the corresponding letter of the function in the “S” field that is on the same line as the alert then press **F16**.

The system will transfer you to the function you entered for the AU or customer specified in the alert. This process will only allow you to work in the ongoing month.

“17-svds” - If you want to obtain more detailed information on Alert 156 “SVES Discrepancy” type a “Y” in the “S” field that is on the same line as the alert and press **F17**.

“18-svqc” - If you want to obtain more detailed information on Alert 157 “SVES Quarters of Coverage Have Been Returned”, type “Y” in the “S” field that is on the same line as the alert and press **F18**.

NOTES: 

FOUR TYPES OF ALERTS

Worker Generated

Case Tracking Alerts



Transaction Alerts

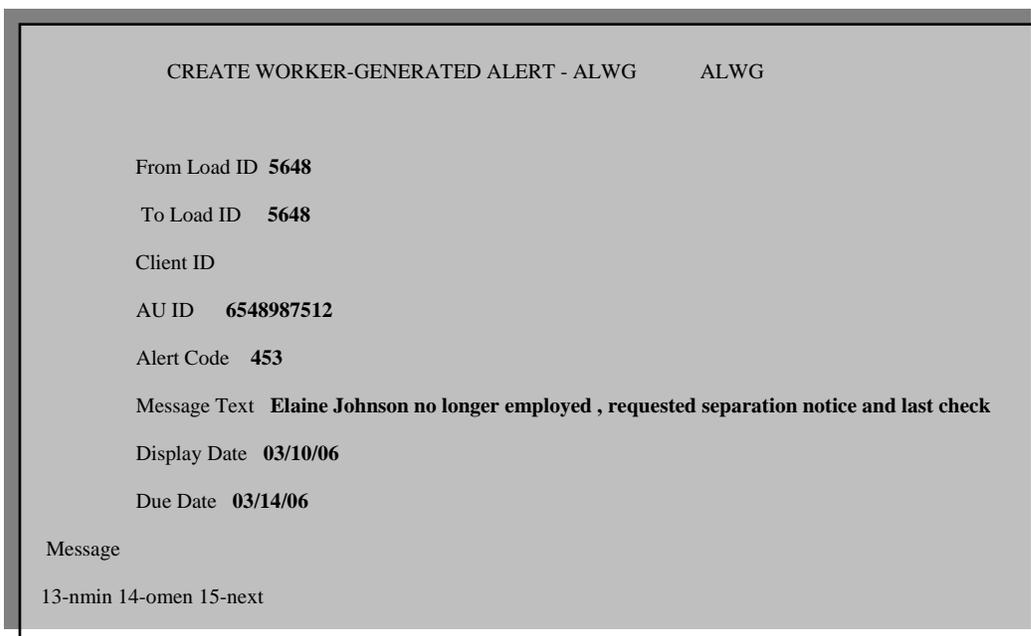
Interface Alerts

Worker Generated Alerts

- Through direct entry, the FICM can create an alert for themselves and other case managers as a reminder of actions due on a specific case which are not system generated.
- This alert may also be used by FICM communicate changes to other worker. Worker-generated alerts are assigned a medium level of priority.
- The alert codes used for worker-generated alerts are 450-489.
- Worker-Generated Alerts must be manually dispositioned by the receiver of the alert.

Example: If you have requested verification, you can create an alert to as a reminder of the date the verification is due.

The Create Worker-Generated Alert-ALWG screen displays the coding fields used to set up your alert. See sample screen below.



CREATE WORKER-GENERATED ALERT - ALWG ALWG

From Load ID 5648

To Load ID 5648

Client ID

AU ID 6548987512

Alert Code 453

Message Text Elaine Johnson no longer employed , requested separation notice and last check

Display Date 03/10/06

Due Date 03/14/06

Message

13-nmin 14-omen 15-next

Transaction Alerts

Transaction alerts are generated through batch processing and triggered by new data entered in the system, such as registering applications, interviews, reviews, various changes, financial exception transactions and transactions that are held incomplete or in error status.

Example: When an application is registered, an alert will be generated during overnight processing to remind you that the application is pending. It will give you a due date based on the standard of promptness (SOP) date for that specific program.

ALERT CODE	ALERT TEXT
050	Review Appointments Scheduled- Please Review (W) Appears the first day of the month that SUCCESS is up. Review schedule prior to notices being sent.
051	Review notices will be sent tonight (S) Generated the morning of the day on which review notices will be sent.
102	Application Pending (S)
103	Verify the Application For or Receipt of SSN Applied For Date
106	ABD Reconciliation – Perform Recon (W)
107	Auto Review Processing Missed-FICM Initiate Review (W) When a case is approved after the 1st of the month, and a review is due the next month.
110	Review Pending (S)
111	Retro Medicaid Pending (3 months prior) (S) Generated when a retro Medicaid month(s) were initiated but not finalized.
112	Extended MA AU Needs Review (W) Created when a case trickles to TMA and the MISC screen hasn't been completed by placing a "Y" in the 'Extend MA COA" and the date is over 30 days old.
114	Child RSM Ineligible Due to Age- Complete DMD (W) Month before eligible child in F22 case turns age one, six or nineteen
118	Add-A-Person Pending (S)
120	Spa On Hold (Placed on Hold by Worker) (S)

125	Check 3 Month Prior Medicaid For AU (W)
	When application was registered and on the CIRC screen has a "Y" for prior 3 months.
126	SPA Held For Work In Progress (Placed on Hold by System) (W)
	Data held in the scratch pad because it couldn't be committed to the data base because it was missing info needed to satisfy final edits. This code becomes Alert 320 if case is still pending on SPA at the end of the month.
127	This AU Has Not Been Transferred (W)
	When a "Y" is placed on the AU's MISC screen under the "Auto Reassign Override".
133	Complete CMD For Closed/Denied MA Adult (W)
	Any adult client who has a TANF AU that trickled to F22 (RSM) or F99 (Medically Needy Spenddown) in the batch cycle
136	SSN Match Found by Employee File (New Hire) (W)
137	SDX Shows Earnings but SUCCESS Does Not (W)
202	Application Registered-Interview Not Started (S)
	AU registration is performed and neither the intake interview nor an interim change started
203	Interview Not Started-Denial In 5 Days (W)
	Generated 5 days prior to SOP. If action isn't taken on case by the end of SOP, SUCCESS will deny the application.
210	Scheduling Conflict, Required Review Not Auto Scheduled (W)
	Generated when there aren't any available appointments on your calendar from the 1st to the 15th of the month. You will have to set up the appointment.
212	Pregnant Client Closed (W)
	CMD needed for pregnant woman in a MA AU other than P01.
213	RSM-Preg Ending for Woman Under 19-Review RSM Child (W)
	When RSM Pregnant AU closes in batch and client is less than 19 years of age.
214	Review Period Expired-EW Close AU (S)
	ABD AU's POE ends today and a review has not been initiated.
217	Review Mail-in Notice Sent (S)
218	This AU Has Been Transferred To This Load ID (S)
219	This AU Has Been Transferred From This Load ID (S)
222	Child Turning 16 Not a Student-Check Employment Services Status (W)
	Generated in the month begin cycle one month prior to a non-student client achieving their sixteenth birthday

224	Client Turning – Check School Attendance	(W)
226	Client Becomes Age 19 or Age 18 And Is Not A Student	(W)
235	Review Case Due to Excess Child Support From CSE	(W)
236	Pregnancy in 8th Month or Later-Check Status	(W)
237	Client In Employment Services Entering Subsidized Work	(W)
238	Client Penalty Expires This Month	(W)
239	Client in Employment Services Leaving Subsidized Work	(W)
259	Process Spenddown Authorization	(W)
	When SD expenses were entered, current SD amount is zero, but authorization not performed.	
262	RevIntevw Ntc Not Sent-EW Must Send Maint Intvw Ntc.	(W)
	System schedules a combo review and the Case Manager reschedules one and deletes the other, the AU with the deleted appointment gets this alert.	
303	AU selected For Mass Mod But No Updates Made	(S)
	Generated when AU is chosen for mass modification but detects no case changes.	
304	Appl Due-Enter Delay Rsn On Misc If Unable To Complete	(W)
	If the AU is in pending status five days prior to the end of SOP and the intake interview has started. If the case goes OSOP, the MISC screen needs to be coded in the 'Delay Reason'.	
312	Review Scheduled On Last Working Day Not Initiated Online	(W)
314	Review Discontinuance Warning Notice Sen	(S)
	Generated for AUs one day after the review appointment was missed for a Standard (including when SUCCESS was down for the appointment). For alternates an alert is generated on the 6th day of the review month if the review hasn't been initiated.	
320	Spa Deleted Overnight	(S)
321	Reinstatement Not Completed-AU Is Not Active	
350	AU Denied-Failure To Cooperate With Application Process	(W)
351	AU Discontinued Overnight	(W)
353	RSM Pregnancy Case Needs Due or TerminationDate	(W)
377	Client Discontinued Overnight	(W)
388	Client Sanctioned Overnight	(W)
556	Client No Longer Has Earned Income	(W)
557	Client's TANF Case Reopened	(W)

**This is not an all inclusive list!
Refer to the SUCCESS User Manual**

Appendix A for more Alerts Listings

Interface Alerts

- Interface alerts are generated by certain interface matches or exchanges. Interface matches/exchanges tell the FICM about discrepancies/errors in data entry.
- Some of Interface alerts are ‘two-tiered’ which means the FICM can use a Function Key to display an additional screen, which allows the FICM to compare interface data and system data.
- The Income and Eligibility Verification System (IVES) is a federally operated system through which agencies request personal data, wage and benefit information on applicants and recipients from other state and federal agencies.
- Primary social security numbers entered in SUCCESS are matched with the SSNs contained in these other agencies.

SUCCESS performs IVES computer matches with the following files from other agencies:

1. SSA Beneficiary Earnings Exchange Record System (BEERS)
2. United States Internal Revenue Service (IRS)
3. Interstate Files
4. SSA Prisoner Verification Inquiry
5. SSA Death Verification Inquiry
6. SSA Bendex
7. DOL wage files
8. Unemployment Compensation Benefit files (UCB)

Case Tracking Alerts

Case Tracking Alerts – SUCCESS examines certain cases for time-related activities and issues alerts, such as, disqualification, ES activities expiring, critical ages or reviews due.

UPDATE	PRIORITY	DETAIL LIST - ALPR	ALPR		
S Cd Due	Prg	Cd AU/Client	Message Text	Load 000Z	003 More
103 082905 MA 121212121	VERIFY THE APPL FOR OR RECPT OF SSN	APPLIED FOR DAT			D
GEORGIA CUSTOMER					
116 051305 MA 121212121	CHECK STUDENT STATUS-CHILD GRADUATING NEXT MONTH				
GEORGIA CUSTOMER					
212 110405 MA 121212121	PREGNANT CLIENT CLOSED				
GEORGIA CUSTOMER					
224 063005 MA 121212121	CLIENT TURNING AGE 18 - CHECK FOR SCHOOL ATTENDANCE				
GEORGIA CUSTOMER					
236 103105 MA 121212121	PREGNANCY IN 8TH MONTH OR LATER - CHECK STATUS				
GEORGIA CUSTOMER					
114 053005 MA 212121212	CHILD RSM INELIG DUE TO AGE - COMPLETE CMD				
GEORGIA CUSTOMER					
123 091205 MA 121212121	ENTER EXPENSES FOR MA SPENDDOWN				
GEORGIA CUSTOMER					
115 103105 MA 121212121	LIMITED STAY EXPIRING-REVIEW FOR CONTINUED ELIG				
GEORGIA CUSTOMER					
213 100305 MA 121212121	RSM-PREG ENDING FOR WOMAN UNDER 19 - REVIEW RSM CHI				
GEORGIA CUSTOMER					
Message					
13-tier 14-altr 15-amen 16-esme 17-svds 18-svqc					

Example: If child is turning the critical age for ineligibility in TANF and you have not removed the child from the case, SUCCESS will:

- Remove the child
- Recalculate eligibility
- Send a notice to the A/R
- Generate an Alert to tell you what has been done

NOTES: 

Caseload Management and Alerts

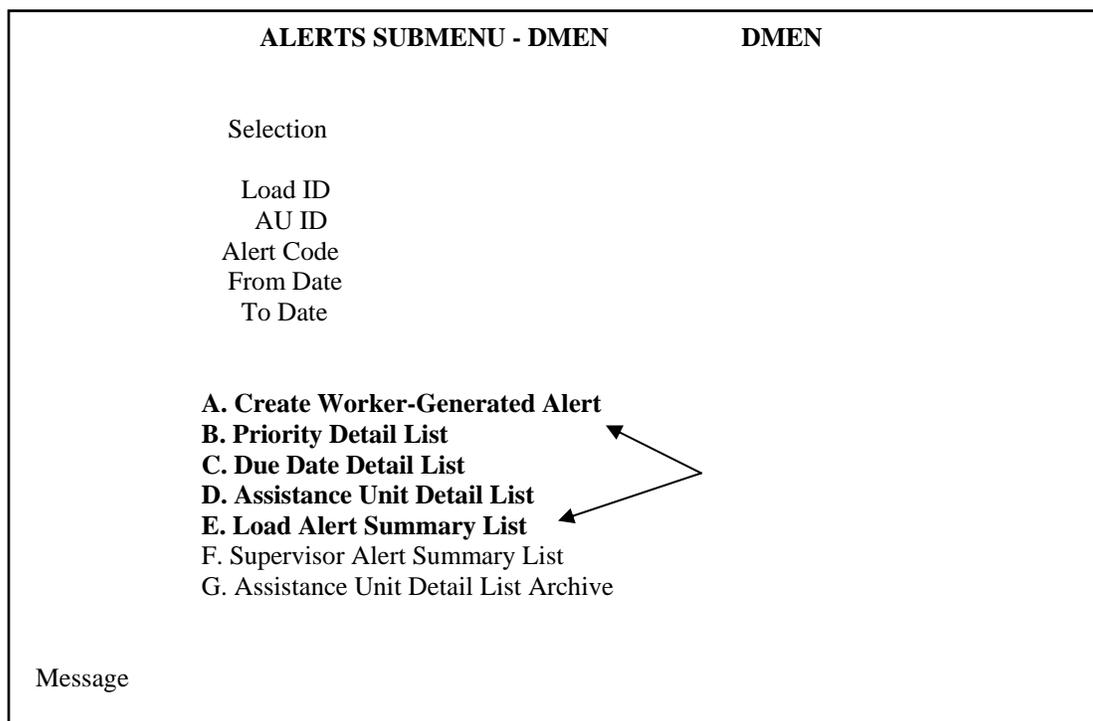


In order to effectively manage your caseload, FICMs can use alerts to assist with everyday tasks. Alerts act as “reminders” for the FICM. The most effective way to use Alerts is to help manage your workload.

Alerts can be accessed from many of the SUCCESS screens where the **23-ALAU (press shift and F11)** appears at the bottom of the screen. These screens include ADDR, STAT, DEM1, DEM2, DEM3, RES1, RES2, ERN2, UINC, WORK, and MISC.

Alerts can also be accessed from the Main Menu, selection “**D**”, which will take you to the **Alerts Submenu – DMEN**.

SUCCESS allows you to view your alerts on any of these four screens



Worker Generated Alerts, the Priority Detail List, the Due Date List, the Assistance Unit Detail Listing and the Load Alert Summary are excellent tools which can be used to prioritize your work.

Creating a Worker Generated Alert

Step 1 From the SUCCESS Main Menu, **Select “D”** for Alerts
press Enter

Step 2 From the Alerts Submenu - **DMEN type “A”** to select
Create a Worker-Generated Alert; press Enter

Step 3 Type data as follows in the required fields on the ALWG
screen:

- Type the caseload ID number in which you want the Alert to appear
- Type Dawn Cosner’s AU Number (**XXXX00049**) in the AU# field
- Type an alert code between 450 – 489

Example: 450

- Type message text
Example: “Lee’s separation notice and last 2 check stubs due
Dawn Cosner”

- Type the date you want the text to display on your alerts

Example: 10/05/06

- Type the date the alert is actually due

Example: 10/15/06

- Press Enter

Using the Function Keys at the Bottom of the Screen

Press F13-nmiq to display the CRS Name/SSN Inquiry screen to locate a client ID. You can also find the AU’s that are associated with that A/R.

Press F14-omen to look up a load ID number

Press F15-next to create another alert

Alerts

DMEN

- **Select B - Priority Detail List (ALPR)**
- **Press Enter**

PRIORITY DETAIL LIST - ALPR displays alerts by priority level from highest to lowest. A priority level from 001-700 is associated with each alert. **Use this alert listing as a prioritized “to do” list.**

FICMs can go straight from this Alert screen to SUCCESS. The priority detail list screen can be accessed from most of the SUCCESS screens via a “function key” located at the bottom of the screen

Utilizing your Priority Detail List would eliminate FICMs from having to do worker cards (unless mandatory per Supervisor). **Working from the Priority Detail List-ALPR is one of the most effective approaches to managing your workload**

ALPR

- **Press Enter to locate Dawn Cosner’s verification alert**
- **Type “R” next to the alert for Dawn Cosner**
- **Press PF15**
- **PF4 around the REDE and ADDR screens**
- **Press Enter at STAT A and STAT B.**
- **Stop at STAT C**

NOTES: 

STAT C

- Press PF23 – **Assistance Unit Detail List (ALAU)**

ASSISTANCE UNIT DETAIL LIST - ALAU displays all the alerts associated with a specific AU. The display will show those alerts that are currently outstanding or have been dispositioned and not yet purged. This detail listing helps you to make certain that there are no outstanding alerts which might affect eligibility when you begin to update an AU. **Use this alert listing to get a picture of the AU activity.**

ALAU

- Press Enter to go back to STAT

STAT C

- Fast path to ERN2 02
- Press F9 to REMA
- Type “Y” in the More field and press Enter
- Document receipt of income verification
- Fast path to DONE
- Press Enter

ALPR

- Type “Y” in the disposition field
- Press Enter
- Note: the color of the alert has now changed
- Press enter again to return to DMEN

NOTES: 

DMEN

- Select “C” - Due Date Detail List (ALDD)
- Press ENTER

DUE DATE DETAIL LIST – ALDD displays alerts chronologically by their assigned due date from earliest to latest. A due date is assigned to each alert. This date indicates when the work specified by the alert must be completed. **Use this alert listing as a pending and overdue “to do” list.**

ALDD

- Press the Home key
- Type 10/05/06 in the “From Date” field at the top of the screen
- Press ENTER
- Press ENTER back to DMEN

DMEN

- Select D - Assistance Unit Detail List (ALAU)
- Type Dawn Cosner’s AU ID number (XXXX00049)
- Delete 10/05/06 from the “From Date” field
- Press ENTER

ALAU

- Press Enter back to DMEN

NOTES: 

DMEN

- Select E – Load Alert Summary List (ALWS)
- Delete the AU number
- Press ENTER

LOAD ALERT SUMMARY - ALWS displays a numerical count of all outstanding alerts which are not yet due, coming due in seven days, and overdue by priority within an individual load ID. The display is organized by summary grouping. **Use this list to get a picture of your current caseload activity.**

On the **ALWS** screen, your alerts are grouped according to these summary groups:

- 100-Pending applications
- 200-Pending maintenance activity
- 300-Pending redetermination
- 400-AUs discontinued by batch
- 500-Customer discontinued/disqualified in batch
- 700-Employment Services

NOTE: These numbers, 100-700, are Summary Group Numbers, not Alert Codes.

F13-ALPR takes you to Priority Detail List

F14-ALDD takes you to Due Date Detail List

ALWS

- Press ENTER back to DMEN

DMEN

Note: Alert Code – The alert code field can be used to list all pending alert codes of one specific type. You will enter either “B” or “C” and the alert code you want to list. For instance, if you would like to list all the pending reviews on your caseload, you would enter code 110. The system will list all of the 110 codes first, then the rest of the codes. This is an excellent tool to use to decide what actions need to be completed at a given time. If you decided that today you will work on pending applications, you would enter “C” for due date listing and alert code 102 to list all of your pending applications with the oldest application listed first.

- **Select B - Priority Detail List (ALPR)**
- **Type 262 for the alert code**
- **Press ENTER**

ALPR

- **Press ENTER back to DMEN**

DMEN

From Date – To Date

On DMEN notice that there is a field titled “From Date” and “To Date” where you can type in the current date or a future date and pull up alerts due in the future. This function can be used to look ahead and see what work is coming due. It would be helpful to use, for example, if you are planning a vacation and want to work ahead.

Alert Disposition



- **Disposition means that the alert is marked for removal.**
- Once you have completed the action called for by the alert, the alert is ready to be dispositioned.
- SUCCESS removes dispositioned alerts in an overnight batch run.
- You must disposition some alerts manually; others are dispositioned automatically by the system. (see “alert text chart”)

The way an alert is dispositioned varies by the type of alert.

IF THE ALERT IS....	THEN THE ALERT...
worker generated	must be manually dispositioned by the receiver of the alert.
a one-day informational alert	will be automatically dispositioned the day after the display date.
a system-generated alert with action required.	may be manually dispositioned once the required action has been taken or will be automatically dispositioned once the required action has been taken.
a system-generated alert with no action required.	must be manually dispositioned by the receiver of the alert.

How to Manually Disposition an Alert:

UPDATE	PRIORITY DETAIL LIST - ALPR	ALPR
	Prg Load 000Z	001 More
S Cd Due Cd AU/Client Message Text		D
110 080706 FS 2826354967 Review Pending		Y
Ida Mae Customer		
Message		
13-tier 14-altr 15-amem 16-esme 17-svds 18-svqc		

To disposition an Alert, enter a “Y” here and press enter. Make sure you have completed any necessary actions before you disposition an alert.

Tips for "ALERT" SUCCESS

- Each morning access your alerts via the Priority Detail List – ALPR.
- Use Worker Generated Alerts to track verification due dates.
- Once you have taken action on an alert, disposition it! Do Not Wait. The longer you wait the more alerts you will have to disposition at a later time.
- If time is limited, choose 2 days per month to disposition alerts. Once per week is even better!
- When completing changes or reviews, stop to access the alerts for the AU from any of the screens listed on page 16 of this participant guide.
- Become familiar with the Alert Text on pages 10 - 12, this will make working with alerts much easier!



OUTLINE FOR EXPEDITED APPLICATION PROCESSING

- I. INTRODUCTION
- II. EXPEDITED APPLICATION PROCESSING CRITERIA (MR 3110 - 1)
- III. INTERVIEWING REQUIREMENTS (MR 3110 - 2-3)
- IV. VERIFICATION REQUIREMENTS (MR 3110 - 3)
- V. PROCESSING (MR 3110 - 1, 3 – 6)



OBJECTIVES

- ✓ Participants will be able to identify applications that must be expedited.
- ✓ Participants will be able to identify verification requirements for expedited applications.
- ✓ Participants will be able to identify the standard of promptness for expedited applications.
- ✓ Participants will be able to identify procedures for issuing expedited benefits with postponed verification.
- ✓ Participants will be able to identify procedures for issuing expedited benefits with no postponed verification.

Expedited Criteria

(MR 3110 and 3235-1)

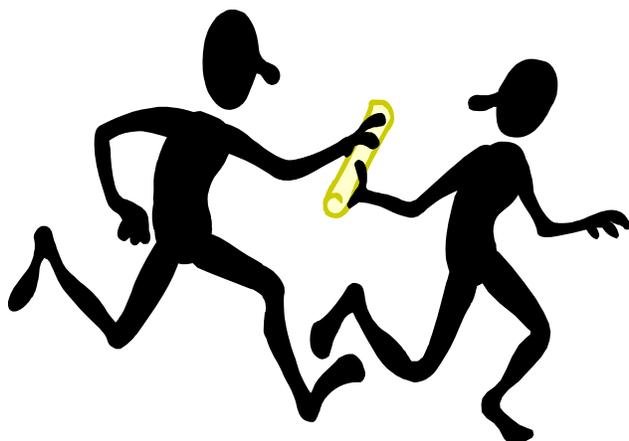
- * AU has less than \$150 in monthly gross countable income and liquid resources of \$100 or less

OR

- * AU has monthly shelter / actual utility expenses which exceed gross countable income and liquid resources

OR

- * AU is a destitute migrant or seasonal farmworker AU whose liquid resources total \$100 or less



**Eligible AUs must receive
benefits within SEVEN
calendar days.**

Examples of Expedited Applications

Mr. Edward Holmes (42) applies for FS on 8/5 for himself and his wife Sara (41). Mrs. Holmes earns \$30 per week cleaning her neighbor's house; she is paid on Fridays. Mr. Holmes has no income. They have no resources.

What is the month of application?

How much monthly income is used to determine eligibility for expedited processing?

Is Mr. Holmes' AU eligible for expedited processing?

How much monthly income will be budgeted in the FS case?



Ms. Cheryl Wagner (38) applies on 1/2 for FS for herself and her daughter Ann (17). Ms. Wagner works at Barron's Grocery, and earns \$200 per week; she is paid on Saturdays. Ann works after school at the library, and earns \$60 per week. Ms. Wagner reports a checking account with a balance of \$76. Ms. Wagner reports her rent is \$500 per month. Her electric bill was \$300 this month, her gas heat was \$350, her water bill was \$30, and her telephone was \$45.

What is the month of application?

How much monthly income is used to determine eligibility for expedited processing?

How much of the shelter/utility expenses are used in determining expedited processing?

Is Ms. Wagner's AU eligible for expedited processing?

How much income will be budgeted in the FS case for January and ongoing

What is the total shelter cost to be budgeted in the FS case for January and ongoing?





Georgia Department of Human Resources
EXPEDITED FOOD STAMP SCREENING GUIDE

Case Name: _____ Appointment Date: _____

Worker Name: _____ Appointment Time: _____

1. Is any AU member currently active in a food stamp case or any case in another county?
 YES (not expedited) NO (continue)

2. Has the household received food stamps in another county/state this month?
 YES (not expedited) NO (continue)

3. Was an application/review closed or denied within the last 30 days for reason (235) (288) or (566)?
 YES (not expedited-register appl.) NO (continue)

4. Was an application/review closed or denied within the last 30 days for reason (552) or (230)?
 YES (not expedited) NO (continue)

5. What is the total gross monthly income for the received from work, self-employment, odd jobs, child support, alimony, Social Security, SSI, unemployment, money from others, etc. for the application month?
\$ _____

6. What is the total amount of liquid resources such as cash, bank accounts, certificate of deposits (CD), etc. for the application month? \$ _____

7. What are the total shelter expenses (mortgage, rent, taxes, insurance, electric, gas, water, telephone) for the application month? Do not include past due amounts – for phone use \$30) \$ _____



Georgia Department of Human Resources
EXPEDITED FOOD STAMP SCREENING GUIDE

Did a non-household member pay any of the bills this month?

- YES (not expedited) NO (continue)

8. Are the shelter expenses more than the total gross monthly income?

- YES (expedite application) NO (continue)

Total gross or anticipated income for the month of application: \$_____

Total liquid resources: \$_____

Total shelter expenses for the month of application: \$_____

9. Is anyone in your household a migrant or seasonal farm worker? If yes, are liquid resources less than \$100 and is the income received in the month of application from a terminated source?

- YES (expedite application) NO (continue)

Was application expedited? **YES / NO**

(Circle one)

Does household have an EBT card?	YES ___	NO ___
Does client need an account set up?	YES ___	NO ___
Was EBT account set up?	YES ___	NO ___

Screened by: _____ Date: _____

Verification Requirements for Expedited Applications

Verify Prior to Certification	Verification which may be postponed
<p data-bbox="402 747 521 783">Identity</p>  <p data-bbox="207 1079 691 1184">Work Registration for the mandatory registrant who has a face-to-face interview</p> 	<p data-bbox="886 678 1045 711">Residency</p> <p data-bbox="886 747 1198 783">Citizenship/Alienage</p> <p data-bbox="886 825 1081 856">Enumeration</p> <p data-bbox="886 898 1414 932">Exemptions from work registration</p> <p data-bbox="886 972 1110 1003">Student Status</p> <p data-bbox="886 1045 1154 1079">Liquid Resources</p> <p data-bbox="886 1119 997 1150">Income</p> <p data-bbox="886 1192 1127 1224">Destitute status</p> <p data-bbox="886 1266 1097 1297">Shelter status</p> <p data-bbox="886 1339 1422 1373">Any other questionable information</p> 

All reasonable efforts should be taken to verify eligibility factors to process the case within SOP, but certification is not delayed beyond the expedited processing SOP in order to do so.

Note: If verification of a deduction is the only required information, assign a normal POE.

Expedited Application Processing

MR 3110

An eligible AU must receive benefits within SEVEN calendar days following the date of application.

Ex: AU applies 2/9. Benefits must be available by 2/16.

IF	THEN
The case is approved by the 5th calendar day	SUCCESS sets up EBT account and issues benefits timely
The application is identified as expedited after the application date	The date of discovery begins the SOP. EX: AU applies 2/9. Eligibility for expedited processing is discovered 2/16. Benefits must be available by 2/22.
If the 5th calendar day falls on a weekend or holiday	Complete the approval by the last workday prior to the weekend or holiday.



Expedited Processing & Complete Verification



To determine how to process an expedited application with complete verification the FICM must first identify the date the application is received and then follow the steps below.

For applications received through the mail, online services, by facsimile or dropped off at a county office, a determination of eligibility for expedited application processing will be made after contact with the AU to review information on the application.

Received On or Before the 15th of the Month

- Period of Eligibility:
Assign the appropriate POE.
- Benefit Issuance:
 - Issue ONE month benefits, the application month, benefits within 7 calendar days of the application being filed.
 - The next month benefits will be issued in the regular issuance cycle.

Received the 16th to the end of the month

- Period of Eligibility:
Assign the appropriate POE.
- Benefit Issuance:
 - Issue TWO months benefits, both the application month and the month that follows, within 7calendar days of the application being filed.
 - If the first month prorates to less than the minimum benefit amount and the AU is not categorically eligible, then issue full benefits for the following month. Do not issue the first month if it prorates to less than the minimum benefit amount.
 - Notify the AU that their first and second month's benefits have been issued and no more benefits will be issued until the third month following the month of application.

Expedited Processing & Postponed Verification



To determine how to process an expedited application with postponed verification the FICM must identify the date the application is received and then follow the steps below.

For applications received through the mail, online services, by facsimile or dropped off at a county office, determination of eligibility for expedited application processing will be made after contact with the AU to review information on the application.

Received On or Before the 15th of the Month

- If eligible, approve the case verifying identity and resolving work registration only.
- AU has until the end of the month following the application month to provide verification before a new application is required.
- Period of Eligibility:
 - Assign a ONE month POE, the application month.
 - If verification is provided, reopen case using registration function with the application date of 1st day of the second month in SUCCESS to extend the POE to what it would have originally been had the verification not been postponed.
- Benefit Issuance:
 - Issue ONE month benefits, the application month, within 7calendar days of the application being filed.
 - If verification is provided by the end of the application month, benefits for the month following the application month will issued in the normal issuance cycle.
 - If verification is not provided until the month following the application month then benefits will be issued within 5 work days of receipt of the verification.
 - Notify the AU that they will receive no additional benefits unless the verification is provided by the deadline.

Received the 16th to the end of the month

- If eligible, approve the case verifying identity and resolving work registration only.
- AU has until the end of the month following the application month to provide verification before a new application is required.
- Period of Eligibility:
 - Assign a TWO month POE, the application month and the month that follows.
 - If verification is provided, complete a review function in SUCCESS to extend the POE to what it would have originally been had the verification not been postponed.
- Benefit Issuance:
 - Issue TWO months benefits, both the application month and the month that follows, within 7 calendar days of the application being filed.
 - If verification is provided by the end of the application month, benefits for the month following the application month will issued in the normal issuance cycle.
 - If verification is not provided until the month following the application month then benefits will be issued within 5 work days of receipt of the verification.
 - Notify the AU that their first and second month's benefits have been issued and no more benefits will be issued until the third month following the month of application.

I. OBJECTIVES FOR EXPEDITED FOOD STAMP CASES

By the end of this session, you should know:

- how to process an expedited case on SUCCESS

EXPEDITED FS APPLICATION W/ POSTPONED VERIFICATION

Processing an expedited application dated on or before the 15 th With postponed verification and no active related cases	
Step 1	<p>Review Form 297 to ensure AU has answered all questions in Part III. Request additional information to clarify AU's responses in Part III, if necessary; ensure as much privacy as possible. For applications received through the mail, online services, by facsimile or dropped off at a county office, a determination of eligibility for expedited application processing will be made after contact with the AU to review the information on the application.</p> <p>Register application (AFA) while screening for expedited services based on information entered on CIRC. If screener is overriding system determination of (E), then document why (such as received FS in application month or failed to be reviewed within last 30 days).</p>
Step 2	<p>When completing the interactive interview (O), leave the "verification" field blank for a required field (DEM1, DEM2, ERN2, UINC, SHEL). PF (4) to get past screen with pending verification. Do not enter verf. code (CS), as system will accept that verf. is complete. Do not enter verf. code (NV), as system will deny the case.</p>
Step 3	<p>SUCCESS will assign a one-month POE and deny the case ongoing. If verification is not provided, no further action is required by FICM.</p>
Step 4	<p>Print Verification Checklist or give AU copy of Form 173. Final Deadline date shown should be the last day of the second month after the date of the application.</p>
Step 5	<p>The following text must be added to the client notice. On FSFI, use ADT or PF(13) and type- " If you return the requested verification by (show verf. date as last day of second month), your correct period of eligibility will be (correct full POE by policy- 6 or 12 month period)</p>
Step 6	<p>If the AU is in possession of an EBT card or has a preexisting EBT account, the agency must check the current status on EBTA. If the account is inactive, reactivate the account. If the AU is not in possession of an EBT card, order an EBT card upon approval.</p>
Step 7	<p>If verification is returned by the last day of the second month, RE-OPEN case using (J) with an application date of 1st day of second month. On FSFI, adjust POE to the correct POE end date shown on prior client notice. If verification is provided after the second month, AU must re-apply.</p>

EXPEDITED FS APPLICATION W/ POSTPONED VERIFICATION

Processing an expedited application dated on or after the 16 th With postponed verification and no active related cases	
Step 1	<p>Review Form 297 to ensure AU has answered all questions in Part III. Request additional information to clarify AU's responses in Part III, if necessary; ensure as much privacy as possible. For applications received through the mail, online services, by facsimile or dropped off at a county office, a determination of eligibility for expedited application processing will be made after contact with the AU to review the information on the application.</p> <p>Register application (AFA) while screening for expedited services based on information entered on CIRC. If screener is overriding system determination of (E), then document why (such as received FS in application month or failed to be reviewed within last 30 days).</p>
Step 2	<p>When completing the interactive interview (O), leave the "verification" field blank for a required field (DEM1, DEM2, ERN2, UINC, SHEL). PF (4) to get past screen with pending verification. Do not enter verf. code (CS), as system will accept that verf. is complete. Do not enter verf. code (NV), as system will deny the case.</p>
Step 3	<p>SUCCESS will assign a two-month POE. SUCCESS will deny the case for the third month, if the case is finalized during the second month. If verification is not provided, no further action is required by EW.</p>
Step 4	<p>Print Verification Checklist or give AU copy of Form 173. Final Deadline date shown should be the last day of the second month after the date of the application.</p>
Step 5	<p>The following text must be added to the client notice. On FSFI, use ADT or PF (13) and type- "If you return the requested verification by (show verf. date as last day of second month), your correct period of eligibility will be (correct full POE by policy- 6 or 12 month period)</p>
Step 6	<p>If the AU is in possession of an EBT card or has a preexisting EBT account, the agency must check the current status on EBTAAS. If the account is inactive, reactivate the account. If the AU is not in possession of an EBT card, order an EBT card upon approval.</p>
Step 7	<p>If verification is returned within the POE, initiate a "dummy review" during the second month. Adjust the POE to the correct end date. Issue benefits for the third month by the normal issuance cycle.</p> <p><i>Note: If you initiate a dummy review in the <u>month of application</u>, the system will again issue the 2nd month's benefits in error.</i></p> <p>The system will not let you complete a "dummy review", if case was denied ongoing. If this is the case, RE-OPEN case using (J) with an application date of the day verf. was received. Make sure SUCCESS sees second month as dual issuance. On FSFI, adjust POE to the correct POE end date. If verification is provided after the second month, AU must re-apply.</p>

EXPEDITED FS APPLICATION W/ POSTPONED VERIFICATION

Completing case upon receipt of verification	
<p>Expedited application taken <u>on or before the 15th</u> and verification is returned prior to the last date of the 2nd month</p>	<p>Register application under J using the 1st of the (2nd) month as the application date. Or If the related case was active and the case was closed manually ongoing, then reinstate for the current and ongoing month.</p> <p>Issue benefits for the second month by the normal issuance cycle or within five working days of the receipt of the postponed verification.</p>
<p>Expedited application taken <u>on or after the 16th</u> and verification is returned <u>by the last day of the 2nd month</u></p>	<p>Complete "dummy" review in the 2nd month of POE with correct POE per policy if initiated in the last month of the POE.</p> <p>NOTE: If verification is returned within the application month, complete "dummy" review in last month of POE so as not to issue duplicate benefits.</p> <p>Adjust SUCCESS assigned POE to the correct POE per policy.</p> <p>Issue benefits for the third month by the normal issuance cycle.</p>
<p>Expedited application taken <u>on or after the 16th</u> and verification is returned <u>after the last day of the 2nd month</u></p>	<p>New application required</p>

- **NOTE:** At the end of the POE if no "dummy" review has been completed, SUCCESS will close the case with Stat Reason 235.

II. WALK THROUGH CASE: FRANKLIN COLLINS

This case will demonstrate how to complete a FS expedited application when the A/R applies on or before the 15th of the month. This case will also demonstrate how to code an ABAWD on the WORK screen.

Background

- Franklin Collins, age 35, applies for Food Stamps on 10/05/06. He provides his Georgia Driver's License for ID. No one else lives at this address. He lives in Clarke County. Mr. Collins is a US citizen (verified by birth certificate) and graduated from high school. He lost his job last month and has been working day labor this month and needs assistance until he finds another job. He earns approximately \$100/wk. His rent is \$450/mo which includes utilities. His only resource is \$5 cash. His case is expedited as his shelter expenses exceed his income and liquid resources for 10/06.
- Review Form 296 Expedited Screening Guide, completed by the screener at registration, to ensure Mr. Collins meets expedited criteria.



Georgia Department of Human Resources
EXPEDITED FOOD STAMP SCREENING GUIDE



Case Name: Franklin Collins

Appointment Date: 10/05/06

Worker Name: Ima Caseworker

Appointment Time: 11:30 am

1. Is any AU member currently active in a food stamp case or any case in another county?
 YES (not expedited) NO (continue)

2. Has the household received food stamps in another county/state this month?
 YES (not expedited) NO (continue)

3. Was an application/review closed or denied within the last 30 days for reason (235) (288) or (566)?
 YES (not expedited-register appl.) NO (continue)

4. Was an application/review closed or denied within the last 30 days for reason (552) or (230)?
 YES (not expedited) NO (continue)

5. What is the total gross monthly income for the received from work, self-employment, odd jobs, child support, alimony, Social Security, SSI, unemployment, money from others, etc. for the application month?
\$ 400.00

6. What is the total amount of liquid resources such as cash, bank accounts, certificate of deposits (CD), etc. for the application month?
\$ 5.00 cash

7. What are the total shelter expenses (mortgage, rent, taxes, insurance, electric, gas, water, telephone) for the application month? Do not include past due amounts – for phone use \$30) \$ 450 rent



Georgia Department of Human Resources EXPEDITED FOOD STAMP SCREENING GUIDE



Did a non-household member pay any of the bills this month?

- YES (not expedited) NO (continue)

8. Are the shelter expenses more than the total gross monthly income?

- YES (expedite application) NO (continue)

Total gross or anticipated income for the month of application: \$ 400.00

Total liquid resources: \$ 5.00

Total shelter expenses for the month of application: \$ 450

9. Is anyone in your household a migrant or seasonal farm worker? If yes, are liquid resources less than \$100 and is the income received in the month of application from a terminated source?

- YES (expedite application) NO (continue)

Was application expedited? **YES** NO

(Circle one)

Does household have an EBT card?	YES ___	NO <input checked="" type="checkbox"/>
Does client need an account set up?	YES <input checked="" type="checkbox"/>	NO ___
Was EBT account set up?	YES ___	NO <input checked="" type="checkbox"/>

Screened by: Ima Screener

Date: 10/05/06

Your Assignment: Part One

- Complete the interview O, P, and Q process.
- Complete a verification checklist, process the application months, and finalize the case with missing verification using the data that follows:

“O” - Interview Process

Franklin Collins

- Lives by himself in Clarke County
- Verifies residency with his Georgia Driver's License
- Franklin graduated from High School

Resources

- Cash \$5

Income

- Last day of employment with Mac's Auto Shop was 8/25/06. He received his last check for \$300 on 9/5/06. He worked at Mac's Auto exactly one year. He was terminated due to excessive tardiness.
- Currently getting day work when he can through Labor, Inc. on 241 Broad St. in Athens, GA. 30323. Phone number 706-541-8976. **He does not have any verification with him.**
- Began with Labor Inc. on 9/10/06, paid on that date.
- He is working approximately 2 days per week and is paid on Tuesdays. Do not enter the daily amount; there is no daily code.
- This calculates to 20 hours per week at \$100/week

Work

- Franklin is an exempt ABAWD. (PF1 to look up the appropriate code for an exempt ABAWD). Client's statement accepted. Document ABAWD waiver behind WORK screen.
- PF4 around ABAWD non-compliance warning message

Expenses

- Code the primary heat/cool field as utilities included in rent
- Code the SUA type code as no utilities, client statement accepted
- He has no phone
- Rent is \$450 which includes utilities. **He does not have any verification with him.** Form 354 shows no expenses other than rent.
- His landlord Sherry Turner. She lives at 845 Lumpkin Avenue, Athens GA 30323. Her phone number is 706-456-8974.

MISC

- Document POE, SRR explained and Form 339 given.

ERRO

- Ignore the verification errors on income and shelter, as well as Clearinghouse errors

DONE

- Press ENTER

“P” - Process the Application Months with missing verification.

Note: SUCCESS has copied the information from the “O” process to each month of the “P” process. All information remains the same for both months. Select 10/06. From ADDR fast path to DONE. This action tells SUCCESS that all the information for 10/06 is correct.

“Q” - Finalize the Case with missing verification

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 10 06 01

AU ID 107100169 Prog FS Prog Type S Med COA
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
FRANKL	COL	SE	OT	Y	RE	A	100506	100506	100506		

FRANKLIN COLLINS – INTAKE 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06

AU ID 182145115 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	343.67
Total Resources	5.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1037.00	Child Support Ded	.00
Gross Count Earned	433.33	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	798.00
Earned Income Deductn	86.66	Thrifty Food Plan	152.00
Net Earned Income	346.67	Allotment Amount	152.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	146.00
Standard Deduction	134.00	Previous Benefit	00.00

Bnft Eff Date 10 05 06	Bnft Confirm	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 10 06	Strat 2	Issue Type

Message

13-note

SUCCESS will assign a one month POE and deny the case ongoing. If verification is NOT received, no further action is required by the FICM.

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
Month 11 06 01

AU ID 107100169 Prog FS Prog Type S Med COA
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
D	230	100506	100506	100506			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
FRANKL	COL	SE	OT	Y	RE	D	100506	230	100506	100506	

FRANKLIN COLLINS – INTAKE 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 182145115 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	343.67
Total Resources	5.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1037.00	Child Support Ded	.00
Gross Count Earned	433.33	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	798.00
Earned Income Deductn	86.66	Thrifty Food Plan	152.00
Net Earned Income	346.67	Allotment Amount	.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF/ Refugee	.00	Benefit Amount	.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons 230 Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 10 06 Review End Dt 10 06 Strat 3 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, and NIL.

The following text must be added to the client notice

FSFI for 11/06

- Be sure the POE end date is 10/06
- Press tilde to add the following information to the SUCCESS notice

“If you return the requested verification by 11/30/06, your correct period of eligibility will end in 03/07. In the next couple of days you will receive a Food Stamp allotment of \$146 which covers 10/06 only. In order to receive a Food Stamp allotment for 11/06 thru 03/07 verification must be received by 11/30/06. Your new allotment amount may change upon receipt of the verification. You will receive a notice informing you of any changes made to your case.

Franklin Collins Part 2 - VERIFICATION IS RECEIVED 10/10/06

RESIDENTIAL LEASE

AGREEMENT TO LEASE

This agreement is entered into, effective as of **January 1, 2006**, between **Sherry Turner**, of **Clarke** County, **Georgia**, referred to as "prospective lessor," and **Franklin Collins**, of **Clarke** County, **Georgia**, referred to as "prospective lessee."

RECITALS

Prospective lessor is the owner of real property that will shortly be available for lease.

Prospective lessee desires to lease residential property for **his** personal use.

The parties desire to establish an agreement to ensure a future lease of the residential property described in this agreement.

In consideration of the matters described above, and of the mutual benefits and obligations set forth in this agreement, the parties agree as follows:

SECTION ONE - SUBJECT OF LEASE

Prospective lessor shall enter into a written lease agreement with prospective lessee on or before **January 1, 2006**, by which prospective lessor shall lease to prospective lessee the residential property owned by prospective lessor located at **123 Maple Circle, Athens, Clarke** County, **Georgia**, for prospective lessee and **his** family to occupy and use as their residence.

SECTION TWO - TERM OF LEASE

The premises shall be leased to prospective lessee for a period of **one** year from **January 1, 2006**. Prospective lessee shall have the option to renew the lease for **one** additional period of equal duration, on giving **30** days' written notice to prospective lessor of **his** intent to exercise that option at least **30** days prior to the expiration of the lease. Any additional extensions of the initial lease agreement or any new lease agreement shall be at the option of prospective lessor.

SECTION THREE - MONTHLY RENTAL

Prospective lessee shall pay **\$450.00** per month as the monthly rental for the term of the lease with the first payment due on or before **January 1, 2006**, and subsequent payments on the **first** day of each succeeding month. This rental payment shall be subject to renegotiation by the parties at any time either of the parties exercises the option to renew the lease under the provisions of any subsequent lease agreement.

SECTION FOUR - TAXES AND UTILITIES

A. Prospective lessor shall be liable for the payment of all real property taxes assessed against the residential premises and shall pay the costs incurred for water and sewer services.

B. Prospective lessee shall not be liable for any personal property taxes or any utility charges. Gas, electricity, sanitation, and telephone are included in the rent.

SECTION FIVE - REPAIRS

C. Prospective lessee shall make all repairs on the premises, except where repairs are necessitated by structural damage, after advising prospective lessor of the necessity for such repairs.

D. Prospective lessor shall reimburse prospective lessee for the costs of all material required by the repairs made by prospective lessee.

SECTION SIX - GOVERNING LAW

It is agreed that this agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Georgia.

SECTION SEVEN - PARAGRAPH HEADINGS

The titles to the paragraphs of this agreement are solely for the convenience of the parties and shall not be used to explain, modify, simplify, or aid in the interpretation of the provisions of this agreement.

In witness of the above, each party to this agreement has caused it to be executed at 123 Maple Circle, Athens, Georgia on the date indicated below.

Sherry Turner (Lessor)

Franklin Collins (Lessee)

845 Lumpkin Avenue

123 Maple Circle

Athens, Georgia 30323

Athens, Georgia 30601



Georgia Department of Human Resources

Georgia Departamento de Recursos Humanos

VERIFICATION OF EARNED INCOME

(Verificación de ingreso ganado)

Date/Fecha: 10/10/06

Recipient Name: Franklin Collins
(Nombre del Recibidor)

Employer Name: Labor Inc.
(Nombre del Patrón o de la Compañía)

Case Name: Franklin Collins
(Nombre del Caso)

Employer Address: 241 Broad Street
(Dirección del Patrón o de la Compañía)

Case Number: XXXX00169
(Número del Caso)

Athens, Georgia 30323

Social Security Number: 777-01-XXXX
(Número de Seguro Social)

The above named individual is an applicant/recipient of assistance in this county. Regulations require verification of all household income. *(El individuo nombrado arriba es un solicitante/recibidor de asistencia en este condado. Reglamentos requieren verificación de todo el ingreso del hogar.)*

Please complete the earnings statement on the reverse side. *(Favor de llenar la declaración de ingresos al dorso.)*

Your assistance is appreciated. *(Le agradecemos su asistencia.)*

Sincerely,
(Atentamente)

Ima Case Manager

Case Manager/Phone Number
Nombre del Trabajador Social / Número de Teléfono

I hereby authorize my employer to furnish complete information about my earnings to the Clarke County Department of Family and Children Services. *(Por este medio autorizo a mi empleador a proveerle al Departamento de Servicios Para Familias y Niños del Condado de _____ información completa sobre mis ing*

Franklin Collins

Signature or Mark
(Firma o Marca)

If signed by an "X", person who witnesses the mark signs below. (Si ha firmado con una "X", la persona que testifica la marca debe firmar abajo.)

Signature of Witness
(Firma del Testigo)

- I. a) Name and address of employee on employer's record.
(Nombre y dirección del empleado como Aparece en el expediente del empleador.)
 Labor, Inc. , 241 Broad Street, Athens, Georgia 30323
- b) Beginning date of employment. (Fecha en que comenzó a trabajar) 09/08/06
 Date of first pay (Fecha del primer día de pago) 09/15/06
- c) Employee is paid: Weekly Every Two Weeks Monthly Twice a Month
 (El empleado recibe pago) (Semanal) (Cada Dos Semanas) (Mensual) (Dos Veces al Mes)
- d) Day of the week paid if pay is received weekly or every two weeks. (Favor de marcar el día de la semana que recibe su pago si le pagan semanalmente o cada dos semanas.)
- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 (Lunes) (Martes) (Miércoles) (Jueves) (Viernes) (Sábado) (Domingo)
- e) Hourly rate (Pago por hora) 2-3 days/wk
- f) Number of hours worked per week (Número de horas de trabajo por semana)
 20 Hours

**II. PLEASE COMPLETE FOR LAST 4 WEEKS
(FAVOR DE LLENAR PARA LAS ÚLTIMAS SEMANTAS)**

Period End Date (Fecha Final del Período)	Date Pay Received (Fecha de Recibir Pago)	Hours Worked (Horas Trabajadas)	Gross Earning* (Ingresos Brutos*)	Net Earning	Tips (Propinas)
1) 09/09/06	09/15/06	20	\$ 125.00		
2) 09/16/06	09/22/06	20	\$ 125.00		
3) 09/23/06	09/29/06	20	\$ 125.00		
4) 09/30/06	10/06/06	20	\$ 125.00		
5)					

*DO NOT include advance EITC payments in Gross Earnings
 (*No incluye pagos de EITC adelantado en Ingresos Brutos)

- III. a) Do you expect a change in pay? Yes **X** No
 (¿Anticipa usted un cambio en pago?) (Si) (No)
- If yes, what change do you anticipate? (En caso afirmativo, ¿qué cambio anticipa?)

When? (¿Cuándo?) _____

- b) **If the person is no longer employed, provide the reason for termination/separation.** (Si la persona ya no trabaja con usted, dé la razón por la terminación / separación.)

Last date of employment (Última fecha de empleo) _____
 Date of last pay received (Última fecha de pago) _____

Date form completed (Fecha completada) _____

 Charles Taylor
 Signature of Employer (Firma del Patrón)

 Manager
 Title (Título)

 706-227-8965

Phone Number (Número Telefónico)

An equal Opportunity Employer/(Un Empleador de Oportunidad de Igualdad

Franklin Collins' verification is returned by the last of the second month, so the following actions must be taken:

- **RE-OPEN case using (J) with an application date of 1st day of the second month.**
- **On FSFI adjust the POE to the correct POE end date shown on prior client notice**

Your Assignment

Complete J, O, P, & Q process to issue Food Stamp benefits for 11/06 through 03/07.

AMEN

- Select "J" and type Franklin's FS AU ID number

NAME

- Does not live in public housing
- Press F4 address remains the same.

CIRC

- Verifies earned income \$125 per week, \$500 per month
- No unearned income
- Still \$5 cash on hand
- Pays \$450 per month rent which includes all utilities

MEMB for Franklin

- Information remains the same
- Press Enter

INCH

- Select Food Stamps

- Code "N" for all FS Applicants receive TANF/SSI
- Enter the 1st day of the second month as the application date (in county)

Note: Due to Training Region limitations, 10/05/06 must be entered as the application date.

- Do not print an AFA, press F4

REDI

- Do not schedule an appointment, press F4

AMEN

- Select "O", Franklin's AU Number remains
- Press Enter

ADDR

- Lives in Clarke County
- Press F4

STAT

- Franklin is an applicant for Food Stamps
- Fast path to ERN2

ERN2 for Franklin

- Update ERN2 screen
- Fast path to WORK

WORK for Franklin

- Franklin is an exempt ABAWD. (PF1 to look up the appropriate code for an exempt ABAWD). Client's statement accepted.
- Due to Training Region limitations, code Franklin as a mandatory registrant.

SHEL

- Update SHEL screen
- Fast path to DONE

DONE

- Press ENTER to commit data

“P” - Process the Application Months with missing verification.

Due to Training Region Limitations the information for 10/06 may have to be entered. This is not required in the production region (county).

“Q” - Finalize the Case (two RACF IDs required)

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
 Month 10 06 01

AU ID 107100169 Prog FS Prog Type S Med COA
 Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
D	579	100506	100506				

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
FRANKL	COL	SE	OT	Y	RE	A		100506	100506		

FRANKLIN COLLINS

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06 5981 10 16 96
 AU ID 182145115 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	.00	Excess Shelter	.00
Total Resources	.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	.00
Earned Income Deductn	.00	Thrifty Food Plan	.00
Net Earned Income	.00	Allotment Amount	.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	.00
Standard Deduction	.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm	Reasons 579	Budgeting Method P
Notice Type	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 10 06	Strat 3	Issue Type

Message

13-note

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
 Month 11 06 01

AU ID 107100169 Prog FS Prog Type S Med COA
 Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat--	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
FRANKL	COL	SE	OT	Y	RE	A		100506	100506	100506	

FRANKLIN COLLINS

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06 5981 10 16 96
 AU ID 182145115 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	300.34
Total Resources	5.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1037.00	Child Support Ded	.00
Gross Count Earned	541.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	798.00
Earned Income Deductn	108.33	Thrifty Food Plan	152.00
Net Earned Income	433.33	Allotment Amount	152.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	152.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P
Notice Type	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 3	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Franklin Collins - Part 3 Due to Training Region Limitations

To code an ABAWD

- Select "R" for Interim Change
- Fast path to WORK

WORK

- Change work status code to "AE"
- Press F4 around warning message
- Fast path to DONE to commit data

III. INDEPENDENT STUDY: RODNEY JACKSON

Background

Rodney Jackson applies for Food Stamps on 10/02/06. He lives with a roommate, Chris Jones in Dekalb County. They purchase and prepare food separately. Mr. Jackson was hurt on the job in August; he provides a medical statement indicating that he is temporarily ill. He last worked at UPS on 8/26/06 and he received his last check for \$250 on 9/10/06. Mr. Jackson is waiting for his Worker's Compensation case to be approved. He has had no income so far in October and is not sure when he will receive his first Worker's Compensation check. He was told he would receive \$150 per week when approved.

Mr. Jackson splits the rent of \$800 and all the utilities are included in the rent. They heat and cool with electricity. He has a checking account at Wachovia with a balance of \$50. He has no verification with him except a Georgia Driver's License for ID and his U.S. passport to verify citizenship. He is a high school graduate.

Your Assignment: Part 1

- Review Form 296, Expedited Screening Guide, completed by the screener at registration to ensure Mr. Jackson meets expedited criteria.
- Complete the interview and verification checklist, process the application months, and finalize the case with missing verification.



Georgia Department of Human Resources
EXPEDITED FOOD STAMP SCREENING GUIDE



Case Name: Rodney Jackson

Appointment Date: 10/02/06

Worker Name: Ima Caseworker

Appointment Time: 1:00 pm

1. Is any AU member currently active in a food stamp case or any case in another county?
 YES (not expedited) NO (continue)

2. Has the household received food stamps in another county/state this month?
 YES (not expedited) NO (continue)

3. Was an application/review closed or denied within the last 30 days for reason (235) (288) or (566)?
 YES (not expedited-register appl.) NO (continue)

4. Was an application/review closed or denied within the last 30 days for reason (552) or (230)?
 YES (not expedited) NO (continue)

5. What is the total gross monthly income for the received from work, self-employment, odd jobs, child support, alimony, Social Security, SSI, unemployment, money from others, etc. for the application month?
\$ 0.00

6. What is the total amount of liquid resources such as cash, bank accounts, certificate of deposits (CD), etc. for the application month?
\$ 50.00

7. What are the total shelter expenses (mortgage, rent, taxes, insurance, electric, gas, water, telephone) for the application month? Do not include past due amounts – for phone use \$30) \$ 400 rent



Georgia Department of Human Resources EXPEDITED FOOD STAMP SCREENING GUIDE



Did a non-household member pay any of the bills this month?

- YES (not expedited) NO (continue)

8. Are the shelter expenses more than the total gross monthly income?

- YES (expedite application) NO (continue)

Total gross or anticipated income for the month of application: \$ 0.00

Total liquid resources: \$ 50.00

Total shelter expenses for the month of application: \$ 400

9. Is anyone in your household a migrant or seasonal farm worker? If yes, are liquid resources less than \$100 and is the income received in the month of application from a terminated source?

- YES (expedite application) NO (continue)

Was application expedited? **YES** NO

(Circle one)

Does household have an EBT card? YES ___ NO

Does client need an account set up? YES ___ NO ___

Was EBT account set up? YES ___ NO

Screened by: Ima Screener

Date: 10/02/06

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A

Month 10 06 01

AU ID 107400170 Prog FS Prog Type S Med COA
Confirm

AU Stat	AU Status	AU Stat	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat--	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RODNEY	JAC	SE	OT	Y	RE	A	100506	100506	100506	

Rodney Jackson - Intake

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FS

Month 10 06

AU ID 788300512 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	50.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1037.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	798.00
Earned Income Deductn	.00	Thrifty Food Plan	152.00
Net Earned Income	.00	Allotment Amount	152.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	146.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 10 06	Strat 1	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A

Month 11 06 01

AU ID 107400170 Prog FS Prog Type S Med COA
Confirm

AU Stat	AU Status	AU Stat	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
D	230	100506	100506	100506			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RODNEY	JAC	SE	OT	Y	RE	D	100506	100506	100506	

Rodney Jackson - Intake

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FS

Month 11 06

AU ID 788300512 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	50.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1037.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	798.00
Earned Income Deductn	.00	Thrifty Food Plan	152.00
Net Earned Income	.00	Allotment Amount	.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 10 06	Strat 1	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, and NIL.

Your Assignment: Part 2

Verification is returned by the last of the second month, so the following actions must be taken:

- **RE-OPEN case using (J) with an application date of 1st day of the second month.** Note: Due to Training Region Limitations enter 10/05/06. In the Production Region (county) enter the appropriate date.
 - Type "\$600" monthly for unearned income.
- **On FSFI adjust the POE to the correct POE end date shown on prior client notice**

Complete J, O, P, & Q process to issue Food Stamp benefits for 11/06 through 03/07.



BOARD OF WORKER'S COMPENSTATION
270 Peachtree Street, NW
Atlanta, Georgia 30303-1299
Telephone: 404-656-3875
Toll free: 1-800-533-0382

October 1, 2006

CERTIFICATE OF DETERMINATION

Rodney Jackson
123 Main Street
Stone Mountain, Georgia 30084

WC CLAIM NO: 1589-986524
INJURY DATE: 08/26/06
EMPLOYEE: Rodney Jackson
EMPLOYER: UPS
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

The Commission determines:

1. That the Respondent, UPS, pay the Applicant \$150 weekly benefits compensation pursuant to section 40 of the *Workers Compensation Act 1987*.
2. That the Respondent, UPS, pay the Applicant \$150 weekly compensation benefits for 36 months effective 11/01/06.
3. That the Respondent, UPS, pay the Applicant's costs as agreed or assessed.

If you disagree with the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer. **Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.**

GEORGIA DEPARTMENT OF HUMAN RESOURCES
MEDICAL STATEMENT

TO: Kaiser Permanente
1000 Stonecrest Parkway
Decatur, Georgia 30258

RE: Rodney Jackson
Case# XXXX00170

The above named person has applied for Food Stamps. In order to establish eligibility, it is necessary to determine his employability. Please complete the following information in detail.

Date of examination: 08/28/06

Diagnosis of present condition: Spinal injury

Is patient presently able to work? Yes No If not, how long has patient been unable to work?
beginning 08/28/06

Prognosis(*please be specific*): Rehabilitation

How many weeks until patient will be able to work? from 96 weeks up to 156 weeks (3 yrs)

Does patient need a full-time caretaker? Yes No

Date to return for re-examination: 09/01/09

Comments: *This injury could result in loss of ability to breathe. There is no control at wrist or hand. The injury also causes problems with straighten out hands and fingers. Sitting balance is very good for this type of injury.*

Date: 10/05/06

Doctor's Signature: Dr. Mildred Matthews

Phone Number: 404-651-1029

Address: 1000 Stonecrest Parkway
Decatur, Georgia 30258

October 1, 2006

To whom it may concern:

Rodney Jackson and I, Chris Jones, lives at 123 Main Street in Stone Mountain, Georgia 30084. We split the rent which is \$800 and all our utilities are included in our rent.

For additional assistance, please contact me at 770-258-1456.

Sincerely,
Chris Jones

Receipt: Rent		No. 1276
Payee Name: Oak Grove Apartments Address: 123 Main Street Stone Mountain, Georgia 30084 404-698-8521		Payer Name: Rodney Jackson Address: 123 Main Street Stone Mountain, Georgia 30084 770-258-1456
Date	Description	Amount
10/1/06	October Rent	\$800.00
	Subtotal	\$800.00
	Late Fee	\$0
	Total	\$800.00

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A

Month 10 06 01

AU ID 107400170 Prog FS Prog Type S Med COA
Confirm

AU Stat	AU Status	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
D	579	100506	100506	100506			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RODNEY	JAC	SE	OT	Y	RE	D	100506	100506	100506	

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A

Month 10 06 5981 10 05 06

AU ID 182145115 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	.00	Excess Shelter	.00
Total Resources	.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	.00
Earned Income Deductn	.00	Thrifty Food Plan	.00
Net Earned Income	.00	Allotment Amount	.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	.00
Standard Deduction	.00	Previous Benefit	.00

Bnft Eff Date 101696	Bnft Confirm	Reasons 579	Budgeting Method P
Notice Type	Waive Timely	Notice Period	Notice Override
Review Begin Dt 10 06	Review End Dt 10 06	Strat 3	Issue Type

Message

13-note

FINALIZE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A

Month 11 06 01

AU ID 107400170 Prog FS Prog Type S Med COA
Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		100506	100506	100506			

First Name	Last Name	Rel V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
RODNEY JAC	SE OT	Y	RE	A	100506		100506	100506		

Rodney Jackson - Intake

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FS

Month 11 06

AU ID 788300512 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	142.01
Total Resources	50.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1037.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	374.00
Self Employ Expenses	.00	Net Income Standard	798.00
Earned Income Deductn	.00	Thrifty Food Plan	152.00
Net Earned Income	.00	Allotment Amount	40.00
Gross Count Unearned	649.99	Recoupment Amount	.00
TANF/ Refugee	.00	Benefit Amount	40.00
Standard Deduction	134.00	Previous Benefit	.00

Bnft Eff Date 100506	Bnft Confirm Reasons 313	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period	Notice Override
Review Begin Dt 10 06	Review End Dt 03 07 Strat 1	Issue Type

Message

13-note

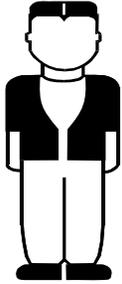
NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

I. OBJECTIVES FOR ADDING AND DELETING INDIVIDUALS

By the end of this section, you should know:

- how to add a new person to an ongoing case
- what to document when adding a new person to an ongoing case
- how to delete a person from an ongoing case
- what to document when deleting a person from an ongoing case
- how to correctly code an exempt ABAWD on the WORK screen

Four Things You Need to Think about When You Add a New Person to an Ongoing Case



- **How has enumeration been met?**

- **Has citizenship been verified (except for newborns born in Georgia)?**

- **Does this person have income or resources?**

- **Are changes needed on the WORK screen?**

- **Is childcare needed for this person?**



Margaret Simmons

Adding An AU Member



Margaret Simmons calls on November 13th and faxes a copy of Confirmation of birth to report that her baby, Michael S. Simmons, was born on November 11th. **(See following page.)** She provides his name and DOB over the telephone. Michael was enumerated at birth at the hospital. She will not receive child support from Michael's father.

Answer the following questions:

1. Was the AU required to report this change?
2. What is your deadline to complete the change?
3. What verification is needed to process this change?
4. What month will the change become effective?





Margaret Simmons
2640 Lincoln Boulevard
P O BOX 5680
Atlanta, GA 30303

***** CONFIRMATION OF BIRTH *****

Child's Name: Michael S. Simmons
Sex: Male
Date of Birth: November 11, 2006
Time of Birth: 02:34 PM

Place of Birth: Fulton County Medical Center
County of Birth: Fulton

Mother's Name: Margaret Simmons
Maiden Name (Last): Simmons

Father's Name: George Freeman

Authorize Release of Information to SSA for SS#? Yes

Signature of Birth Certificate Certifier: *Karen Moore R. N.*

II. WALK THROUGH CASE: MARGARET SIMMONS ADD- A- PERSON

- This case will demonstrate how to add a new baby to an ongoing case.

Background

- Margaret Simmons calls on 10/05/06 to report that she had her baby, Michael S. Simmons on 10/03/06. He is a black male, a U.S. citizen, and has no income or resources. She states the hospital completed papers to send to Social Security to enumerate Michael and presented her with a letter of confirmation of birth which she faxed to the worker. You review all points of eligibility on SUCCESS while you have her on the phone.

Your Assignment

- Register, interview, and complete the application processing and finalization functions to add Michael to the FS case using the data below.

STEP 1: Register New Person

AMEN

- Select K
- Enter Margaret's FS AU ID#

NAME

- Cannot change any information, press Enter

MEMB

- Michael S. Simmons
- DOB 10/03/06
- Black male
- Leave all SSN info fields blank (this will be completed in the interview)

CRS

- Assign a new client ID number

MEMB

- Press Enter as there are no more members to add

INCH

- Select FS
- Enter N for all persons receiving TANF, RF, SSI
- Application date is 10/05/06
- Do not print AFA as this is not needed when adding a person to the FS case
- PF4 around the warning message

NOTE: The application date for adding a person will be the day that the change is reported.

REDI

- Do not schedule an appointment, PF4

STEP 2: Interview

AMEN

- Select O
- Enter Margaret's FS AU ID#

ADDR

- PF21 to enter the following remark on NARR:

Press tilde to enter worker information

Margaret Simmons reports she had a baby, Michael Simmons, on 10/03/06.

- No changes on ADDR, PF4

STAT

- Press tilde and select ADT # 3 to document HH composition.

REMARKS – REMA

*****ADD/DEL MEM*****

10/05/06 03:12 PM Case Manager, Load ID and Telephone Number

Adding (**X**)

Deleting ()

: **Michael Simmons** _____ : _____

: _____ : _____

Date of report: **10/05/06** _____ Timely Report? Y/N (**Y**)

Person Reporting: **Margaret Simmons** _____

Date Moved In **10/03/06** _____

Is the Person(s) who moved in currently receiving benefits? Y/N (**N**)

If yes, where: _____

Relationship to SE? **Son** _____

If paternal relative, was paternity verified? Y/N () Verified by: _____

: _____

: _____

Date moved out: _____

Moved out, where did they move: _____

More

MESSAGE

0019 UPDATE COMPLETED SUCCESSFULLY

13 – bott

STAT A

- Fast path to DEM1 for Michael

DEM1 for Michael

- Enter B for SSN application code and today's date
- Lives at home with his mother

DEM2 for Michael

- Client provided confirmation of birth as verification of citizenship
- Fast path to WORK for Michael

WORK for Michael

- SUCCESS should exempt for age
- Fast path to DONE

ERRO (If you have no errors this screen will not appear)

- Display error codes and resolve. Clearinghouse errors should not show up because Michael did not have an SSN.

ELIG

- Check non-financial eligibility and confirm if correct.
- Eligibility screens show due to change to active members in existing case. This is not confirming Michael's add a person application which is still pending.

FSFI

- Check and confirm benefit amount. It should not have changed.

DONE

- Press ENTER to commit data to data base

STEP 3: Processing Application Months

AMEN

- Select P and enter Margaret's FS AU ID#

APP1

- Select 10/06
- Fast path to DONE

DONE

- Press ENTER to commit to the data base

APP1

- PF 13 back to AMEN

STEP 4: Finalize

AMEN

- Select Q and enter Margaret's FS AU ID#

APP2

- Press ENTER

ELIG A for 10/06

- Review and enter Y to confirm

FSFI for 10/06

- Review and enter Y to confirm

ELIG A for 11/06

- Review and enter Y to confirm

FSFI for 11/06

- Review and enter Y to confirm

APP2

- Enter Y to confirm

FSFI for MARGARET SIMMONS ADD- A- PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	341.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	68.33	Thrifty Food Plan	399.00
Net Earned Income	273.34	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	345.00
Standard Deduction	134.00	Previous Benefit	345.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for MARGARET SIMMONS ADD- A- PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 699515907 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	216.66	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	43.33	Thrifty Food Plan	506.00
Net Earned Income	173.34	Allotment Amount	506.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	506.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

III. BECKY WHITE: INDEPENDENT STUDY ADD- A- PERSON

Background

- Becky White calls on 10/4/06 to report that she had her baby on 10/01/06. Her name is Amanda White. She is a black female and has no income or resources. Amanda is a U.S. citizen. Ms. White states the hospital completed the paperwork to enumerate Amanda and presented her with a letter of confirmation of birth which she faxed to the worker. (see following page) Becky will continue to receive her income of \$6.55 per hour, 40 hours per week, while on maternity leave.
- **Becky White's AU# XXXX00203**

Your Assignment

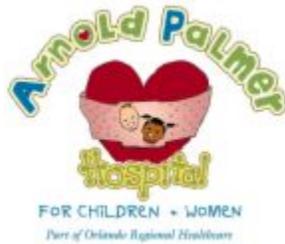
- **Complete the following steps to add Amanda to the Food Stamp case:**

K – Add a person (registration)

O – Interview

P – Process Application Months

Q – Finalize the Case (one RACF ID required)



Becky White
2243 Ponce de Leon Ave
Macon, Georgia 31206

***** CONFIRMATION OF BIRTH *****

Child's Name: Amanda White
Sex: Female
Date of Birth: October 1, 2006
Time of Birth: 04:16 AM

Place of Birth: Arnold Palmer Hospital
County of Birth: Bibb

Mother's Name: Becky White
Maiden Name (Last): White

Father's Name: Robert Pike

Authorize Release of Information to SSA for SS#? Yes

Signature of Birth Certificate Certifier: *Vera James P. N.*

FSFI for BECKY WHITE ADD- A- PERSON 10/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 10 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	225.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	207.99	Thrifty Food Plan	278.00
Net Earned Income	832.00	Allotment Amount	221.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	213.00
Standard Deduction	134.00	Previous Benefit	213.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

FSFI for BECKY WHITE ADD-A-PERSON 11/06

FINALIZE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	225.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	207.99	Thrifty Food Plan	399.00
Net Earned Income	832.00	Allotment Amount	342.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	342.00
Standard Deduction	134.00	Previous Benefit	221.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Three Things to Think About When You Delete an AU Member



- Verify the change if it's questionable.
- Is dependent care being paid for this person?
- Consider whether the family can pay household expenses without the person (if they had income).

IV. WALK THROUGH CASE: MAGGIE KENDALL DELETE- A -PERSON

This case will demonstrate how to delete a person from an ongoing case.

Background

- Maggie Kendall calls on 10/05/06 to report that her two grandchildren, Kathy and Matt, moved out on 10/02/06. They are now living with their parents.

Your Assignment

- Delete the children and the childcare from the FS case.

AMEN

- Select R and enter Maggie's FS AU ID# XXXX00166

ADDR

- PF21 to enter the following remark

Press tilde to enter worker information

"10/05/06 – TC – A/R reports that Kathy and Matt moved out on 10/02/06 to live with their parents. Children deleted 10/05/06"

STAT

- PF1 to find the status reason (500 series) that someone has moved out of the household and enter it for each one of the children who moved out
- Press tilde and select ADT # 3 to document Delete A Household Member
- Fast path to DEM1 for the first child (PF11 to check to see which line numbers they are)

REMARKS – REMA

*****ADD/DEL MEM*****

10/05/06 03:12 PM Case Manager, Load ID and Telephone Number

Adding ()

Deleting (X)

: _____

:**Kathy Long**_____

: _____

:**Matt Long**_____

Date of report: **10/05/06** Timely Report? Y/N (Y)

Person Reporting: **Maggie Kendall** _____

Is the Person(s) who moved in currently receiving benefits? Y/N ()

If yes, where: _____

Relationship to SE? _____

If paternal relative, was paternity verified? Y/N () Verified by: _____

: _____

: _____

Date moved out: **10/02/06** _____

Moved out, where did they move: **They moved back home with their mother
Kiana Kendall.**

More

MESSAGE

0019 UPDATE COMPLETED SUCCESSFULLY

13 – bott

DEM1

- PF1 to find the code that someone is not in the home and enter it in the living arrangement field
- Do this for each child
- Fast path to CARE for line 01

CARE

- Press tilde to document the removal of the dependent care deduction
- Enter a Y in the Del field and PF24
- Fast path to WORK

WORK

- Code Maggie as exempt due to employment, if needed
- Joyce is an exempt ABAWD. However, SUCCESS will not allow you to code her as such until you have finalized the change that removes the children from the AU. Until you do so, SUCCESS thinks the children are a part of the AU and will not allow anyone to be coded as an ABAWD by policy.
- Fast path to DONE

ELIG

- Review and confirm
- Press ENTER

FSFI

- Review and confirm
- Press ENTER

DONE

- Press ENTER to commit and return to AMEN.

AMEN

- Press ENTER

ADDR

- Fast path to WORK

WORK

- Change Joyce's work status to AE.
- Press tilde and select ADT #2 to document the change in work registration status and ABAWD waiver

REMARKS – REMA

*****FS WR/VQ EXEMPT/15%*****

10/05/2006 03:12 PM Enter Name, Load and Telephone #

Documentation/ Verification of exemption:

:ABAWD exempt due to state waiver through 1/31/10 and stimulus waiver extended until September 2010.

(**X**) Change in work registration code

Date of report: **10/05/06** Effective month: **November**

Reason: **Dependent children moved out of the home.**

() Voluntary Quit Sanction is imposed if all of the following are met.

- () 30hrs or more per week or equivalent of 30 hrs X minimum wage
- () quit within 30 days of application or anytime thereafter
- () AU member is mandatory registrant
- () No good cause

Further explanation: _____

() 15% Participation Exemption granted because AU member is

- () homeless according to work registration policy. SRR ()
- Remains coded AB.

: _____

More

MESSAGE

-
- Press ENTER to return to WORK

- PF4 around the warning message
- Fast path to DONE

ELIG

- Review and enter Y to confirm

FSFI

- Review and enter Y to confirm

DONE

- Press ENTER to commit data to data base

FSFI for MAGGIE KENDALL - DELETE A PERSON 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 805354115 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	3000.00	Excess Shelter	369.67
Total Resources	110.00	Medical Deduction	80.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1213.32	Adjusted Net Income	1187.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	242.66	Thrifty Food Plan	399.00
Net Earned Income	970.66	Allotment Amount	43.00
Gross Count Unearned	800.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	43.00
Standard Deduction	134.00	Previous Benefit	353.00

Bnft Eff Date 101506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 4	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the benefit effective date will be 10/19/06 to allow 14 days timely notice.

INDEPENDENT STUDY: ALICE DUTTON DELETE- A- PERSON

- This case gives you an opportunity to practice deleting an AU member.

Background

- Alice Dutton calls on 10/05/06 to report that her husband, Daniel and his brother Robert moved out on 10/04/06. When asked about her household circumstances, she states that she has applied for SSI and her SSI worker told her last week she should be hearing something very soon.

Your Assignment

- Document the case and delete Daniel from the FS AU. Be sure to check your budgets with those in the Participant Guide.

FSFI for ALICE DUTTON DELETE- A -PERSON 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	15.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	.00	Thrifty Food Plan	278.00
Net Earned Income	.00	Allotment Amount	278.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	278.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 101506 Bnft Confirm Y Reasons Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the benefit effective date will be 10/19/06 to allow 14 days timely notice.

I. Objectives for Changes to Income and Deductions

By the end of this section, you should know:

- basic information about changes processed by the DFCS Customer Contact Center
- how to process reported new income and document
- how to process a reported loss of income and document
- how to process reported new deductions (at address change) and document
- how to process terminated/decreased deductions (at address change) and document
- how to document when completing financial changes with required verification
- how to document shared utilities

DFCS Customer Contact Center

Total Calls Received

FY 2007

Metro Atlanta and South Georgia Call Centers

Approximately 731,974 Calls

Shelter Changes

Income Changes

AU Changes



Address Changes

Resource Changes

The following changes are processed by the DFCS Customer Contact Center, and an email sent to the county contact person informing that additional actions may be required. However if the A/R reports the change to the FICM, the FICM MUST process the change.



- ☎ Addition of ABAWD to FS case
- ☎ Addition or loss of earnings to TANF case
- ☎ Active subsidized child care cases
- ☎ TANF, FS, MAO AU moves to another country
- ☎ TANF, FS, MAO AU moves within Fulton County to another office area
- ☎ Newborn added to TANF on this date, may qualify for the 3 month exemption
- ☎ TANF closed/reinstated within the same month
- ☎ Voluntary quit of job to FS and TANF case
- ☎ Overpayment in SSI/SSA
- ☎ Name change
- ☎ AU states requested verification was provided to county office
- ☎ Transitional FS has been added
- ☎ Claims
- ☎ ABD cases – will process changes not related to ABD Assistance Unit (Q01, Q03, Q05, Q11, Q12, S01–S06, S10, S95, S99)

Changes NOT Processed by the DFCS Customer Contact Center



- ⊗ Applications for FS, TANF, or Medicaid
- ⊗ Changes reported and the review has been initiated
- ⊗ Changes was reported and an application is pending (already interviewed)
- ⊗ Child Support Gap (exception: Lump Sum received from CSS that closes case)
- ⊗ Historical changes
- ⊗ Medicaid applications for Pregnant Women
- ⊗ Reinstatement of cases closed by county (exception: Request for Fair Hearing)
- ⊗ Rescheduling appointments
- ⊗ Resolving issues between client and worker
- ⊗ Sanction for failure to meet work requirements
- ⊗ System alerts (exception 136 – New Hire, 161 – Death Match)
- ⊗ Transfer of case records to another counties or offices
- ⊗ Changes in Foster Care cases that are reported by OCPS or OFI staff
- ⊗ Division of Juvenile Justice cases if change is not confirmed with DJJ worker
- ⊗ Refugee or Adoption Assistance cases
- ⊗ Insufficient or conflicting information exists and the change cannot be processed
- ⊗ ABD cases (L01, L02, L95, L99, W01)

In the above situations, the DFCS Customer Contact Agent will document the change on NARR in SUCCESS. An e-mail will be sent to the county worker/contact worker and supervisor that the change was reported but no action was taken.

Four Things To Think About When An Ongoing Client Reports A New Job



- ✓ **ADD THE INCOME TO THE CASE IMMEDIATELY!**
- ✓ **Go directly to SUCCESS to enter and document the change**
- ✓ **Ask if they're paying dependent care**
- ✓ **Look at the WORK screen to see if changes are needed**

II. WALK THROUGH CASE: HELEN JORDAN NEW WAGES

This case will demonstrate how to add wages which are reported for an ongoing case.

Background:

- Helen Jordan calls on 10/05/06 to report that she has a new job working at CVS Pharmacy on 54 Henry St., Cedartown, Ga., 30742, phone number 770-838-5428. She will be working 40 hours per week at \$6.55 per hour. She began work 9/28/06. She received her first check on 10/02/06. Her mother looks after her children so she has no childcare expenses. (Remember that we are limited in using dates because in the training region it is always 10/05/06). She will be paid weekly on Friday.

Your Assignment:

Add wages for the ongoing month and then run trial eligibility.

AMEN

- Select R and enter Helen's FS AU ID# XXXX00165 (customize)

ADDR

- PF21 to enter the following remark on NARR.
- Press tilde (~) to add the date, indicate type of contact, name and worker ID.
- Then document the following on NARR:
 - "Ms. Jordan reports she began a new job 9/28/06. She will work 40 hrs/wk at \$6.55/hr. See ERN1, ERN2, CARE and WORK for additional documentation."
- Fast path to ERN1

ERN1 for Helen

- Did not receive job as a result of applicant job search
- Enter name and address of employer
- Enter begin date and first pay date
- Code the late field "N"

- Note: It is not necessary to document the current employment on ERN1 ADT. The ERN1 ADT is to document previous employment. Completion of ERN1 is sufficient documentation of current employment. However, it will be necessary to document clearinghouse using the ADT. In the real world, you would not have gotten a DOL hit on this new employment this quickly.

ERN2 for Helen

- She works 40 hours per week at \$6.55 per hour
- She is paid weekly on Fridays
- Press tilde and choose ADT #1 to document the following:

She will be working 40 hours per week at \$6.55 per hour. Rep. pay is 40 hours x \$6.55/hr. = \$262/wk.
- Fast path to CARE for Helen

CARE for Helen

- Press tilde to document the following:

A/R does not have a child care expense as her mother looks after the children.
- Fast path to WORK for Helen

WORK for Helen

- Add FS exemption for employed and change work registration status
- Press tilde and select ADT #2 to document the work registration change
- Press ENTER
- Press PF8 – run trial eligibility

ELIG

- Press ENTER

FSFI

- Press ENTER

WORK

- Fast path to DONE

ERRO

- Ignore all Clearinghouse errors and problem-solve all others.

ELIG

- Review and key Y to confirm

FSFI

- Review and key Y to confirm

DONE

- Press ENTER to commit to the data base

HELEN JORDAN - NEW WAGES

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 378394905 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	210.87
Total Resources	500.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	1135.32	Adjusted Net Income	563.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	227.06	Thrifty Food Plan	278.00
Net Earned Income	908.26	Allotment Amount	109.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	109.00
Standard Deduction	134.00	Previous Benefit	278.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 09 06 Review End Dt 02 07 Strat 1 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.

INDEPENDENT STUDY: LINDA THOMAS NEW WAGES

This case will give you an opportunity to practice adding reported new wages to an ongoing case.

Background:

- Linda Thomas comes in to the office on 10/05/06 to report that she has begun babysitting for a neighbor's child after school. She brings in a statement from Mary Aspen verifying she is receiving \$50 per week paid on Mondays. Mary Aspen lives at 4502 Memorial Drive, Atlanta, Ga.30302, (404)765-4859. Linda Thomas began babysitting on 9/28/06 and received her first check today 10/01/06. She works 20 hours each week. Linda states that she cares for her own children so childcare is not needed.

Your Assignment:

- Enter wages for the ongoing month, document, run trial eligibility and key appropriate remarks.

LINDA THOMAS - NEW WAGES

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 904301315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	348.68
Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1603.31	Adjusted Net Income	800.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	320.66	Thrifty Food Plan	506.00
Net Earned Income	1282.65	Allotment Amount	266.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	266.00
Standard Deduction	134.00	Previous Benefit	333.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 10 06 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.



Margaret Simmons Increased Wages

Ms Simmons calls on 12/02/06 to report that she will now baby-sit full time for her employer Sally Hughes. She states she will now earn \$160.00 per week effective 12/07/06 to baby-sit both of Ms Hughes children. Ms Simmons states she will now work 40 hours per week. Ms Simmons states that she thinks she may be over the income limit for Food Stamps but she is not sure.

Answer the following questions:

1. Was Ms. Simmons required to report this change?
2. What third party verification, if any, is required?
3. What is your deadline to complete this change?
4. What is the total amount of income to be budgeted ongoing?
5. Will this change cause benefits to increase or decrease?
6. What type of notice is required?



IV. WALK THROUGH: MARGARET SIMMONS INCREASED WAGES

This case will demonstrate how to add increased wages which are reported for an ongoing case.

Background:

- Margaret Simmons calls on 10/05/06 to report that she will now baby-sit full time for her employer Sally Hughes. She states she will now earn \$160.00 per week effective 10/12/06 to baby-sit both of Ms. Hughes' children. Ms. Simmons states she will now work 40 hours per week. Margaret states that she thinks she may now be over the income limit for Food Stamps but she is not sure.

Your Assignment:

- Change wages for the ongoing month, document, run trial eligibility and enter appropriate remarks

Remember:

- When an AU reports that gross income exceeds 130% FPL, the FICM processes the change in SUCCESS to terminate eligibility. Before terminating the case, FICM must make sure that the termination is due to an increase in ongoing income and not due to an additional payment of income, such as a 3rd/5th paycheck.

AMEN

- Select R and enter Margaret Simmons AU ID#

ADDR

- PF21 to enter the following remark on NARR.

Press tilde (~) to add the date, indicate type of contact, name and worker ID.

Then document the following on NARR:

"Ms. Simmons reports that she has received a raise. She will now earn \$160.00 per week, 40 hours per week. See ERN2 for additional documentation."

- Fast path to ERN2

ERN2 for Margaret

- Works 40 hours per week, paid \$160 per week
- She is paid weekly on Fridays
- Press tilde and choose ADT #1 to document the following:
- Margaret received a raise. She now earns \$160 per week. She will now work 40 hours per week. Rep. pay is \$160 per week.
- Fast path to WORK

WORK for Margaret

- Review the Work Registration Code, change if needed
- Fast path to DONE

ERRO

- Ignore all Clearinghouse errors and problem solve others

ELIG

- Review and enter "Y" to confirm

FSFI

- Review and enter "Y" to confirm

FSFI for Margaret Simmons Increased Wages 11/06

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 675354115	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	362.67	
Total Resources	350.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	2097.00	Child Support Ded	.00	
Gross Count Earned	693.32	Adjusted Net Income	58.00	
Self Employ Expenses	.00	Net Income Standard	1613.00	
Earned Income Deductn	138.66	Thrifty Food Plan	506.00	
Net Earned Income	554.66	Allotment Amount	489.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	489.00	
Standard Deduction	134.00	Previous Benefit	506.00	
Bnft Eff Date 1005 06	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type	

Message

13-note

DONE

- Press ENTER to commit to the data base

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.

V. INDEPENDENT STUDY: ELAINE BROOKS

This case will give you an opportunity to practice changing a report of an increase in earnings already budgeted in the case.

Background

- Elaine Brooks calls on 10/05/06 to report that her husband Steve has been promoted to assistant manager. He is still working 40 hours per week but will earn \$9.00 per hour. He will receive this raise in his next check on 10/09/06. Ms Brooks states that she thinks the new income will put her over the gross income limit for Food Stamps.

Your Assignment

- Change the wages for the ongoing month and enter the appropriate remarks.

Remember:

- When an AU reports that gross income exceeds 130% FPL, the FICM processes the change in SUCCESS to terminate eligibility. Before terminating the case, FICM must make sure that the termination is due to an increase in ongoing income and not due to an additional payment of income, such as a 3rd/5th paycheck.

REDE

- SUCCESS is reminding you that Elaine Brooks is due for review next month and checking to see if you want to initiate the review now.
- PF4 to go to ADDR without initiating a review.

FSFI for Elaine Brooks Increased Wages 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 524354115 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	.00
Total Resources	150.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	2116.85	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	.00
Earned Income Deductn	.00	Thrifty Food Plan	.00
Net Earned Income	.00	Allotment Amount	.00
Gross Count Unearned	125.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	.00
Standard Deduction	134.00	Previous Benefit	321.00

Bnft Eff Date 1015 06 Bnft Confirm Y Reasons **320** Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 05 06 Review End Dt 10 06 Strat 2 Issue Type

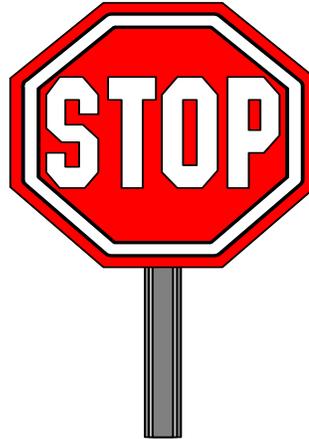
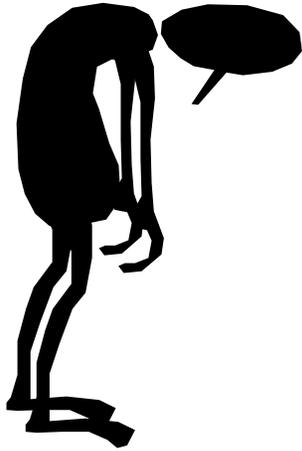
Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Note: In the Production Region the Benefit Effective Date will be 10/19/06 to allow 14 days Timely Notice.

Six Things You Need to Think about When a Person Reports a Loss of Income



- ✓ **What will be the effect to the FS benefits? Is verification required?**
- ✓ **Can the AU pay their reported expenses without this income?**
- ✓ **Are we paying dependent care for this person? Will it need to change?**
- ✓ **Are changes needed on the WORK screen?**
- ✓ **Is this a Voluntary Quit situation?**
- ✓ **Is this person eligible for UCB?**

VI. WALK-THROUGH CASE: MAGGIE KENDALL LOSS OF INCOME

This case will demonstrate how to remove income from an ongoing case.

Background:

- Maggie Kendall calls on 10/05/06 to report that she was terminated from her job yesterday due to lack of work. She will receive her last pay check today 10/05/06. You discuss household circumstances with A/R and she is unsure how she will pay her expenses until she gets a new job. You discuss the possibility of her applying for UCB and remind her to be sure to report if her income exceeds 130% of the FPL, as indicated on her Form 339 provided at initial application. You verbally tell A/R that you will need verification that the job has terminated and that you will be sending her a checklist in the mail; she must provide the verification within 10 days.

Your Assignment:

- Run trial eligibility to determine whether or not verification is required.
- Document the case and send a verification checklist. When verification is received, delete the income and child care for the ongoing month.

AMEN

- Select F and enter Maggie's FS AU ID#. XXXX00166 (customize)

ADDR

- Press ENTER to ERN2 for Maggie.

ERN2

- Place a "Y" in the delete field and press PF24.
- Fast path to Done

ELIG

- Review to ensure that the AU is still eligible.

FSFI

- This change causes benefits to increase. Press ENTER to return to AMEN.

AMEN

- Select R and enter Maggie's FS AU ID# XXXX00166 (customize)

ADDR

- PF21 to enter the following remarks:
- Tilde to add the date, indicate type of contact, name and worker ID.
- Add the following documentation:
- 10/05/06 – TC – Ms. Kendall reports she lost her job 10/2/06 due to lack of work. Will receive last paycheck 10/05/06. See ERN1.
- Fast path to ERN1

ERN1

- Press tilde to document termination of wages
- A/R called 10/05/06 to report she lost her job due to lack of work. This change will cause benefits to increase; verification requested
- Press ENTER to return to ERN1

Sending A Verification Checklist and Form 809

- Select F15 to letters
- FMEN
- Select A to generate a letter
- Tab to the letter type field and press F1
- Scroll through the menu to find the letter type valid value to send a Form 173 checklist
- Press ENTER
- Enter your phone number and press ENTER
- Use the arrows keys to place the cursor in the blank space on the right side of the screen and enter a due date of 10/15/06.
- Your ongoing FS will be closed
- Place an "X" to the left of the wage verification box and enter dialogue requesting this information
- Press ENTER

- Press F14 to update
- press F3 back to ERN1
- Fast path to WORK for Maggie

WORK for Maggie

- Review Maggie's work registration code
- Fast path to DONE

DONE

- Press ENTER to commit to data base

Sending a Worker Generated Alert

AMEN

- F3 back to the Main Menu
- Select D

DMEN

- Select A for a worker generated alert,
- Delete the AU number, press ENTER

ALWG

- Enter your load ID number
- Enter the AU ID number for Maggie Kendall XXXX00166 (customize)
- Enter a code between 450 and 489 in the "Alert Code" field
- Enter the following message: "wage verification due for Maggie Kendall FS"
- Enter 10/05/06 in the "Display Date" field
- Enter 10/15/06 in the "Due Date" field
- Press ENTER

Verification Received

Maggie Kendall returns Form 809 Verification of Earned Income form on 10/10/06 to verify last date of employment and last paycheck amount. (See following page)



Georgia Department of Human Resources
Georgia Departamento de Recursos Humanos

VERIFICATION OF EARNED INCOME

Date/Fecha: 10/10/06

(Verificación de ingreso ganado)

Recipient Name: Maggie Kendall
(Nombre del Recibidor)

Employer Name: Bennett Company
(Nombre del Patrón o de la Compañía)

Case Name: Maggie Kendall
(Nombre del Caso)

Employer Address: 654 Whitlock Avenue
(Dirección del Patrón o de la Compañía)

Case Number: XXXX00166
(Número del Caso)

Marietta, Georgia 30060

Social Security Number: XXX-01-XXXX
(Número de Seguro Social)

The above named individual is an applicant/recipient of assistance in this county. Regulations require verification of all household income. *(El individuo nombrado arriba es un solicitante/recibidor de asistencia en este condado. Reglamentos requieren verificación de todo el ingreso del hogar.)*

Please complete the earnings statement on the reverse side. *(Favor de llenar la declaración de ingresos al dorso.)*

Your assistance is appreciated. *(Le agradecemos su asistencia.)*

Sincerely,
(Atentamente)

Ima Case Manager

Case Manager/Phone Number
Nombre del Trabajador Social / Número de Teléfono

I hereby authorize my employer to furnish complete information about my earnings to the Fulton County Department of Family and Children Services. *(Por este medio autorizo a mi empleador a proveerle al Departamento de Servicios Para Familias y Niños del Condado de _____ información completa sobre mis ingresos.)*

Maggie Kendall

Signature or Mark
(Firma o Marca)

If signed by an "X", person who witnesses the mark signs below. (Si ha firmado con una "X", la persona que testifica la marca debe firmar abajo.)

Signature of Witness
(Firma del Testigo)

An equal Opportunity Employer/*(Un Empleador de Oportunidad de Igualdad)*

I. a) Name and address of employee on employer's record. *(Nombre y dirección del empleado como*

Aparece en el expediente del empleador.

Bennett Company 654 Whitlock Ave. Marietta, Georgia 30060

b) Beginning date of employment. *(Fecha en que comenzó a trabajar)* 06/01/00

Date of first pay *(Fecha del primer día de pago)* 06/15/00

c) Employee is paid:
(El empleado recibe pago) Weekly *(Semanal)* Every Two Weeks *(Cada Dos Semanas)* Monthly *(Mensual)* Twice a Month *(Dos Veces al Mes)*

d) Day of the week paid if pay is received weekly or every two weeks. *(Favor de marcar el día de la semana que recibe su pago si le pagan semanalmente o cada dos semanas.)*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(Lunes) (Martes) (Miércoles) (Jueves) (Viernes) (Sábado) (Domingo)

e) Hourly rate *(Pago por hora)* \$7.00 per hour

f) Number of hours worked per week *(Número de horas de trabajo por semana)* 40 Hours

**II. PLEASE COMPLETE FOR LAST 4 WEEKS
(FAVOR DE LLENAR PARA LAS ÚLTIMAS 4 SEMANAS)**

Period End Date <i>(Fecha Final del Período)</i>	Date Pay Received <i>(Fecha de Recibir Pago)</i>	Hours Worked <i>(Horas Trabajadas)</i>	Gross Earning* <i>(Ingresos Brutos*)</i>	Net Earning	Tips <i>(Propinas)</i>
1) 10/02/06	10/05/06	36	\$253.45		
2) 09/25/06	10/02/06	40	\$280.00		
3) 09/18/06	09/25/06	40	\$280.00		
4) 09/11/06	09/18/06	40	\$280.00		
5)					

*DO NOT include advance EITC payments in Gross Earnings
*(*No incluye pagos de EITC adelantado en Ingresos Brutos)*

III. a) Do you expect a change in pay? Yes No
(¿Anticipa usted un cambio en pago?) (Si) (No)

If yes, what change do you anticipate? *(En caso afirmativo, ¿qué cambio anticipa?)*

When? *(¿Cuándo?)* _____

b) **If the person is no longer employed, provide the reason for termination/separation.** *(Si la persona ya no trabaja con usted, dé la razón por la terminación / separación.)* **Lack of work**

Last date of employment *(Última fecha de empleo)* 10/02/06

Date of last pay received *(Última fecha de pago)* 10/05/06

Date form completed *(Fecha completada)* 10/02/06

Marcus Coleman
 Signature of Employer *(Firma del Patrón)*

HR Manager
 Title *(Título)*

770-422-7652

Phone Number *(Número Telefónico)*
 An equal Opportunity Employer/*(Un Empleador de Oportunidad de Igualdad)*

Now the verification has been received, process the change on SUCCESS.

AMEN

- Select R and enter Maggie's FS AU ID# XXXX00166 (customize)

ADDR

- Fast path to ERN1 for Maggie

ERN1 for Maggie

- PF9 to complete the ADT that you began earlier:
- Separation notice received 10/10/06 verifies last day of employment as 10/02/06 and last check received 10/05/06. A/R employment began 6/01/00.

ERN2 for Maggie

- Enter Y in the delete (del) field
- PF24 to delete

WORK for Maggie

- Maggie's work status will not change
- Fast Path to DONE

ERRO

- Resolve all errors other than clearinghouse

ELIG

- Review and enter "Y" to confirm

FSFI

- Review and enter “Y” to confirm. There should be no change in the benefit amount.

DONE

- Press ENTER to commit data to the data base

MAGGIE KENDALL - LOSS OF INCOME 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 805354115 Prog FS Prog Type T

Resources		Income Test (cont)	
Resources Limit	3000.00	Excess Shelter	855.00
Total Resources	110.00	Medical Deduction	80.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	.00	Thrifty Food Plan	399.00
Net Earned Income	.00	Allotment Amount	399.00
Gross Count Unearned	800.00	Recoupment Amount	.00
TANF/ Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	43.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

VII. INDEPENDENT STUDY: LINDA THOMAS LOSS OF INCOME

This case will give you an opportunity to practice removing income from an ongoing case.

Background:

- Linda Thomas calls on 10/05/06 to report that she will not be babysitting anymore because her neighbor just lost her job and will be staying with her child until she obtains another job. Ms. Thomas only worked one week and 2 days in 10/06 and received \$63. You verbally tell A/R that you will need verification that she is no longer babysitting and you will be mailing her a checklist; she must provide the verification within 10 days. You also discuss her household circumstances and check clearinghouse for potential eligibility for UCB.

Your Assignment:

- Document the case as you would when you received the telephone call. Answer the questions below concerning the procedure to send and track a checklist. Make the change on SUCCESS based upon the verification that is received.

Questions

1. Explain the procedure to generate a verification checklist on SUCCESS including the screens and PF keys you would use.
2. Explain the procedure to set up an alert to yourself to track the deadline on the verification checklist including the screens and PF keys you would use as well as the choice in DMEN.
3. List another way you could track the verification checklist deadline.

Verification Received 10/10/06

Linda Thomas' provides a letter from her employer Mary Aspen to verify her last day of employment was 10/02/06.

October 10, 2006

To whom it may concern,

Linda Thomas is no longer babysitting for me due to my unemployment. Her last day of employment was 10/02/06 and she received her last check for \$63 on the same day, 10/02/06.

If you should need additional information, please contact me at 404-765-4859.

Sincerely,

Mary Aspen

4502 Memorial Dr.

Atlanta, Georgia 30302

LINDA THOMAS - LOSS OF INCOME 11/06

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI	FSFI	A
Month 11 06			
AU ID 904301315	Prog FS Prog Type S		
Resources	Income Test (cont)		
Resources Limit	2000.00 Excess Shelter	400.00	

Total Resources	600.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	1386.65	Adjusted Net Income	575.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	277.33	Thrifty Food Plan	506.00
Net Earned Income	1109.32	Allotment Amount	333.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	333.00
Standard Deduction	134.00	Previous Benefit	266.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

RSDI vs. SSI

SUCCESS Screen Coding for OVERPAYMENT OF BENEFITS



Instructions:

Step 1. Access ODIS

Step 2. Navigate to the Income Section 3420, CHART 3420.2 - TYPES OF INCOME

Step 3. Read the policy for Repayment of Overpayment of Benefits

Step 4. Wait for the Trainer for further instructions.

VIII. WALK THROUGH: Kelly Landon – SSI Overpayment

This case will demonstrate how to correctly code the Unearned Income screen when the AU has an SSI Overpayment. Review the FS Policy on ODIS prior to processing this change.

Background:

Kelly Landon comes to the office on 10/05/06 to report that she was notified by the Social Security Administration that due to an administrative error her son, Robert was overpaid SSI benefits. He now has a SSI overpayment amount that must be repaid. He will continue to receive SSI each month, but an amount will be deducted each month from his SSI payment effective November 2006 until the overpayment amount is paid in full. Ms. Landon states that she received a letter a couple of weeks ago but is unable to find it. You review the SDX1 Clearinghouse Screen for Robert Landon to verify her statement.

Your Assignment:

Change Robert's UINC screen to reflect the SSI overpayment amount deducted each month.

AMEN

- Select R and enter Kelly Landon's AU ID number

PF21 to enter the following remark on NARR

Press (~) to add the date

Then document the following on NARR:

"Ms. Landon reports on 10/05/06 that she has been notified by the Social Security Administration that her son Robert was overpaid SSI Benefits. As a result an amount will be deducted from Roberts SSI payment each month effective November 2006 until the overpayment amount is paid in full.

- Fast path to UINC 02

Clearinghouse Interface – SDX1 for Robert Landon

```

INQUIRY          STATE      DATA EXCHANGE - SDX1          SDX1
NEXT SSN
Client Name ROBERT LANDON          Client ID
      DOB 03 10 1997      Race      B      Individual SSN 100 02 XXXX
Date of          Mrtl  Alien  Es.  Pers.      --SDX Transaction-- Multiple
Death           Sex  Sts  Code  Ind      Code  Date          SSN
              M   3   N    0      08   08 19 97      0
      Appl  Denial  Denial  Appeal  Appeal  Onset  Disab/      SSI  Elig  Medicd
      Date  Date   Code   Date   Code   Blindness  Date      Test
08 18 97                                08 18 97  08 18 97

Chg D  Pay Stat  Fed Liv  State/Cnty
08 97  C01      C      11530  FS   FS   FS Input  TPL  Medicd
                                Appl  Stat  Date      Cd  Eff Dt
                                N   N   08 97      N  08 18 97
    
```

```

Adv Pay Bdgt Mo.  SSI/GPA  Mthly Asst  ---- STATE SUPPLEMENT ----
                2          417.00      394.00      Amt Pd  Elig Pd  Grant
----- OVERPAYMENT -----
Ind  Balance  Waiver Amt  Waiver Date  ----- RESOURCES -----
O   812.00    0.00
House MV  Lfe  Ins Prop
Z     Z    Z    Z
    
```

Message

EXAMPLE: To determine the SSI overpayment amount each month, subtract the “Mthly Asst” amount from the “SSI/GPA” amount. Example: \$417 - \$394 = \$23, the SSI repayment amount each month is \$23.00.

UINC for Robert

- Press tilde to complete the documentation ADT
- Update the UINC Screen to reflect the deduction amount for the SSI payment.

Note: When there is a deduction amount, the “Ded” field must be coded “NI” or “RC” for the Budget to work correctly.

CHANGE	UNEARNED INCOME - UINC	UINC 01
Month 11 06	10 05 06	01

Client Name ROBERT LONDON Client ID 841005458

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay
SI		MO		RC	23.00	OT	

Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
10 01 06	417.00	SD						

Client Potentially Elig For Other Benefits?
More

Appl Type	Stat	Date	Appl Type	Stat	Date
-----------	------	------	-----------	------	------

Message

15-lett	16-uvnc	23-alau	24-del
---------	---------	---------	--------

- Fast path to DONE

ERRO

- Resolve any errors, ignore clearinghouse errors

ELIG

- Review and enter Y to confirm

FSFI

- Review and enter Y to confirm

DONE

- Press ENTER to commit data to the data base

FSFI for Kelly Landon 11/06

FINALIZE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 805354115	Prog FS	Prog Type T		
Resources		Income Test (cont)		
Resources Limit	3000.00	Excess Shelter	292.41	
Total Resources	399.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	173.33	
Gross Income Standard	1390.00	Child Support Ded	.00	
Gross Count Earned	970.65	Adjusted Net Income	571.00	
Self Employ Expenses	.00	Net Income Standard	1070.00	
Earned Income Deductn	194.13	Thrifty Food Plan	278.00	
Net Earned Income	776.52	Allotment Amount	107.00	
Gross Count Unearned	394.00	Recoupment Amount	.00	
TANF / Refugee	.00	Benefit Amount	107.00	
Standard Deduction	134.00	Previous Benefit	96.00	
Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0003	Waive Timely Notice Period		Notice Override	
Review Begin Dt 10 06	Review End Dt 03 07	Strat 1	Issue Type	

Message

_13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

IX. INDEPENDENT STUDY: Maggie Kendall – RSDI Overpayment

This case will demonstrate how to correctly code the Unearned Income screen when the AU has an RSDI Overpayment. Review the FS Policy on ODIS prior to processing this change.

Background:

Maggie Kendall comes to the office on 10/05/06 to report that her husband Jeff was notified by the Social Security Administration that due to an administrative error he was overpaid RSDI benefits. Jeff Kendall now has a RSDI overpayment amount that must be repaid. He will continue to receive RSDI each month, but an amount will be deducted each month from his RSDI payment effective November 2006 until the overpayment amount is paid in full. Ms. Kendall provides a copy of the award letter that her husband received last week. **(See following page).**

Your Assignment:

Change Jeff's UINC screen to reflect the correct RSDI amount.

AMEN

- Select R and enter Maggie Kendall's AU ID number

PF21 to enter the following remark on NARR

Press (~) to add the date

Then document the following on NARR:

“Ms. Kendall reports on 10/05/06 that her husband Jeff Kendall has been notified by the Social Security Administration that he was overpaid RSDI Benefits. As a result an amount will be deducted from RSDI payment each month effective November 2006 until the overpayment amount is paid in full”.

- Fast path to UINC for Jeff

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: September 25, 2006
Claim Number: 31401XXXXA

Jeff Kendall
Street
Georgia 30127

2500 10th
Powder Springs,

Below is the new repayment withholding schedule we will use to collect the Social Security benefits paid in error:

Month(s)	Amount you will receive	Amount withheld	Balance you owe
11/06	\$765.00	\$35.00	\$385.00

If you pay Medicare premiums or health plan premiums, they have been deducted from the amount shown under the heading "Amount you will receive."

What We Will Pay and When

- You will receive \$765.00 for October 2006 around November 3, 2006.
- After that you will receive \$765.00 on or about the third of each month.
- You will receive your full regular monthly payment beginning December 2007.

If You Have Questions

We invite you to visit our Website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free a 1-800-772-1213, or call your local Social Security Office at 404-458-5894. We can answer most questions over the phone. If you are deaf or hadr of hearing , you may call TTY number, 1-800-325-0778. You can also write or visit at any Social Security office. The office that serves your area is located at:

Social Security
6548 South Cobb Drve
Marietta, GA 30324

See Next Page

31401XXXXA

Page 2 of 2

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days begins the day after you receive this letter.

Nancy Walker

Associate Commissioner for
Central Operations

UINC for Jeff

- Press tilde to complete the documentation ADT
- Update the UINC Screen to reflect the deduction amount for the RSDI payment.

Note: For RSDI Overpayments, coding the "Ded" field is not required. Enter the Net Amount of RSDI Received only, Deduction amount not required.

```
CHANGE                               UNEARNED INCOME - UINC                UINC 01
Month 11 06                          10 05 06                                01
```

```
Client Name JEFF  KENDALL                Client ID 658947512
```

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

```
Type      Del      Freq      Claim Number  Ded      Ded Amt  V      Extra Pay
SA                MO      XXXXXXXXXXXA
```

```
Date Rcvd  Amount  V      Date Rcvd  Amount  V      Date Rcvd  Amount  V
10 01 06   765.00  AL
```

Client Potentially Elig For Other Benefits?
More

```
Appl Type  Stat  Date                Appl Type  Stat  Date
```

Message

15-lett

16-uvnc

23-alau 24-del

- Fast path to DONE

ERRO

- Resolve any errors, ignore clearinghouse errors

ELIG

- Review and enter Y to confirm

FSFI

- Review and enter Y to confirm

DONE

- Press ENTER to commit data to the data base

Maggie Kendall 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
Month 11 06
AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	3000.00	Excess Shelter	872.50
Total Resources	110.00	Medical Deduction	80 .00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	.00	Thrifty Food Plan	399.00
Net Earned Income	765.00	Allotment Amount	399.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	399.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Four Things You Need to Think about When a Person Reports a Change of Address



- ✓ **Are they still in your county?**
- ✓ **Did their shelter costs change?**
- ✓ **Did they move in with anyone; will this change their AU composition?**
- ✓ **Can the AU pay their reported expenses?**



Margaret Simmons

ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS

Margaret Simmons comes by the office on 01/01/07 to report that she and her children moved to 433 Trinity Avenue Atlanta, GA 30301. There are no other household members. Her phone number has not changed. Her new rent amount will be \$275/month which includes the gas for heat. She provides you with a statement from her new landlord (**see following page**). She is responsible for paying the electric, water and telephone bills. She cools her home with a window air conditioning unit. Her new landlord is Frank Stone; his address is 1821 Taylor Lane, Atlanta, GA 30304. Ms. Simmons rented at her previous address from 2/03 – 10/06.

Answer the following questions:

1. Was Ms. Simmons required to report this change?
2. Is proof of residency required?
3. For which utility standard is the AU eligible?
4. What is the Total Shelter Costs?
5. Is third party verification required? Why or Why Not?

October 05, 2006

To whom it may concern:

Margaret Simmons is renting my property at 433 Trinity Avenue Atlanta, Georgia 30304. She gives me \$275/mo for rent which includes the gas bill. Ms. Simmons is responsible for paying all other utilities.

Thank you,
Frank Stone

1821 Taylor Lane
Atlanta, Georgia 30304

X. WALK THROUGH CASE: MARGARET SIMMONS

ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS

This case will demonstrate how to change an address and change deductions in an ongoing case.

Background:

Margaret Simmons comes by the office on 10/05/06 to report that she and her children moved to 433 Trinity Avenue Atlanta, GA 30304 on 10/01/06. There are no other household members. Her phone number has not changed. Her new rent amount will be \$275/month which includes the gas for heat. She provides you with a statement from her new landlord. She is responsible for paying the electric, water and telephone bills. She cools her home with a window air conditioning unit. Her new landlord is Frank Stone; his address is 1821 Taylor Lane, Atlanta, GA 30304. Ms. Simmons rented at her previous address from 2/03 – 10/06.

Your Assignment:

- Document the change, change her address and SUA type, and enter the new rent amount.

AMEN

- Select R and enter Margaret Simmons' FS AU ID#
- ADDR
- Write down the old address
- PF21 to NARR to document the following:
 - Be sure to use tilde to indicate date, type of contact, name and worker ID.

“Ms. Simmons reports that she has moved. CS accepted. Address changed and previous address keyed on PREV. See SHEL for additional doc.”
- Key in the new address
- Enter a “Y” for previous addresses in the last two years

PREV

- Key the previous address

- They were at the old address from 2/03 - 10/06 and did not own the property
- Fast path to STAT

STAT

- Press tilde and select ADT #1 to complete documentation
- Fast path to SHEL

SHEL

- PF1 to look up the correct code in the Primary Heat/Cool field
- Change the SUA Type
- Change the rent amount to \$275. Client statement verifies.
- Enter the Landlord's information
- Press tilde to enter the following documentation:

A/R rents at new address and is eligible for shelter deduction. A/R reports the new rent amount will be \$275. Heating costs are included in the rent. A/R does pay a separate cooling cost. She pays electric, water, and phone. A/R is given the H/C SUA.

- Fast path to DONE

ERRO

- Resolve any errors, ignore clearinghouse errors

ELIG

- Review and enter "Y" to confirm

FSFI

- Review and enter "Y" to confirm

DONE

- Press ENTER to commit data to the data base

Margaret Simmons 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	387.67
Total Resources	350.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	2097.00	Child Support Ded	.00
Gross Count Earned	693.32	Adjusted Net Income	33.00
Self Employ Expenses	.00	Net Income Standard	1613.00
Earned Income Deductn	138.66	Thrifty Food Plan	506.00
Net Earned Income	554.66	Allotment Amount	496.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	496.00
Standard Deduction	134.00	Previous Benefit	489.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 1006 Review End Dt 03 07 Strat 2 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

XI. INDEPENDENT STUDY: BECKY WHITE

ADDRESS CHANGE/INCREASE IN SHELTER DEDUCTIONS

This case will demonstrate how to change an address and change deductions in an ongoing case.

Background:

- Becky White comes by the office 10/05/06 to report that she has moved to 3456 Palmer Avenue Macon, GA, 32101. The same people are in the AU. Her phone number has not changed. Her new rent amount will be \$475 per month. She has a central heating and air conditioning unit. She is responsible for paying the electric, water and telephone bills. She rented at her previous address from 02/06 to 10/06.

Your Assignment:

- Document the change, change her address and SUA type, and enter the new rent amount.

Becky White 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 290001315 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	400.00
Total Resources	725.00	Medical Deduction	.00
Income Test		Dep Care Deduction	108.33
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	1039.99	Adjusted Net Income	190.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	207.99	Thrifty Food Plan	399.00
Net Earned Income	832.00	Allotment Amount	342.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	342.00
Standard Deduction	134.00	Previous Benefit	342.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 10 06	Review End Dt 03 07	Strat 2	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

XII. WALK THROUGH CASE: ALICE DUTTON

CHANGE OF ADDRESS/DECREASE IN SHELTER

Background:

- Alice Dutton calls on 10/05/06 to report that she and her child moved home with her parents, Jack (62) and Margie (60) Rogers. She will be allowed to live there rent free, but she will be responsible for her own food. The new address is 279 Willow Dr., Savannah, Ga., 31298 (912) 655-4789.

Your Assignment:

- Document the change and change her address and shelter expenses for the ongoing month.

AMEN

- Select R and enter Alice's FS AU ID#

ADDR

- Write down old address
- PF21 to NARR to document the following:
 - Be sure to use tilde to indicate date, type of contact, name and worker ID.
"A/R reports that she has moved in with her parents. Address changed and previous address keyed on PREV. See STAT and SHEL"
- Key in new address and telephone number
- Enter "Y" for previous addresses in the last two years

PREV

- Key in old address, she lived here from 12/05 - 10/06 and did not own the property.

STAT

- Press tilde and select #2 to document the change in HH composition.
- A/R moved in with parents, Jack (age 62) and Margie (age 60) Rogers. A/R states she will purchase and prepare separately.
- Fast path to SHEL

SHEL

- Press tilde to document the new shelter expenses.

A/R lives with parents who pay all expenses. Rent and utilities deleted. Client statement accepted for verification.

- Delete the SUA type
- Delete the rent amount and verification code
- Fast path to DONE

ELIG A

- Review and enter "Y" to confirm

FSFI

- Review and enter "Y" to confirm

DONE

- Press ENTER to commit data to data base

ALICE DUTTON - SHELTER

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	.00
Total Resources	15.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1390.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	.00
Self Employ Expenses	.00	Net Income Standard	1070.00
Earned Income Deductn	.00	Thrifty Food Plan	278.00
Net Earned Income	.00	Allotment Amount	278.00
Gross Count Unearned	.00	Recoupment Amount	.00
TANF/ Refugee	.00	Benefit Amount	278.00
Standard Deduction	134.00	Previous Benefit	278.00

Bnft Eff Date 100506 Bnft Confirm Y Reasons Budgeting Method P
 Notice Type 0003 Waive Timely Notice Period Notice Override
 Review Begin Dt 10 06 Review End Dt 03 07 Strat 1 Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

XIII. INDEPENDENT STUDY MAGGIE KENDALL

CHANGE OF ADDRESS/DECREASE IN SHELTER

Background:

- Maggie Kendall calls on 10/05/06 to report that she and her family have moved in the home with her sister, Sarah Malone (42). She will be allowed to live there for \$150 per month which will include utilities, but she will be responsible for her own food. The new address is 897 Sunshine Dr., Atlanta GA, 30305 and the phone number is (770) 655-4789. Client statement is accepted as verification of shelter expenses. She lived at her previous address from 8/00 – 10/06. She no longer owns the property due to foreclosure.

Your Assignment:

- Document the change and change address and shelter expenses for the ongoing month.

MAGGIE KENDALL – SHELTER 11/06

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 06
 AU ID 100301004 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	3000.00	Excess Shelter	.00
Total Resources	110.00	Medical Deduction	80.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1744.00	Child Support Ded	.00
Gross Count Earned	.00	Adjusted Net Income	551.00
Self Employ Expenses	.00	Net Income Standard	1341.00
Earned Income Deductn	.00	Thrifty Food Plan	399.00
Net Earned Income	.00	Allotment Amount	234.00
Gross Count Unearned	765.00	Recoupment Amount	.00
TANF / Refugee	.00	Benefit Amount	234.00
Standard Deduction	134.00	Previous Benefit	399.00

Bnft Eff Date 100506	Bnft Confirm Y	Reasons	Budgeting Method P
Notice Type 0003	Waive Timely Notice Period		Notice Override
Review Begin Dt 09 06	Review End Dt 02 07	Strat 1	Issue Type

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

Different Shelter Situations



Food Stamp Shelter Exercise

Different Shelter Situations – Food Stamp Shelter Exercise

Instructions: For the following situations A –H, read each scenario, complete the SHEL Screen, and document the Shelter ADT as you would on SUCCESS based on each situation. Use the Codes below to help you complete the screens. These are the codes that would appear for each field when you press the F1 key.

<p>Primary Heat /Cool</p> <p>A-AIR CONDITIONING B-BUTANE C-COAL E-ELECTRIC F-FANS G-GAS I-INCLUDED IN RENT K-KEROSENE N-NO HEAT COOL SOURCE O-OIL W-WOOD X-GAS AND ELECTRIC Z-OTHER FUEL</p>	<p>SUA Type</p> <p>AC-ACTUAL UTILITY EXPENSES HC-HEATING AND COOLING EXPENSES HO-HOMELESS NH-NON HEATING OR COOLING (LSUA) NO-NO UTILITIES</p>
<p>Phone STD</p> <p>LE-LEASED PHONE OW-OWNED PHONE</p>	<p>Verification Types</p> <p>BI-VERIFIED BY BILL CH-VERIFIED BY CHECK CS-VERIFIED BY CLIENT STATEMENT LE-VERIFIED BY LETTER LL-VERIFIED BY LANDLORD STATEMENT NV-NOT VERIFIED OT-VERIFIED BY OTHER RC-VERIFIED BY RECEIPT TC-VERIFIED BY PHONE</p>

Situation A: ONE AU

Mary Sims lives alone with the following shelter costs:

- heats with gas, pays about \$50 monthly
- pays \$500 per month rent, has copy of lease with her
- rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW	SHELTER EXPENSES - SHEL	SHEL 01
Month 11 06	3001 10 05 06	
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
		SUA Type V
		Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

_____OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

More

MESSAGE

13-bott

Situation B: SHARING UTILITIES EQUALLY

Mary Sims lives with her sister, Jacquie Myers and they share the gas, electric for lights, phone and water utility costs, equally. Both receive Food Stamps. Mary pays all the rent. They have the following costs:

- heats with gas, pays about \$50 monthly
- pays \$500 per month rent, has copy of lease with her
- rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
		SUA Type V
		Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain
:_____

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []
:_____

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []
If none, explain: _____

DWELLING IS ELIGIBLE for Utility Deduction based on;
[] H/C SUA based on, Heating[] AC[] LIHEAP[] Excess H/C Public Hsg[]
[] Non H/C based on two types of expenses:_____
:_____ OR Excess Non H/C Public Hsg[]
[] Actual based on one type of expense:_____
[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}
Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}
More

MESSAGE

13-bott

01

*****Shelter / Utility Expense*****

10/16/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

DWELLING IS ELIGIBLE for Utility Deduction based on,
Heating() AC() LIHEAP() Excess H/C Public Hsg()

What expenses does the AU incur:

Does AU contribute to one of the utility expenses that SUA or Actual includes? Y/N ()

Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone Std ()

More

MESSAGE

13-bott

Situation C: ONE AU PAYS ONE UTILITY COST

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and half of the rent. Jacquie pays half of the rent. All other utilities are included in the \$500/month rent. They have the following costs:

- Electricity (not used for heating and cooling), pays \$50 monthly
- Pays \$250 per month of the \$500/month rent, has copy of lease with her and letter from Jacquie verifying their agreement.
- Rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
Client Name MARY SIMS Client ID 934000103		
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
		SUA Type V
		Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Landlord Name		Phone
Address .	City	ST Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: gas, water & sewer included in rent. _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

_____OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

More

MESSAGE

13-bott

Situation D: ONE AU PAYS AT LEAST TWO UTILITIES OTHER THAN HEATING OR COOLING

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays the electric bill and 1/2 of the rent. Gas heat is included in the rent. Jacquie pays all the other utility bills which include water and telephone. Mary has the following costs:

- Electricity (not used for heating and cooling), pays about \$50 monthly
- Pays \$250 per month of \$500/month rent, has copy of lease with her and a letter from Jacquie
- Rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
	SUA Type V	Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
	<p style="text-align: center;">01</p> <p>*****Shelter / Utility Expense*****</p> <p>10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555</p> <p>Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain : _____ Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent [] : _____ Calc if other than monthly: _____ Included in mortg? Insurance [] Taxes [] If none, explain: _____</p> <p>UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N [] If none, explain: _____</p> <p>DWELLING IS ELIGIBLE for Utility Deduction based on; [] H/C SUA based on, Heating[] AC[] LIHEAP[] Excess H/C Public Hsg[] [] Non H/C based on two types of expenses: : _____ OR Excess Non H/C Public Hsg[] [] Actual based on one type of expense: _____ [] Eligible for Phone Std only?</p> <p>Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED} Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}</p> <p style="text-align: center;">More</p>	
	MESSAGE	
	13-bott	

UPDATE	REMARKS - REMA	REMA
	<p>*****Shelter / Utility Expense*****</p> <p>10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555</p> <p>DWELLING IS ELIGIBLE for Utility Deduction based on, Heating() AC() LIHEAP() Excess H/C Public Hsg()</p> <p>What expenses does the AU incur:</p> <p>Does AU contribute to one of the utility expenses that SUA or Actual includes? Y/N ()</p> <p>Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone Std ()</p> <p style="text-align: center;">More</p>	
	MESSAGE	
	13-bott	

Situation E: ONE AU PAYS PHONE EXPENSE ONLY

Mary Sims lives with her sister, Jacquie Myers. Both receive Food Stamps as separate AUs. Mary pays only the telephone bill and nothing towards other utility bills or the rent. Jacquie pays all of the rent which includes all utility costs. Mary has the following costs:

- Telephone, pays \$34.00 monthly
- Rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW		SHELTER EXPENSES - SHEL				SHEL 01	
Month 11 06		3001 10 05 06					
Client Name MARY		SIMS		Client ID 934000103			
Primary	Receive	Public	SUA	Number	Phone		
Heat/Cool	LIHEAP	Housing/Exc	Type V	Sharing	STD		
Expense Type	Amt	V	Expense Type		Amt	V	
Rent			Mortgage				
Taxes			Insurance				
Gas			Electric				
Telephone			Water				
Sewer			Garbage				
Disaster Repair			Oil				
Other Fuel			Other Housing				
Landlord Name				Phone			
Address .	City		ST	Zip			
Message							
15-lett							

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

_____OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

More

MESSAGE

13-bott

Situation F: BOTH AUs PAY HALF OF ALL COSTS

Mary Sims and sister, Jacquie Myers, live together and are purchasing a home together. They share utility costs equally. Both receive Food Stamps as separate AUs. Each one pays half of the mortgage, property tax, homeowner's insurance and half of all utility bills. Mary has the following costs:

- Heats with gas, pays about \$50 monthly
- Pays one half of \$500 mortgage, one half of \$300 annual Property Taxes and one half of \$240 annual homeowner's insurance
- Verification of housing expenses provided

INTERVIEW Month 11 06	SHELTER EXPENSES - SHEL 3001 10 05 06	SHEL 01
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
	SUA Type V	Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

_____OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

MESSAGE

13-bott

*****Shelter / Utilityxpense*****

10/05/2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

DWELLING IS ELIGIBLE for Utility Deduction based on,
Heating() AC() LIHEAP() Excess H/C Public Hsg()

What expenses does the AU incur:

Does AU contribute to one of the utility expenses that SUA or Actual includes? Y/N ()

Shared AU is eligible for H/C SUA (), Non H/C SUA (), Actual (), Phone Std ()

More

MESSAGE

13-bott

NOTE:

- If housing costs are shared, determine the correct prorated amount and enter the amount in the rent or mortgage field.

- For other housing expenses, manually prorate the amount and enter the amount in the appropriate field.

Situation G: AU LIVES IN SEPARATE DWELLING, BILLED BY UTILITY COMPANY

Mary Sims lives alone in a trailer behind her landlord's house. She receives the gas bill in her name and pays for it herself. She has the following costs:

- Heats with gas, pays about \$50 monthly
- Pays \$250 per month rent, verifies with landlord statement
- Rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW	SHELTER EXPENSES - SHEL	SHEL 01
Month 11 06	3001 10 05 06	
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
		SUA Type V
		Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

_____OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

More

MESSAGE

13-bott

Situation H: AU LIVES IN SEPARATE DWELLING, BILLED BY LANDLORD

Mary Sims lives alone in a trailer behind her landlord's house. She pays the landlord a total of \$100 monthly on all utility expenses as she has no utilities in her name. She has the following costs:

- Heats with gas, pays the landlord \$100 for gas, electricity and water
- Pays \$250 per month rent, verifies with landlord statement
- Rents from John Hill, 122 Borax Ave., Sparta, Ga. 30023, 912/994/7943

INTERVIEW	SHELTER EXPENSES - SHEL	SHEL 01
Month 11 06	3001 10 05 06	
Client Name MARY	SIMS	Client ID 934000103
Primary Heat/Cool	Receive LIHEAP	Public Housing/Exc
	SUA Type V	Number Sharing
		Phone STD
Expense Type	Amt	V
Rent		
Taxes		
Gas		
Telephone		
Sewer		
Disaster Repair		
Other Fuel		
Expense Type	Amt	V
Mortgage		
Insurance		
Electric		
Water		
Garbage		
Oil		
Other Housing		
Landlord Name		Phone
Address .	City	ST
		Zip
Message		
15-lett		

UPDATE	REMARKS - REMA	REMA
--------	----------------	------

01

*****Shelter / Utility Expense*****

Wed OCT 05 2006 14:35; FICM CASEWORKER B123 123Z FULTON 555-555-5555

Does anyone pay part/all of the Shel Exp? Y/N [] If yes, explain

Housing Cost A/R Incurs Rent [] Mortg [] Insur [] Taxes [] Lot Rent []

Calc if other than monthly: _____

Included in mortg? Insurance [] Taxes [] If none, explain: _____

UTILITY EXPENSE incurred by DWELLING? Y/N [] Included in Rent? Y/N []

If none, explain: _____

DEWELLING IS ELIGIBLE for Utility Deduction based on;

[] H/C SUA based on, Heating [] AC [] LIHEAP [] Excess H/C Public Hsg []

[] Non H/C based on two types of expenses: _____

_____ OR Excess Non H/C Public Hsg []

[] Actual based on one type of expense: _____

[] Eligible for Phone Std only?

Is the AU sharing utility expenses? Y/N [] {Hit tilde for SHEL SHARED}

Is there an ineligible alien in the AU? Y/N {} {see nxt scrn for alien shared}

More

MESSAGE

13-bott

I. Objectives for Reviews

At the end of this section, you should know:

- how to process reviews in SUCCESS
- how to identify and complete the required forms for a review
- what to document when processing reviews in SUCCESS
- how to incorporate good interview and customer service skills in a review interview
- how to request appropriate verification to complete a review

II. Block Out Time on Schedule

AMEN

- PF3 back to the Main Menu

Main Menu

- Select E

EMEN

- Select B

SCHD

Selection Field Selections:

I = Inquire on a case

U = Update a case for which an appointment is scheduled

B = Block you schedule 8 weeks into the future

C = Continue blocking

MISC Appointment Valid Values

INT= Intake

MNT = Case Maintenance

REV = Review

- Tab to the APPT field and PF1 to look at codes
- Type "OL" in the Appt field by 7:00
- Type "C" (continued) in Appt field for 7:30, 8:00
- Type "LUN" in the Appt field for 12:00
- Type "OL" in the Appt field for 3:30
- Press ENTER to go to the next page

- Type "C" in the Appt field for 4:00, 4:30, 5:00, 5:30, 6:00, 6:30
- Press ENTER to return to EMEN

EMEN

- Press ENTER

SCHD

- Tab to S (select) field and type a "B" by the codes, OL, LUN, and OL on the last page. (There is no need to enter it by the C (continued) codes.)
- Press ENTER to go back to EMEN.

EMEN

- Press Enter

SCHD

- Change the date at the top of the page to 11/13/06
- Press ENTER to return to EMEN

Scheduling Appointments

EMEN

- Select B
- Change date to 10/05/06
- Press ENTER

SCHD

- Place a "U" next to the first appointment scheduled.
- Press ENTER
- Press F4 to bypass the REDE Screen

MISC

- Press F14 to view your schedule to avoid conflict
- Type the following review appointment date and time: October 06, 2006, 1:00 PM to 1:30 PM
- The LOAD ID, APPT TYPE, print location L should remain the same.
- Press ENTER

ERRO

- Resolve errors
- Press ENTER to DONE

DONE

- Press F21 to document.
- "Mr. Greene called to state he would be unable to attend his 10/05/06 appointment. He was rescheduled for 10/06/06 per his request."
- Press ENTER
- SCHD
- Press ENTER

EMEN

- Press ENTER

AMEN



Margaret Simmons

REVIEW

On March 12, 2007, Margaret Simmons comes in for her Food Stamp Review.

Ms. Simmons states she and her 3 children continue to live at the same address. Ms. Simmons states that since the birth of her son, her finances have been stretched. She has almost depleted her checking account and has a current balance of \$10. Ms. Simmons states that she now has a new part-time job. She baby-sits for her neighbor Betty Ramsey. Ms. Ramsey pays Ms. Simmons \$100 per week to baby-sit her two children. Ms. Simmons started this new part-time job on January 5. She has no other income

Ms. Simmons states that she is still responsible for paying her rent, \$275.00 per month. She still cools with a window air conditioner. She incurs no dependent care costs.

Ms. Simmons does not have any verification with her today.

Answer the following questions:

1. Is this a timely or untimely review?
2. Does Ms. Simmons identity need to be verified?
3. What is the SOP to approve this case?
4. What is the SOP to deny this case?

5. What is the Work Registration Status for this AU? List.

6. How much income will be budgeted for the month of April?

7. For which utility deduction is Ms. Simmons eligible?

8. What is the Total Shelter Costs for this AU?

9. What is the new POE for this AU?

10. What type of notice will the AU receive?

11. What forms are required at Review?

12. What must be verified at review?



Note: There is NO SUCCESS Portion for this Review

WALK THROUGH CASE: DAWN COSNER REVIEW

This case will demonstrate how to complete a review of eligibility on an ongoing case.

Background

- Dawn Cosner receives LIM and TANF for her nieces and nephews, and Food Stamps for everyone in the home. It is time for a review of her FS case. Ms. Cosner comes in for her Food Stamp review on 10/05/06. A copy of Ms. Cosner's Drivers License and copies of Birth Certificates for all AU members are in the case record.

SUCCESS has selected this case for review and has completed the following actions:

- Sent an alert to the case worker
- Scheduled an appointment for the review
- Sent a review appointment notice to the A/R.

The A/R has arrived for the review appointment.

Your Assignment:

- Review Form 297A (Rights and Responsibilities) and Form 354 (Expense Statement). Determine TCOS eligibility for AU.
- Initiate and complete the review. Make all necessary changes using the data that follows. Update verification fields when needed.
- Document F173, Verification Checklist, throughout the interview when verification is needed.
- When the verification is returned, update the verification field with the correct code, complete the review on the MISC screen and commit to data base.

STEP 1: Locate Dawn's client ID #

AMEN

- Select **B** and type Dawn's FS AU ID# XXXX00049 (customize)

STAT A

- PF11, write down Dawn's client ID# _____
- PF3 back to AMEN

STEP 2: Initiate the Review

AMEN

- Select **N**
- Delete the AU #
- Type Dawn's client ID#

REDE

- Type 10/05/06 as the Recert Appl Date
- Type a "Y" to select the FS case

STEP 3: Complete the Review Interview

AMEN

- Select **R** and type Dawn's client ID#

REDE

- PF4 around the warning message

ADDR

- PF21 to document on NARR that A/R came in for a review.
- No change, press ENTER

STAT A - TANF

- No change, press ENTER

STAT B - Medicaid

- No change, press ENTER

STAT C – Food Stamps

- No change, press ENTER
- Press tilde and select ADT #1 to document “no other household members”.

DEM1 for Dawn

- No change, press ENTER

DEM2 for Dawn

- Update verification if needed
- Update the Non-Custodial Parent field with “CS”
- Press ENTER

PRCO for Dawn (TANF)

- No change, press ENTER

DEM3 for Dawn

- No change, press ENTER, no coding needed for the yellow question marks
- Press F4

DEM4 for Dawn (TANF)

- No change, press ENTER

DEM1 for Lee

- No change, press ENTER

DEM2 for Lee

- Graduated high school, accept A/R statement
- No change, press ENTER

DEM3 for Lee

- No change, press ENTER, no coding needed for the yellow question marks
- Press F4

DEM1 for Lisa

- Press ENTER

DEM2 for Lisa

- Still a student at Highland High School, client statement accepted

ALAS for Lisa

- No change, press ENTER

DEM3 for Lisa

- No change, press ENTER

DEM1 for Katherine

- No change, press ENTER

DEM2 for Katherine

- Type a "Y" in the Health Ref field

DEM3 for Katherine

- No change, press ENTER

DEM1 for Carl

- No change, press ENTER

DEM2 for Carl

- Still a full time student, client statement accepted
- Type “Y” in the Health Ref field
- Press ENTER

ALAS for Carl

- No change, press ENTER

DEM3 for Carl

- No change, press ENTER

DEM1 for Daniel

- No change, press ENTER

DEM2 for Daniel

- Still a full time student, client statement accepted
- Type “Y” in the Health Ref field
- Press ENTER

ALAS for Daniel

- No change, press ENTER

DEM3 for Daniel

- No change, press ENTER

FSME for Dawn

- APID A (Absent Parent Screens for TANF and Medicaid)
- Press ENTER until RES1 for Dawn

RES1 for Dawn

- Dawn now has a checking account with Washington Mutual with an approximate balance of \$200.
- Enter "CS" in the verification field
- Press ENTER

RES2 for Dawn

- No change, press ENTER

RES3 for Dawn

- No change, press ENTER

TRAN for Dawn

- No change, press ENTER

RES1 for Lee

- No change, press ENTER

RES2 for Lee

- No change, press ENTER

RES3 for Lee

- No change, press ENTER

TRAN for Lee

- No change, press ENTER

Resources screens for Lisa, Katherine, Carl and Daniel

- No change, press ENTER

ERN1 for Dawn

- Press tilde to document no discrepancies in Clearinghouse

DEAL for Dawn

- No change, press ENTER

ERN1 for Lee

- Lee is no longer working for ACOG. He last worked there on 7/6/06. He started a new job on 7/27/06.
- Press tilde to document the termination, that verification was requested and that there are not discrepancies in clearinghouse
- Press ENTER to go to ERN2 to delete current job
- Document the Form 173 Verification Checklist

ERN2 for Lee

- Enter a Y in the DEL field and press PF24

ERN1 for Lee

- Lee is now working for Brown's Tile Wholesale on 529 Overbrook Parkway, Gainesville, Ga., 30504, 770-834-9513. He began there on 7/27/06 and received his first check on 8/07/06. Not a late report.
- Press enter to go to ERN2

ERN2 for Lee

- He works approximately 40 hours **per week** (80 hours bi-weekly) at \$9.50 per hour. He is paid **biweekly** on Fridays.
- Enter **bi-weekly** rep pay
- Enter "OT" in the verification field
- Document form 173 verification checklist.
- Press tilde and select ADT #1 to complete documentation
- At the bottom of the REMA enter a "Y" in the "More" field to add free form documentation about the verification code used on ERN2
- Press tilde to add the FICM information
- Enter the following remarks.

"Verification of wages requested 10/05/06 during the review. Verification code will be updated correctly when verification received"
- Press ENTER

CARE for Lee

- Tilde to document that there is no need for child care
- Press ENTER

DEAL for Lee, ERN1, ERN2, DEAL, CARE for Lisa, Katherine, Carl, Daniel

- No change, press Enter

UINC for Everyone

- No change
- Press tilde to document that there are no clearinghouse discrepancies for Lee, Dawn, and Lisa
- Press ENTER

WORK for Dawn

- Review the E&T status code and update the verification code for each AU Member

SHEL

- She still heats with gas and also pays electric and telephone bills, client statement accepted (Review Form 354 on PG-16).
- Rent is still \$850/month.
- Her landlord is Jerry Stevens, 185 West Landing Road, Gainesville, GA 30504, phone number 770-863-4595
- Press tilde to document the SHEL ADT
- Press ENTER

MISC A

- Press ENTER, this is for the TANF case

MISC B

- Press ENTER, this is for the LIM case

MISC C

- Press tilde to document POE, SRR explained and Form 339 given
- PF4 around yellow question mark

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT**

Application
 Review
 Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	850			
Property Taxes				
Property Insurance				
Utilities				
a. Electricity	40			
b. Gas	65			
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone	25			
SUBTOTAL	985			
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other	30			
TOTAL	1015			

1. Does anyone pay any of these bills or any other household bills for you? Yes No
 If yes, who pays the bills? _____
 What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No
 If yes, who? _____
 What costs? _____

3. Comments / Documentation _____

STATEMENT OF INCOME AND RESOURCES

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

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

Name/ Address/ Phone Number of Employer		Name/ Address/ Phone Number of Employer	
Brown's Tile Wholesale			
529 Overbrook Pkway Gainesville GA			
(770) 834-9573 1 2p 30 504			
Date of Pay	Gross Pay	Date of Pay	Gross Pay
09-18-2006	756.00		
10-02-2006	751.28		

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

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

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

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

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Checking Acct		\$200.	Washington Mutual

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

Dawn Casner
Signature

10-05-06
Date

Authorized Representative
Sam Case Manager
Case Manager

Date
10-05-06
Date

ERRO

- Problem solve all errors other than Clearinghouse

VERF C

- Press ENTER, this is a reminder that the review is incomplete

ERRO

- Display error codes; ignore those referring to Clearinghouse and the MISC ones that state that review types are different.

ELIG A

- Review and type "Y" to confirm

CAFI

- Review and type "Y" to confirm

ELIG B

- Review and type "Y" to confirm

CAFI

- Review and type "Y" to confirm

ELIG C

- Review and type "Y" to confirm

FSFI

- Review and type "Y" to confirm
- Waive notice by typing "Y" in "Notice Override"

DONE

- Press ENTER to commit to the data base

Update Verification/Complete Review

Dawn Cosner returns the following verification on 10/20/06:

Brown's Tile Wholesale					
Period:	9/17/2006	Employee Name	Lee Cosner	Employee ID	1886589
Tax Status	2	Federal Allowance	2	Hours Worked	79.08
Hourly Rate	\$9.50	Overtime Rate	\$ 0.00	Sick Hours	0
Social Security Tax	\$52.58	Federal Income Tax	\$75.12	Vacation Hours	0
Medicare Tax	\$26.29	State Tax	\$37.56	Overtime Hours	0
Insurance Deduction	\$0.00	Other Regular Deduction	\$ 0.00	Gross Pay	\$751.28
Total Taxes and Regular Deductions	\$191.55	Other Deduction	\$ 0.00	Total Taxes and Deductions	\$191.55
Year – to – Date \$ 7531.68				Net Pay	\$559.73
Pay Date: October 02, 2006					

Brown's Tile Wholesale					
Period:	9/03/2006	Employee Name	Lee Cosner	Employee ID	1886589
Tax Status	2	Federal Allowance	2	Hours Worked	79.57
Hourly Rate	\$9.50	Overtime Rate	\$ 0.00	Sick Hours	0
Social Security Tax	\$52.92	Federal Income Tax	\$75.60	Vacation Hours	0
Medicare Tax	\$26.46	State Tax	\$37.80	Overtime Hours	0
Insurance Deduction	\$0.00	Other Regular Deduction	\$ 0.00	Gross Pay	\$756.00
Total Taxes and Regular Deductions	\$192.78	Other Deduction	\$ 0.00	Total Taxes and Deductions	\$192.78
Year – to – Date \$ 6780.40				Net Pay	\$563.22
Pay Date: September 18, 2006					



SEPARATION NOTICE

1. Employee's Name: Lee Cosner

2. SSN 009-02-XXXX

3. Last Employed: From: 12/12/05 to 07/06/06 Occupation: **Driver**

4. Where was work performed? Atlanta, Georgia

5. Reason for Separation: Lack of Work Discharge Quit

If lack of work, indicate if layoff is Permanent Temporary

If temporary, when do you expect to recall this individual? Date _____

If temporary, report any vacation pay that will be paid. Week Ending Date _____
Amount _____

I certify that the above worker has been separated from work and the information furnished hereon is true and correct.

Employer's

Name: ACOG

Address where additional information may be obtained:

101 Marietta Street

City: Atlanta State: **GA** Code: **30301**

Employer's

Telephone Number: 404-333-2222

Employer's E-Mail

Address _____

(Area Code) (Number) (Ext)

Zip

First Middle Initial Last

Bobby Williams, HR Manager

Signature of Official or Representative of the Employer
who has first-hand knowledge of the separation.

AMEN

- Select R and enter Dawn's FS AU ID# XXXX00049

REDE

- PF4 to ADDR

ADDR

- Fast path to ERN1 for Lee

ERN1 for Lee

- PF9 to access ADT and update the documentation - **receipt of termination from ACOG.**

ERN2 for Lee

- Delete all information on ERN2 – USING THE “END” KEY
DO NOT USE THE DEL FIELD
- PF16 (Shift PF4) to access EVNC
- Enter each check date amount

EVNC

- Lee works 40 hours per week (80 hours bi-weekly) paid bi-weekly on Friday
- Enter all pay stub dates and amounts
- Press enter to return to ERN2 Note: SUCCESS has determined the Rep Pay amount and entered the amounts on ERN2 for you

MISC C

- PF1 to find the correct code to indicate the review is complete and enter in the COMPL field

ERRO

- Display error codes, ignore those referring to Clearinghouse

ELIG A

- Review and enter “Y” to confirm

CAFI

- Review and enter “Y” to confirm

ELIG B

- Review and enter “Y” to confirm

CAFI

- Review and enter “Y” to confirm

ELIG C

- Review and enter “Y” to confirm

FSFI

- Review and enter “Y” to confirm

DONE

- Press ENTER to commit data to the data base

Dawn Cosner - TANF Case

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	A
Month 11 06				
AU ID 100337255	Prog AF	Prog Type R	Med COA F01	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	1000.00	Dependent Care	.00	
Total Resources	.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	784.40	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	280.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	280.00	
Net Income Test		Previous Benefit	280.00	
Net Income Limit	424.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 10 05 06	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0011	Waive Timely Ntc Period		Notice Override	
Review Begin Date 05 06	Review End Date 05 07		Strat 2	
Message				

13-note

RELATED RSM PREGNANT WOMAN CASE

Dawn Cosner

CHANGE	CASH/MA FINANCIAL ELIGIBILITY - CAFI		CAFI	B
Month 11 06				
AU ID 100337255	Prog MA	Prog Type P	Med COA P01	
		Net Income Test (cont)		
Resources		Standard - 30 1/3	.00	
Resource Limit	1000.00	Dependent Care	.00	
Total Resources	350.00	Net Earned Income	.00	
Gross Income Test		Net Unearned Income	.00	
Gross Income Limit	925 .00	Deemed Income	.00	
Gross Earned Income	.00	Allocated Income	.00	
Net Unearned Income	.00	Net Income	.00	
Deemed Income	.00	Grant Amount	.00	
Allocated Income	.00	Recoupment Amount	.00	
Total Gross Income	.00	Benefit Amount	.00	
Net Income Test		Previous Benefit	.00	
Net Income Limit	500.00	Spenddown Amount		
Gross Earned Income	.00	Medical Expense Amt		
Self Employ Work Exp	.00	Net Spenddown Amt		
Bnft Eff Date 05 01 06	Bnft Confirm Y	Reasons	Budgeting Method P	
Notice Type 0011	Waive Timely Ntc Period		Notice Override	
Review Begin Date 05 06	Review End Date 11 06		Strat 2	
Message				

13-note

FSFI for Dawn Cosner

CHANGE		FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	C
Month 11 06					
AU ID 100357255	Prog FS	Prog Type T			
Resources			Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	400.00		
Total Resources	200.00	Medical Deduction	.00		
Income Test			Dep Care Deduction	.00	
Gross Income Standard	2803.00	Child Support Ded	.00		
Gross Count Earned	1632.83	Adjusted Net Income	1007.00		
Self Employ Expenses	.00	Net Income Standard	2156.00		
Earned Income Deductn	326.56	Thrifty Food Plan	722.00		
Net Earned Income	1306.27	Allotment Amount	420.00		
Gross Count Unearned	.00	Recoupment Amount	.00		
TANF / Refugee	280.00	Benefit Amount	420.00		
Standard Deduction	179.00	Previous Benefit	500.00		
Bnft Eff Date 10 05 06	Bnft Confirm Y	Reasons 308	Budgeting Method P		
Notice Type 0009	Waive Timely Notice Period		Notice Override		
Review Begin Dt 11 06	Review End Dt 04 07	Strat 2	Issue Type		

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

INDEPENDENT STUDY CASE: HARRIET WALKER REVIEW

This case will demonstrate how to complete a review of eligibility on an ongoing case.

Background

Harriet Walker receives Food Stamps for herself and her daughter Sheila. She comes into the office on 10/05/06 for her Food Stamp review.

In her case record are copies of birth certificates for Harriet Walker and Sheila Walker, and a copy of Harriet Walker's Driver's License. Ms. Walker no longer attends Dekalb Tech.

She states verbally that Sheila's SSN is 036 – 02 – XXXX.

Ms. Walker also states that she has \$15.00 cash on hand and a new checking account, which she opened last month at Sun Trust Bank. She states her balance is \$85.00.

Ms. Walker states that she works for A-One Distribution Center, 1839 North Avenue, Atlanta, GA 30304. Ms Walker states that she received a raise last month. She began working at A-One Distribution June 15, 2006 and received her first pay around June 19, 2006. She works 40 hours per week and is paid a flat salary of \$275.00 per week on Fridays. She does not have verification with her. She did not report this after her interview. She states that her mother cares for her children at no cost while she works.

Ms. Walker states that she now has to pay \$400 rent per month which includes all her utilities except for a telephone which she is responsible for paying. Ms. Walker states that previously she had no housing expenses because her brother allowed her to live in one of his rental properties for free. She began paying rent September 1, 2006. Her brother, Sam Walker, is her landlord. His address is 185 Crescent Way, Decatur GA 30305, phone number 404-862-5695.

Harriet Walker AU# XXXX00057

SUCCESS has selected this case for review and did the following:

- Sent an alert to the case worker
- Scheduled an appointment for the review
- Sent a review appointment notice to the A/R.

The A/R has arrived for the review appointment.

Your Assignment:

- Form 297A (Rights and Responsibilities), and Form 354 (Expense Statement). Determine TCOS eligibility for AU.
- Initiate and complete the review. Make all necessary changes using the data that follows. Update verification fields when needed
- Document Form 173, Verification Checklist, throughout the interview when verification is needed.
- When the verification is returned, update the verification field with the correct code, complete the review on the MISC screen and commit to data base.

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
EXPENSE STATEMENT**

Application
 Review
 Change

COUNTY: _____ CASE NUMBER: _____

How does your household pay the following bills?

EXPENSE	AMOUNT DUE	HOW OFTEN PAID	LAST TIME PAID & AMOUNT PAID	PAID BY WHOM
Rent / Mortgage	400	Mo		
Property Taxes				
Property Insurance				
Utilities				
a. Electricity				
b. Gas				
c. Fuel Oil, Wood, Kerosene				
d. Well / Septic Tank / Water / Sewage				
e. Garbage				
f. Telephone	25	Mo		
SUBTOTAL	425	Mo		
Medical Expense				
Child Care Expenses				
Child Support Paid Out				
Health Insurance				
Auto Expense (payments, insurance, maintenance)				
Other				
TOTAL	425			

1. Does anyone pay any of these bills or any other household bills for you? Yes No
 If yes, who pays the bills? _____
 What bills are paid? _____

2. Do you share the costs of monthly bills with anyone? Yes No
 If yes, who? _____
 What costs? _____

3. Comments / Documentation _____

STATEMENT OF INCOME AND RESOURCES

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

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

Name/ Address/ Phone Number of Employer		Name/ Address/ Phone Number of Employer	
A-one Distribution Center 1839 North Ave Atlanta, GA 30304			
Date of Pay	Gross Pay	Date of Pay	Gross Pay
09-10-06	275		
09-17-06	275		
09-24-06	275		
10-01-06	275		

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

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

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

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

Type of Resource	Account/Policy Number	Value	Name of Bank, Insurance Company, etc.
Cash		15.00	
Checking Acct		85.00	SunTrust

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

Harriet Walker
Signature

10/05/06
Date

Case Manager
Case Manager

10/05/06
Date

You received the following verification on 10/20/06:

A – One Distribution Center					
Period:	9/24/2006	Employee Name	Harriett Walker	Employee ID	1886589
Tax Status	2	Federal Allowance	2	Hours Worked	40
Hourly Rate	\$6.875	Overtime Rate	\$ 0.00	Sick Hours	0
Social Security Tax	\$7.81	Federal Income Tax	\$15.62	Vacation Hours	0
Medicare Tax	\$5.90	State Tax	\$10.90	Overtime Hours	0
Insurance Deduction	\$0.00	Other Regular Deduction	\$ 0.00	Gross Pay	\$275.00
Total Taxes and Regular Deductions	\$40.23	Other Deduction	\$ 0.00	Total Taxes and Deductions	\$40.23
Year to Date: \$9900				Net Pay	\$234.77
Pay Date: October 1, 2006					

A-One Distribution					
Period:	9/17/2006	Employee Name	Harriet Walker	Employee ID	1886589
Tax Status	2	Federal Allowance	2	Hours Worked	40
Hourly Rate	\$6.875	Overtime Rate	\$ 0.00	Sick Hours	0
Social Security Tax	\$7.81	Federal Income Tax	\$15.62	Vacation Hours	0
Medicare Tax	\$5.90	State Tax	\$10.90	Overtime Hours	0
Insurance Deduction	\$0.00	Other Regular Deduction	\$ 0.00	Gross Pay	\$275.00
Total Taxes and Regular Deductions	\$40.23	Other Deduction	\$ 0.00	Total Taxes and Deductions	\$40.23
Year to Date: \$9625				Net Pay	\$234.77
Pay Date: September 24, 2006					

A- One Distribution					
Period:	9/10/2006	Employee Name	Harriett Walker	Employee ID	1886589
Tax Status	2	Federal Allowance	2	Hours Worked	40
Hourly Rate	\$6.875	Overtime Rate	\$ 0.00	Sick Hours	0
Social Security Tax	\$7.81	Federal Income Tax	\$15.62	Vacation Hours	0
Medicare Tax	\$5.90	State Tax	\$10.90	Overtime Hours	0
Insurance Deduction	\$0.00	Other Regular Deduction	\$ 0.00	Gross Pay	\$275.00
Total Taxes and Regular Deductions	\$40.23	Other Deduction	\$ 0.00	Total Taxes and Deductions	\$40.23
Year to Date: \$9350				Net Pay	\$234.77
Pay Date: September 17, 2006					

A-One Distribution					
Period:	9/03/2006	Employee Name	Harriet Walker	Employee ID	1886589
Tax Status	2	Federal Allowance	2	Hours Worked	40
Hourly Rate	\$6.875	Overtime Rate	\$ 0.00	Sick Hours	0
Social Security Tax	\$7.81	Federal Income Tax	\$15.62	Vacation Hours	0
Medicare Tax	\$5.90	State Tax	\$10.90	Overtime Hours	0
Insurance Deduction	\$0.00	Other Regular Deduction	\$ 0.00	Gross Pay	\$275.00
Total Taxes and Regular Deductions	\$40.23	Other Deduction	\$ 0.00	Total Taxes and Deductions	\$40.23
Year to Date: \$9075				Net Pay	\$234.77
Pay Date: September 10, 2006					

RESIDENTIAL LEASE

AGREEMENT TO LEASE

This agreement is entered into, effective as of September 1, 2006, between Sam Walker, of DeKalb County, Georgia, referred to as "prospective lessor," and Harriet Walker, of DeKalb County, Georgia, referred to as "prospective lessee."

RECITALS

- A. Prospective lessor is the owner of real property that will shortly be available for lease.
- B. Prospective lessee desires to lease residential property for her personal use.
- C. The parties desire to establish an agreement to ensure a future lease of the residential property described in this agreement.

In consideration of the matters described above, and of the mutual benefits and obligations set forth in this agreement, the parties agree as follows:

SECTION ONE

SUBJECT OF LEASE

Prospective lessor shall enter into a written lease agreement with prospective lessee on or before September 1, 2006, by which prospective lessor shall lease to prospective lessee the residential property owned by prospective lessor located at 298 Hambrick Rd Apt B, Stone Mountain, DeKalb County, Georgia 30083, for prospective lessee and her family to occupy and use as their residence.

SECTION TWO

TERM OF LEASE

The premises shall be leased to prospective lessee for a period of **one** year from **September 1, 2006**. Prospective lessee shall have the option to renew the lease for **one** additional period of equal duration, on giving **30** days' written notice to prospective lessor of **her** intent to exercise that option at least **30** days prior to the expiration of the lease. Any additional extensions of the initial lease agreement or any new lease agreement shall be at the option of prospective lessor.

SECTION THREE

MONTHLY RENTAL

Prospective lessee shall pay \$**400** per month which includes utilities as the monthly rental for the term of the lease with the first payment due on or before **September 1, 2006**, and subsequent payments on the **first** day of each succeeding month. This rental payment shall be subject to renegotiation by the parties at any time either of the parties exercises the option to renew the lease under the provisions of any subsequent lease agreement.

SECTION FOUR

TAXES AND UTILITIES

- A. Prospective lessor shall be liable for the payment of all real property taxes assessed against the residential premises and shall pay the costs incurred for water and sewer services.
- B. Prospective lessee shall be liable for all personal property taxes and all remaining utility charges, including gas, electricity, sanitation, and telephone.

SECTION FIVE

REPAIRS

- A. Prospective lessee shall make all repairs on the premises, except where repairs are necessitated by structural damage, after advising prospective lessor of the necessity for such repairs.
- B. Prospective lessor shall reimburse prospective lessee for the costs of all material required by the repairs made by prospective lessee.

SECTION SIX

GOVERNING LAW

It is agreed that this agreement shall be governed by, construed, and enforced in accordance with the laws of the State of Georgia.

SECTION SEVEN

PARAGRAPH HEADINGS

The titles to the paragraphs of this agreement are solely for the convenience of the parties and shall not be used to explain, modify, simplify, or aid in the interpretation of the provisions of this agreement.

In witness of the above, each party to this agreement has caused it to be executed at 298 Hambrick Rd. Apt B, Stone Mountain, GA 30083 on the date indicated below.

Sam Walker (Lessor)
185 Crest Way
Decatur, Georgia 30305

Harriet Walker (Lessee)
298 Hambrick Rd APT B
Stone Mountain, Georgia 30083

FSFI for Harriet Walker

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI		FSFI	A
Month 11 06				
AU ID 123600057	Prog FS	Prog Type S		
Resources		Income Test (cont)		
Resources Limit	2000.00	Excess Shelter	20.34	
Total Resources	100.00	Medical Deduction	.00	
Income Test		Dep Care Deduction	.00	
Gross Income Standard	1390.00	Child Support Ded	.00	
Gross Count Earned	1191.65	Adjusted Net Income	799.00	
Self Employ Expenses	.00	Net Income Standard	1070.00	
Earned Income Deductn	238.33	Thrifty Food Plan	278.00	
Net Earned Income	953.32	Allotment Amount	38.00	
Gross Count Unearned	.00	Recoupment Amount	.00	
AFDC / Refugee	.00	Benefit Amount	38.00	
Standard Deduction	134.00	Previous Benefit	38.00	
Bnft Eff Date 10 05 06	Bnft Confirm Y	Reasons 313 308 237	Budgeting Method P	
Notice Type 0034	Waive Timely Notice Period		Notice Override	
Review Begin Dt 11 06	Review End Dt 04 07	Strat 1	Issue Type	

Message

13-note

NOTE: Production Region will reflect the current GIL, Standard Deduction, Excess Shelter Deduction, NIL and Allotment Amount.

OBJECTIVES

- To motivate participants to apply on the job what they have learned in this 5 week training course
- To reinforce to participants that training is a process, not an event
- To encourage participants to establish goals for the next 60 days
- To encourage participants to reflect on what they have learned
- To encourage participants to establish and utilize support networks
- To have participants give open and honest feedback on the training course