



Arkansas Department of Human Services

Division of County Operations

Donaghey Plaza South
P.O. Box 1437 - Slot 316
Little Rock, Arkansas 72203-1437
TDD (501) 682-8275

January 26, 1995

The Honorable Sharon Priest
Secretary of State
State Capitol Building - Room 256
Little Rock, AR 72201

Dear Mrs. Priest:

We are requesting regular APA promulgation for FSC 95-2. The Division of County Operations issues a proposed rule to the Food Stamp Certification forms manual. The Food Stamp application has been revised and new penalty warnings have been incorporated.

Please inform me if you have a question about this rule.

Sincerely,


Roy Hart
Director

cc: file

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95 JAN 34 AM 9:26
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY

BY
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
95 FEB -3 PM 1:19
AR. REGISTER DIV.
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ARKANSAS REGISTER

Transmittal Sheet



W. J. "Bill" McCuen
Secretary of State
State Capitol Rm. 010
Little Rock, Arkansas 72201-1094

For Office
Use Only:

Effective Date

2/23/95

Code Number

016.20.95--003

Name of Agency

Department of Human Services

Department

Division of County Operations

Contact Person

Roy Kindle - 682-8251

Statutory Authority for Promulgating Rules

Section 13942 or Public Law 103-66

Intended Effective Date

Date

☐ Emergency

Legal Notice Published

2-1-95

☒ 20 Days After Filing

Final Date for Public Comment

2-21-95

☐ Other

Filed With Legislative Council

2-3-95

Reviewed by Legislative Council

Adopted by State Agency

2-23-95

CERTIFICATION OF AUTHORIZED OFFICER

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

BY
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

Signature

BY
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

95 FEB -3 PM 1:20

Director, DCO

Title

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1-26-95

Date

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

☐ Policy ☒ Form ☐ Policy Directive

Issuance Number FSC 95-2

Issuance Date 03-01-95

Expiration Date Until
Superseded

Food Stamp Certification Manual

From: Roy Hart
Director

Subj: Food Stamp Application, EMS-220

<u>Form to be deleted.</u>	<u>Dated</u>	<u>Form to be added.</u>	<u>Dated</u>
EMS-220	01/92	EMS-220	07/93
EMS-220, Instructions		EMS-220, Instructions	

Inquiries to: Betty Helmbeck, Food Stamp Section, 682-8284

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STATE OF ARKANSAS
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Name		Social Security Number		Date of Birth
Mailing Address	City		State	Zip Code
Signature		Date	Telephone Number	

WARNING

Information on this application is subject to verification by Federal, State and Local Officials and through the State Income and Eligibility Verification System and computer cross-matching with other agencies. This information may also be submitted to the Immigration and Naturalization Service for verification. If information is found to be incorrect, your eligibility and benefit level may be affected, your food stamp benefits may be denied or stopped, and you may be subject to criminal prosecution for knowingly providing incorrect information.

Instructions:

- 1 - To begin, enter at least your name, address and signature on this page, tear it off, and turn it in to the DHS County Office. The date your application is received in the DHS County Office is your application date. If you are eligible, we must send your first food stamps within 30 days from your application date. (NOTE: If you are applying under the SSI Pre-release Program, your application date is the date of your release from the institution.)
- 2 - Before we can find out if you are eligible to get food stamps, you must fill out pages 3-8 and turn them in. You may turn these pages in now or wait and turn them in later. Fill out as much of the information as you can. Let us know if you need help.
- 3 - You must have an interview with a caseworker. You are allowed to authorize someone who knows about your household to come to the interview for you. Or, if you are age 60 or older, disabled or work during our normal office hours, we may be able to arrange a telephone interview. Let us know if you need a telephone interview.
- 4 - You must furnish the following information.
 - Proof of your identity.
 - Proof of your residence.
 - Proof of liquid resources (e.g. - checking and savings accounts, cash, stocks, bonds, etc.) owned by all household members.
 - Proof of all money received by all household members.
 - Proof of medical costs for household members who are age 60 or older or who get certain types of disability payments.

You may be asked to provide other information to prove your eligibility. As long as you and your household are cooperating, your DHS caseworker will help you get this information. Let us know if you need help.

- 5 - Contact the DHS County Office if you need the application form in a different format such as large print.**

If You Need Food Stamps Right Away -

Some households can get food stamps within 5 days from their application date. Before we can find out if your household can get expedited service, we must have the entire application form. You must complete the questions at the top of page 3. Also, fill out as much of the rest of pages 3 through 8 as you can. Turn in the completed application form as quickly as possible. Let us know if you need help. (See The Back Of This Page For Additional Information.)

	COUNTY	REG. #	SOCIAL SECURITY #		HH TYPE	APPL. DT. — TYPE		HH SIZE	BD Date	EXPEDITED SERVICE	
	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	Expedited? Yes _____ No _____ Screener (10) Date _____	
LD DATE	WKR #	KEY DT.	OP INT.		DENIAL DATE	REASON	SAVINGS — TYPE		CLT. NOT	KEY DATE	OP. INT.
(11)	(12)	(13)	(14)		(15)	(16)	(17)	(18)	(19)	(20)	(21)

FACTS ABOUT THE FOOD STAMP PROGRAM

Food stamps are used like money to buy food. Your **eligibility for food stamps** is based on the number of people in your household and your household's total income and resources. Your income and resources can not be more than the Program limits. Usually, the more net income you have, the fewer food stamps you will receive. The more people in your household (household size), the more food stamps you will receive. Most households will have to spend some of their own money along with their food stamps to buy enough food for a month. (A household is usually made up of all people who live together, buy food together and eat together.)

If your household is **approved**, you will get: (1) an identification (ID) card; and (2) a notice. The notice will tell you the number of months you are approved to get food stamps and how many food stamps you will get each month. Your food stamps will be mailed to you. You may get a mail schedule from your caseworker.

If your household is **denied**, you will get a notice telling you why.

READ THE FOLLOWING INFORMATION ABOUT YOUR RIGHTS

- You have the right to apply for food stamps or any other public assistance program at any time.
- You have the right to know the eligibility rules for food stamps, and to be told how your application is handled.
- You have the right to an explanation if your application is not processed within 30 days.
- If you are unhappy with our action, or if you feel we failed to act on your food stamp application, you or your representative may appeal orally or in writing. Sometimes, your food stamps will stay the same until the hearing if you appeal before the date we say we will take action. Ask your food stamp worker to explain. If you appeal in writing write to:
- Most of the time you can see all information in your case record. If you want to see your record, tell your food stamp worker. If you do not agree with any information in your record, tell your food stamp worker or write to the Director of this agency.
- You may refuse to give any or all information. However, if you do not give us information which must be used to find out if you are eligible for food stamps, your application will be denied.
- The Food Stamp Program is available without regard to race, color, national origin, religion, sex, age, political belief, physical or mental disability. If you feel we discriminated against you as we processed your food stamp application, you may send a complaint to the address listed below.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

ATTN: APPEALS AND HEARINGS

P O BOX 1437

LITTLE ROCK AR 72203-1437

(501) 682-8622

TDD 1-800-285-1131

OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY

241 DONAGHEY PLAZA SOUTH SLOT 203

P O BOX 1437

LITTLE ROCK AR 72203-1437

Phone Numbers: Office (501) 682-6003

FAX (501) 682-8926 TDD (501) 682-7958

READ THE FOLLOWING INFORMATION ABOUT YOUR RESPONSIBILITIES

- If you knowingly provide false information or withhold the report of a change, you will be subject to prosecution for fraud. Also, you will be required to pay back the value of any food stamps you should not have received.
- Your case may be selected for a quality control review. If so, there will be review of your statements on this form. There will also be a review of how the county office handled your food stamp case. We may ask other people or agencies for information. Normally, we will ask your permission to get this information.
- If you do not get your food stamps in the mail, you must report this to the DHS County Office. Replacement food stamps will be sent only if you tell us you did not get your food stamps before the last day of the month in which they were mailed. (For food stamps mailed after the 15th of the month, you have until the end of the following month to let us know you did not get them.)

EXPEDITED SERVICE

If your household meets one of the conditions listed below, you may be able to get your food stamps within five days.

- Your gross income is less than \$150, and your liquid resources total \$100 or less.
- Your monthly shelter bills (rent, utilities, etc.) are more than your total gross income and liquid resources.
- Your household has no place of its own to live.
- You are a migrant or a seasonal farmworker, and your household has little or no income or resources.

Income means money from work, money from checks or money people give you. We will count every household member's income. Liquid resources are money in a financial institution like a bank, cash you have on hand, or stocks and bonds. We will count every household member's resources.

If you would like to apply for expedited service, go to page 3 of this application.

IF YOU MISS YOUR SCHEDULED INTERVIEW APPOINTMENT, YOU WILL NOT BE GIVEN A SECOND APPOINTMENT UNLESS YOU REQUEST IT.

If you are age 60 or older or disabled, you cannot come in for an interview, and no one can come in for you, let us know. We make special arrangements for an interview.

NAME OF APPLICANT				TELEPHONE NUMBER	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP	

Enter Home Address if Different AND Enter Directions To Home if you live on a Rural Route OR have a Post Office Box

EXPEDITED SERVICE - Certain eligible households will receive food stamps within five days of the date they file an application. The answers to the questions below will help us decide if you qualify for expedited service.

- Are you staying somewhere temporarily because you are homeless? ☐ Yes ☐ No
- Will your household's total income for this month be less than \$150? (Include money already received this month as well as money that you expect to receive later this month.) ☐ Yes ☐ No
- Does your household have less than \$150 in cash, checking and savings? ☐ Yes ☐ No
- Is anyone in your household a migrant or seasonal farm worker?
If yes, answer questions a and b below.
 - Did your household's only income recently stop? ☐ Yes ☐ No
 - Do you or anyone in your household expect any income from new source this month? ☐ Yes ☐ No

5. Enter your monthly shelter costs (Subtract past due charges before entering.)

Current Rent/Mortgage \$ _____

Current Monthly Utilities _____

Total \$ _____

Enter your household income & liquid resources (Include money already received this month as well as money expected to be received from work and other sources this month.)

Gross Income \$ _____

Cash on hand _____

Money in bank _____

Total \$ _____

Are your household's total shelter costs more than the total of your resources and income? ☐ Yes ☐ No

HOUSEHOLD MEMBERS

List all the people who live in your home. Include yourself.

Social Security Number	Last	Name	First	Birthdate	Does this person buy food and prepare meals separate from other household members?	Relationship To You	CITIZENSHIP			COUNTY USE	
							U.S. Citizen	Legal Alien	Other	24 SSN Code	25 Work Reg.
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Yes <input type="checkbox"/> No						
					<input type="checkbox"/> Yes <input type="checkbox"/> No						

IF NECESSARY, USE A SEPARATE SHEET OF PAPER TO LIST ALL HOUSEHOLD MEMBERS.

- Do you or any other household member pay money for a room or meals to a person with whom you live? ☐ Yes ☐ No
- Are you or any member of your household age 60 or older and unable to purchase and prepare meals because of a disability? ☐ Yes ☐ No If "Yes", who? _____

SOCIAL SECURITY NUMBERS

You must give us a Social Security Number (SSN) for all household members. This is required by the Food Stamp Act of 1977 as amended by P.L. 97-98. SSNs will be subject to verification and reviews or audits to ensure your household is eligible for food stamps. They will be used to check the identity of household members, to prevent duplicate participation and to facilitate mass changes. This may involve our contacting your employer bank or other parties.

EMS-220 (R. 7/93)

You can authorize someone outside your household to make application for food stamp benefits for your household. You can authorize the same person or someone else to get your food stamps for you or to buy food for your household. If you would like to authorize someone, write the name or names below.

Name	Name
Address	Address
Telephone	Telephone

STUDENT INFORMATION

1. Do you or any household member attend or have you applied for admission to an institution of higher education such as a college, vocational school, or any other training program beyond high school? ☐ Yes ☐ No
If "Yes", complete the following.

Name of Student	School or Program	Hours of Class Per Week
a.		
b.		

2. Are there any students in your household who receive or have applied for educational grants, loans, scholarships, veteran's benefits, etc? ☐ Yes ☐ No If "Yes", list benefits _____

3. Are the educational expenses of any of these students paid through Rehabilitative Services or JPTA (Jobs Partnership Training Act)? ☐ Yes ☐ No
If "yes", who? _____

HOUSEHOLD RESOURCES

Complete this section for yourself, your children, and all other members of your household. You must report all resources to which your household has access, is buying, or owns.

Do you have:		Yes	No	Owner's Name	Total Value	Other	
1.	Cash on hand and/or savings at home				\$		
2.	Savings Accounts/ Certificates of Deposit (CD's)				\$	Bank Name	
					\$	Bank Name	
3.	Checking accounts				\$	Bank Name	
4.	Stocks, bonds, savings, IRA's, KEOGH Plans, etc.				\$	Specify	
5.	Cars & Trucks				\$	Amount owed	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. Make/Model/Yr.				\$	\$	
	b. Make/Model/Yr.				\$	Amount owed	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Make/Model/Yr.				\$	Amount owed	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Recreational Vehicles (Boats & Motors, Campers, Motorcycles, three or four wheelers, etc.)				\$	\$	
					\$	\$	
7.	Real Estate other than your home				\$	Amount owed	Location
8.	Other (Prepaid burial plans, trust funds, etc.)				\$	\$	Description
					\$	\$	

- COUNTY USE -

HOUSEHOLD INCOME From Checks, Cash, Benefits, Etc.

1. Complete this section to tell us whether you or any member of your household receives any of the following types of income.

Source of Income	Does any-one receive?		If YES, name of household member who receives this income	Amount of each check or payment	Most recent date of payment	How often received? (weekly, monthly, etc.)
	Yes	No				
AFDC			1.	\$		
			2.	\$		
Social Security			1.	\$		
			2.	\$		
SSI Supplemental Security Income			1.	\$		
			2.	\$		
VA Veteran's Benefits			1.	\$		
			2.	\$		
Unemployment Compensation			1.	\$		
			2.	\$		
Worker's Compensation			1.	\$		
			2.	\$		
Railroad Retirement/ Other Pensions			1.	\$		
			2.	\$		
Child Support and/or Alimony			1.	\$		
			2.	\$		

2. Complete this section if you have any other money or checks from other income sources such as, but not limited to, **Utility Assistance Payments, Rental Income, Roomers and Boarders, Royalties, Dividends, Interest, Contributions from Relatives or Friends, Loans, Prizes, Gifts, etc.**

State Source of Income	Name of Household Member Who Receives Income	Amount of Each Check or Payment	How Often Received (weekly, monthly, etc.)
		\$	
		\$	
		\$	
		\$	

3. Have you or anyone in your household recently applied to receive income from any source? ☐ Yes ☐ No If "Yes", type of benefit _____ Date applied _____**HOUSEHOLD INCOME FROM WORK**

1. Have you or anyone in your household quit a job in the last 60 days? ☐ Yes ☐ No
 If "Yes", Who? _____ Why? _____
 Employer _____ Date Quit _____
2. Are you or anyone in your household on strike? ☐ Yes ☐ No
 If "Yes", Who? _____ Employer/Company _____
 Union _____ Date Strike Began _____

- COUNTY USE -

HOUSEHOLD INCOME FROM WORK (Continued)

3. Have you or anyone in your household received wages, salary, tips or commissions this month? (Include money from part time or odd jobs.) ☐ Yes ☐ No
Do you or anyone in your household expect to receive wages, salary, tips or commissions from work this month? ☐ Yes ☐ No
If "Yes", complete a section below for each job held by household members. If your household includes a striker, list wage information from just before the strike:
- | | |
|-------------------------|-------------------------|
| Member: _____ | Member: _____ |
| Employer: _____ | Employer: _____ |
| How often paid? _____ | How often paid? _____ |
| How much paid? \$ _____ | How much paid? \$ _____ |
4. Are you or anyone in your household self-employed? (Include contract work you perform.) ☐ Yes ☐ No
If "Yes", Who? _____
What kind of business? _____
5. Are you or anyone in your household participating in a job-training program? ☐ Yes ☐ No
If "Yes", Who? _____
Name of training program. _____
Is payment received for participating in the program? ☐ Yes ☐ No
If yes, amount of payment. _____ How often received? _____
6. Are you or anyone currently in your household serving in the military (Include members serving in the National Guard or Reserve Units.) ☐ Yes ☐ No
If "Yes", Who? _____ Monthly Pay? _____
7. Do you or anyone in your household expect any changes in any currently held job? ☐ Yes ☐ No
What is the expected change? _____
8. Do you or anyone in your household expect to start work at a new job? ☐ Yes ☐ No
If "Yes", Who? _____ Where? _____

DEPENDENT CARE COSTS

1. Do you or anyone in your household pay someone to care for a child, or a disabled or elderly adult, so that a household member can work, attend training or school, or look for work? ☐ Yes ☐ No
If "Yes", how much? \$ _____ How often? _____
To whom? Name _____ Phone _____
Address _____
2. Does someone else pay all or any portion of your dependent care costs? ☐ Yes ☐ No
If "Yes", who? _____ How much? \$ _____

- COUNTY USE -

MEDICAL COSTS FOR AGED OR DISABLED MEMBERS

1. List the medical expenses of all household members who are age 60 or older. Also list the medical expenses of household members who get medicaid benefits based on total disability or who receive one of the following total disability checks - Social Security, SSI, VA (total disability), Railroad Retirement, or Civil Service or Government Retirement.

Medical Expense	Amount	How Often Is The Amount Due?	Which Household Members Have This Expense?
Drugs prescribed by a doctor	\$		
Medicare	\$		
Medipak	\$		
Medical Insurance	\$		
Services of Doctor or Dentist	\$		
Hospital and nursing care	\$		
Dentures, hearing aids, eyeglasses, prosthetics, medical equipment, etc	\$		
Transportation costs to get medical care	\$		
Services of an attendant or nurse	\$		
Other (explain)	\$		

2. Does anyone outside your household pay or help to pay any of the medical expenses you listed? ☐ Yes ☐ No If "Yes", which expenses do they pay? _____
How much do they pay? _____
3. Your application can be completed without verification of medical expenses. However, if you wish to get a medical deduction, your medical expenses all expenses deducted must be verified. Please check below to show your choice.
☐ I do NOT wish to verify and receive a medical deduction.
☐ I will provide verification of medical expenses and insurance reimbursements.

SHELTER COSTS

1. List your household's current shelter costs. Do not list any past due amounts.

Expense	Amount Billed	Expense	Amount Billed
Rent	\$	Electricity	\$
Mortgage	\$	Natural Gas/Butane Gas	\$
Property Tax on your home (If not included in mortgage payment)	\$	Wood	\$
Tax on Mobile Home	\$	Water/Sewer	\$
Home Owner's Insurance (If not included in your mortgage payment)	\$	Garbage/Trash	\$
		Telephone	\$
		Installation Costs on Utilities	\$
		Other _____	\$

2. Enter the name of any person and/or organization who helps you pay any shelter costs. _____

Utility Allowance

The following questions will help us see if your household may use a utility allowance to figure your total shelter costs. Once every 12 months, a household which has selected a utility allowance may begin using actual utility costs.

1. How do you heat your home? _____
2. What kind of fuel do you use to heat your home? _____
3. Do you use an air conditioner in the summer? ☐ Yes ☐ No
4. Do you live in a public housing project? ☐ Yes ☐ No
5. Do you share a gas or electricity meter with another household? ☐ Yes ☐ No
- If yes, explain _____

WORK REGISTRATION		<ul style="list-style-type: none"> I understand that under the Food Stamp Act all non-exempt household members age 16 to 60 years of age who are physically and mentally fit are required to work register and that, by my signature below, I am work registering all non-exempt household members. I understand that work registered household members will be subject to the Employment and Training (E & T) Program requirements in selected counties. I understand that certain non-exempt household members may be required to perform public service work as a condition of receiving food stamps. (Applies only in Workfare counties.) I understand that failure or refusal to meet any of these requirements may result in the disqualification of the non-compliant member OR in the disqualification of the entire household. I agree to explain these requirements to other household members subject to the work requirements. 						
HEAD OF HOUSEHOLD		<p>Should the head of your household fail or refuse to comply with a work registration rule, your food stamp case may be closed. You have the right to choose your head of household if there are parents and children (of any age) in your household. You can choose a new head of household any time you apply for food stamps or when anyone enters or leaves your household. If you do not make a choice and a violation occurs, we will name your principal wage earner as the head of your household. You can choose as the head of your household either: 1) an adult parent of children; or 2) an adult who acts as a parent for at least one child under age 18.</p> <p>All the adult members of your household must agree to the person named as the head of the household.</p> <p>I choose _____ as the head of my household.</p>						
PENALTIES		<p>If you receive food stamps, you must follow the rules listed below. Any member of your household who intentionally breaks any of these rules can be disqualified from the Food Stamp Program for 6 months for the first violation, 12 months for the second violation, and permanently for the third violation; may be fined up to \$20,000 or imprisoned for up to 5 years, or both, and is subject to federal prosecution and penalties. Federal penalties include an additional disqualification period of 18 months, and, for second and subsequent felony convictions for Food Stamp Program fraud, a mandatory jail sentence.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <ul style="list-style-type: none"> DO NOT give false information or hide information to receive or continue to receive food stamps. DO NOT help someone else receive food stamps to which he/she is not entitled. DO NOT use someone else's food stamps for your household. </td><td style="width: 50%;"> <ul style="list-style-type: none"> DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco. DO NOT present, or cause to be presented, coupons for payment or redemption when you know the coupons have been received, transferred, or used in any unauthorized manner. </td></tr> </table> <p>Individuals found guilty in a federal, state or local court of trading food stamps for controlled substances will be subject to disqualification for a period of 12 months for the first offense and permanently for the second offense. Individuals found guilty by a court of trading firearms, ammunition or explosives for food stamps will be subject to permanent disqualification for the first offense.</p>	<ul style="list-style-type: none"> DO NOT give false information or hide information to receive or continue to receive food stamps. DO NOT help someone else receive food stamps to which he/she is not entitled. DO NOT use someone else's food stamps for your household. 	<ul style="list-style-type: none"> DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco. DO NOT present, or cause to be presented, coupons for payment or redemption when you know the coupons have been received, transferred, or used in any unauthorized manner. 				
<ul style="list-style-type: none"> DO NOT give false information or hide information to receive or continue to receive food stamps. DO NOT help someone else receive food stamps to which he/she is not entitled. DO NOT use someone else's food stamps for your household. 	<ul style="list-style-type: none"> DO NOT use food stamps to buy ineligible items, such as alcoholic drinks and tobacco. DO NOT present, or cause to be presented, coupons for payment or redemption when you know the coupons have been received, transferred, or used in any unauthorized manner. 							
HERITAGE		<p>We would like you to tell us your racial or ethnic identity. Providing this information is optional and will not affect your eligibility for food stamps. We are authorized by the Federal Civil Rights Act to collect this information. It will be used to ensure that food stamp benefits are distributed fairly.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> White (not of Hispanic origin)</td><td><input type="checkbox"/> American Indian or Alaska Native</td><td><input type="checkbox"/> Hispanic</td></tr> <tr> <td><input type="checkbox"/> Black (not of Hispanic origin)</td><td></td><td><input type="checkbox"/> Asian or Pacific Islander</td></tr> </table>	<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (not of Hispanic origin)		<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic						
<input type="checkbox"/> Black (not of Hispanic origin)		<input type="checkbox"/> Asian or Pacific Islander						
SIGNATURE		<p>My signature authorizes the Department of Human Services (DHS) to obtain information from other State Agencies, banks, and savings institutions, employers, federal agencies, and other sources to confirm the accuracy of my statements. I understand that information may be verified through collateral contact when discrepancies are found by DHS between the information I report and the information received from the sources listed. I further understand that this information may affect my household's eligibility for food stamps and the amount of food stamps I may be eligible to receive.</p> <p>I received a copy of the "Rights and Responsibilities" and I understand them. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules listed in the penalty warning. I certify, under penalty of perjury, that my answers are correct and complete to the best of my knowledge and that all household members are either U.S. citizens or aliens with legal immigration status.</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">YOU SIGN HERE</td><td style="width: 30%;">Today's date</td></tr> <tr> <td colspan="2">WITNESS, IF SIGNED WITH AN X</td></tr> </table>	YOU SIGN HERE	Today's date	WITNESS, IF SIGNED WITH AN X			
YOU SIGN HERE	Today's date							
WITNESS, IF SIGNED WITH AN X								
STOP — END OF APPLICATION								
29	<p>Person Interviewed _____ Change form provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interviewed by: _____ ID Card provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interviewed on _____ Rights & Responsibilities Pamphlet <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Food Stamp Application
EMS-220

INSTRUCTIONS

PURPOSE

The EMS-220 is used to make application for the Food Stamp Program. Also, this form may be used as the input document for registration and/or denial of food stamp applications.

COMPLETION

This form is designed to be completed by the applicant except in the shaded areas. If the applicant requests assistance in completing the form, a county worker will provide this assistance. All entries made by the county worker should appear in a different color ink than the ink used by the applicant.

The county worker will document why he or she completed parts of the form and will state that all entries are based on information provided by the applicant.

Once a signed EMS-220 has been received and registered, it will not be released to the applicant to take home.

DATE RECEIVED

Field 1 - If only page one of the application is received, the date (MMDDYY) of receipt will be written or stamped in the upper right hand corner of page one of the application. If the entire application is submitted at one time, the date of receipt will be written or stamped in the upper right hand corner of page three.

REGISTRATION

Fields 2-14 plus the applicant's SSN may be used to register the application. Fields 15-21 may be used to deny the application. See EMSUM 6220 for complete instructions on registering an application.

Field 2 - Enter the three digit county code.

Field 3 - The operator will enter the system assigned register number.

Field 4 - Enter the applicant's social security number. If the social security number is not known, go to FSC 8161 for instructions.

Field 5 - Enter the code to indicate the household type.

1N - NA non-categorically eligible
1P - NA potentially categorically eligible
1C - NA categorically eligible
2P - PA potentially categorically eligible
2C - PA categorically eligible

Field 6 - Enter the date the application was received. (MM-DD-YY)

Field 7 - Enter the code which represents the application type.

- A - Initial application.
- B - Timely subsequent
- C - Untimely subsequent.
- D - Timely filed - household certified for one or two months and provided with an EMS-239 at the time of certification.

Field 8 - Enter the number of household members.

Field 9 - Enter the BDDATE. If the application type in field 6 is A or C, the BDDATE must be zeros. If the application type is B, the BDDATE is the date the household's certification period expires. If the application type is D, the BDDATE is the date the previous food stamp application was approved.

Field 10 - After screening the application for entitlement to expedited service, check "Yes" or "No" to indicate the decision. If there is a late determination of entitlement to expedited service, enter the work "LATE." (The operator should key code "Y" or "N" or "L" as appropriate in this field of the WFAP screen.) Enter your initials beside "Screener." Enter the date of the screening.

Field 11 - If there is a late determination of entitlement to expedited service, under the date (MMDDYY) the determination was made. (If there is a code "Y" or "N" in field 9, make no entry in this field.)

Field 12 - Enter the worker number for the service representative.

Field 13 - The terminal operator must enter the date (MMDDYY) information is accepted into the system.

Field 14 - The terminal operator will initial this field after the information has been accepted into the system.

Field 15 - For denials, enter the effective date (MMDDYY) of the application denial.

Field 16 - Enter the two digit denial reason code. Valid reasons are:

- 01 - Residence not established.
- 02 - Income not verified.
- 03 - Other mandatory verification not provided.
- 04 - Questionable information not verified.
- 05 - Refused to register for work.
- 06 - Non-compliance with post work registration requirements.
- 07 - Voluntary job quit.
- 08 - Earned income exceeds maximum.
- 09 - Income exceeds maximum - other income or combination.
- 10 - Resources exceed maximum - real property.
- 11 - Resources exceed maximum - bank account.
- 12 - Resources exceed maximum - vehicle.
- 13 - Combination of resources.

- 14 - Death.
- 15 - Moved from state.
- 16 - Refused to cooperate.
- 17 - Missed appointment at application.
- 18 - Other/combination of above (specify reason in case).
- 19 - Duplicate registration.
- 20 - Transfer to another county.
- 21 - Client's request.

Field 17 - Enter the amount of savings attributable to IEVS-matched data. (Enter whole dollars only. \$80 is entered as 0080.)

Field 18 - Enter the code for the IEVS match which resulted in case savings. Valid codes are:

- E - ESD Wage Match
- F - ESD UI Match
- G - Bendex Wage/Pension Match
- H - Bendex Title II Match
- I - IRS (State Resource) Match
- J - SDX (SSI) Match

Field 19 - If application is to be denied, enter the client notice indicator. Valid entries are:

Y - System generated notice specific to denial reason will be sent. No notice is available for denial reasons 18-20.

N - No system notice sent.

If no entry is made in this field for denial reasons 1-17, the system will show that minimum record was not met. If "Y" is entered, the client address is a minimum record requirement.

Field 20 - The terminal operator must enter the date (MMDDYY) the information is accepted by the system.

Field 21 - The terminal operator must initial this field when the information is accepted by the system.

DATE RECEIVED

Field 22 - If entire application is received at one time, the date (MMDDYY) of receipt will be entered. If only page one of the application is received, the date of receipt will be written or stamped in the upper right hand corner of page one.

SCREENING FOR EXPEDITED SERVICE

Field 23 - The question in this field will be used to screen applications for entitlement to expedited service. GO TO THE NEXT PAGE FOR THE SCREENING GUIDE.

STEP 1 - REVIEW ANSWERS TO EXPEDITED QUESTIONS.

Question 1 - If "YES", household is entitled to expedited services. STOP and go to Step 2.

If "NO", go to question 2.

Question 2 - If "NO", go to question 4.

If "YES", go to question 3.

Question 3 - If "YES" to both question 2 and question 3, household is entitled to expedited service. STOP and go to Step 2.

If "NO", go to question 4.

Question 4 - If "YES", go to part a and b below.

If "NO", go to question 5.

Part a & b - If "YES" to question a and "NO" to question b, household is entitled to expedited service. STOP and go to Step 2.

For any other combination of answers to Parts a & b, refer the case to a service representative.

Question 5 - If "YES", household is entitled to expedited service. STOP and go to step 2.

If "NO", the household is not entitled to expedited service.

Register as a regular application. Go to field 10 and check "NO".

If the household does not agree with the decision, refer the household to a service representative.

STEP 2 - IF HOUSEHOLD IS ELIGIBLE FOR EXPEDITED SERVICE, REVIEW INFORMATION ON APPLICATION.

Go to page 4. Are there liquid resources listed in items 1, 2, 3, or 4.

If "YES", is the total more than \$150?

If the total is more than \$150, refer the application to a service representative.

Go to pages 5. If any income listed on the application under unearned and earned income?

If "YES" is the total more than \$150?

If the total is more than \$150, refer the application to a service representative.

If NO, the application will be handled as a expedited application. Go to Field 10 and check "YES".

SSN VERIFICATION

Field 24 - Enter SSN verification code for each member. Valid codes are:

- A - Member has applied for SSN.
- N - Member has furnished SSN but verification is not in case record.
- V - Member's SSN card/document was viewed.
- W - Expedited application processing - SSN requirement waived.
- X - Member disqualified - did not comply with SSN requirement.

WORK REGISTRATION

Field 25 - Enter work registration code for each member. Valid codes are:

- 01 - Mandatory registrant.
- 4A - Exempt, age 60 or older.
- 4D - Exempt, disabled.
- 4E - Exempt, employed full time.
- 4G - Exempt, participates in drug/alcohol treatment program.
- 4P - Exempt, provides dependant care.
- 4R - Exempt, child under age 16.
- 4S - Exempt, student age 16 or 17.
- 4T - Exempt, student age 18 or older.
- 4U - Exempt, receives or has applied for UI.
- 4W - Exempt, Work Program participant.
- 4X - Exempt, disqualified or ineligible member.

DOCUMENTATION

Fields 26 - These fields may be used for documentation of information provided
27 and 28 by the household about resources, income, medical expenses, and utility costs.

Field 29 - Enter the name of the person who was interviewed, the name of the caseworker who conducted the interview, and the date of the interview. Check "YES" or "NO" to indicate which forms/pamphlets were provided to the household.

NOTE: The Food Stamp Face Sheet (DCO-275) has been revised to be used to document the verification of identity, residency and the selection of the SUA.

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NOTICE OF RULE-MAKING

Pursuant to Section 13942 of Public Law 103-66, the Division of County Operations issues a proposed rule to the Food Stamp Certification forms manual. The Food Stamp Application has been revised to incorporate new penalty warnings required for (1) trading food stamps for controlled substances and (2) trading food stamps for firearms.

Copies of the revised form may be obtained by writing to the Division of County Operations, P.O. Box 1437, Little Rock, AR 72203, Attention: Food Stamp Policy Unit, Slot 1241. All comments must be submitted within 20 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 age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.

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Roy Hart

Director

Division of County Operations

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