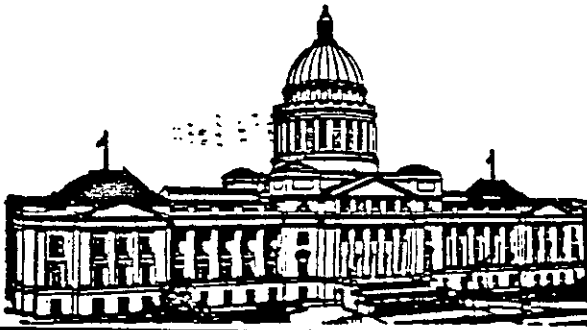


ARKANSAS REGISTER

Transmittal Sheet



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

FILED
REGISTER DIV.
SEP 19 PM 1:09
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

For Office
Use Only: Effective Date 9/29/00 Code Number 016.20.00-022

Name of Agency Department of Human Services

Department Division of County Operations

Contact Person Sandra Miller Phone 682-8251

Statutory Authority for Promulgating Rules PL. 104-193, Food Stamp Act of 1977

Intended Effective Date

Legal Notice Published 8-21-00

☐ Emergency

Final Date for Public Comment 9-19-00

☒ 10 Days After Filing

Filed With Legislative Council 8-21-00

☐ Other

Reviewed by Legislative Council

Adopted by State Agency 10-1-00

CERTIFICATION OF AUTHORIZED OFFICER

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

[Signature]
Signature

682-8375
Phone Number

Director
Title

8/14/00
Date

MANUAL TRANSMITTAL

Arkansas Department of Human Services



Division of County Operations

☐ Policy ☐ Form ☒ Policy Directive Issuance Number FSC 00-14

Food Stamp Certification Manual Issuance Date October 1, 2000

From: Ruth Whitney, Director Expiration Date Until
Superseded

Subj: Food Stamp Program Basis of Issuance Chart

<u>Pages to be Deleted</u>		<u>Dated</u>	<u>Pages to be Added</u>		<u>Dated</u>
Front	Exhibit A	10/1/99	Exhibit A		10/1/00
Back	Exhibit B	10/1/99	Exhibit B		10/1/00
Appendix D		01/1/00	Appendix D		10/1/00
.....					

SUMMARY OF CHANGES

Effective October 1, 2000, maximum food stamp benefit amounts and income levels for household increase as indicated on the attached Basis of Issuance Chart.

Budget deductions will change as follows:

1. Standard deduction remains \$134.
2. Standard utility allowance remains \$172.
3. Maximum excess shelter deduction changed to \$300; Aged/Disabled households have no limit on maximum excess shelter deduction.
4. The exclusion on licensed vehicles remains \$4650.

Aggregate allotment issued in September for October should be based on the 10-1-00 chart.

Inquiries to: Curtisteen Brooks, Food Stamp Section, (501) 682-8285

ISSUANCE CHART

Non-Categorically Eligible		FOOD STAMP BENEFITS BASIS OF ISSUANCE			***AGED-DISABLED HOUSEHOLDS		
Exhibit A		REGULAR HOUSEHOLDS			HOUSEHOLD SIZE		
HOUSEHOLD SIZE	*PRETEST INCOME	*MAXIMUM NET INCOME	MAXIMUM BENEFITS	MINIMUM **BENEFITS	165% INCOME	*MAXIMUM NET INCOME	MAXIMUM BENEFITS
1	905	696	130	10**	1133	696	130
2	1219	938	238	10**	1521	938	238
3	1533	1133	341	2	1909	1133	341
4	1848	1421	434	8	2297	1421	434
5	2162	1663	515	16	2684	1663	515
6	2476	1905	618	46	3072	1905	618
7	2790	2146	683	39	3460	2146	683
8	3104	2388	781	64	3848	2388	781
9	3419	2630	879	90	4236	2630	879
10	3734	2872	977	114	4624	2872	977
11	4049	3114	1075	140	5012	3114	1075
12	4364	3356	1173	166	5400	3356	1173
13	4679	3598	1271	191	5788	3598	1271
14	4994	3840	1369	217	6176	3840	1369
15	5309	4082	1467	242	6564	4082	1467
16	5624	4324	1565	267	6952	4324	1565
17	5939	4566	1663	293	7340	4566	1663
18	6254	4808	1761	318	7728	4808	1761
19	6569	5050	1859	344	8116	5050	1859
20	6884	5292	1957	373	8504	5292	1957
21	7199	5534	2055	399	8892	5534	2055
22	7514	5776	2153	424	9280	5776	2153
23	7829	6018	2251	450	9668	6018	2251
24	8144	6260	2349	476	10056	6260	2349
25	8459	6502	2447	501	10444	6502	2447
26	8774	6744	2545	527	10832	6744	2545
27	9089	6986	2643	552	11220	6986	2643
28	9404	7228	2741	578	11608	7228	2741
29	9719	7470	2839	603	11996	7470	2839
30	10034	7712	2937	629	12384	7712	2937

*REGULAR HOUSEHOLDS are subject to gross income pretest and the maximum net income.

AGED/DISABLED HOUSEHOLDS are subject only to the maximum net income limit for their household size.

**MINIMUM BENEFITS - For one or two person households the minimum monthly benefit allotment is \$10.

***INCAPACITATED/AGED - LIVING WITH OTHERS - See Policy FSC 1630 number 4.

See reverse side for CATEGORICALLY ELIGIBLE household (Exhibit B).

ISSUANCE CHART

****CATEGORICALLY ELIGIBLE HOUSEHOLDS do not have to meet regular households net income levels. Categorically eligible households with three or more members will be entitled to benefits of at least \$2 if the Thrifty Food Plan reduced by 30% of their net income is at least \$1. (\$1.00 benefit allotments are automatically rounded to \$2.00 before issuance.) See Categorically Eligible FSC Policy for details.

CURRENT STANDARDS**CURRENT STANDARD DEDUCTIONS**

Type of Deduction	Amount	Effective Date
1. Earned Income	20%	05-01-86
2. Standard	\$134	12-01-95
3. Utility Standard	\$172	10-01-99
4. Maximum Excess Shelter	\$300	10-01-00
5. Maximum Per Dependent		
(Under Age Two)	\$200	09-01-94
6. Maximum Per Dependent		
(Age Two and Older)	\$175	09-01-94

Current SSI Maximum Payments

Type of Payment	Amount	Effective Date
SSI Only – Individual	\$512	01-01-00
SSI Only – Couple	\$769	01-01-00
SSA/SSI – Individual	\$532	01-01-00
SSA/SSI – Couple	\$789	01-01-00
SSI Only-Individual Reduced	\$341	01-01-00
SSI Only –Couple Reduced	\$512	01-01-00
SSA/SSI-Individual Reduced	\$361	01-01-00
SSA/SSI-Couple Reduced	\$532	01-01-00

Current Medicare Premium - \$45.50 (Part B Only)

**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 Sandra Miller

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

PHONE NO. 682-8251

BY SECRETARY OF STATE
STATE OF ARKANSAS

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00 SEP 19 PM 4:09

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 00-14

2. What is the subject of the proposed rule?
New Food Stamp Issuance Table.

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? YES XXX NO

If yes, what is the effective date of the emergency rule?
When does the rule expire?

Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? YES XXX NO

5. Is this a new rule? YES XXX NO

Does this repeal an existing rule? YES XXX NO

Is this an amendment to an existing rule? XX Yes XXX 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

7. What is the purpose of this proposed rule?

To transmit the new issuance chart.

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

___ YES XXX NO

9. When does the public comment period end?

9-19-00

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

October 1, 2000

11. Do you expect this rule to be controversial?

___ YES XXX NO

If yes, please explain.

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.

DEPARTMENT HUMAN SERVICES
DIVISION COUNTY OPERATIONS

PERSON COMPLETING THIS STATEMENT Curtisteen Brooks

TELEPHONE NO. 682-8285 FAX NO. 682-1469

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.

SHORT TITLE OF THIS RULE FSC 00-14

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.

2000-2001 Fiscal Year

General Revenue	\$	0
Federal Funds	\$	0
Cash Funds	\$	0
Special Revenue	\$	0
Other	\$	0
Total	\$	0

2000-2002 Fiscal Year

General Revenue	\$	0
Federal Funds	\$	0
Cash Funds	\$	0
Special Revenue	\$	0
Other	\$	0
Total	\$	0

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

-2000-2001 Fiscal Year \$ 0 2000-2002 Fiscal Year \$ 0

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

2000-2001 Fiscal Year \$ 0 2000-2002 Fiscal Year \$ 0

FILED
AR. REGISTER DIV.
00 SEP 19 PM 4:09
STATE OF ARKANSAS
SECRETARY OF STATE

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF COUNTY OPERATIONS
AMENDING LEGISLATIVE REGULATION
ARKANSAS LEGISLATIVE COUNCIL**

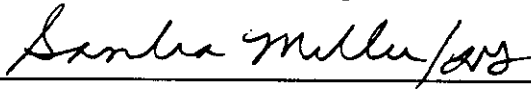
NUMBER AND TITLE: FSC 00-14, New Issuance Table

PROPOSED EFFECTIVE DATE: October 1, 2000

STATUTORY AUTHORITY: The Personal Responsibility and Work
Opportunity Reconciliation Act of 1996.

NECESSITY AND FUNCTION: To implement the new income and deduction limits.

PAGES FILED: A total of 4 pages were filed.

A handwritten signature in cursive script, reading "Sandra Miller", followed by a horizontal line.

**Sandra Miller
Assistant Director, Division of County Operations
Office of Program Planning and Development**

PROMULGATION DATE: October 1, 2000

CONTACT PERSON: Sandra Miller
Assistant Director, Division of County Operations
Office of Program Planning and Development
P.O. Box 1437, Slot 1220
Little Rock, AR 72203-1437

(501) 682-8251

NOTICE OF RULE MAKING

Pursuant to the Food Stamp Act of 1977, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the Division of County Operations issues proposed changes in the Food Stamp Certification policy regarding new basis of issuance.

Copies of the revised policy may be obtained by writing to the Division of County Operations, Attention: Food Stamp Policy Unit, P. O. Box 1437, Slot 1241, Little Rock, AR 72203-1437. All comments must be submitted within 30 days of the date of publication of this notice. If you need any material in a different format, such as large print, contact our Americans With Disabilities Act Coordinator at 682-8920 (Voice) or 682-8933 (TDD). The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to political affiliation, religion, disability, age, veteran status, sex, race, color or national origin.

A handwritten signature in black ink, appearing to read "Ruth Whitney", is written over a horizontal line.

Ruth Whitney
Director
Division of County Operations