



016.20.95--603

# 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

FILED  
AR. REGISTER DIV.

95 MAR -7 PM 12:46

SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

BY \_\_\_\_\_

February 22, 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 95-6 and FSC 95-11. The Division of County Operations issues a proposed rule to the Food Stamp Certification manual. The state will implement a quarterly reporting requirement in the Food Stamp Program.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Roy Hart".

Roy Hart  
Director

cc: file

# ARKANSAS REGISTER

95 MAR -7 PM 12:46

 SHARON PRIEST  
 SECRETARY OF STATE  
 STATE OF ARKANSAS

## Transmittal Sheet



BY \_\_\_\_\_

 Sharon Priest  
 Secretary of State  
 State Capitol Rm. 010  
 Little Rock, Arkansas 72201-1094

 For Office  
 Use Only:

Effective Date

4/1/95

Code Number

016.20.95--003Name of Agency Department of Human ServicesDepartment Division of County OperationsContact Person Roy Kindle, 682-8250Statutory Authority for Promulgating Rules The Food Stamp Act of 1977, as amended.

Intended Effective Date		Date
<input type="checkbox"/>	Emergency	Legal Notice Published . . . . . 3-5-95
<input type="checkbox"/>	20 Days After Filing	Final Date for Public Comment . . . . . 3-25-95
<input checked="" type="checkbox"/>	Other	Filed With Legislative Council . . . . . 3-7-95
	<u>4-1-95</u>	Reviewed by Legislative Council . . . . . 3-27-95
		Adopted by State Agency . . . . . 4-1-95

### CERTIFICATION OF AUTHORIZED OFFICER

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

Signature

Director, DCO

Title

2/24/95  
 Date

**FILED**  
AR REGISTER DIV.

95 MAR -7 PM 12:46

SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

BY \_\_\_\_\_

36F • SUNDAY, MARCH 5, 1995 • •

**NOTICE OF RULE MAKING**

Pursuant to the Food Stamp Act of 1977, as amended, the Division of County Operations issues proposed changes in the Food Stamp Certification policy. The state will implement a quarterly reporting requirement in the Food Stamp Program. About seventy percent of all food stamp households will be required to submit a quarterly report. These households will be certified for 12 months and will have no additional reporting requirements.

Copies of the revised policy may be obtained by writing to the Division of County Operations, P. O. Box 1437, Little Rock, AR 72203, Attention: Food Stamp Policy Section, 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.

5000006642EL

/s/Roy Hart  
Director

Division of County Operations  
(230126

# MANUAL TRANSMITTAL

## Arkansas Department of Human Services

Division of County Operations

AR. REGISTER DIV.



Policy



Form



Policy Directive

SHARON FRIEST

SECRETARY OF STATE

STATE OF ARKANSAS

95 MAR -7 PM 12:46

Issuance Number FSC 95-11

Issuance Date 04-01-95

Expiration Date Until  
Superseded

Food Stamp Certification Manual

From: Roy Hart, Director

BY \_\_\_\_\_

Subj: Food Stamp Quarterly Reporting

This transmittal contains the policy and forms required to implement food stamp quarterly reporting. A companion policy direction, PD FSC 95-6, *Implementation of Quarterly Reporting*, contains additional information.

There are two new forms:

*Food Stamp Quarterly Report* .....DCO-285\*

*Request for Information - Quarterly Report Form* ..DCO-218

- \* An annotated version of the DCO-285 is also attached. This version of the DCO-285 is to be used in training clients about the quarterly reporting requirements.

There is a new pamphlet:

*Quarterly Reporting* .....PUB-360

There are two new sections of policy:

REPORTING REQUIREMENTS.....FSC 11000

PROCESSING REPORTED CHANGES.....FSC 12000

FSC 11000 formerly contained all the policy pertaining to changes. With the advent of quarterly reporting, FSC 11000 has been divided into two sections - FSC 11000 and FSC 12000. A full explanation of both sections of policy follows.

### FSC 11000

Please delete all of the present section FSC 11000 and insert the new section.

FSC 11000 contains information about the reporting requirements for both quarterly reporting and occasional reporting households. It contains instructions for processing:

- 1) changes reported by occasional reporters;
- 2) quarterly reports;

- 3) midpoint reviews; and
- 4) mass changes.

See the new *Table of Contents* for a listing of the sections of policy contained in FSC 11000.

Each section of policy contained in FSC 11000 has been updated. See the summary of changes provided below for information about specific changes.

FSC 11310 - Added information about the reporting requirements of quarterly reporting households at application.

FSC 11330 - Added information about 12 month certification period for PA households.

FSC 11340 - Contains information about the reporting requirements of households subject to quarterly reporting.

FSC 11350 - Contains information about the reporting requirements of households not subject to quarterly reporting. (These households are called occasional reporters).

The policy in FSC 11400 through 11460 pertains to occasional reporting households.

FSC 11400 - Instructions for processing changes.

FSC 11410 - Explains the processing standards. (These standards will also apply to changes reported by quarterly reporters outside the quarterly reporting system.)

FSC 11420 - Explains the verification requirements.

FSC 11430 - Explains the procedures for shortening a certification period.

FSC 11440 - 11450 - Explains notice requirements.

FSC 11460 - Chart - summarizes the reporting requirements, processing standards, verification requirements, and notice requirements.

The policy in FSC 11500 through 11580 pertains to quarterly reporting households. These are all new sections of policy.

FSC 11500 - Provides a general explanation of quarterly reporting.

FSC 11510 - Explains which households will be subject to quarterly reporting.

FSC 11520 - Tells when a household will enter quarterly reporting.

FSC 11530 - Tells when quarterly report forms will be generated. Also, provides processing standards.

FSC 11540 - Provides instructions for returning forms which have not been completed correctly.

FSC 11550 - Provides verification standards.

FSC 11560 - 11562 - Provides instructions for processing IEVS reports at the time the quarterly report is processed.

FSC 11570 - 11571 - Provides instructions for issuing notices.

FSC 11580 - Chart - contains a summary of the actions to take to complete quarterly reports.

### FSC 12000

FSC 12000, a new section, contains instructions for processing reported changes. This policy applies to:

- 1) changes reported on the quarterly report form;
- 2) changes reported on the change report form, by telephone or in person; and
- 3) changes reported on the midpoint review.

See the revised *Table of Contents* for a listing of the sections of policy contained in FSC 12000.

Each section of policy contained in FSC 12000 has been updated. See the summary of changes provided below for an explanation of specific changes.

FSC 12210 - Revises the instructions for changing addresses after FSMO extract. Includes the schedule for printing H Cards.

FSC 12221 - New section - contains information about changes in household composition and quarterly reporting households.

FSC 12227 - Contains information about getting the signature of a responsible household member at the time of a change. (This is a new section; however, the requirement has not changed.)

FSC 12233 - New section - contains instructions for processing resource changes.

FSC 12242 - New section - contains a summary of the actions to take to complete income changes.

FSC 12251 - Reflects the new reporting requirements for households with medical expenses. (These households are no longer required to report changes in medical expenses.)

FSC 12300 - Added information about how changes reported to an AFDC worker will both affect quarterly reporting and occasional reporting households.

FSC 12510 - Added information about how to handle changes in medical expenses reported to a medicaid worker.

# MANUAL TRANSMITTAL

## Arkansas Department of Human Services

### Division of County Operations

☐ Policy    ☐ Form    ☒ Policy Directive

Issuance Number FSC 95-6

Issuance Date 03-01-95

Expiration Date Until  
Superseded

Food Stamp Certification Manual

From: Roy Hart  
Director

Subj: Implementation of Quarterly Reporting

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#### I. History of Quarterly Reporting

The Food Stamp Streamline Team went to several county offices in 1992 soliciting suggestions for improving the administration of the Food Stamp Program. One of the suggestions was to let case workers concentrate less on interviewing customers and more on making sure that participating food stamp households continued to be eligible and continued to get the correct amount of food stamps.

Toward this end, the Streamline Team, with the help of a number of county offices began developing a quarterly reporting system. The counties which actively participated in various aspects of this process are listed below:

Boone	Hot Spring
Chicot	Jefferson
Calhoun	Johnson
Cleburne	Lee
Crittenden	Saline
Garland	St. Francis
	Union

The assistance of these counties was invaluable.

#### II. Significant Changes

The implementation of quarterly reporting will make a number of significant changes in the way the food stamp program will be managed. These changes are listed below.

- A. After quarterly reporting is implemented, most cases should be certified for 12 months or 24 months.
- B. After all households have been phased into quarterly reporting, the basic job function of the caseworker will change from interviewer to eligibility reviewer. Main job duties will include processing quarterly report forms and related IEVS reports. The majority of the caseworker's time will be spent maintaining eligibility through reports.

- C. The change reporting requirements will remain the same; however, quarterly reporting households will only be required to report changes in circumstances on the quarterly report form. These customers will be allowed to report changes at other times. *(Other households, e.g. - households certified for 24 months or PA households certified for 12 months - will continue to be required to report changes within 10 days.)*
- D. Changes which occur between quarterly reports but are not reported until the next quarterly report form is submitted will result in neither an overpayment nor a Q.C. error should the case be reviewed.
- E. For quarterly reporting households, IEVS reports will only be processed as the quarterly report form is processed. If more than one IEVS report is received from the same source on a household member, only the latest IEVS report must be processed. (The older report will be replaced on the IEVS screen by the newer report.)

### III. Expected Benefits

The expected benefits of quarterly reporting are listed below.

#### A. Fewer Applications to Process

After the initial implementation period, quarterly reporting households will be assigned a mandatory 12 month certification period. Eventually, up to 95% of the food stamp case load will be certified for 12 months or 24 months. (Aged/disabled households may be certified for up to 24 months.)

#### B. Fewer IEVS Reports to Handle

IEVS reports received on members of quarterly reporting households will appear on a screen. During the three months between quarterly reports, older IEVS reports will be replaced by newer reports. Therefore, when the quarterly report is processed only the latest reports will appear on the screen. Only the reports appearing on the screen must be cleared.

#### C. Fewer Change Reports to Process

Households subject to quarterly reporting (about 70% of the caseload) will only be required to report changes on their quarterly report forms. Other households must continue to report changes within 10 days of the date the household becomes aware of the change. However, the majority of these households are composed of aged and/or disabled members. We already get most of the income changes for the households on the BENDEX.



D. Fewer Overpayments to be Prepared

Now, if a household fails to report an increase in income within 10 days, an overissuance often occurs. The county must prepare and submit documents to the Overpayments Unit. Under quarterly reporting, if the household reports the change on the quarterly report form, no overissuance will occur.

E. More Control Over Quality Control Errors

A Q.C. error will not result if a household fails to report a change between quarterly reports. Also, customers will be given more opportunity to report changes, and caseworkers will be handling cases more frequently. This should result in cases with more accurate more current information.

F. Easier for Customers to Participate

Customers will only have to come to the county office for an interview once per year. The reporting requirements will be simpler, and it will be easier to report changes resulting in the customer getting an appropriate food stamp allotment. Also, there will be less chance the customer will be charged with an overpayment.

IV. Important Dates

Quarterly reporting will be implemented in April 1995. Any households which submits an application, either initial or recertification, in April 1995, will be evaluated at the time of the application interview. Any household not exempt from quarterly reporting will be assigned from a 6 to a 12 month certification period, and the DCO-233 will be coded with a code "Y" in field 23 to indicate the household is subject to quarterly reporting. EFFECTIVE APRIL 1, 1995, FIELD 23 WILL BE PART OF THE MINIMUM RECORD.

NOTE: Counties are being allowed to assign certification periods from six to twelve month during the initial implementation period. This will allow counties to stagger certification periods to avoid having an overload of quarterly reports during one month and very few during another month. Effective in April 1996, quarterly reporting households must be assigned a 12 month certification period.

Quarterly reports will be issued every third month from the month of application including retroactive months. Therefore, the first quarterly report forms could be issued as early as the end of April 1995 and processed during May 1995. Example - A household is certified in April 1995 for the months February, March and April. The form will be issued at the end of April 1995 and processed during May 1995 to affect the June food stamp allotment.

Quarterly reports issued at the end of April 1995 will be due May 5. Any quarterly report issued in April which has been received in the county office by May 30 must be processed.

See attached implementation schedule for additional information.

#### V. Selecting type of IEVS Report

For households subject to quarterly reporting, IEVS reports will be processed only as part of the quarterly reporting process. All IEVS reports received on the members of a quarterly reporting household will appear on a new screen, FS QR IEVS (FQIP).

The FQIP screen will continually update so only the most recent IEVS reports will appear on the screen. Each member's reports will update separately. As the screen updates, older IEVS reports will be deleted and replaced by the newer reports.

Processing will consist of comparing the information on the screen to that in the case record and resolving any discrepancies. Verification of new unreported income must be obtained if the match occurs in BENDEX Wage, BENDEX Error or ESD Wage Match.

Each time a quarterly report is processed, the county office must document that the IEVS reports for that household have been cleared. The documentation must include a system generated report or a copy of the FQIP screen. (If there are no IEVS matches, the report and/or screen will so state.)

Counties will have the option of receiving paper IEVS reports on each quarterly reporting household or printing the FQIP screen. Counties which wish to receive paper reports may do so by contacting the Food Stamp Section by phone at 682-8189 or 682-8190. The Food Stamp QR IEVS Paper Reports Screen (FQPR) contains a list of county offices which have requested paper reports. Paper IEVS reports may be discontinued by contacting the Food Stamp Section at the same telephone numbers.

For counties which choose to receive paper reports, changes which occur on the IEVS screen after the IEVS report is generated are not required to be processed. For counties which choose to print the FQIP screen, the screen must be printed no later than the work day on which the quarterly reporting form is keyed to WFSM. Changes which appear on the FQIP screen after the screen is printed are not required to be processed.

Any county may choose to access the screen at any time during the report month. However, if the screen is accessed before the quarterly report is processed, any changes appearing on the screen must be handled as part of the quarterly report.

#### VI. Training

Both customers and DCO workers will be provided with training about the quarterly reporting requirements. Training for caseworkers should be conducted by the Area Trainers in February and March 1995. Central Office training should be conducted in April 1995.

Households which will be subject to quarterly reporting will be trained at the time of the application interview. During the training the caseworker will give a copy of the pamphlet entitled "Quarterly Reporting" to the household and will explain the contents of the pamphlet. The caseworker will also give the household a copy of the specially annotated quarterly report and will show the household how to complete the form.

Video tapes and audio tapes are also available for use in training households subject to quarterly reporting. (These tapes may be available for demonstration by the Area Trainers during training sessions.) Tapes may be requested from the Food Stamp Section via memorandum; however, there may be delays in the delivery of the tapes since the Food Stamp Section must manually reproduce the tapes.

A copy of a notice is attached to this directive. The county may use this notice to remind applicants approved some time after the interview about the quarterly reporting requirements. If for any reason the household is not trained at the time of the interview, the training material will be mailed to the household along with a copy of this notice. The household will be instructed to contact the county office if additional information is needed.

#### VII. Affect of Q.C. Waiver

Quality Control will follow the policy that the State implements in quarterly reporting cases.

First, the reviewer will verify the sample month circumstances. If there is less than a \$6.00 difference in food stamp coupons issued, there is no error, regardless of any other circumstances.

Second, the reviewer will review the action on the quarterly report for misapplication of policy and incorrect computation by the worker, if any, and also for the failure of the customer to report and/or incorrect reporting if any. If there are errors in the action taken on the quarterly report, the Q.C. reviewer will calculate a corrected budget.

In other words, the household's circumstances as of the time of the quarterly report will be used in the error determination process. Changes which occur between quarterly reports will be disregarded because the household is not required to report these changes.

Third, if the household does report a change the county office must process the change, so Q.C. will not disregard reported changes. Changes which have been reported and not acted upon or acted upon incorrectly will be considered an error so long as one of the conditions cited below is met.

- The food stamps should have decreased and the report was received by the county at least 20 days prior to the Q.C. review date.
- The food stamps should have increased and the report was received by the county at least 10 days prior to the Q.C. review date.

The focus for errors in quarterly reporting cases will be placed on the household reporting its circumstances correctly on the report and on the county handling the report correctly. Errors will not be called if the customer has reported its circumstances correctly on the quarterly report, and if the worker has processed the report according to the policy and has made no computation error.

We must all adjust our thinking to accept that there is no error (or overpayment or underpayment) because of changes in circumstances between quarterly reports. This is all so new we all feel somewhat ill at ease. We must remember, customers do not have to report changes in any element. This is what makes the difference in how Q.C. will handle cases.

#### VIII. Management Reports / Tracking Cases

Quarterly reporting cases will be tracked via the Food Stamp Quarterly Report Tracking Screen (FQTK). Cases will be added to the FQTK screen upon selection on the fifth work day of the month prior to the report month. The selected cases will remain on FQTK until the last night of the report month. The following information will be available through inquiry to this screen.

- Total number of cases selected.
- Total number of QR forms received prior to the date of inquiry.
- Total number of QR forms cleared prior to the date of inquiry.

Individual quarterly reporting cases may be inquired via FQTK. The following information will be available on individual cases through inquiry to this screen.

- Case Name
- Case Number
- Worker Number
- Month and year form is to be processed
- Received indicator (Y appears if form has been received.)
- Notice of adverse action indicator (Y appears if notice of non-receipt was automatically generated to household.)
- Action (Code used in field 82 of WFSM to clear QR form. If none, form has not been processed.)
- Reason of closure (code used in field 82 of WFSM if case was closed>)

The Facts Summary Screen (FQRC) may be used to enter the case numbers of quarterly reporting cases as the cases are received in the county office. Entry to this screen will prevent the automatic issuance of a notice of non-receipt to the household on the ninth workday from the end of the month.

The following reports will be generated to the county office.

- FOOD STAMP CASES SELECTED FOR QUARTERLY REPORTING

- FOOD STAMP CASES CLOSED DUE TO NON-RECEIPT OF QR FORM

**IX. Staggering Certification Periods**

Normally, quarterly report household must be assigned a 12 month certification period. However, during the first year of quarterly reporting, certification periods assigned to quarterly reporting households must be from six to twelve months in length. The reason for assigning certification periods shorter than twelve months is to insure that about the same number of quarterly reports are received in the county office each month. Quarterly reports will be issued at three month intervals no matter how long the certification period.

During the month of April, each county will receive reports about the county's caseload. The ES Supervisor may use the information on the reports to identify the number of cases expiring in each remaining month of the year from April 1995 to March 1996. Diskettes containing general information about the case load will also be available to develop reports on QA for this purpose. Diskettes may be requested via memorandum to Verma Simmons, Manager, Food Stamp Section, Slot 1240. Requests must be received before April 1, 1995.

Specific instructions for accessing information on the diskette and developing the necessary reports will be provided when the diskettes are issued. Reports will be issued quarterly throughout the implementation year.

Beginning April 1, 1996, all quarterly reporting households must be assigned a twelve month period of certification.

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

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**IF YOU NEED THIS NOTICE IN A DIFFERENT FORMAT SUCH AS LARGE PRINT,  
PLEASE CONTACT YOUR LOCAL DHS OFFICE.**

---

NAME \_\_\_\_\_ Social Security Number \_\_\_\_\_

**NOTICE**

You must report certain changes in your circumstances so we can be sure you are getting the right amount of food stamps. We will send you a report form every third month. Even if you don't have a change, you must complete the report and send it to the DHS County Office.

We will let you know if your food stamps will change because of the information on the report.

PLEASE CALL THIS OFFICE AT \_\_\_\_\_ IF YOU NEED MORE  
INFORMATION. (Hearing impaired - TDD - 1-800-285-1131)

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**QUARTERLY REPORTING IMPLEMENTATION SCHEDULE**  
**April - September 1995**

**APRIL 1995**

1. Receive management report to assist in process of staggering certification periods.
2. Begin adding households to quarterly reporting as applications are approved.
3. Begin training QR households at the time of interview.
4. QR forms generated for households which applied in February but were interviewed in April.

**MAY 1995**

1. QR forms generated for households which applied in March but were interviewed in April or May.
2. Process QR forms for households which applied in February but were interviewed in April.

**JUNE 1995**

1. QR forms generated for households who applied in April.
2. Process QR forms for households which applied in March but were interviewed in April or May.

**JULY 1995**

1. Receive second set of management reports.
2. Process QR forms for households which applied in April.
3. QR forms generated for households which applied in February and in May.

**AUGUST 1995**

1. Process QR forms for households who applied in February and May.
2. QR forms generated for households who applied in March and June.

**SEPTEMBER 1995**

1. Process QR forms for households who applied in March and June.
2. QR forms generated for households who applied in April and July.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF COUNTY OPERATIONS  
Food Stamp Program  
Request For Information - Quarterly Report Form**

**If you need this notice in an alternative format such as large print, contact your local DHS Office.**

Case Number \_\_\_\_\_

Date \_\_\_\_\_

Household Name & Address

County Office Address

Telephone # \_\_\_\_\_

☐

We have returned your quarterly report form because you must complete the following information.

You must complete this information and return this form by \_\_\_\_\_ or your case will close.

☐

You must send or bring the following information to the DHS County Office.

You must return this information no later than \_\_\_\_\_

If you do not return this information by this date, we will take the following action - \_\_\_\_\_

You may return the information in the enclosed, self-addressed, postage paid envelope or you may bring it to the DHS County Office. In order for us to get this information to your caseworker quickly, please return this notice along with the information.

Your caseworker is \_\_\_\_\_. Please call your caseworker at the number given above if you have any questions or you need help getting this information.

**IF YOUR BENEFITS CHANGE** - The information you provide will be used to see if the amount of food stamps you receive will change. If there must be a change or your case must be closed, you will receive a notice explaining the change.



### **PROVIDING INFORMATION**

You are expected to cooperate with this request for information. If you need help getting this information, contact the person whose name is on the front of this form. He or she will help you get this information as long as you and your household are cooperating.

You must give us this information before the date shown on the front of this form. If you don't, your case may close, or you may get fewer food stamp benefits.

### **YOUR RIGHT TO APPEAL**

You have the right to a hearing if you are unhappy with any action we take. You may ask for a hearing in person, by telephone or in writing. You may ask for a hearing at the Department of Human Services Office; or you may call or write to the Appeals and Hearings Office. This office's address and telephone number appear below.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**ATTN: APPEALS AND HEARINGS**  
**P.O. Box 1437**  
**Little Rock, AR 72203-1437**  
**Telephone - (501) 682-8622**  
**For the Hearing Impaired - TDD 1-800-285-1131**

**REQUEST FOR INFORMATION  
QUARTERLY REPORT FORM**

**Purpose**

The DCO-\_\_\_\_\_ is used to request information and/or verification from a household which has submitted a food stamp quarterly report form.

**Completion**

This form is designed to be used with a window envelope. (NOTE: Large print versions of this form will not fit a window envelope.)

Case Number - Enter the SSN of the case head.

Date - Enter the current date.

Household Name and Address - Enter the casehead's name and address.

County Office Address - Enter the address. An address stamp may be used.

Telephone # - If the household lives within the local calling range of the county, enter the local telephone number for the county office. If the household lives outside the local calling range, enter the current 1-800 number for the county office.

Requesting Information - Check the appropriate box. Indicate what information must be provided. Be specific. Enter the date by which the information must be returned.

State specifically what will happen if the household does not return the information. If the case will close, state the effective date of the closure. If a deduction will be disallowed, state clearly how this will affect the household's food stamp allotment.

Caseworker Name - Enter the name of the caseworker the household should call for assistance.

**Routing**

Prepare an original and one copy. Send the original to the household. File the copy in the case record. Retain either the copy or the original (if returned by the client) for three years from the date of completion.

**IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT SUCH AS  
LARGE PRINT, PLEASE LET YOUR CASEWORKER KNOW.**

## **QUARTERLY REPORTING**

### **Table of Contents**

Explanation of Quarterly Reporting .....	Page 1
Changes You Might Want To Report Right Away .....	Page 1
What Will Happen If You Don't Send Back the Quarterly Report Form .....	Page 2
Your Appeal Rights .....	Page 2
If You Need Help .....	Page 2
How to Complete the Quarterly Report Form ....	Pages 3 - 5
Definitions .....	Page 6

## **EXPLANATION OF QUARTERLY REPORTING**

You must report certain changes in your circumstances so we can be sure you are getting the right amount of food stamps. We will send you a report form every third month so you can report any changes. Even if you don't have a change, you must complete the form send it to the DHS County Office.

We will let you know if you will get more or less food stamps after you send in the quarterly report form.

You are only required to report changes when you send back your quarterly report form, but you may want to report some changes right away.

### **CHANGES YOU MAY WANT TO REPORT RIGHT AWAY**

Some changes will result in your household getting more food stamps. You don't have to wait until you get your quarterly report form to report these changes. The type of change which may cause you to get more food stamps are explained below.

- You have less income - e.g., someone loses a job, a check stops coming, someone's work hours are cut.
- Someone moves into your home.
- Someone who has income moves out of your home.

You can use a *Change Report Form* to report changes in between your quarterly reports. Or, you can write a letter, call or go into the DHS County Office to report a change.

## **DUE DATES**

Your quarterly report is due on the fifth day of the report month. If we get your complete quarterly report on or before the due date, we will process the form before the end of the month. Also, we will send you a notice before end of the month to let you know about your food stamps.

If you return your quarterly report before the end of the report month, we will process it. If you are still eligible, we will send your food stamps. However, we cannot guarantee we will finish your form before the end of the month.

## **WHAT WILL HAPPEN IF YOU DON'T SEND BACK YOUR FORM**

If you do not return your quarterly report before the end of the report month, your case will close.

## **YOUR APPEAL RIGHTS**

You have the right to a hearing if you are not happy with any action we take. To ask for a hearing, call or go into the DHS County Office or send a letter to:

Arkansas Department of Human Services  
ATTN: Appeals and Hearings  
P.O. Box 1437  
Little Rock, AR 72203-1437

Telephone - (501) 682-8622  
Hearing Impaired TDD - 1-800-285-1131

## **IF YOU NEED HELP**

If you need help completing the quarterly report form, call your county office.

**IF YOU NEED HELP GETTING INFORMATION TO VERIFY YOUR INCOME, CALL YOUR COUNTY OFFICE.**

## **IF WE NEED ADDITIONAL INFORMATION**

If we need more information to complete your form, we will let you know.

## HOW TO COMPLETE YOUR FORM

### PAGE 1

#### ADDRESS

Check "Yes" or "No" to show if you have moved.  
If you checked "Yes", enter your new address.

Check "Yes" or "No" to show if your address is correct.  
If you checked "No", enter your correct address below.

Please do not wait until you send in your quarterly report to tell us about an address change. If you wait to report an address change, you will have problems getting your food stamps in the mail.

#### HOUSEHOLD MEMBERS

List the names and birth dates of everyone in your household. This includes anyone who moves into your household and new babies born to a household member.

For new household members, enter the social security number. State what this person's relationship to you is. Examples of relationship, son, daughter, wife, husband, aunt, uncle, niece, nephew, cousin or friend.

If someone dies or leaves your home, please list their name and tell when they died or left your home. For example -

Name

Birth Date

John H. Recipient

Moved 4-11-95

**PAGE 2**

**PART 1 - LIST ALL EARNED INCOME.**

We must have verification of all earned income for the last 30 days. Usually, this will be the last four or five checks received. If you are paid every other week, it will be the last two or three checks received.

You may send check stubs. (We will return these to you.) If you have just gone to work, send as many check stubs as possible. If you don't have any check stubs, your employer can complete PART 2 of this form. Or, you can bring a letter from your employer listing the gross pay for each pay period.

-----  
If someone has lost a job, we must have proof of:

- The last day of work;
- The pay for the last month of employment;
- The day when the last pay was received; and
- Why this person is no longer working - (e.g., quit, fired, laid off or retired.)

-----  
**ADDITIONAL INFORMATION**

You may want to send verification of your earnings for the last eight weeks. It will help us figure your income more accurately.

IF YOU ARE SELF-EMPLOYED. If we used tax forms to figure your income, you only need to send your tax forms once each year. Tell us if you quit being self-employed, or if you are earning a lot more or a lot less than you did last year.

IF YOU WORK UNDER A CONTRACT. If we use your contract to figure your income, you only need to send in your contract once a year. Let us know if you stop working for any reason.

**PART 3 - LIST ALL UNEARNED INCOME.**

We have proof of the following checks in our office - AFDC, SSI, Unemployment Benefits, and child support received through the Child Support Enforcement Unit.

Send proof of other unearned income if:

- The amount changes by more than \$25;
- You get other unearned income from a new source; or
- Unearned income from any source stops.

You may send as proof award letters, notices or any other written documents with current information.

**PAGE 3**

1. Tell us if your liquid resources are more than \$2,000. You don't need to complete this section if your liquid resources are less than \$2,000.
2. List any cars, trucks, boats, vans, campers or motorcycles you have not already told us about.
3. Report your new shelter costs if you have moved. Shelter costs are:
  - Rent or mortgage payments;
  - Home owner's insurance;
  - Real estate taxes; and
  - Utility costs - gas, electricity, water, sewer and garbage. (If you wish to use your actual utility costs, you must send current bills or receipts.)
4. You may report changes in the amount you pay someone to care for a child (or a disabled household member of any age) while you work. You are not required to report these changes.
5. You may report changes in the medical expenses of certain household members. These members must be age 60 or older or must get a disability check. You are not required to report these changes.

**PAGE 4**

1. If anyone in your household pays child support, check yes at the top of the page.
2. Sign your name.
3. Return your form. Please sure the sheet of paper with the address shows through the window envelope.

## DEFINITIONS

Authorized Representative - A person you name in writing to apply for food stamps and/or to use the food stamps to buy food for your household.

Due Date - The date by which you should send back your quarterly report form. Or, if your caseworker asks you for information, the date by which you must send back the information.

Earned Income - Money you or any other member of your household gets for working. This includes money from self-employment.

Gross Income - The amount of money you get before any deductions for taxes, health insurance, retirement funds, etc.

Household - A group of people who live together and purchase and prepare their food together. Married couples who live together must be included in the same household. Parents and minor children who live together must be included in the same household.

Household Member - One of the people in a household.

Liquid Resources - Money you have on hand or in a bank in a savings or checking account. Stocks, bonds, and certificates of deposit are also liquid resources.

Report Month - The month during which you must return your quarterly report form to the county office.

Source of Income - The person, employer, or agency that provides income.

Unearned Income - Money from retirement funds, social security, SSI, AFDC, VA, unemployment benefits, child support, allotments, gifts, donations, contributions, and any other source but work.

Verification - Information you send or take to the county office to prove your statements.



# Arkansas Human Services Food Stamp Quarterly Report

This is your Food Stamp Quarterly Report form. Please complete this form, sign it, and return it to the DHS County Office in the enclosed envelope. If you need help filling out the form, call the County Office and ask for help. We will use the information you report on the form to see if your household is still eligible for food stamps. Please return this form as quickly as possible.

YOUR FOOD STAMP CASE NUMBER IS

IF YOU RETURN THIS FORM AFTER

YOUR FOOD STAMPS MAY BE DELAYED FOR

YOUR FOOD STAMP CASE WILL CLOSE  
IF YOU DO NOT RETURN THIS FORM BY

IF YOUR CASE CLOSSES, YOU MUST SUBMIT A NEW APPLICATION BEFORE YOU CAN PARTICIPATE IN THE FOOD STAMP PROGRAM.

YOUR  
ADDRESS



Have you moved from this address? ☐ YES ☐ NO  
Is the address shown correct? ☐ YES ☐ NO  
If you have moved or the address shown is not correct,  
complete the information below.

If you have moved, enter directions to your home if you now live on a rural route, use post office box or use an address other than the one shown where you live.

Street or Rural Route or P.O. Box

Apartment or Lot Number

City

State

Zip Code

New Phone Number

REPORT ANY  
NEW ADDRESS  
HERE.

List below the names and birth dates of the people who live with you. If anyone has moved into your home since your last report, also complete the information in the shaded box. If someone dies or leaves your home, list their name and tell what happened. For example, "John H. Recipient, moved 4-11-95".

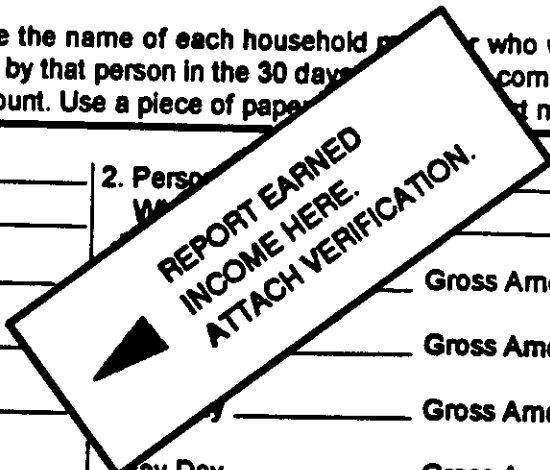
Name	Birth Date	Does this person buy food & prepare meals separate from other household members?	Social Security Number	Citizenship		
				U.S. Citizen	Legal Alien	Other
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <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 <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				

WRITE THE NAMES  
OF ALL HOUSEHOLD  
MEMBERS HERE.

**REPORT ALL INCOME FROM WORK HERE.** Write the name of each household member who works. Tell where they work. List each pay check (or cash amount) received by that person in the 30 days completed this form. Enter both the pay date and the gross (before tax) pay amount. Use a piece of paper for more jobs.

**PART I**

1. Person's Name _____ Where do they work? _____	2. Person's Name _____ Where do they work? _____
Pay Day _____ Gross Amount \$ _____	Pay Day _____ Gross Amount \$ _____
Pay Day _____ Gross Amount \$ _____	Pay Day _____ Gross Amount \$ _____
Pay Day _____ Gross Amount \$ _____	Pay Day _____ Gross Amount \$ _____
Pay Day _____ Gross Amount \$ _____	Pay Day _____ Gross Amount \$ _____
Pay Day _____ Gross Amount \$ _____	Pay Day _____ Gross Amount \$ _____
Pay Day _____ Gross Amount \$ _____	Pay Day _____ Gross Amount \$ _____



**YOU MUST SEND PROOF OF ALL EARNED INCOME RECEIVED BY PEOPLE IN YOUR HOUSEHOLD.** You may send: 1) a check stub for each pay check received in the last 30 days; or 2) a statement from the employer showing date of pay and gross amount of all checks (or cash) received in the last 30 days. Or, take this form to the employer to have PART II below completed. **NOTE: YOU MAY SEND PROOF OF INCOME FOR THE LAST SIX WEEKS. THIS WILL HELP US FIGURE YOUR INCOME BETTER.**

**PART II (Completed by employer, if necessary)**

Employee Name \_\_\_\_\_

Employee is paid:

- ☐ Weekly  
☐ Every 2 Weeks  
☐ Twice Monthly  
☐ Monthly  
☐ Other \_\_\_\_\_

Pay Day	Gross Earned (before deductions)
	\$
	\$
	\$
	\$
	\$
	\$

Employee Name \_\_\_\_\_

Employee is paid:

- ☐ Weekly  
☐ Every 2 Weeks  
☐ Twice Monthly  
☐ Monthly  
☐ Other \_\_\_\_\_

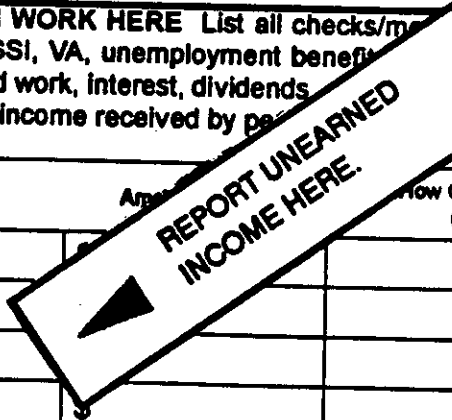
Pay Day	Gross Earned (before deductions)
	\$
	\$
	\$
	\$
	\$
	\$

Employer/Payroll Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Employer/Payroll Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**REPORT ALL INCOME OTHER THAN INCOME FROM WORK HERE** List all checks/money currently received by a household member. Examples- AFDC, Social Security, SSI, VA, unemployment benefits, child support, military allotments, contributions, yard work, maid work, interest, dividends, grants, and loans, etc. Use an extra sheet of paper if necessary to report all income received by people in your household.

Name of Person Who Gets This Income	Source of This Income (List agency or person)	How Often Is Income Received? (Monthly, weekly, etc.)



If any income listed above has changed by more than \$25 since your last application or report, you must provide proof of the new income amount. (We have proof of AFDC payments. In most cases, we also have proof of SSI benefits and Arkansas unemployment benefits.) We can accept as proof an award letter or other correspondence from the person/agency who provides the income. We may also be able to accept other documentation which shows your current income amount.

You must tell us if the total amount of money that the members of your household have in cash, savings, checking accounts, trust funds, and in stocks and bonds increases to more than \$2,000. Enter the total amount more than \$2,000. \$ \_\_\_\_\_

List your vehicles here. - List any cars, trucks, boats, vans, campers, and motorcycles or other vehicles that any household member has gotten since your last application or report. Use an extra sheet of paper if you have more than one vehicle.

Make of Vehicle	Model of Vehicle	Year

You must report changes in your shelter costs only if you move. We may use your utility expenses to determine if you are eligible for food stamps. You may choose either to use utility standards or to verify and use your actual utility costs once in a 12 month period.

Do you want to change? YES ☐ NO ☐ Call your caseworker if you want more information.

Rent \$ _____	Telephone (basic rate) \$ _____
Mortgage Payment \$ _____	Electricity _____
(List real estate taxes and insurance costs only if they are not included in your mortgage payment.)	Natural Gas _____
Real Estate Taxes \$ _____	Wood _____
Homeowner Insurance \$ _____	Butane _____
	Water _____
	Garbage/trash pickup _____
	Sewer _____
	Initial Installation fee _____
	Other (list) _____

If a member of your household began paying someone to care for a child (age 12 or younger) or a household member (of any age) in order to work or attend school, please report the cost here. Please report the cost for the babysitter or day care center: \_\_\_\_\_

Name of Babysitter/Day Care Center/Attendant	Amount Paid \$ _____	Who Helps You Pay This Cost? _____
--	----------------------	------------------------------------

We can allow current medical expenses for all household members who are: (1) 65 years of age or older; or (2) receiving Social Security Income (SSI) benefits; or (3) receiving Social Security disability payments; or (4) receiving Social Security retirement benefits; or (5) receiving certain disability benefits from a state or federal government. If you wish to report changes in medical expenses although you are not required to do so, you must provide proof of the change. We cannot consider medical expenses for household members who are not required to report changes.

Amount	How often is each payment due?	Amount	How often is each payment due?
Medical and dental care	\$ _____	Dentures, hearing aids & eyeglasses	\$ _____
Hospital or Nursing care	\$ _____	Services of an attendant or nurse	\$ _____
Medicare/Medipak & other health insurance & medical payments	\$ _____	Transportation costs to get medical care	\$ _____
Drugs prescribed by a doctor (Please provide a printout from your pharmacy)	\$ _____	Other (explain)	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____

Please list name of household members that have these expenses.

**Does anyone living in your household pay child support to someone?**

☐ NO

### Who is the child support paid to?

**The information you provide on this form will be used to see if the amount of food stamps you receive must change. If there must be a change you will receive a notice explaining the change. If you do not agree with the action we take on your food stamp case you may have a hearing. You may ask for a hearing orally or in writing. To request a hearing orally you may call or go into the county office. Written requests may be given to the county office or sent directly to the following address: Arkansas Department of Human Services, ATTN: Appeals & Hearings Section, P.O. Box 1437, Little Rock, AR 72203-1437.**

**Arkansas Department of Human Services will not discriminate against any individual or group because of race, sex, religion, origin, color, marital status, handicap, or political beliefs. If you feel you have been a victim of discrimination because of race, sex, religion, age, national origin, color, marital status, handicap, or political belief, write immediately to:**

**Regional Director of Civil Rights  
USDA, Food and Nutrition Services  
1100 Commerce Street, Room 5C-30  
Dallas, TX 75242-1005  
Telephone: (214) 767-0580  
FAX: (214) 767-5522  
TDD: Texas Relay Services  
1-(800) 735-2988 or (214) 767-0241**

**We must have a social security number for each household member. This is required by the Food Stamp Act of 1977, as amended by P.L. 97-98. Social security numbers are subject to verification by the Social Security Administration. They will be used to check the identity of household members, to prevent duplicate participation, and to facilitate mass changes. They may be used to select your household for a review or an audit. This may involve contacting your employer, bank or other parties.**

**Information on this form 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 & Naturalization Service for verification. If information is found to be incorrect, your eligibility and benefit level may be affected, your food stamps may be stopped, and you may be subject to criminal prosecution for knowingly providing incorrect information.**

- **Do not give false information or hide information to get or continue to get food stamps.**
- **Do not trade or sell food stamps.**
- **Do not use food stamps to buy ineligible items such as alcoholic drinks and tobacco.**
- **Do not use someone else's food stamps for your household.**

**Any member of your household who breaks any of these rules on purpose can be removed from the Food Stamp Program for 6 months for the first violation, 12 months for the second violation, and permanently for the third violation. They may be fined up to \$10,000 or imprisoned for up to 5 years, or both. They are also subject to federal prosecution and penalties including an additional disqualification period of 3 months. For second and subsequent felony convictions for Food Stamp Program Fraud there is a mandatory sentence.**

My answers on this form are correct and complete to the best of my knowledge and I understand I will owe the value of any extra food stamps to my household. To verify information contained in this report, I hereby authorize the Department of Social Services, any banks, savings and loans, lending institutions, etc., and/or Federal or State agencies to release information about me or my circumstances.

**SIGN HERE**

**TODAY'S DATE**

# Arkansas Human Services Food Stamp Quarterly Report

**This is your Food Stamp Quarterly Report form. Please complete this form, sign it, and return it to the DHS County Office in the enclosed envelope. If you need help filling out the form, call the County Office and ask for help. We will use the information you report on the form to see if your household is still eligible for food stamps. Please return this form as quickly as possible.**

**YOUR FOOD STAMP CASE NUMBER IS**

**IF YOU RETURN THIS FORM AFTER**

**YOUR FOOD STAMPS MAY BE DELAYED FOR**

**YOUR FOOD STAMP CASE WILL CLOSE  
IF YOU DO NOT RETURN THIS FORM BY**

**IF YOUR CASE CLOSES, YOU MUST SUBMIT A NEW APPLICATION BEFORE YOU CAN PARTICIPATE IN THE FOOD STAMP PROGRAM.**

## YOUR ADDRESS

--

Have you moved from this address? ☐ YES ☒ NO

Is the address shown correct? ☐ YES ☐ NO

**If you have moved or the address shown is not correct, complete the information below.**

**If you have moved, enter directions to your home if you now live on a rural route, use a post office box or use an address other than the one for the location where you live.**

Street or Rural Route or P.O. Box

Apartment or Lot Number

City

## State

**Zip Code****New Phone Number**

List below the names and birth dates of the people who live with you. If anyone has moved into your home since your last report, also complete the information in the shaded box. If someone dies or leaves your home, please list their name and tell what happened. For example, "John H. Recipient, moved 4-11-95".

	Does this person buy food & prepare meals		Citizenship

[illegible]

**REPORT ALL INCOME FROM WORK HERE.** Write the name of each household member who works. Tell where they work. List each pay check (or cash amount) received by that person in the 30 days before you completed this form. Enter both the pay date and the gross (before tax) pay amount. Use a piece of paper if you need to list more jobs.

**PART I**

<b>1. Person's Name</b> _____ Where do they work? _____  Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____	<b>2. Person's Name</b> _____ Where do they work? _____  Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____ Pay Day _____ Gross Amount \$ _____
--	--

**YOU MUST SEND PROOF OF ALL EARNED INCOME RECEIVED BY PEOPLE IN YOUR HOUSEHOLD.** You may send: 1) a check stub for each pay check received in the last 30 days; or 2) a statement from the employer showing date of pay and gross amount of all checks (or cash) received in the last 30 days. Or, take this form to the employer to have PART II below completed. **NOTE: YOU MAY SEND PROOF OF INCOME FOR THE LAST SIX WEEKS. THIS WILL HELP US FIGURE YOUR INCOME BETTER.**

**PART II (Completed by employer, if necessary)**

Employee Name \_\_\_\_\_

Employee is paid:

- ☐ Weekly
- ☐ Every 2 Weeks
- ☐ Twice Monthly
- ☐ Monthly
- ☐ Other \_\_\_\_\_

Pay Day	Gross Earned (before deductions)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Employee Name \_\_\_\_\_

Employee is paid:

- ☐ Weekly
- ☐ Every 2 Weeks
- ☐ Twice Monthly
- ☐ Monthly
- ☐ Other \_\_\_\_\_

Pay Day	Gross Earned (before deductions)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Employer/Payroll Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Employer/Payroll Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**REPORT ALL INCOME OTHER THAN INCOME FROM WORK HERE** List all checks/money currently received by a household member. Examples- AFDC, Social Security, SSI, VA, unemployment benefits, worker's compensation, child support, military allotments, contributions, yard work, maid work, interest, dividends, pensions, student grants, and loans, etc. Use an extra sheet of paper if necessary to report all income received by people who live in your household.

Name of Person Who Gets This Income	Source of This Income (List agency or person)	Amount of Income	How Often Is Income Received? (Monthly, weekly, etc.)
		\$	
		\$	
		\$	
		\$	

If any income listed above has changed by more than \$25 since your last application or report, you must provide proof of the new income amount. (We have proof of AFDC payments. In most cases, we also have proof of SSI benefits and Arkansas unemployment benefits.) We can accept as proof an award letter or other correspondence from the person/agency who provides the income. We may also be able to accept other documentation which shows your current income amount.

You must tell us if the total amount of money that the members of your household have in cash, savings accounts, checking accounts, trust funds, and in stocks and bonds increases to more than \$2,000. Enter the total amount here if it is more than \$2,000. \$ \_\_\_\_\_

**List your vehicles here.** - List any cars, trucks, boats, vans, campers, and motorcycles or other licensed vehicles any household member has gotten since your last application or report. Use an extra sheet of paper if necessary.

Make of Vehicle	Model of Vehicle	Year

You must report changes in your shelter costs only if you move. We may use your utility expenses to determine the amount of your food stamps. You may choose either to use utility standards or to verify and use your actual utility costs. You may change using the utility standards or actual utility costs once in a 12 month period.

Do you want to change? YES ☐ NO ☐ Call your caseworker if you want more information.

Rent \$ _____ or Mortgage Payment \$ _____  (List real estate taxes and insurance costs only if they are not included in your mortgage payment.)  Real Estate Taxes \$ _____ Homeowner Insurance \$ _____	Telephone (basic rate) \$ _____ Electricity _____ Natural Gas _____ Wood _____ Butane _____ Water _____ Garbage/trash pickup _____ Sewer _____ Initial Installation fee _____ Other (list) _____
--	---

If a member of your household began paying someone to care for a child (age 12 or younger) or a disabled household member (of any age) in order to work or attend school, please report the cost here. **Please list a phone number for the sitter or day care center:** \_\_\_\_\_

Name of Babysitter/Day Care Center/Attendant	Amount Paid \$ _____	Who Helps You Pay This Cost?	Is it to be paid daily, weekly, bi-weekly, or monthly?
--	----------------------	------------------------------	--

We can allow current medical expenses for all household members who are: (1) age 60 or older; or (2) receiving Supplemental Security Income (SSI) benefits; or (3) receiving Social Security disability payments; or (4) receiving VA benefits due to a total and permanent disability; or (5) receiving certain disability benefits from a state or federal agency. You may wish to report changes in medical expenses although you are not required to do so.

If you do report a change, you must provide proof of the change. We cannot consider medical expenses without proof.

Amount		How often is each payment due?	Amount		How often is each payment due?
Medical and dental care	\$		Dentures, hearing aids & eyeglasses	\$	
Hospital or Nursing care	\$		Services of an attendant or nurse	\$	
Medicare/Medipak & other Health Insurance & medical payments	\$		Transportation costs to get medical care	\$	
Drugs prescribed by a doctor (Please provide a printout from your pharmacy)	\$		Other (explain)	\$	
	\$			\$	
	\$			\$	
	\$			\$	

Please list name of household members that have these expenses.  
\_\_\_\_\_

---

**CHILD SUPPORT**

Does anyone living in your household pay child support to someone?

☐ YES☐ NO

If yes, who pays child support? \_\_\_\_\_

Who is the child support paid to? \_\_\_\_\_

**HEARING**

The information you provide on this form will be used to see if the amount of food stamps you receive must change. If there must be a change you will receive a notice explaining the change. If you do not agree with the action we take on your food stamp case you may have a hearing. You may ask for a hearing orally or in writing. To request a hearing orally you may call or go into the county office. Written requests may be given to the county office or sent directly to the following address: Arkansas Department of Human Services, ATTN: Appeals & Hearings Section, P.O. Box 1437, Little Rock, AR 72203-1437.

**CIVIL RIGHTS**

Arkansas Department of Human Services will not discriminate against any individual or group because of race, sex, religion, origin, color, marital status, handicap, or political beliefs. If you feel you have been a victim of discrimination because of race, sex, religion, age, national origin, color, marital status, handicap, or political belief, write immediately to:

Office of Equal Employment Opportunity  
241 Donaghey Plaza South, Slot #203  
P.O. Box 1437  
Little Rock, AR 72203-1437  
Telephone: (501) 682-6003  
FAX: (501) 682-8926  
TDD: (501) 682-7958

OR

Regional Director of Civil Rights  
USDA, Food and Nutrition Services  
1100 Commerce Street, Room 5C-30  
Dallas, TX 75242-1005  
Telephone: (214) 767-0580  
FAX: (214) 767-5522  
TDD: Texas Relay Services  
1-(800) 735-2988 or (214) 767-0241

**SOCIAL SECURITY NUMBERS**

We must have a social security number for each household member. This is required by the Food Stamp Act of 1977, as amended by P.L. 97-98. Social security numbers are subject to verification by the Social Security Administration. They will be used to check the identity of household members, to prevent duplicate participation, and to facilitate mass changes. They may be used to select your household for a review or an audit. This may involve contacting your employer, bank or other parties.

**PENALTY WARNING**

Information on this form 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 & Naturalization Service for verification. If information is found to be incorrect, your eligibility and benefit level may be affected, your food stamps may be stopped, and you may be subject to criminal prosecution for knowingly providing incorrect information.

- Do not give false information or hide information to get or continue to get food stamps.
- Do not trade or sell food stamps.
- Do not use food stamps to buy ineligible items such as alcoholic drinks and tobacco.
- Do not use someone else's food stamps for your household.

Any member of your household who breaks any of these rules on purpose can be removed from the Food Stamp Program for 6 months for the first violation, 12 months for the second violation, and permanently for the third violation. They may be fined up to \$10,000 or imprisoned for up to 5 years, or both. They are also subject to federal prosecution and penalties including an additional disqualification period of 18 months. For second and subsequent felony convictions for Food Stamp Program Fraud there is a mandatory jail sentence.

**YOUR SIGNATURE (sign below)**

My answers on this form are correct and complete to the best of my knowledge. I understand the penalties for hiding or giving false information. I understand I will owe the value of any extra food stamps I receive if I do not fully report changes in my household. To verify information contained in this report, I hereby authorize my employer(s), any banks, savings and loans, lending institutions, etc., and/or Federal or State agencies to release to DHS any information about me or my circumstances.

---

SIGN HERE

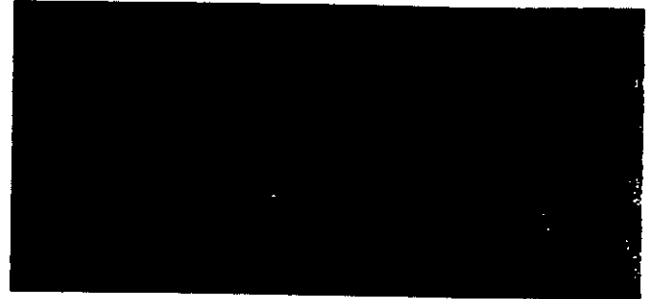
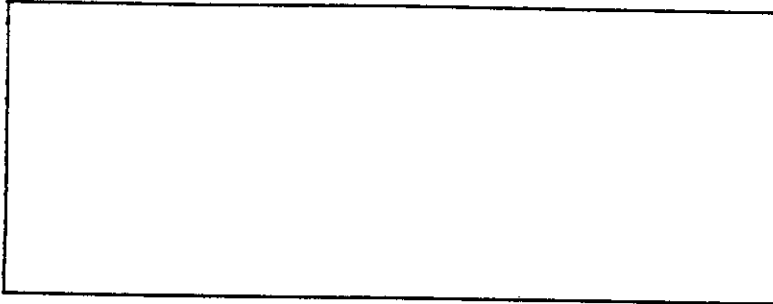
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TODAY'S DATE

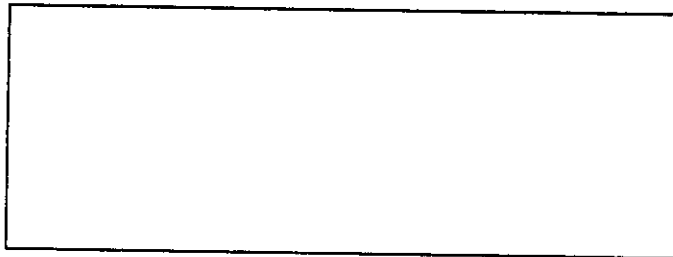


**SEE BACK FOR INSTRUCTIONS TO OPEN ENVELOPE**

**PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE PAID  
LITTLE ROCK, AR  
PERMIT NO. 1440**



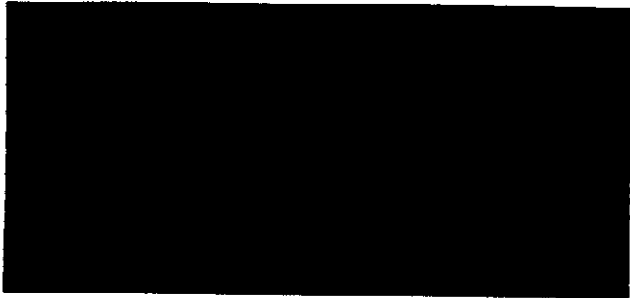

**TO:**



**PLEASE TEAR ALONG DOTTED LINE & MAIL WITH YOUR QUARTERLY REPORT FORM**

**BE SURE THAT THE ADDRESS LISTED BELOW SHOWS  
THROUGH THE WINDOW IN THE RETURN ENVELOPE.**

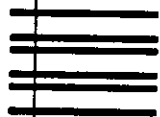
**INCLUDE THIS TEAR OFF SHEET  
WITH YOUR QUARTERLY REPORT  
FORM IN THE ENCLOSED BUSINESS  
REPLY MAIL ENVELOPE WHEN YOU  
RETURN YOUR FORM.**

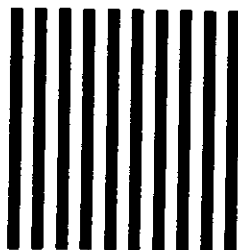
**If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).**

**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.**

TO SEAL - MOISTEN OTHER SIDE OF FLAP AND FOLD OVER.



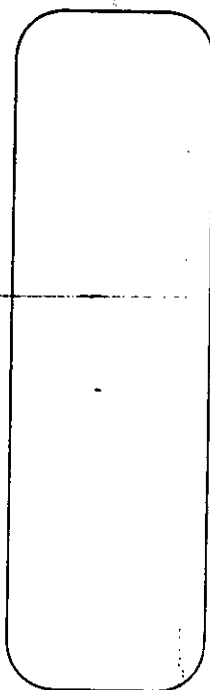
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



☐ Check here if you are reporting a new address.

**BUSINESS REPLY MAIL**  
FIRST CLASS PERMIT NO. 2908 LITTLE ROCK, AR

POSTAGE WILL BE PAID BY ADDRESSEE



TO REMOVE ENVELOPE, PLEASE  
FOLD & TEAR ALONG DOTTED LINES

Did you remember to: ☐ List everyone in your home.

☐ Sign and date the form.

☐ Enclose your pay check stubs  
or

Have your employer complete Part II on page 2.

☐ Complete all sections of the form which apply to you.

☐ Enclose the form in this envelope.

**TO OPEN-FOLD CAREFULLY AND TEAR ALONG PERFORATIONS.  
REMOVE THIS EDGE FIRST**

11100

Summary

Ongoing food stamp eligibility and allotment size are based on a household's current situation. To ensure current information about a household is available, reporting requirements are imposed on all households which apply for food stamps and all households which receive food stamps.

There are two types of reporting requirements - occasional reporting and quarterly reporting. Occasional reporters must report specified changes within 10 days of the date the change becomes known. Quarterly reporters must submit a report every third month but have no additional reporting requirements.

11200

Changes Required to be Reported

Both occasional reporters and quarterly reporters must report the following changes.

1. Changes in Residence and/or Address

All changes in residence and/or address must be reported. If a change in residence results in a change in the household's shelter cost, the new shelter costs must be reported.

2. Changes in Household Composition

The addition or loss of any eligible or ineligible household member must be reported.

3. Changes in Resources

The acquisition of any licensed vehicle must be reported.

Total liquid resources (cash on hand, bank accounts, stocks, bonds, etc.) which reach or exceed \$2,000 must be reported.

4. Changes in Income

Quarterly reporters must report and verify all earned income when the quarterly report is submitted. (Exception: Self-employment income which has been annualized need not be reported and verified each time a quarterly report is submitted.) Quarterly reporters must report changes of more than \$25.00 in unearned income and changes in sources of unearned income on the quarterly report.

The following changes in both earned and unearned income must be reported by occasional reporters.

- Changes in a source of income. This includes new income from any source or income from any source which has stopped.
- Changes of more than \$25 in the household's total gross monthly income. This includes both increases and decreases in income.

The following changes in income need not be reported.

- Changes in AFDC grants including new AFDC grants and AFDC grants which stop.

- Changes in child support refunds paid to AFDC recipients under the DEFRA provisions of 1984.

These changes must be reflected in the household's food stamp allotment. (This applies to both quarterly reporters and occasional reporters.) AFDC grant changes must be completed manually by a caseworker. See FSC 12510 - 12520. DEFRA child support refunds are automatically added to the food stamp budget. See FSC 5704.1.

11300                    Reporting Requirements

11310                    Applicant Households

During the application interview the applicant must report changes which occur after the application is prepared. Households not subject to quarterly reporting must report changes which occur after the interview but before the application is approved within 10 days of the date of the approval notice. Quarterly reporting households may report these changes on the first quarterly report form.

11320                    Categorically Eligible Households

Categorical eligibility is explained in FSC 1920. Categorically eligible households have the same reporting requirements as any other household. A categorically eligible household may be classified either as an occasional reporter or a quarterly reporter.

If categorically eligible household reports a change and as a result is no longer categorically eligible, the household becomes subject to applicable income and resource limitations. The case will be closed if necessary.

If a regular or aged/disabled household reports a change and as a result becomes categorically eligible, the income and resource limitations will no longer apply.

11330                    PA Households

In a PA food stamp household all members are receiving or have applied for a state local or federal public assistance grant. (See the "Glossary", definition of a PA Household, for additional information.)

PA households have the same reporting requirements as any other household. Unless all members of a PA household are included in the same grant, the household may either be classified as an occasional reporter or a quarterly reporter.

PA households in which all households are included in the same AFDC grant may be certified for 12 months under the provisions in FSC 8710, item 2. Households certified for 12 months under this policy will not be subject to quarterly reporting but will be subject to the occasional reporting requirements.

11340                    Quarterly Reporters

Quarterly reporting households must report and verify earned income when the quarterly report is submitted. Quarterly reporting households have no additional requirements for reporting changes in earned income. Other changes as specified in FSC 11200 must be reported only when the quarterly report form is submitted.

Quarterly reporting households will not be subject to any other reporting requirements. However, changes reported independent of the quarterly reporting system will be processed according to the standards in FSC 11420.

A quarterly reporting household which fails to report a change on the first quarterly report form issued after the household becomes aware of the change is considered to be at fault for any resulting over issuances or under issuances of food stamps. If an under issuance occurs because the household failed to report a change on the quarterly reporting form, no restored benefits will be issued to the household. If an over issuance occurs, an overpayment will be prepared as instructed in FSC 15400.

#### 11350 Occasional Reporters

All households not subject to the quarterly reporting requirements are considered to be occasional reporters. Currently certified households classified as occasional reporters must report the changes specified in FSC 11200 within 10 days of the date the change becomes known to the household.

Occasional reporters may report changes on a Change Report Form (DCO-234) or may send a letter describing the change. Changes may also be reported by telephone or in person. Changes submitted by telephone or in person will be recorded by the county worker on a Telephone Report (DCO-271).

An occasional reporting household which fails to timely report a change is considered to be at fault for any resulting over issuances or under issuances of food stamps. If an under issuance occurs because the household failed to timely report a change, no restored benefits will be authorized. If an over issuance occurs, an overpayment will be prepared as instructed in FSC 15400.

#### 11400 Special Instructions - Occasional Reporters

The following actions must be taken on all changes reported by occasional reporters.

1. Record the change.

Each county must devise a record of changes reported by occasional reporters. The minimum requirements for the record are the name and SSN of the head of the household, the date the change was received and the date the change was completed. Other information may be captured if desired by the county office.

2. Document in the case record the date the change was received.

Any DCO-234 or letter submitted by a household must be date stamped on the day received. A DCO-271 must be dated with the date the change was reported.

3. Provide the household with a new DCO-234 and business reply mail (BRM) envelope.

4. Provide the household with a notice. See FSC 12400 for additional information.

FOOD STAMP CERTIFICATION MANUAL 11410-11410 DATE: 3-1-95	SECTION: REPORTING REQUIREMENTS SUBJECT: OCCASIONAL REPORTERS
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11410

Processing Standards for Occasional Reporters

Changes must be processed within 10 days of the date the change was reported to the county office. Day one of the processing period is the first calendar day after the report was received. The date of receipt must be entered by the county office on all changes including those received in person or by telephone.

An increase in the food stamp allotment resulting from the addition of a household member or a decrease of \$50 or more in income must be reflected in the household's next regularly scheduled allotment. If necessary a supplemental issuance will be authorized. See FSC 13220.

Other increases in food stamp allotment must be reflected in the first regularly scheduled issuance of food stamps occurring after the allowed processing period.

Example 1 - On July 31 a household reports a member who was earning \$200 per week was laid off. Only one pay check will be received from this job in August. This change must be reflected in the household's August food stamp allotment.

Example 2 - On August 1 a household reports a member who was earning \$200 per week was laid off. Only one pay check will be received from this job in August. This change must be reflected in the household's September food stamp allotment.

Unless the reported change meets all the criteria listed in FSC 12400, a decrease in benefits or a case closure must be effective no later than the month following the month in which the household's notice of adverse action expires.

Example 1 - A change in liquid resources is reported by telephone on July 25 and processed the same day. The household is ineligible. The notice of adverse action expires August 4. The closure is effective for the September food stamp allotment.

Example 2 - A change in liquid resources is reported by telephone on July 16 and processed on July 20. The notice of adverse action expires on July 31. The closure is effective for the August food stamp allotment. (NOTE: If the household provides verification of its eligibility on the 31st, reinstatement will occur. See EMSUM 7310.)

When the household is exempt from the notice of adverse action, the decrease or closure will be effective no later than the month following the month when the change was processed.

Example - A change in liquid resources is reported in writing on July 25 and processed the same day. The household is ineligible. An adequate notice is issued. The closure is effective for the August food stamp allotment.



FOOD STAMP CERTIFICATION MANUAL 11420-11430 DATE: 3-1-95	SECTION: REPORTING REQUIREMENTS SUBJECT: OCCASIONAL REPORTERS - VERIFICATION
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11420

### Verification for Occasional Reporters

Verification of a change in income will be required in the following situations.

1. A change of more than \$25 has been reported. (Verification is not required if the change is \$25 or less.)
2. The income is from a new source.
3. Income from any source has stopped.
4. The reported information appears to be inaccurate.
5. The reported information is incomplete.
6. The reported information is inconsistent with information found in the case record.

Verification of a change in resources (vehicles or liquid resources) will be required when the information reported is inaccurate, incomplete or inconsistent with information found in the case record.

Verification of a change in household composition will be required only when the reported information is inaccurate, incomplete or inconsistent with information found in the case record.

It will not be necessary to verify a new address unless the reported information is inaccurate, incomplete or inconsistent with information found in the case record. If the household's residency is the county and/or state is in question, verification of residency will be requested.

New costs declared for rent, mortgage, insurance and/or real estate tax expense will be verified only if questionable. Actual utility costs which exceed the standard and result in a deduction will be verified if the household has moved or the amount has changed by more than \$25.

Verification of medical expenses will be requested if the household's reports that its total medical expenses have changed by \$25 or more. Verification will also be requested if the household has declared an expense which may be past due or subject to reimbursement.

11430

### Shortening the Certification Period

Shortening a certification period is recommended when the caseworker feels that an in depth interview and imposition of full verification requirements are needed.

The following actions must be taken to shorten a certification period.

1. The case record must be properly documented. The documentation must specifically state the reason for shortening the certification period.
2. A Notice of Food Stamp Certification Expiration (DCO-239) must be issued. The household must receive the DCO-239 on any day during the next to last month of the shortened certification period. For example, if the certification period is being shortened to end in August, the household must receive an DCO-239 some time during July.

See FSC 10210 for instructions on completion of the DCO-239.

FOOD STAMP CERTIFICATION MANUAL 11430-11440 DATE: 3-1-95	SECTION: REPORTING REQUIREMENTS SUBJECT: OCCASIONAL REPORTERS - NOTICES
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3. A Food Stamp Authorization Document (DCO-233) must be completed. The new ending certification date must be entered in field 76. The DCO-233 must be keyed.

Shortening a certification period is not considered to be an adverse action as long as the DCO-239 is mailed to the household in a timely manner.

#### 11440                      Notices to Occasional Reporters

If the household's food stamp allotment will not change, the household will be so notified via a manually issued Notice of Action (DCO-1).

When the food stamp allotment decreases or the case closes as a result of a reported change, an advance notice of adverse action must be issued unless the report meets all the following conditions:

- The information was reported in writing via DCO-234 or a letter signed by the head of the household, spouse, or other responsible household member.
- Based solely on the household's written report, the caseworker can determine the household is ineligible or the food stamp allotment will decrease.
- The household is advised of its rights to an administrative hearing.
- The household is advised that it has a right to continued benefits should an administrative hearing be requested within 10 days of the date of the notice.
- If continued benefits are requested, the household's previous allotment is reinstated within 5 work days. (See DOCUM 7310.)

If the reported change meets all these conditions, an advance notice of adverse action is not required. However, an adequate notice must be issued to be received by the household before the reduced allotment is issued. For case closures, the adequate notice must be received by the household before or at about the same time the household's allotment would normally be received.

Either the notice of adverse action or the adequate notice must advise the household of:

- The nature of the change (reduction or closure);
- The reason for the change; and
- The effective date of the action.

When the food stamp allotment increases as the result of a reported change, the notice of action must advise the household of:

- Its new food stamp allotment;
- The reason the allotment increased; and
- The effect date of the increase.

If the household will receive a supplemental issuance as a result of the change, the notice must specify the amount of the supplement and the month of receipt.

An automated notice may be used in most instances when a reported change is processed. See APPENDIX H to the DCO Users Manual. If the household is entitled to an advance notice of adverse action as specified above, the correct future date of action will be entered in field 81 of the Food Stamp Authorization Document. Also, a code "CF" will be entered in field 82 of the DCO-233.

#### 11450                      Special Situations/Exemptions From Notice

In the situations listed below adverse action may be taken without the issuance of a notice.

1.    Death of All Household Members - When all household members have died, the case will be closed immediately. No notice will be issued.
2.    Move From the County or State - When all household members have moved from the state, the case will be closed immediately. No notice is required. However, if the household requests a notice so that it may apply for benefits in a new state of residence, this notice will be provided. See DCOUM 8331 for instructions on remailing returned food stamps to a household which has moved from one county to another. See FSC 14324 for instructions when a household has moved out of the state.
3.    Completion of Restoration of Lost Benefits - Some households elect to receive a restoration of lost benefits in installments. Such households must be notified in writing of the last month the restoration will be received. (See FSC 13310.) If the household was properly notified at the time the restoration was authorized, no notice need be sent after all installments have been issued.
4.    Anticipated Changes in the Monthly Allotment - A food stamp allotment may vary from month to month due to anticipated changes. See FSC 14323. If the household was notified of these variations at certification, no additional notice is required.
5.    Case Closed at Household's Request - When a household voluntarily requests in writing that its case be closed, no notice is required.

If a verbal request for closure is made by the household in the presence of the caseworker, written confirmation of the closure will be issued via the Notice of Action (DCO-1). The written confirmation will not offer the household the same protection as an adequate notice. (See Appendix B, the "Glossary", definition of "Notice of Action.") Should the household appeal the action to close its case, benefits will not be continued pending a decision.

FOOD STAMP CERTIFICATION MANUAL  
11460-11460  
DATE: 3-1-95

SECTION: REPORTING REQUIREMENTS  
SUBJECT: SUMMARY -  
OCCASIONAL REPORTING

11460

SUMMARY CHART  
OCCASIONAL REPORTING

Type of Change	Reporting Requirement	Processing Standard	Verification CODE	Notice CODE
INCOME - Change in source	Within 10 days of date known	10 days	VR	NOAA or AN
INCOME - Increases or decreases by \$25 or less	NONE	10 days	VIO	NOAA or AN
INCOME - Increases by more than \$25	Within 10 days of date known	10 days	VIO	NOAA or AN
INCOME - Decreases by more than \$25 but less than \$50	Within 10 days of date known	10 days	VR	AN
INCOME - Decreases by more than \$50.	Within 10 days of date known	10 days / not later than the beginning of next calendar month	VR	AN
LIQUID RESOURCES Reach or exceed \$2,000	Within 10 days of date known	10 days	VIO	NOAA or AN
VEHICLES Acquires a vehicle	Within 10 days of date known	10 days	VIO	NOAA or AN
ADDRESS/ RESIDENCE	Within 10 days of date known	10 days / Before next food stamp allotment is issued	VQ	AN

FOOD STAMP CERTIFICATION MANUAL 11460-11460 DATE: 3-1-95	SECTION: REPORTING REQUIREMENTS SUBJECT: SUMMARY - OCCASIONAL REPORTERS
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CHART - OCCASIONAL REPORTING (continued)

Type of Change	Reporting Requirement	Processing Standard	Verification CODE	Notice CODE
HOUSEHOLD MEMBER - Enters home.	Within 10 days of date known	10 Days / not later than the beginning of the next calendar month	VQ	NOAA or AN
HOUSEHOLD MEMBER - Leaves home.	Within 10 days of date known	10 days	VQ	NOAA or AN
SHELTER COSTS	Only if change of residence - If so, within 10 days of date change becomes known	10 days	VR	AN
DEPENDENT CARE COSTS	NONE	10 days	VQ	NOAA or AN
MEDICAL COSTS	NONE	10 days	VS25	NOAA or AN

NOTICE CODES FOR REPORTED CHANGES

AN - Issue an adequate notice.

NOAA - Issue an advance notice of adverse action.

NON - No notice is required.

VERIFICATION CODES FOR REPORTED CHANGES

VR - This information must be verified.

VQ - This information must be verified if questionable.

VIO - This information must be verified if incomplete, inaccurate, inconsistent or outdated.

VS25 - This information must be verified if the source has changed or the amount has changed by more than \$25.

11500                    Quarterly Reporting Households

Households subject to quarterly reporting will be given a mandatory 12 month certification period and required to submit a report every third month. At the end of the 12 month period, the household must be recertified.

11510                    Households Subject to Quarterly Reporting

The following food stamp households will not be subject to the quarterly reporting requirement:

1. Households eligible to be assigned a certification period longer than 12 months. (See FSC 8710, item 3.)
2. Migrant and seasonal farm worker households. (See the "Glossary" for the definition of a migrant household and a seasonal farm household.)
3. Households certified under the expedited provisions when verification is postponed. (See FSC 9441.)
4. Households residing in a drug and/or alcohol treatment center. (See FSC 1820.)
5. Households with a member participating in a strike. (See FSC 1700.)
6. Categorically eligible PA households consisting of AFDC recipients or AFDC and SSI recipients. This includes PA households certified for 12 months.
7. Households which are extremely unstable. Extremely unstable households are those normally assigned a one or two month certification period under the policy in FSC 8710. These households cannot reasonably predict what their situation will be in the near future, or they expect a significant change in their income or household status. A significant change might include, but is not limited to, a move to another state or a household division.

All other households will be subject to the quarterly reporting requirements.

11520                    Entering Quarterly Reporting

A household may only enter quarterly reporting when an initial application or a recertification is approved. If a household reports a change and is no longer exempt from the quarterly reporting requirement, the household's certification period will be shortened as explained in FSC 12310.

In the following situations a household must be given a full explanation of the quarterly reporting requirements.

- When a household enters quarterly reporting for the first time.
- When a household was not subject to quarterly during its last certification period.
- If more than one full calendar month has elapsed since the household last participated in the Program.

The caseworker will provide a pamphlet to the household and will explain:

- Explain that the household must submit a report form each quarter;
- Explain the changes which must be reported;

FOOD STAMP CERTIFICATION MANUAL 11520-11530 DATE: 3-1-95	SECTION: REPORTING REQUIREMENTS SUBJECT: QUARTERLY REPORTING/ PROCESSING STANDARDS
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- Explain that the household has no other reporting requirements but is allowed to report changes independent of the quarterly reporting system;
- Show the household how to complete and return the form; and
- Explain to the household that its case will close if no quarterly report form is submitted.

A pamphlet and an abbreviated explanation of quarterly reporting will be furnished to other households at the time of the interview. This explanation will consist of:

- A review of the quarterly reporting requirement;
- A review of the changes which are to be reported; and
- An explanation that the household's case will close if the quarterly reporting form is not returned.

As the quarterly reporting requirements are being implemented, quarterly reporting households may be given certification periods ranging from 6 to 12 months. This will allow counties to stagger ending certification periods thus controlling the flow of quarterly reporting forms into county offices.

To initiate quarterly reporting, the caseworker must enter a "Y" in field 23 of the Food Stamp Authorization Document (DCO-233). If the household is not subject to quarterly reporting, a code "N" must be keyed in field 23. Effective 4-1-95 field 23 will become part of the minimum record required for successful entry to FACTS.

After implementation, all quarterly reporting households will be given a mandatory 12 month certification period. If a change is expected in a month when a quarterly reporting form is not scheduled to be processed, the worker will use the review for change field on the DCO-233.

#### 11530                      Processing Standards

Three quarterly reporting forms will be generated during a household's 12 month certification period. (In the 12th month the household must be recertified.)

When an initial application is approved, the first quarterly reporting form will be processed three months after the month of application. The first three month period will be based on the date of application.

**EXAMPLE -** An application is submitted on April 16. Regardless of whether the application is approved in April or May, the quarterly reporting form must be processed during the month of July. Thereafter, quarterly reporting forms will be processed in the months of October and January. The household will be recertified in March.

When a household is recertified, the first quarterly reporting form will be processed three months into the new certification period.

**EXAMPLE -** A household is recertified in December. The new certification period begins in January. The first quarterly reporting form will be processed in March. Thereafter, quarterly reporting forms will be issued in June and September. The household will be recertified again in December.

FOOD STAMP CERTIFICATION MANUAL  
11530-11540  
DATE: 3-1-95

SECTION: REPORTING REQUIREMENTS  
SUBJECT: QUARTERLY REPORTING/  
COMPLETION OF THE FORM

Quarterly reporting forms will be extracted five work days from the end of the month and mailed three days after extract. The form will be due on the fifth of the month. The household must submit a quarterly report form before the end of the report month, or the case will automatically close.

Quarterly report forms received on or before the due date (the fifth of the month) must be completed before the end of the report month. This means the household must be notified before the end of the report month of the effects of the report on its eligibility and benefit amount.

Quarterly reports received after the due date or postmarked before the end of the report month must be processed within 10 days or before the end of the report month, whichever is later. If the last work day falls on a weekend or holiday, the deadline will be the first work day of the following month. Processed means 1) that a Food Stamp Authorization Document (DCO-233) must be completed and keyed, or 2) that a Quarterly Reporting Request for Information must be issued to request required verification. Households required to submit verification must be allowed at least 10 days to provide the verification.

If the household submits a quarterly reporting form before the end of the report month but the county does not process the form by the end of the month for any reason, the case will automatically close. If the household is later determined to be eligible, the case will be reinstated according to the instructions in EMSUM 7310. If the household submits a form after the end of the review month.

11540

#### Completion of the Quarterly Report Form

A copy of the quarterly report form will be issued to each county office. The county may duplicate this form for households reporting non-receipt or loss of the quarterly report form.

The names and birth dates of all household members must be entered on the form. The form must be signed by the casehead or other responsible household member or the authorized representative. Forms which do not contain the names of household members and a legitimate signature will be returned to the household for completion. If names but no birth dates appear on the form, the caseworker may contact the house by telephone for the dates of birth. (Caseworker entering dates of birth on the form must use a different color ink, must initial the entry and must document the name of the household member who provided the information.) If the household cannot be reached by telephone, the form will be returned to the household for the necessary information.

Forms which are unsigned or do not contain the names and birth dates of all household members will be returned to the household. The household will be given until the end of the report month or 10 days, whichever is longer, to return the completed form.

The incomplete form will be accompanied by a Request for Information (DCO-218), explaining that if the form is not returned by the date indicated on the Request for Information, the case will close. The form will tell the household to contact the county office if assistance is needed in completing the form.

If the household submits a quarterly report form after the end of the report month, a DCO-1 will be sent to the household. The DCO-1 will advise the household that its case has been closed and an application must be submitted if the household wants to continue participating in the Program.



11550                      Verification to be Submitted With Quarterly Reporting Form

The following income verification must be submitted with the quarterly report.

1.     Verification of earned income.

Exception: Self-employment income which has been annualized need not be re-verified each time a quarterly report is submitted. Contractual income which has been annualized need not be re-verified each time a quarterly report is submitted.

2.     Verification of unearned income from a new source.

3.     Verification of unearned income which has increased or decreased by more than \$25.00. (Verification is not required if the change is \$25 or less.)

See the chart in FSC 11590 for additional information about required verification.

Quarterly reporting households will be budgeted prospectively. Therefore, for earned income the household must submit verification of earnings received in the 30 day period prior to the date of completion of the form. (Usually, this will be the two or four most recently received check stubs.) See FSC 7512 and FSC 7523 - 7523.2 for additional information.

If the form is submitted some time after the date it was completed and signed, the caseworker is allowed, but not required, to obtain verification of additional pay the household should have received by the date of submission. For example, if the income verification submitted by the household with the form is representative of the household's current pay, the household may not need to submit additional verification.

Questionable information which appears on the form must also be verified. The caseworker will request verification and/or collateral contact if:

- 1)     Declared unearned income is more than \$25 higher or lower than the last report but no verification was supplied;
- 2)     Information supplied about the household's earned or unearned income is incomplete.
- 3)     The household has reported earned or unearned income from a new source but no verification was supplied;
- 4)     The household is no longer reporting unearned income from a previously declared source;
- 5)     A new member has been added, the new member is subject to the work registration requirements and no income was reported for this member; or
- 6)     The household has expenses which exceed its income and unreported income and/or unreported household members are suspected.

The caseworker may request verification of any questionable situation. However, the reason the situation is considered questionable must be documented in the case record. For example, if a household is reporting there has been no change in a source of unearned income that has historically fluctuated by more than \$25.00, the caseworker may request verification of the income from that source.

Also, caseworker may refer cases to the Field Investigator or Fraud Unit if there is reason to think information provided on the form is false.

Verification must always be requested via a Request for Information (DCO-218). The deadline for providing required verification will be the end of the report month. However, the household must be given at least 10 days to provide the required verification. If necessary, the deadline will be extended into the month following the report month to allow 10 days. If the household furnishes the required verification before the specified deadline but after the case has closed, eligible households will be reinstated. (See DCOUM 7310.) If the household is not eligible, an adequate notice will be issued. (See FSC 11500.)

If the household does not submit required verification before the specified deadline (except for verification of medical expenses or actual utilities), the household's case will close. If the verification is submitted after the deadline, the household will be issued a Notice of Action (DCO-1) stating that the food stamp case has already been closed and the household must reapply in order to participate in the Program.

If verification of medical expenses or actual utility costs is not supplied before the deadline, the expenses will be disallowed. The case will be closed only if other verification is missing or the household's income exceeds the limits when the expense is disallowed.

#### 11560                      Processing IEVS Reports

NOTE: IRS matches occur only at application. Therefore, this section contains no information on handling IRS matches. See FSC 2500 through 2600 for information about IEVS. See FSC 2610 for information about handling IEVS reports at application. See FSC 2800 for an explanation of IEVS reports generated on applicants.

For quarterly reporting households, reports from the Income and Eligibility Verification System (IEVS) will be processed only when the quarterly reporting form is processed. IEVS reports generated on quarterly reporting households will not be tracked through the Food Stamp Pending Case Action File. The county will be responsible for insuring IEVS reports are processed as the quarterly reporting forms are processed.

IEVS reports received during the quarter will be posted to the FSQR IEVS Screen (FQIP). The screen will continually update as IEVS reports are received so that only the most current information appears on the screen. In other words, if an SSI mismatch report is generated each of the three months in the quarter, only the most recent mismatch report will appear on the screen. If there were no matches during the quarter, the screen will contain the following message - "NO MATCHES FOR THIS MEMBER." Each time a quarterly reporting form is processed, IEVS information must appear as a part of the case action. Counties will have the option of receiving paper IEVS reports or printing the screen. Either the paper report or a copy of the screen may serve as documentation.

The following actions must be taken on each IEVS match.

1. The IEVS information must be compared to the information in the case record. If the information is already reflected in the case record, no additional action is required. The case record must be so documented. If the information is new, the discrepancy must be resolved.

2. The information must be verified. The information from the following matches will be considered verified upon receipt.

- BENDEX Change
- New SSI Cases
- SSI Mismatch
- COLA Mismatch (when involving SSI recipients)
- UI Benefit Matches

A household affected by one of these matches must provide verification only if it disagrees with the information.

Information from the following matches must always be verified.

- BENDEX Wage
- BENDEX Error
- ESD Wage

See Appendix E to the DCOUM for an explanation of the contents of each IEVS reports. Look under the explanation of the FQIP screen.

Verification may be obtained from a collateral source (employer, agency, etc.) or from the household. The verification must include the amount of the income, whether the household actually received the income, and the period during which the income was received. If the household provides inadequate verification, the caseworker must attempt to resolve the discrepancy by contacting other collateral sources. See FSC 2700-2720 for additional information.

If the household cannot provide needed verification and the caseworker cannot contact a collateral source to get the verification, the household's statements about the income will be accepted. In no instance will a household be denied benefits solely because a person outside the household (including those in business or other agencies) cannot or will not provide verification.

3. If it is necessary to request verification from the household, a ten day notice of adverse action will be issued to the household via the QR Request for Information (DCO-218). The notice must inform the household of the information received and request the household respond within 10 days.

If the household fails to respond or if the household provides required verification and, as a result, a case closure or an allotment reduction occurs, an adequate notice must be issued to the household.

See the "Glossary", definition of Notice of Action, for additional information.

See FSC 2920 for instructions on calculating IEVS savings.

#### 11561 Delaying Processing to Get IEVS Information

The deadline for providing required verification of IEVS information will be the end of the report month. However, the household must be given at least 10 days to provide the required verification. If necessary, the deadline will be extended into the month following the report month to allow 10 days. If the household

furnishes the required verification before the specified deadline but after the case has closed, eligible households will be reinstated. (See DCOUM 7310.) If the household is not eligible, an adequate notice will be issued. (See FSC 12400.)

If the household does not submit the required verification before the specified deadline, the household's case will close. If the verification is submitted after the deadline, the household will be issued a DCO-1 stating that the food stamp case has already been closed and the household must reapply in order to participate in the Program.

#### 11562                    Changes to IEVS Screen After Form Processed

For counties which choose to receive paper reports, changes which occur on the IEVS screen after the IEVS report is generated are not required to be processed. For counties which choose to print the IEVS screen, the screen must be printed after the quarterly reporting form is received in the county office. Changes which occur on the IEVS screen after the screen is printed are not required to be processed.

Any county may choose to access the IEVS screen at any time during the quarterly report month. However, if the screen is accessed before the quarterly reporting form is processed, any changes which appear on the screen must be handled as part of the quarterly report.

#### 11570                    Notices - Quarterly Reporting Households

An adequate notice will be issued to any household whose food stamp allotment will change as a result of information reported on the quarterly report. The adequate notice must be received by the household before or at about the same time the household's allotment will normally be received. The adequate notice must advise the household of:

- The nature of the change;
- The reason for the change; and
- The effective date of the change.

An automated notice may be issued in most circumstances. See APPENDIX H to the DCO User's Manual.

#### 11571                    Special Situations/Exemptions From Notice

In the situations listed below adverse action may be taken without the issuance of a notice.

1.    Death of All Household Members - When all household members have died, the case will be closed immediately. No notice will be issued.
2.    Move From the County or State - When all household members have move from the state, the case will be closed immediately. No notice is required. However, if the household requests a notice so that it may apply for benefits in a new state of residence, this notice will be provided. See DCOUM 8331 for instructions on remailing returned food stamps to a household which has moved from one county to another. See FSC 14324 for instructions when a household has moved out of the state.

3. Completion of Restoration of Lost Benefits - Some households elect to receive a restoration of lost benefits in installments. Such households must be notified in writing of the last month the restoration will be received. (See FSC 13310.) If the household was properly notified at the time the restoration was authorized, no notice need be sent after all installments have been issued.
4. Anticipated Changes in the Monthly Allotment - A food stamp allotment may vary from month to month due to anticipated changes. See FSC 14323. If the household was notified of these variations at certification, no additional notice is required.
5. Case Closed at Household's Request - When a household voluntarily requests in writing that its case be closed, no notice is required.

If a verbal request for closure is made by the household in the presence of the caseworker, written confirmation of the closure will be issued via the Notice of Action (DCO-1). The written confirmation will not offer the household the same protection as an adequate notice. (See Appendix B, the "Glossary", definition of Notice of Action.) Should the household appeal the action to close its case, benefits will not be continued pending a decision.

11580

SUMMARY CHART  
QUARTERLY REPORTING

Type of Change	Reporting Requirement	Processing Standard	Verification CODE	Notice CODE
Earned Income	When QR form is submitted	End of report month	VR	AN
INCOME - Change in source	When QR form is submitted	End of report month	VR	AN
INCOME - Increases or decreases by \$25 or less	NONE	End of report month	VIO/VQ	AN
INCOME - Increases by more than \$25	When QR form is submitted	End of report month	VIO	AN
INCOME - Decreases by more than \$25 but less than \$50	When QR form is submitted	End of report month	VR	AN

SUMMARY CHART - QUARTERLY REPORTING - (CONTINUED)

Type of Change	Reporting Requirement	Processing Standard	Verification CODE	Notice CODE
INCOME - Decreases by more than \$50.	When QR form is submitted	End of report month	VR	AN
LIQUID RESOURCES Reach or exceed \$2,000	When QR form is submitted	End of report month	VIO	AN
VEHICLES Acquires a vehicle	When QR form is submitted	End of report month	VIO	AN
ADDRESS/ RESIDENCE	Within 10 days of date known	10 days / Before next food stamp allotment is issued	VQ	AN
HOUSEHOLD MEMBER - Enters home.	When QR form is submitted	By end of report month	VQ	AN
HOUSEHOLD MEMBER - Leaves home.	When QR form is submitted	By end of report month	VQ	AN
SHELTER COSTS	Only if change of residence - If so, when QR form is submitted	By end of report month	ENTITLEMENT TO STANDARD VQ ACTUAL UTILITY COSTS VR	AN
DEPENDENT CARE COSTS	NONE	By end of report month	VQ	AN
MEDICAL COSTS	NONE	By end of report month	VS25	AN

FOOD STAMP CERTIFICATION MANUAL 11610-11630 DATE: 3-1-95	SECTION: REPORTING REQUIREMENTS SUBJECT: MIDPOINT REVIEWS
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## 11610 Processing Standards

On the Midpoint Review Instruction Sheet (DCO-235), the household is told to return the Food Stamp Midpoint Review (DCO-244) no later than the 15th day of the household's 12th month of certification. If the 15th day of the month falls on a weekend or holiday, the deadline for receipt will be extended to the first work day following the 15th. Both the DCO-235 and the DCO-244 state that failure to return the DCO-244 by the last day of the 12th month of certification will result in case closure.

For households which return a signed DCO-244 by the 15th day, the county must process the report before the end of the month. Any signed DCO-244 returned before the end of the 12 month of certification must be processed. When DCO-244s are processed after the end of the month, the household's benefits must be reinstated as instructed in DCOUM 7310.

The month and year for the midpoint review appear in field 32 of WFSM. This field must be cleared before the end of the 12th month of certification or the household's case will close at the end of the month. In order to clear field 32 a Food Stamp Authorization Document (DCO-233) must be completed and keyed.

## 11620 Interviews

There is no requirement for a formal interview at the midpoint review. An informal interview may be conducted when the caseworker feels information reported on the form is inaccurate, inconsistent or incomplete. Even then, when the household has reported information which can be clarified through the submission of documentary evidence, it will not be necessary to conduct an interview.

If an interview is required, it may be conducted with any responsible household member or with the household's authorized representative. A telephone interview will be conducted whenever possible. If the household cannot be interviewed by telephone or does not wish to be interviewed by telephone, an in-office interview or a home visit may be substituted.

Whenever possible, the food stamp worker may simply call the household and conduct the interview. If the household does not have a telephone or cannot be contacted using the telephone number found in the case record, the interview will be scheduled via a Request for Information (DCO-103).

## 11630 Processing Midpoint Review Forms

Returned Midpoint Review Forms (DCO-244) need not be fully completed. As long as the household returns a signed form, the caseworker may obtain the remainder of the needed information through an interview or other reliable documentary sources.

Unsigned DCO-244s received in the county office will be returned immediately to the household with a completed Request for Information (DCO-103). The household must be given at least 10 days from the date the notice is issued to return a signed form. If the form is returned after the end of the 12th month of certification but before the 10 day notice period expires, the household's benefits may be reinstated as instructed in DCOUM 7310.

All medical expenses must be reported and verified at the midpoint review. See FSC 11344 for instructions.

No special verification requirements will be imposed for changes reported at the time of the midpoint review. Households required to furnish verification must be allowed at least 10 days to do so. (It may be necessary to reinstate some cases in order to insure the household has 10 days to furnish verification.) When it is determined that verification is needed, the caseworker will issue an EMS-103 to the household.

A household's case will not be closed solely because of failure to provide verification of a deductible expense. Instead, the caseworker will prepare a budget, and the expense will be disallowed. The case will be closed only if the household's net income exceeds the maximum allowed after the expense is disallowed. (See FSC 8961 if the net income exceeds the maximum, but the household is categorically eligible.)

Verification of deductible expenses received after the stated deadline will be handled as a reported change. The day after the date of receipt will be considered day one of the 10 day change processing period.

The following chart provides specific references to policy which explains the verification and processing of reported changes.

TYPE OF CHANGE	POLICY REFERENCE
RESIDENCE/ADDRESS	FSC 12210 - 12211
HOUSEHOLD COMPOSITION	FSC 12220 - 12228
LIQUID RESOURCES / VEHICLES	FSC 12230 - 12233
INCOME	FSC 12240 - 12242

NOTE: Changes in shelter costs are only required to be reported when the household has actually moved to another address.

Any change in coupon allotment resulting from a change reported at the midpoint review will be effective in the 13th month of the certification period.

If, as a result of a change reported at the midpoint review, a household no longer meets the criteria to be assigned a certification period longer than 12 months, the household's certification period will be shortened to 13 or 14 months as instructed in FSC 11320. This will allow the generation of a Notice of Expiration (DCO-239) to the household. The household may then reapply under the normal guidelines for recertification as specified in FSC 10100 -10810.

If, as a result of a change reported at the midpoint review, a household becomes ineligible, the case will be closed unless the household is categorically eligible as explained in FSC 8961.

#### 11640                      Handling Medical Expenses

At the time of the midpoint review, the medical expenses of each household member must be declared and verified. See FSC 6500 - 6526 for a full explanation of the procedures for allowing a medical deduction.



Under no circumstances will a one time medical expense be prorated over a period longer than 12 months. When an applicant household is assigned a certification period longer than 12 months, one time medical expenses will be prorated over the first 12 month period. One time expenses reported as a change during the first 12 month period will be prorated over any months remaining in the first 12 month period.

Any one time medical expenses which were prorated over part or all of the household's first 12 months of certification must be dropped when the Midpoint Review Form (DCO-244) is processed. Any expenses no longer being incurred by the household must be dropped from the budget, and new expenses must be added to the budget. One time expenses incurred during the first 12 month period but not allowed in the budget may be allowed during the second 12 month period. At the household's option, the expense may be allowed in the 13th month or prorated over the remainder of the certification period.

If the household declares medical expenses but does not provide verification or provides inadequate verification, this information will be requested via the Request for Information (DCO-103). The household may provide this information at any time before the end of the 12th month of certification unless the EMS-103 is sent during the last 10 calendar days of that month. In that case, the household must be allowed 10 days to provide the needed verification of medical expenses. If the household furnishes the information within the specified 10 day period, the case will be reinstated as instructed in DCOUM 7310.

Failure to return verification of medical expenses must not cause the household's case to close unless net income exceeds the standards as a result of the disallowance of unverified medical expenses.

Verification of medical expenses received after the stated deadline will be handled as a reported change in medical expenses. The day after the information was received will be day one of the 10 day change report processing period.

#### 11650                    Notices

An adequate notice will be issued to each household which undergoes a midpoint review. The notice should be received by the household before or at about the same time that its next food stamp allotment is scheduled to be mailed. The notice will advise the household that its midpoint review has been completed. If there are changes as a result, the notice will explain the change.

If the household's certification period is being shortened as a result of information reported on the form, the household must be so advised.

Until the necessary system changes are completed, these notices will be issued manually via a Notice of Action (DCO-1).

#### 11700                    Mass Changes

Mass changes are based on legislative or regulatory actions which affect all or a substantial portion of the statewide food stamp case load. Households are not responsible for reporting changes which will be handled as a mass change.

Examples of mass changes include:

- Changes in the income eligibility standards;
- Changes in the maximum allowable deductions - i.e., earned income deduction, standard deduction, dependent care deduction, or shelter costs;
- Changes in the maximum food stamp allotments (NBI);
- Cost of living adjustments (COLA) on SSI or SSA payments; and
- Changes in the AFDC rate of payment.

COLAs will be effective in the month of the increase unless the case cannot be automatically adjusted. Cases which cannot automatically adjusted will be process manually. Manually processed COLAs must be reflected no later than the second allotment issued to the household after the month when the change became effective.

Information regarding the nature of a mass change is provided to the Office of Information Systems (OIS) which accomplishes the actual change and generates requested reports.

#### 11710                      Notices at Mass Change

Notices will be issued to all affected households. Depending on the nature of the change, the notices may either be general or specific.

General notices will explain the nature of the change, how the change may affect the household's food stamp allotment, who the household may contact if there are questions and how the household may request an administrative hearing. Specific notices contain the same information; however, the household's old and new food stamp allotment will be stated.

General notices are usually mailed with the household's food stamp allotment. Specific notices are mailed separately to be received before or at about the same time as the household's food stamp allotment is to be received.

#### 11720                      Reports at Mass Change

Reports generated at the time of a mass change may include the List of Changes, a Mismatch List and a List of Closures. Not all reports are generated at all mass changes. For example, a mismatch list is generated for a COLA mass change but not for an NBI mass change.

The county's responsibilities for clearing these reports are explained in FSC 11700 through FSC 11730.

At each mass change either a Food Stamp Authorization Form (DCO-233) or a budget sheet is printed to display the new budget figures. DCO-233's and budget sheets must be filed in the appropriate case records as quickly as possible. If the Quality Control Unit (Q.C.) requests a case which the county is in the process of filing these reports, the DCO-233 or budget sheet must be attached to the case before it is mailed to Q.C.

11721                    List of Changes

This report is generated at every mass change under various titles. It is provided mainly for reference. The information which will appear on this report is listed below.

- Case name.
- Case number.
- Category (NA or PA).
- Current ending certification date.
- Old food stamp allotment.
- New food stamp allotment.

Other information will be provided depending on the nature of the change.

11722                    List of Mismatches

This report is generated at a mass change which requires matching income on the food stamp file to income on other files. Changes which require this type of matching include SSA and/or SSI increases and AFDC increases and decreases. (NOTE: SSA amounts do not appear on the Recipient Master File unless the member also receives SSI. Increases in SSA which cannot be obtained from the Recipient Master File are calculated.)

The mismatch list is a report of the cases which could not be automatically changed because a problem existed with the information on either file. The report contains the following information.

- Name & SSN of the case head
- Category (NA or PA)
- Ending date of the certification period
- SSN of member whose income mismatched

Other information will be provided depending on the nature of the change.

The reason for the mismatch is indicated by a code. These codes are listed below.

- 01 - Two individuals on the Recipient Master File (ACES) have the same SSN.
- 02 - Two household members on the Food Stamp Master File (FACTS) have the same SSN.
- 06 - Income which appears on ACES for a household member does not appear on FACTS for the same member.
- 07 - Income which appears on FACTS for a household member does not appear on ACES for the same member.
- 08 - The food stamp allotment would have increased if the case had been recalculated.
- 09 - The new amount of income on the case page of WFSM differs by more than \$2 from the sum of the amounts calculated for members on WFSM. Therefore, case and member's income do not agree.
- 10 - An SSA amount is on FACTS for an SSI recipient, but the SSA is not on ACES for that member.

The following actions must be completed to clear a mismatch.

1. Obtain the case record.
2. Resolve the discrepancy which caused the mismatch.
3. Recalculate the budget using the new income amounts. Verify new SSI, AFDC or a combination of SSI/SSA by using information available in the county office. When only SSA is received, calculate the new SSA amount using the current percentage of increase.
4. Issue an advance notice of adverse action if the household's allotment will decrease or the case will close.

#### 11723 List of Closures

This is a listing of cases closed during the mass change because the net income exceeds the maximum allowed. These reports are generated only to counties where at least one case closure occurred. The following information appears on the report.

- The name and SSN of the case head
- Category (NA or PA)
- Old and new net income amounts

Each case listed on the report must be examined by a caseworker to ensure the validity of the closure. If the closure is found to be correct, the case worker will enter a statement on the most recent DCO-233 to the effect that the case has been checked and the closure found to be correct. The caseworker will initial and date this documentation. No additional action is required since closure notices are issued automatically.

If the closure is incorrect, the case must be reopened. No new application is required. The following actions must be taken.

1. Complete an DCO-211 using the last day of the previous month as the date of application.
2. Have the DCO-211 keyed to obtain the register number.
3. Complete an DCO-233 using the new income figures. Use an RI action type in field 82.
4. Have the DCO-233 keyed to authorize issuance of the current month's allotment via daily issuance.
5. Authorize any restored or supplemental benefits via WFMO. (See FSC 13000 for instructions on authorizing restored and supplemental benefits.)

#### 11730 Administrative Hearing Rights at Mass Change

Households are advised via an automated closure notice of their rights to an administrative hearing. For valid closures, benefits will be reinstated only if the household feels policy was misapplied or the budget was computed incorrectly.

The household's statement of when the notice was received will be used to determine the 10 day advance notice period during which reinstatement may be requested. In questionable cases, the Food Stamp Section, Central Office will be contacted to determine the approximate date the notice was mailed.

FOOD STAMP CERTIFICATION MANUAL  
12100-12210  
DATE: 3-1-95

SECTION: PROCESSING REPORTED  
CHANGES  
SUBJECT: ADDRESS CHANGES

12100

Summary

All reported changes are handled in much the same fashion regardless of the source of the report. For example, a budget prepared as the result of a change in income would be the same for a quarterly reporting household as for an occasional reporting household.

This section provides instructions for processing reported changes. Unless otherwise specified, these instructions will apply uniformly to all reported changes.

12200

Changes Reported by the Household

12210

Address Changes

All households must report changes in their residence and any related changes in shelter costs. This is the only time the household is required to report a change in shelter costs.

All address changes, even those where no move has occurred, must be reported as quickly as possible to prevent delays in the receipt of food stamps. Reported address changes must be keyed as quickly as possible even if, changes in shelter costs must be processed later.

While it is not possible after the monthly extract to change the amount of the allotment to be mailed to the household, it is possible to change the household's address.

The address may be changed via WFSM until the household's H-card is printed. The H-card is the card which is sent with the food stamp allotment. H-cards are printed on the following schedule.

SSN ENDS  
WITH

H-CARD IS PRINTED ON THE:

0	NIGHT OF	LAST	WORK DAY OF THE MONTH
1	NIGHT OF	FIRST	WORK DAY OF THE MONTH
2	NIGHT OF	SECOND	WORK DAY OF THE MONTH
3	NIGHT OF	THIRD	WORK DAY OF THE MONTH
4	NIGHT OF	FOURTH	WORK DAY OF THE MONTH
5	NIGHT OF	FIFTH	WORK DAY OF THE MONTH
6	NIGHT OF	SIXTH	WORK DAY OF THE MONTH
7	NIGHT OF	SEVENTH	WORK DAY OF THE MONTH
8	NIGHT OF	EIGHTH	WORK DAY OF THE MONTH
9	NIGHT OF	NINTH	WORK DAY OF THE MONTH

Food stamp allotments listed on the monthly extract may not be cancelled. If the address cannot be changed prior to the work night on which the H-card is printed, the food stamp allotment will be mailed to the old address. These allotments cannot be remailed until returned by the postal service.

12211                    Actions to Take to Change an Address

Addresses are normally changed by completing fields 15 through 20 of the Food Stamp Authorization Document (DCO-233). If the household's food stamp allotment has returned and must be remailed to a new address, the address will be changed via the Food Stamp Adjustment (DCO-248).

Address changes do not require any change to the household's budget unless new shelter costs are reported. Before the new budget is calculated, it must be determined whether the household elected to use the utility standard or actual utility costs.

If the household is currently using the utility standard but is no longer entitled to do so, actual utility costs may be used in the budget if verified. If the household becomes entitled to use the utility standard as a result of the change in residence, the household must be offered this option.

See FSC 6600 - 6627 for a full explanation of allowable shelter costs.

To change shelter costs, a DCO-233 must be completed according to the following instructions.

1. Enter any new amount for rent or house payment in field 57.
2. Enter any new amount for real estate tax and/or home owners insurance in field 58.
3. Enter any new amount for utility costs in field 60. Enter either code A (actual utilities) or code S (standard utility allowance) in field 59.
4. Enter total shelter costs (fields 56 through 60) in field 61.
5. Calculate the new shelter deduction as instructed in FSC 7610.

12220                    Changes in Household Composition

12221                    Quarterly Reporting Households

Quarterly reporting households are only required to report changes in household composition on the quarterly reporting form. However, these households may choose to report a change in household composition at any time.

If a new member is reported independent of the quarterly reporting form, the new member will be added within 10 days of the report. The processing standards for occasional reporters will be used. See FSC 11410.

If a quarterly reporting household reports the loss of a household member independent of the quarterly reporting form, the change will be processed within 10 days. If the change in household composition results in case closure or an allotment decrease, the quarterly reporting household is entitled to the same notice as an occasional reporting household.

If any household reports a new member who has been participating as a member of a quarterly reporting household, the county will not wait until the next quarterly reporting form is submitted. Instead, a 10 day advance notice of adverse action will be issued to the quarterly reporting household. After the 10 day notice of adverse action has lapsed, the new member will be added to the household.

12222

New Members

New members must meet the citizenship requirements specified in FSC 1621. Individuals who do not meet these requirements will be considered ineligible aliens. See FSC 1621.3 for instructions on handling the income and resources of an ineligible alien.

Except for newborns, each new member who has not previously complied with the SSN requirement must do so before being considered an eligible household member. See FSC 2220 -2223.

In counties where the E&T Program is operational, a Project Success Status Determination/Referral (DCO-205) must be completed on all new eligible members who are not exempt from the work registration requirements.

Whenever a change in household composition is reported, the household must be allowed to select or reselect its head of household using the procedures explained in FSC 3120. If the new member has been sanctioned for non-compliance with the E&T Program or a voluntary quit, the sanction to be imposed on the new household will depend on whether or not the new member enters the home as the head of the household. (See FSC 3120.)

See the chart in FSC 12223 for instructions on handling new members who are currently disqualified from participating in the Food Stamp Program.

12223

Disqualified Members - Chart

Disqualified members will be handled as instructed below.

DISQUALIFICATION REASON	ACTION TO TAKE
Member under current disqualification for intentional program violation. See FSC 16600.	Disqualify new member until disqualification has been served or is ended. Go to FSC 1623.2 for instructions on handling the member's income and resources.
New member currently sanctioned for E&T Program non-compliance. See FSC 3520.	Disqualify the new member unless the new member is the head of the new household per FSC 3120. If new member is the head of new household, close the case for the remainder of the assigned sanction period. See FSC 3523 for an explanation of the actions a household may take to end a disqualification.

FOOD STAMP CERTIFICATION MANUAL 12223-12224 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: NEW MEMBERS
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Disqualified Members - Chart - Continued -

DISQUALIFICATION REASON	ACTION TO TAKE
New member currently sanctioned for voluntary quit. See FSC 3600.	Add the new member to the case unless the new member is the head of the new household per FSC 3120. If the new member is the head of the household, close the case for the remainder of the assigned sanction period. See FSC 3660 for an explanation of the actions a household may take to end a disqualification.
New member was a workfare eligible member of a household currently sanctioned for workfare non-compliance. Still lives in workfare county. See FSC 3851 - 3856.	Sanction follows all workfare eligible members of a household sanctioned for workfare non-compliance. Disqualify new member until sanction period ends or sanction is lifted. Go to FSC 1623.3 for instructions on handling the member's income and resources. See FSC 3856 for instructions on reestablishing eligibility.

12224

Actions to Take to Add New Members

To add a new member, the following actions must be completed.

1. Obtain the most recent DCO-233.
2. Enter the new member's SSN, name, date of birth, work registration code, income and eligibility status code.
3. Changes total household members (field 13) and total eligible members (field 14).
4. If the new member has resources, redetermine the household's resource eligibility. Enter the new resource total in field 27.
5. If the new member has income, change the budget as appropriate in fields 35 through 67.
6. Enter the new total for household members in field 68.
7. Calculate a new monthly coupon allotment.
8. Complete the rest of the document as applicable.
9. Submit the document to be keyed.



FOOD STAMP CERTIFICATION MANUAL 12225-12226 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: HOUSEHOLD DIVISION
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12225                    Dropping Household Members

12226                    Household Division

A household division occurs when an active food stamp household divides into at least two groups of individuals.

When a household division occurs, the caseworker must use the following guidelines to determine which group retains original eligibility and which group must apply as a new household.

1. If the original case head (as explained in FSC 1500) remains in the county and wishes to continue participating in the Program, the household containing this individual retains original eligibility.
2. If the original case head leaves the county, the household members remaining in the county retain original eligibility.
3. If the division occurs as a result of the death of the original case head, original eligibility will be retained by the group remaining in the county. Or, if neither group moves from the county, the group containing the largest number of original household members retains original eligibility.

Once original eligibility has been determined, the following actions must be taken.

1. Change the case head.
2. Remove the members no longer living in the home.
3. Change the address and shelter costs.

The newly formed household may not participate in the Food Stamp Program until the members are removed from the original household.

Example: A household division is reported on September 25th. The county office is unable to process the change before October food stamps are issued. The newly formed household will not be able to participate as a separate household in the month of October.

There are three exceptions to this provision.

Exception 1: Residents of shelters for battered women and children may participate as specified in FSC 1840.

Exception 2: The county may determine that members have been claimed by one household while actually living in another. Such members will be allowed to participate in the household where they actually live if otherwise eligible. An overpayment will be submitted against the household which misrepresented its circumstances. See FSC 15400.

Exception 3: When a county office does not timely process a reported decrease in household composition, eligible members may participate in their new household beginning in the month the change should have been effective. An overpayment will be submitted against the original household. The overpayment will be classified as an agency error. See FSC 15400.

12227 Signature of Responsible Household Member

The household's current food stamp application must contain the signature of a responsible household member. Should the member who signed the application leave the household, another responsible member must sign either the application or a statement attesting to the accuracy of the information on the application. Prior to signing, this member must review the information on the application and correct any invalid information. For ease of review, the corrections and new signature should be entered in a different color ink.

Although the processing of the change need not be delayed solely to obtain the signature of a responsible household member, the household will be notified of the requirement by Notice of Action (DCO-1) and allowed 10 days to comply. If a responsible household member does not comply within the designated 10 day period, the household's certification period will be shortened as instructed in FSC 12310.

12228 Actions to Take to Drop a Member

To drop a member, complete the following actions.

1. Obtain the most recent DCO-233.
2. Go to the member segment and locate the member's name. In the shaded area below the member's name, write the word "Drop." Do not enter any variation of this word.
3. If the member had resources, change the resource total in field 27.
4. Change total household members (field 13) and total eligible members (field 14).
5. If the member had income, change the budget as appropriate in fields 35 through 68.
6. Calculate the new monthly coupon allotment.
7. Complete the rest of the DCO-233 as applicable.
8. Submit the DCO-233 to be keyed.

12230 Resource Changes

12231 Acquisition of a Vehicle

If the household reports the acquisition of a vehicle, the information provided must be adequate to determine if the vehicle is to be excluded or counted as a resource.

See FSC 4430 for information about excluded vehicles.

If the reported information shows a vehicle will be totally excluded, no additional action is required. If not, it must be determined if the countable value of the vehicle will make the household ineligible.

FOOD STAMP CERTIFICATION MANUAL 12231-12233 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: RESOURCES
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See FSC 4821 for instructions on determining the countable value of a vehicle.

If the information provided shows the countable value of the vehicle plus other resources make the household ineligible, additional information may be needed. For example, it may be necessary to determine if the household "traded in" a vehicle currently counted as a resource.

If additional information is needed, an advance notice of adverse action must be manually issued to the household via a DCO-1. The DCO-1 will specify the information to be provided and will state that failure to return the information by the specified date will result in case closure.

#### 12232                    Liquid Resources

When a household reports liquid resources exceeding \$2,000, the food stamp case will be closed unless the household contains a member age 60 or older. If the household has a member age 60 or older, the household will remain eligible unless its total resources exceed \$3,000.

See FSC 4950 for an explanation of the procedures for handling lump sum payments.

Additional contact with the household will be required if the household reports liquid resources in excess of \$2,000 but doesn't specify the amount. See FSC 12233 above for instructions on obtaining the needed information from the household.

#### 12233                    Actions to Take to Change a Resource

##### Vehicles

1. Determine the countable value of the new vehicle. See FSC 4800 - 4841.
2. If the vehicle has any countable value, add this figure to the existing resources in the resource fields of the Food Stamp Authorization Document (DCO-233). If applicable, subtract the countable value of the vehicle used as the "trade-in."
3. Compare the household's total countable resources to the applicable resource limits. See FSC 4300 - 4310.
4. If the household's total countable resources are less than the limits, the household continues to be eligible. If not, close the case.
5. To close the case, complete an DCO-233. See EMSUM 7340 - 7341 for instructions.

##### Liquid Resources

If the household's liquid resources exceed the applicable limit (\$2,000 for regular households or \$3,000 for aged/disabled households), the case will be closed. See EMSUM 7340 - 7341 for instructions.

FOOD STAMP CERTIFICATION MANUAL 12240-12241 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: INCOME
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12240                    Income Changes

12241                    Determining Effect of Change

A reported change in income will be reviewed to determine:

- If the information reported is adequate to determine the effect of the change on the household's food stamp allotment; and
- If verification is required.

Other factors to be considered are listed below.

1. Loss of earnings by an eligible student may change student status from eligible to ineligible. See FSC 1622.2.
2. An individual who is terminated or laid off from a job may get unemployment compensation.
3. An individual who loses earnings due to illness, injury, or pregnancy may get worker's compensation, sick pay, or maternity benefits.
4. If the head of the household voluntarily quits a job without good cause, the household may be sanctioned. See FSC 3610.
5. An individual who becomes entitled to SSA, SSI or VA may receive a lump sum payment. See FSC 4950 - 4951.
6. Receipt of SSA or VA by an individual with dependents in the home may mean the dependents also have income.
7. Loss of income may result in receipt of loans or contributions if the household no longer has the income necessary to meet its expenses.

In these instances, for occasional reporters, the household's certification period may be shortened as explained in FSC 12310. Quarterly reporters will be asked to explain these circumstances before the quarterly report form is processed. See FSC 11540.

FOOD STAMP CERTIFICATION MANUAL 12241-12241 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: CHART - INCOME
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The case record must also be reviewed to determine if a change in work registration status has occurred. See the chart below.

REPORTED CHANGE	REQUIRED ACTION
Loss of a job.	Determine if the member who lost a job should be registered for work. If yes, see FSC 3310.
Reduction in hours.	Determine if the member whose hours were reduced is working less than 30 hours or making less than the federal minimum wage X 30 hours. If yes, determine if member is exempt from work registration. If no, See FSC 3310.
Obtained employment for more than 30 hours per week; or  Obtained employment with wages equal to or more than federal minimum wage X 30 hours; or  Began receiving a disability benefit - e.g., SSI - no longer subject to work registration.	Determine if affected member was subject to work registration.  If yes, change work registration code on DCO-233.  If E&T participant, notify Project SUCCESS via DCO-1410. If Workfare participant, see FSC 3831.
An entitlement check based on disability was terminated.	Determine if affected member will now be subject to work registration. (The household may wish to furnish verification the member is unable to work.) See FSC 3310.

FOOD STAMP CERTIFICATION MANUAL 12242-12251 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: INCOME/MEDICAL
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## 12242 Actions to Take to Change Income

At the time of a reported change income will be budgeted prospectively. A prospective budget must anticipate the household's income for the remainder of the certification period. Or, in the case of quarterly reporting households, the prospective budget must anticipate the household's income for the upcoming quarter. See FSC 7512 - 7524.1 for a full explanation of prospective budgeting and anticipating income.

When a household's income has changed, the following actions will be taken.

1. On the most recent Food Stamp Authorization Document (DCO-233), enter the new income figures.
2. Recalculate the budget using the new income figures. See FSC 7610 for an explanation of the process used to calculate the budget.
3. Using the county's standard procedures, send the DCO-233 to be keyed.

## 12250 Changes Not Required to be Reported

Any change reported by the household must be processed. Except for medical expenses and actual utility costs (if these costs exceed the utility standard and result in a deduction), verification need not be required on a change which is not required to be reported.

## 12251 Changes in Medical Expenses

There is no requirement to report changes in medical expenses unless a household is submitting a midpoint review. See FSC 11640 for instructions on processing medical expenses at the time of the midpoint review. See FSC 12510 for instructions on handling changes in medical expenses reported to a Medicaid worker.

However, households eligible to receive a medical deduction as per FSC 6500 may report a change in medical expenses at any time. Reported changes in medical expenses will be processed.

Reports of new medical expenses must be reviewed to determine if:

1. The reported medical expense was incurred by an aged or disabled member as defined in the "Glossary"; and
2. The reported medical expense is allowable as per FSC 6510.

Reports that medical expenses have stopped must be reviewed to determine if the expense was allowed on an "as-incurred" basis or prorated over the certification period. Prorated medical expenses will continue to be allowed even if the household reports it is no longer paying on the expense. Conversely, if a household reports a new medical expense, but this is actually a prorated or one-time expense which has already been allowed, no adjustment will be made.

Verified increases in medical expenses will be allowed.

See FSC 6521 for instructions on budgeting monthly expenses.

See FSC 6521.1 for instructions on budgeting periodic expenses.

See FSC 6521.2 for instructions on budgeting one-time expenses.

No past due medical expenses will be allowed. See FSC 6523.

#### 12252                    Actions to Take to Change Medical Expenses

A medical expense which has been or will be reimbursed is not to be allowed until the amount and/or date of reimbursement is known. Then, only the portion of the expense not covered by the reimbursement will be allowed. See FSC 6522.

To calculate a change in medical expenses, the following actions must be completed.

1. Add or subtract the medical expense as appropriate. Continue to allow unchanged monthly expenses, prorated periodic expenses and one-time expenses averaged over the certification period.
2. Subtract the \$35 benchmark. The resulting figure is the new medical deduction. If the benchmark equals or exceeds the new medical costs, the household no longer qualifies for a medical deduction.
3. Enter the new medical deduction in field 55 of the DCO-233. (If the household no longer has a medical deduction, enter "0" in field 55.)
4. Recalculate the rest of the household's budget based on the new medical deduction.

See FSC 6525 for a full explanation of the methods to be used to determine a household's medical deduction.

#### 12300                    Changes Reported to AFDC Workers

Changes reported to an AFDC worker are considered to have been reported for food stamp purposes. Changes reported by either occasional reporting or quarterly reporting households to the AFDC worker must be reflected in the food stamp case within 10 days of the date reported.

AFDC recipients are not required to report changes in the AFDC grant. These changes must always be reflected in the food stamp case.

If AFDC workers in any county do not handle the household's food stamp case, the county must devise a system for transmitting changes to the appropriate food stamp worker. No particular type of system is mandated; however, any system used must ensure information is transmitted in writing from one worker to the other in a timely manner. The day after the household reports the change to the PA worker is considered day one of the change processing period.

FOOD STAMP CERTIFICATION MANUAL 12300-12400 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: AFDC CHANGES
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Changes reported by AFDC recipients are processed using the same verification standards and budgeting methods as any other change. Verification presented to the AFDC worker will be used whenever possible.

Special instructions for processing changes to both the AFDC grant and the food stamp allotment appear in FSC 12510 through 12520. For situations not appearing in these sections, normal processing standards will be used.

#### 12310 Adverse Changes to AFDC Grant and Food Stamp Allotment

Some changes reported by AFDC recipients may result in reduction and/or termination of both the AFDC grant and the food stamp allotment. For example, the AFDC payee goes to work.

When sufficient information is available to determine both the status of the AFDC grant and the food stamp allotment, a single notice (DCO-1) will be issued to the household.

The DCO-1 will serve as a advance notice of adverse action. See FSC 12400 for instructions. It will specify the effect of the change on both the AFDC grant and the food stamp allotment.

If the AFDC worker does not handle the food stamp case, the information will be transmitted to the food stamp worker. The food stamp worker will make the appropriate adjustments and issue an advance notice of adverse action.

#### 12320 Adverse Changes to AFDC Grant / Increase in Food Stamps

Some changes result in a decrease or termination of the AFDC grant which in turn increases the food stamp allotment. For example, a child is removed from the AFDC grant thus lowering the grant amount.

No action will be taken to adjust the household's food stamp allotment until the household decides whether to appeal the action taken on the AFDC case. Therefore, the advance notice of adverse action required for the AFDC action will be issued first.

If no request for an administrative hearing has been received by the end of the AFDC adverse action period, the food stamp allotment will be adjusted within 10 days. The 10 day period will be calculated from the date the AFDC notice of adverse action expired. An adequate notice (See FSC 12400) must be issued to advise the household of the increase in the food stamp allotment.

If the household submits a request for an administrative hearing and continuation of benefits (see FSC 16514), the food stamp allotment will not be changed until the hearing decision has been rendered. If the next scheduled recertification occurs prior to the decision, the case will be adjusted at recertification.

#### 12400 Changes Reported by Someone Other than a Household Member

FSC 12500 through FSC 12700 contains instructions for processing changes reported to the food stamp worker by someone other than a household member. The household is liable for any over issuances which occur due to failure to report the changes as prescribed in FSC 11240 and 11250.



FOOD STAMP CERTIFICATION MANUAL 12510-12530 DATE: 3-1-95	SECTION: PROCESSING REPORTED CHANGES SUBJECT: REPORTS FROM OTHERS
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## 12510 Changes Reported by Other DCO Personnel

Changes reported to the food stamp worker by other DCO personnel (e.g., Medicaid workers) must be processed within 10 days of the date the change becomes known to the county office. Day one of the 10 day period is the day after the date of the report.

Any verification presented to a Medicaid worker may also be used in the food stamp case. When a change in medical expenses is reported to a Medicaid worker, the change must be reflected in the food stamp case only if adequate verification of the change is available in the Medicaid record. The household may not be contacted for additional information and/or verification if it is needed for the food stamp case.

When a member of a food stamp household enters a nursing home, this member is to be removed from the food stamp household. If this person was the only household member, the food stamp case will be closed.

When a husband and wife have been receiving social security and/or SSI and only one of them enters a nursing home, there may be several adjustments in the couple's SSI and/or social security checks. The food stamp case should be monitored closely for several months to determine the effect of these changes. The worker may use the review for change fields or shorten the household's certification period as instructed in FSC 12310.

## 12520 Reports From DCFS Workers

When children enter or leave foster care, the proper adjustments will be made to any food stamp cases involved. See FSC 1624 and FSC 5708 for instructions.

## 12530 Reports From Quality Control (Q.C.)

See FSC 800 through FSC 890 for a full description of the Q.C. process. Q.C. reports may be either informal reports provided to the county during the course of the review or review summaries submitted to the county upon completion of the review.

Review summaries reporting case errors require corrective action by the county. The corrective action is reported via the Quality Control Error Response (DCO-29). See the DCO-29 for full instructions.

Information not reported by the household which appears on the review summary must be handled as a reported change. The informal reports provided by the Q.C. review to the county office must also be handled as a reported change. Day one of the change processing period will be the day after the Q.C. report is received in the county office.

Under issuances found by Q.C. which resulted from an agency error will be corrected through restored and/or supplemental issuances to the household. See FSC 13000 for instructions on authorizing restored benefits and/or supplemental benefits.

FOOD STAMP CERTIFICATION MANUAL 12530-12600	SECTION: PROCESSING REPORTED CHANGES
DATE: 3-1-95	SUBJECT: GENERALLY KNOWN INFORMATION

Overpayments must be prepared on all over issuances identified through Q.C. reviews. See FSC 15000 for full instructions on preparing overpayments.

The Q.C. reviewer verifies only the information needed to make a determination of the household's eligibility and correct food stamp allotment for the month of review. If the verification used by Q.C. is not available or does not include all months in the overpayment or restoration period, the caseworker must obtain the needed verification.

12540

#### Reports From Field Investigations

Field investigations may be completed by a caseworker or a field investigator. When the field investigation reveals information not reported by the household, the investigator's report will be reviewed to determine if the information has been substantiated by a reliable collateral contact. For example, if earned income is verified by the employer, that information is substantiated.

If the information has been substantiated, an advance notice of adverse action will be issued to the household. The notice must specify the information obtained through the field investigation and any action the household must take as a result- (e.g., verify earned income).

For unsubstantiated reports, the caseworker will attempt to substantiate the report through available collateral sources. If the information is substantiated to the caseworker's satisfaction, an advance notice of adverse action will be issued.

When the report cannot be substantiated, the household's certification period will be shortened in accordance with FSC 12310.

Suspected occurrences of fraudulent activity will be reported via the Suspected Fraud Report, DCO-1700.

12600

#### Reports by Individuals / Generally Known Information

When an individual makes a report, the caseworker must attempt to obtain the individual's name and address. However, this is not required information.

When an individual gives his name but requests anonymity, his name will not be released to the household. The name will be removed from the case record if the household wants to review the record.

When an individual contacts the county office or other agency personnel to report unsolicited information about a household receiving food stamps, the report must be substantiated through a field investigation or collateral contact.

For example, an individual reports that a food stamp recipient is employed at a local factory. First, the case worker will check to see if the income has been reported by the household. If yes, no additional action is required. If no, the case worker may be able to substantiate the report by calling the factory.

DATE: 3-1-95

If the report is substantiated, an advance notice of adverse action will be issued to the household via DCO-1. The DCO-1 will specify the reported information and state the action the household must take as a result.

If the report cannot be substantiated, the household's certification period will be shortened as specified in FSC 12310.

Changes in food stamp households may become known to the agency through common knowledge. Examples of common knowledge appear below.

1. The marriage of a member of a currently certified household is announced in the newspaper.
2. The obituary of a member of a currently certified household appears in the newspaper.
3. A county worker observes a member of a currently certified household working at a job although no employment or a different employer has been reported by the household.

When information becomes known to the agency through general sources, an advance notice of adverse action will be issued to the household. The notice will specify the nature of the information and any actions the household must take to continue participating in the Program.

# OCCASIONAL REPORTING - CHART

Type of Change	Reporting Requirement	Processing Standard	Verification CODE	Notice CODE
INCOME - Change in source.	Within 10 days of date known	10 days	VR	NOAA or AN
INCOME - Increases or decreases < \$25.	NONE	10 days	VIO	NOAA or AN
INCOME - Increases > \$25	Within 10 days of date known	10 days	VIO	NOAA or AN
INCOME - Decreases > \$25 BUT < \$50.	Within 10 days of date known	10 days	VR	AN
INCOME - Decreases > \$50.	Within 10 days of date known	10 days / no later than next month	VR	AN
LIQUID RESOURCES Reach or exceed \$2,000	Within 10 days of date known	10 days	VIO	NOAA or AN
VEHICLES Acquires a vehicle	Within 10 days of date known	10 days	VIO	NOAA or AN
ADDRESS/ RESIDENCE	Within 10 days of date known	10 days / Before next allotment.	VQ	AN
HOUSEHOLD MEMBER - Enters home.	Within 10 days of date known	10 Days / no later than next month.	VQ	NOAA or AN
HOUSEHOLD MEMBER - Leaves home.	Within 10 days of date known	10 days	VQ	NOAA or AN
SHELTER COSTS	Only if change of residence - If so, within 10 days.	10 days	ENTITLEMENT TO STANDARD VQ ACTUAL UTILITY COST VS25	NOAA or AN
DEPENDENT CARE COSTS	NONE	10 days	VQ	NOAA or AN
MEDICAL COSTS	NONE	10 days	VS25	NOAA or AN

### Verification at Reported Change

The following items must be verified if not previously verified.

1. Alien status
2. Identity
3. Residency

The following items must be verified if questionable.

1. Household composition
2. Citizenship
3. Utility standard entitlement
4. Dependent care costs
5. Excluded income
6. Work registration exemption

The following items must be verified if the source has changed or the amount has changed by more than \$25.

1. Income
2. Total medical expenses
3. Actual utility costs.

Income, total medical expenses and actual utility costs which have changed by \$25 or less may be verified if reported information is incomplete, inaccurate, inconsistent or outdated.

### VERIFICATION CODES FOR REPORTED CHANGES

- VR - This information must be verified.  
VQ - This information must be verified if questionable.  
VIO - This information must be verified if incomplete, inaccurate, inconsistent or outdated.  
VS25 - This information must be verified if the source has changed or the amount has changed by more than \$25.

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### Notices at Reported Change

An advance notice of adverse action (NOAA) is issued at least ten days before the effective date of the action. An NOAA will be issued when the household's benefits will decrease or the case will close if:

1. You are acting on a change not reported by the household;
2. The household did not report the change in writing, or you could not determine the effect of the change based solely on the written report;
3. The household failed to provide needed information; or
4. The household failed to meet some program requirement.

An adequate notice must be received on or before the date the household normally receives its food stamp allotment. An adequate notice will be issued if:

1. The household's benefits will decrease, but the change was reported in writing, and you could determine the effect of the change based solely on the written report;
2. The household's benefits will increase;
3. The household is will receive restored benefits or a supplemental issuance; or
4. A change was reported, but there was no change in benefits.

No notice is required if:

1. All household members die;
2. The household moves from the county or state;
3. All installments of a restoration have been issued;
4. The household was notified at the time of certification of an expected decrease in benefits; or
5. The household requests case closure in writing or in person at the county office.

### NOTICE CODES FOR REPORTED CHANGES

- AN - Issue an adequate notice.  
NOAA - Issue an advance notice of adverse action.  
NON - No notice is required.

**QUARTERLY REPORTING - CHART**

<b>TYPE OF CHANGE</b>	<b>REPORTING REQUIREMENT</b>	<b>PROCESSING STANDARD</b>	<b>VERIFICATION CODE</b>	<b>NOTICE CODE</b>
EARNED INCOME	When QR form is submitted	End of report month	VR	AN
UNEARNED INCOME Change in source	When QR form is submitted	End of report month	VR	AN
UNEARNED INCOME Increases or decreases > \$25.	NONE	End of report month	VIO	AN
UNEARNED INCOME Increases > \$25.	When QR form is submitted	End of report month	VIO	AN
UNEARNED INCOME Decreases > \$25 but < \$50.	When QR form is submitted	End of report month	VR	AN
UNEARNED INCOME Decreases > \$50	When QR form is submitted	End of report month	VR	AN
LIQUID RESOURCES \$2,000 or more	When QR form is submitted	End of report month	VIO	AN
VEHICLES Acquires a vehicle.	When QR form is submitted.	End of report month	VIO	AN
ADDRESS/ RESIDENCE	As soon as known.	By next allotment.	VQ	AN
HOUSEHOLD MEMBER - Enters home.	When QR form is submitted	By end of report month	VQ	AN
HOUSEHOLD MEMBER - Leaves home.	When QR form is submitted	By end of report month	VQ	AN
SHELTER COSTS	Only if change of residence - If so, when QR form is submitted.	By end of report month	ENTITLEMENT TO STANDARD VQ ACTUAL UTILITY COST VS25	AN
DEPENDENT CARE COSTS	NONE	By end of report month	VQ	AN
MEDICAL COSTS	NONE	By end of report month	VS25	AN

## VERIFICATION AT QUARTERLY REPORT

EARNED INCOME MUST BE VERIFIED.

The following items must be verified if the source has changed or the amount has changed by more than \$25.

1. Unearned income
2. Total medical expenses
3. Actual utility costs.

The following items must be verified if not previously verified.

1. Alien status
2. Identity
3. Residency

The following items must be verified if questionable.

1. Household composition
2. Citizenship
3. Utility standard entitlement
4. Dependent Care Costs
5. Excluded income
6. Work registration exemption

Income, total medical expenses and actual utility costs which have changed by \$25 or less may be verified if reported information is incomplete, inaccurate, inconsistent or outdated.

### VERIFICATION CODES FOR REPORTED CHANGES

- VR - This information must be verified.  
VQ - This information must be verified if questionable.  
VIO - This information must be verified if incomplete, inaccurate, inconsistent or outdated.  
VS25 - This information must be verified if the source has changed or the amount has changed by more than \$25.

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## NOTICES AT QUARTERLY REPORT

An adequate notice will be issued to any household whose food stamp allotment will change as a result of information reported on the quarterly report. The adequate notice must be received by the household before or at about the same time the household's allotment will normally be received. The adequate notice must advise the household of:

- The nature of the change;
- The reason for the change; and
- The effective date of the change.

An automated notice may be issued in most circumstances. See APPENDIX H to the DCO User's Manual.

No notice is required if:

1. All household members die;
2. The household moves from the county or state;
3. All installments of a restoration have been issued;
4. The household was notified at the time of certification of an expected decrease in benefits; or
5. The household requests case closure in writing or in person at the county office.

### NOTICE CODES

- AN - Issue an adequate notice.  
NON - No notice is required.

# OCCASIONAL REPORTING - CHART

Type of Change	Reporting Requirement	Processing Standard	Verification CODE	Notice CODE
INCOME - Change in source.	Within 10 days of date known	10 days	VR	NOAA or AN
INCOME - Increases or decreases < \$25.	NONE	10 days	VIO	NOAA or AN
INCOME - Increases > \$25	Within 10 days of date known	10 days	VIO	NOAA or AN
INCOME - Decreases > \$25 BUT < \$50.	Within 10 days of date known	10 days	VR	AN
INCOME - Decreases > \$50.	Within 10 days of date known	10 days / no later than next month	VR	AN
LIQUID RESOURCES Reach or exceed \$2,000	Within 10 days of date known	10 days	VIO	NOAA or AN
VEHICLES Acquires a vehicle	Within 10 days of date known	10 days	VIO	NOAA or AN
ADDRESS/ RESIDENCE	Within 10 days of date known	10 days / Before next allotment.	VQ	AN
HOUSEHOLD MEMBER - Enters home.	Within 10 days of date known	10 Days / no later than next month.	VQ	NOAA or AN
HOUSEHOLD MEMBER - Leaves home.	Within 10 days of date known	10 days	VQ	NOAA or AN
SHELTER COSTS	Only if change of residence - If so, within 10 days.	10 days	ENTITLEMENT TO STANDARD VQ ACTUAL UTILITY COST VS25	NOAA or AN
DEPENDENT CARE COSTS	NONE	10 days	VQ	NOAA or AN
MEDICAL COSTS	NONE	10 days	VS25	NOAA or AN



### Verification at Reported Change

The following items must be verified if not previously verified.

1. Alien status
2. Identity
3. Residency

The following items must be verified if questionable.

1. Household composition
2. Citizenship
3. Utility standard entitlement
4. Dependent care costs
5. Excluded income
6. Work registration exemption

The following items must be verified if the source has changed or the amount has changed by more than \$25.

1. Income
2. Total medical expenses
3. Actual utility costs.

Income, total medical expenses and actual utility costs which have changed by \$25 or less may be verified if reported information is incomplete, inaccurate, inconsistent or outdated.

### VERIFICATION CODES FOR REPORTED CHANGES

- VR - This information must be verified.  
VO - This information must be verified if questionable.  
VIO - This information must be verified if incomplete, inaccurate, inconsistent or outdated.  
VS25 - This information must be verified if the source has changed or the amount has changed by more than \$25.

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### Notices at Reported Change

An advance notice of adverse action (NOAA) is issued at least ten days before the effective date of the action. An NOAA will be issued when the household's benefits will decrease or the case will close if:

1. You are acting on a change not reported by the household;
2. The household did not report the change in writing, or you could not determine the effect of the change based solely on the written report;
3. The household failed to provide needed information; or
4. The household failed to meet some program requirement.

An adequate notice must be received on or before the date the household normally receives its food stamp allotment. An adequate notice will be issued if:

1. The household's benefits will decrease, but the change was reported in writing, and you could determine the effect of the change based solely on the written report;
2. The household's benefits will increase;
3. The household is will receive restored benefits or a supplemental issuance; or
4. A change was reported, but there was no change in benefits.

No notice is required if:

1. All household members die;
2. The household moves from the county or state;
3. All installments of a restoration have been issued;
4. The household was notified at the time of certification of an expected decrease in benefits; or
5. The household requests case closure in writing or in person at the county office.

### NOTICE CODES FOR REPORTED CHANGES

- AN - Issue an adequate notice.  
NOAA - Issue an advance notice of adverse action.  
NON - No notice is required.

**QUARTERLY REPORTING - CHART**

<b>TYPE OF CHANGE</b>	<b>REPORTING REQUIREMENT</b>	<b>PROCESSING STANDARD</b>	<b>VERIFICATION CODE</b>	<b>NOTICE CODE</b>
EARNED INCOME	When QR form is submitted	End of report month	VR	AN
UNEARNED INCOME Change in source	When QR form is submitted	End of report month	VR	AN
UNEARNED INCOME Increases or decreases > \$25.	NONE	End of report month	VIO	AN
UNEARNED INCOME Increases > \$25.	When QR form is submitted	End of report month	VIO	AN
UNEARNED INCOME Decreases > \$25 but < \$50.	When QR form is submitted	End of report month	VR	AN
UNEARNED INCOME Decreases > \$50	When QR form is submitted	End of report month	VR	AN
LIQUID RESOURCES \$2,000 or more	When QR form is submitted	End of report month	VIO	AN
VEHICLES Acquires a vehicle.	When QR form is submitted.	End of report month	VIO	AN
ADDRESS/ RESIDENCE	As soon as known.	By next allotment.	VQ	AN
HOUSEHOLD MEMBER - Enters home.	When QR form is submitted	By end of report month	VQ	AN
HOUSEHOLD MEMBER - Leaves home.	When QR form is submitted	By end of report month	VQ	AN
SHELTER COSTS	Only if change of residence - If so, when QR form is submitted.	By end of report month	ENTITLEMENT TO STANDARD VQ ACTUAL UTILITY COST VS25	AN
DEPENDENT CARE COSTS	NONE	By end of report month	VQ	AN
MEDICAL COSTS	NONE	By end of report month	VS25	AN

## VERIFICATION AT QUARTERLY REPORT

### EARNED INCOME MUST BE VERIFIED.

The following items must be verified if the source has changed or the amount has changed by more than \$25.

1. Unearned income
2. Total medical expenses
3. Actual utility costs.

The following items must be verified if not previously verified.

1. Alien status
2. Identity
3. Residency

The following items must be verified if questionable.

1. Household composition
2. Citizenship
3. Utility standard entitlement
4. Dependent Care Costs
5. Excluded income
6. Work registration exemption

Income, total medical expenses and actual utility costs which have changed by \$25 or less may be verified if reported information is incomplete, inaccurate, inconsistent or outdated.

### VERIFICATION CODES FOR REPORTED CHANGES

- VR - This information must be verified.  
VO - This information must be verified if questionable.  
VIO - This information must be verified if incomplete, inaccurate, inconsistent or outdated.  
VS25 - This information must be verified if the source has changed or the amount has changed by more than \$25.

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## NOTICES AT QUARTERLY REPORT

An adequate notice will be issued to any household whose food stamp allotment will change as a result of information reported on the quarterly report. The adequate notice must be received by the household before or at about the same time the household's allotment will normally be received. The adequate notice must advise the household of:

- The nature of the change;
- The reason for the change; and
- The effective date of the change.

An automated notice may be issued in most circumstances. See APPENDIX H to the DCO User's Manual.

No notice is required if:

1. All household members die;
2. The household moves from the county or state;
3. All installments of a restoration have been issued;
4. The household was notified at the time of certification of an expected decrease in benefits; or
5. The household requests case closure in writing or in person at the county office.

### NOTICE CODES

AN - Issue an adequate notice.

NON - No notice is required.