



# Arkansas Department of Human Services

## Division of County Operations

Donaghey Plaza South  
P.O. Box 1437  
Little Rock, Arkansas 72203-1437  
TDD (501) 682-8275

February 24, 2000

Sharon Priest  
Secretary of State  
State Capitol, Room 01  
Little Rock, AR 72201-1904

Dear Ms. Priest:

At the invitation of the U.S. Department of Agriculture, Food and Nutrition Service, the State will be participating in a demonstration project under which the earnings of temporary census workers will be excluded as income in the Food Stamp Program. This letter serves to advise you that we are filing policy directive that implements this project under the emergency provisions of the Administrative Procedures Act. There are two reasons for filing this policy under the emergency provisions:

- 1) This will allow the Bureau of Census to begin using the Food Stamp Program income exclusion in their recruitment efforts. Effective recruiting should result in a more accurate census count. An accurate census count may prevent shortfalls in federal funding in programs where funding is based on census results.
- 2) This will prevent adverse actions such as case closures or benefit reductions when applicants or participating households begin reporting temporary earnings from the Bureau of Census.

A copy of the policy directive is attached.

Thank you.

Sincerely,

Ruth Whitney  
Director

RW:RK:GG/bh

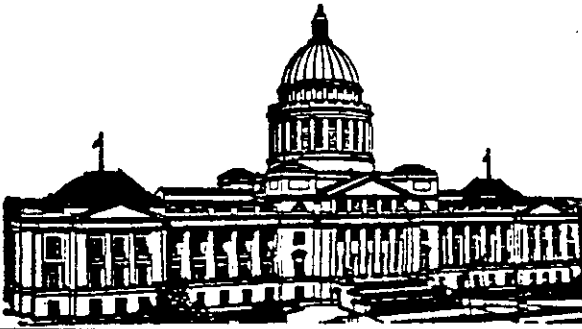
Attachment

cc: Roy D. Kindle, Jr., Assistant Director, OPPD  
Georgia Gilkey, Manager, Food Stamp Program  
File

FILED  
AR. REGISTER DIV.  
00 MAR 1 PM 2:26  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 01  
Little Rock, Arkansas 72201-1094

*Emergency*

For Office Use Only: Effective Date 3/1/00 Code Number 016.20.00 - 005

Name of Agency Department of Human Services

Department Division of County Operations

Contact Person Roy D. Kindle, Jr. Phone 682-8251

Statutory Authority for Promulgating Rules P. L. 104-193, The Food Stamp Act of 1977

FS 00-09 Date \_\_\_\_\_

Intended Effective Date \_\_\_\_\_

☒ Emergency

☐ 10 Days After Filing

☐ Other \_\_\_\_\_

Legal Notice Published \_\_\_\_\_

Final Date for Public Comment \_\_\_\_\_

Filed With Legislative Council \_\_\_\_\_

Reviewed by Legislative Council \_\_\_\_\_

Adopted by State Agency 3-1-00

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

[Signature]  
Signature

682-8325  
Phone Number

Director  
Title

2/29/00  
Date

FILED  
AR. REGISTER DIV.  
00 MAR 1 PM 2:27  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

DEPARTMENT HUMAN SERVICES

DIVISION COUNTY OPERATIONS

PERSON COMPLETING THIS STATEMENT Helen Davis

TELEPHONE NO. 682-8283

FAX NO. 682-1469

**FILED**  
AR. REGISTER DIV.  
00 MAR 1 PM 2:27

OF ARKON PREST  
SECRETARY OF STATE  
STATE OF ARKANSAS

BY \_\_\_\_\_

ROY J. JEN

**FINANCIAL IMPACT STATEMENT**

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

682-8283

SHORT TITLE OF THIS RULE FSC 00-09

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? \_\_\_\_\_ YES XXX NO

If you believe that the development of a Financial Impact Statement is so speculative as to be cost prohibited, please explain.

N/A

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

2001

**1999-2000 Fiscal Year**

**..... 2000-2001 Fiscal Year**

General Revenue	\$	<u>0</u>
Federal Funds	\$	<u>0</u>
Cash Funds	\$	<u>0</u>
Special Revenue	\$	<u>0</u>
Other	\$	<u>0</u>
Total	\$	<u>0</u>

General Revenue	\$	<u>0</u>
Federal Funds	\$	<u>0</u>
Cash Funds	\$	<u>0</u>
Special Revenue	\$	<u>0</u>
Other	\$	<u>0</u>
Total	\$	<u>0</u>

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

1999-2000 Fiscal Year \$ 0 2000-2001 Fiscal Year \$ 0

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

1999-2000 Fiscal Year \$ 0 2000-2001 Fiscal Year \$ 0

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY HUMAN SERVICES

DIVISION COUNTY OPERATIONS

DIVISION DIRECTOR RUTH WHITNEY

CONTACT PERSON ROY D. KINDLE, JR.

ADDRESS Donaghey Plaza South, P.O. Box 1437, Slot 1220, Little Rock, AR 72203-1437

PHONE NO. 682-8251

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule below.
- D. Submit two (2) copies of this questionnaire attached to the front of two (2) copies of your proposed rule and mail or deliver to:

Donna K. Davis  
Subcommittee on Administrative Rules and Regulations  
Arkansas Legislative Council  
Bureau of Legislative Research  
Room 315, State Capitol  
Little Rock, AR 72201

- \*\*\*\*\*
1. What is the short title of this rule?  
FSC 00-09
  2. What is the subject of the proposed rule?  
Exclusion of Census Income
  3. Is this rule required to comply with federal statute or regulations? YES XXX NO  
If yes, please provide the federal regulation and/or the statute citation.
  4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? XXX YES NO  
If yes, what is the effective date of the emergency rule? March 01, 2000  
When does the rule expire? May 01, 2000
  - Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? XXX YES NO
  5. Is this a new rule? XXX YES NO  
Does this repeal an existing rule? YES XX NO

Is this an amendment to an existing rule?

XX Yes

NO

**Is this an amendment to an existing rule? If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.**

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

**The Personal Responsibility and Work Opportunity Reconciliation Act of 1996**

Directive

Issuance

7. What is the purpose of this proposed rule?

**Income from the Bureau of Census for temporary employment in the 2000 decennial census will be excluded as income in the Food Stamp Program.**

8. Will a public hearing be held on this proposed rule?

YES XXX NO

9. When does the public comment period end?

10. What is the proposed effective date of this proposed rule?

**March 01, 2000**

11. Do you expect this rule to be controversial?

YES XXX NO

If yes, please explain. Apply an annual application, at recent means, or when a reported change is processed during the period beginning February

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules. Please provide their position (for or against) if known.

NAME	GROUP/ORGANIZATION	ADDRESS
David Manley Attorney at Law	Legal Services of Arkansas	209 West Capitol, Suite 36 Little Rock, AR 72201

**PLEASE ANSWER ALL QUESTIONS COMPLETELY.**

# MANUAL TRANSMITTAL

## Arkansas Department of Human Services

### Division of County Operations



FILED  
AR. REGISTER DIV.  
00 MAR -1 PM 2:27  
STATION WEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

☐ Policy ☐ Form ☒ Policy  
Directive

Issuance Number FSC 00-09

Food Stamp Certification Manual

Issuance Date 03/01/00

**From:** Ruth Whitney  
Director

**Expiration Date** 12/31/00

**Subj:** Exclusion of Census Income

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The Department of Human Services has agreed to participate in a federal demonstration project under which income from compensation received from the Bureau of Census for temporary employment in the 2000 decennial census will be excluded as income in the Food Stamp Program. This exclusion will apply at initial application, at recertification, when a quarterly report is processed or when a reported change is processed during the period beginning February 1, 2000, and ending December 31, 2000.

The exclusion is effective immediately and will apply retroactively to any earnings from temporary employment in the 2000 census received on or after February 1, 2000. The household must provide verification of his or her status as a temporary census worker. The notation "Census 2000" will appear on the pay statement of temporary employees hired by the Bureau of Census. Once a household has established the status of a household member as a temporary census worker, it will not be necessary to verify monthly earnings from the Bureau of Census. However, the household should be asked to report when such employment ends.

Bureau of Census Offices have opened at Fort Smith, Jonesboro, Little Rock and Pine Bluff.

- In Fort Smith, the main telephone number is (501) 648-3824 and the recruitment number is (501) 648-1567.
- In Jonesboro, the main telephone number is (870) 268-4150 and the recruitment number is (870) 268-4130.
- In Little Rock, the main telephone number is (501) 219-8016 and the recruitment number is (501) 219-8023.
- In Pine Bluff, the main telephone number is (870) 536-3425 and the recruitment number is (870) 536-2137.

**Policy Directive**  
**FSC 00-09**  
**Exclusion of Census Income**

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Temporary employment with the Bureau of Census will:

- Exempt the household from the work registration requirements of FSC 3110 if the employment is for 30 hours or more per week;
- Satisfy the Food Stamp Program requirement to work (FSC 3500) if the employment is for 20 hours or more per week; and
- Allow a student to meet the criteria in FSC 1622.2 if the employment is for a minimum of 20 hours per week.

If temporary earnings were included in a food stamp budget after February 1, 2000, but prior to the receipt of this directive, the earnings will be removed from the budget. Food stamp benefits lost by the household as a result of counting the earnings will be restored to the household. See FSC 13300 – 13320 for instructions on restoring benefits.

This income exclusion will also apply in the TEA Program. Separate instructions are being developed for handling TEA cases.

**Inquiries to: Betty Helmbeck, Food Stamp Section, (501) 682-8284**