

016-80.95--015



# 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

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AR. REGISTER DIV.  
95 OCT 20 PM 1:56  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

October 14, 1995

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

Dear Mrs. Priest:

We are requesting APA promulgation for PD FSC 95-20. The Division of County Operations amends the Food Stamp Certification manual to implement deduction for child support payments.

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

Sincerely,

  
for Roy Hart  
Director

cc; file



# ARKANSAS REGISTER



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SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

## Transmittal Sheet

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SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

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

For Office  
Use Only: Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency \_\_\_\_\_ Department of Human Services

Department \_\_\_\_\_ Division of County Operations

Contact Person \_\_\_\_\_ Roy Kindle 682-8250 Phone \_\_\_\_\_

Section 13921 of the Mickey LeLand Childhood Hunger Relief Act  
Statutory Authority for Promulgating Rules \_\_\_\_\_  
(P.L. 103, enacted August 10, 1993)

		Date
Intended Effective Date	Legal Notice Published . . . . .	9-25-95
<input type="checkbox"/> Emergency	Final Date for Public Comment . . . . .	10-24-95
<input type="checkbox"/> 10 Days After Filing	Filed With Legislative Council . . . . .	9-25-95
<input checked="" type="checkbox"/> Other	Reviewed by Legislative Council . . . . .	N/A
<u>1 October 1995</u>	Adopted by State Agency . . . . .	11-3-95

### CERTIFICATION OF AUTHORIZED OFFICER

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

Roy Hart II  
Signature

682-8375  
Phone Number

DCO Director  
Title

9-20-95  
Date



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SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

32F • MONDAY, SEPTEMBER 25, 1995 • •

**NOTICE OF RULE MAKING**

Pursuant to Section 13921 of the Mickey Leland Childhood Hunger Relief Act, (P.L. 103-66, enacted August 10, 1993) the Division of County Operations issues proposed changes to the Food Stamp Certification manual regarding implementation of a deduction for child support.

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 Unit, slot 1241. All comments must be submitted within 30 days of the date of publication of this notice. If you need any material in a different format, such as large print, contact our Americans with Disability 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.

/s/Roy Hart

Director

Division of County Operations  
6642375



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SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

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Roy Hart II  
Roy Hart  
Director  
Division of County Operations

87-11168-170



# MANUAL TRANSMITTAL

Arkansas Department of Human Services  
Division of County Operations

FILED  
AR. REGISTER DIV.  
95 OCT 20 PM 1:57

☐ Policy ☐ Form ☒ Policy Directive

Issuance Number **FSC 95-20**  
Issuance Date **10-01-95**

Food Stamp Certification Manual

From: Roy Hart  
Director

Expiration Date **Until**  
**Superseded**

Subj: Child Support Deductions

Effective October 1, 1995, a deduction will be allowed in the Food Stamp Program for legally obligated child support payments made by a household member to an individual who is not a household member. Under the authority of the 1993 Mickey Leland Childhood Hunger Relief Act (Public Law 103-66, Title I, Chapter 3, Section 13921) states must implement this provision no later than October 1, 1995.

A legal obligation may be:

1. A court order that would be upheld by a judge in a court of law;
2. An order issued through an administrative process; or
3. A legally enforceable separation agreement.

The following payments will also be deductible:

1. Payments from current income to makeup for months in which the member did not meet his or her legal obligation;
2. The value of legally obligated child support that is provided in-kind, such as payments of rent directly to a landlord.
3. Payments a non-custodial parent is legally obligated to make to obtain health insurance for a child or children.

Any portion of a child support payment above and beyond the obligated amount is not deductible. Payments for alimony are not deductible. Voluntary child support payments made without a legal order are not deductible.

## Collecting Information About Child Support Payments

Until necessary forms can be revised to collect child support information, a form entitled *Child Support Deduction* (DCO-202) has been designed for this purpose. A slip with a question about child support will be stapled to the deduction section of the Food Stamp Application, (DCO-220). At the time of the application interview, each household will be asked if anyone in the home pays child support. If the response is affirmative, the household will be asked to complete a DCO-202.

If a child support payment is declared on a quarterly report, the household will be issued a DCO-202 and asked to complete and return it within 10 days.

A copy of the DCO-202 is attached to this directive. A copy of the statement to be added to the application is also attached. Distribution of the office supply of both items will occur separately.

#### Determining the Amount of The Child Support Deduction

The child support deduction will be taken before the household's shelter deduction is calculated. This deduction will be entered to WFSM in a new field entitled 55A. To make room for this new field, the blank field 47 has been omitted and total unearned (field 49) has been moved back from the top of the third column to the bottom of the second column. Until the system prints a new DCO-233 with the new field number 55A, the child support deduction will be inserted with an arrow immediately after the medical deduction field.

The child support deduction must reflect the child support the household expects to pay during the certification period rather than the obligated amount. Therefore, the amount of the child support deduction will be based on the average amount paid so long as the average amount does not exceed the obligated amount. Amounts in excess of the legal obligation are not deductible.

For households submitting an initial application, the average must be based on at least three months payments unless there is less than three month's history. If there is less than three month's history, the average will be based on the payments made to date. If there is no payment history, the child support deduction will be based on the amount the household is obligated to pay plus the absent parent's statement of what he or she intends to pay.

For households submitting a subsequent application, the average will be based on the child support paid during the previous certification period unless the household has no payment history. If there is no payment history, the child support will be based on the amount the household is obligated to pay plus the absent parent's statement of what he or she intends to pay.

To calculate an average amount, figure the total for each month of the selected period. Do not use a conversion factor. Add together the amount figure for each month to get a total paid during the selected period. Divide this figure by the number of months in the selected period.

Any upcoming change in the legally obligated amount must be taken into account when determining the amount of the child support deduction. For example, if the court orders a decrease in child support, this must be reflected in the amount of the child support deduction. Or, if the court orders an increase in child support and the household states it will meet its obligation, the new payment must be reflected in the amount of the child support deduction.

#### Reporting Changes in Child Support

Any household who declares a child support deduction will be subject to quarterly reporting unless the household would otherwise be certified for one or two months.

When the quarterly report is submitted, the household must report its current child support payments and provide verification of all child support payments in the previous quarter. These child support payments will be averaged and deducted for the upcoming quarter. While the payments must be verified, there will be no need to reverify obligation unless the household reports a change in the obligated amount.

Verification of Child Support Payments

Documents such as court orders, administrative orders, legally enforceable separation agreements will be sufficient to verify both the obligation to pay child support and the obligated amount. However, these documents may not be used to verify the actual payment of child support. Acceptable verification of the amount paid include canceled checks, court payment records, wage withholding statements, verification of withholding from unemployment compensation checks, and statements from the custodial parent regarding payments. Payments made through the Office of Child Support Enforcement may be verified through the WFTC screen or other OCS screens.

At initial application and at recertification both the obligation to pay and the amount paid must be verified. An application will not be held beyond the normal processing time solely to obtain required verification of deductible child support payments if the household is otherwise eligible. The household will be notified that its application was processed without allowing the child support deduction. When verification is provided, the expense will be deducted and the allotment adjusted in accordance with the timeliness standards for a change reported by an occasional reporter.

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



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of County Operations

Food Stamp Program

Child Support Deduction

Casehead SSN \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

County Address and Telephone No.

\_\_\_\_\_ Caseworker \_\_\_\_\_

**YOU MUST RETURN THIS INFORMATION ON OR BEFORE \_\_\_\_\_ OR YOUR \_\_\_\_\_  
WILL BE PROCESSED WITHOUT A DEDUCTION FOR CHILD SUPPORT PAYMENTS.**

Do you or anyone else in your household pay child support ? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, we may be able to deduct your child support payments in determining how many food stamps your household will get. In order for a determination to be made about deducting child support payments, please answer the questions below.

Who pays the child support? \_\_\_\_\_

Is this person legally obligated to pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_

(This means the person must pay child support under a court order, administrative order, or a legally enforceable separation agreement.)

Who gets the child support? \_\_\_\_\_  
Name Address

How much are the child support payments? \_\_\_\_\_

How often is child support paid? (Check one) Weekly \_\_ Every other week \_\_ Twice per month \_\_\_\_

Once per month \_\_\_\_ Other \_\_\_\_

\_\_\_\_\_ Sign Here

\_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION**

Child support payments will not be deducted unless we have proof of both the legal obligation to pay child support and the amount of child support paid. See back of this page for instructions.

**IF YOU NEED THIS FORM IN A DIFFERENT FORMAT SUCH AS LARGE PRINT, CONTACT YOUR  
DHS COUNTY OFFICE.**

## **INSTRUCTIONS FOR VERIFICATION OF CHILD SUPPORT PAYMENTS**

### **Verification of Legal Obligation to Pay Child Support**

**We must have proof that child support payments are legally obligated. You may provide as proof:**

- 1. A copy of the court order;**
- 2. A copy of the administrative order; or**
- 3. A copy of the legally enforceable separation agreement.**

### **Verification of Child Support Payments**

**If you are applying for the first time, we must have proof of all child support payments made in the last three months. If you have paid child support for less than three months, we need proof of all payments.**

**If you reapplying, your caseworker will tell you exactly what proof you must provide.**

**You do not need to provide proof of child support payments made through the Office of Child Support Enforcement. We have this information in our office.**

**To verify child support payments, you may provide:**

- 1. Canceled checks;**
- 2. Money order receipts;**
- 3. A signed, dated statement from the person who gets the child support;**
- 4. A copy of your record of payment from a court or other collection agency;**
- 5. Wage withholding statements; or**
- 6. Other documentary evidence.**

### **Providing Verification**

**You and your household are primarily responsible for getting proof of child support obligation or payments. If you need help getting this information, contact your caseworker. Your caseworker will help you get this information so long as you are cooperating with this agency.**

### **Your Right to Appeal**

**If you are unhappy with any action we take, you or your representative may ask for a hearing. To ask for a hearing, call or go into the Department of Human Services Office. Send written requests to:**

**Arkansas Department of Human Services  
Attention: Appeals and Hearings  
P.O. Box 1437 Slot 1001  
Little Rock, AR 72203**

## FOOD STAMP PROGRAM - CHILD SUPPORT DEDUCTION

DCO-202

### PURPOSE

The DCO-202 will be issued to a household which declares a child support deduction on the food stamp application or food stamp quarterly report.

### COMPLETION

The county worker will complete the following items before the DCO-202 is issued to the household:

1. name, address and SSN of casehead;
2. county address and telephone number;
3. date the form was issued;
4. caseworker's name;
5. date by which form must be returned; and
6. type of case action (quarterly report, application, or change report).

The household will be asked to complete the remainder of the information. If the household requests assistance in completing the remainder of the information, any county worker will provide assistance. The head of household, other responsible household member or authorized representative must sign and date the form.

### ROUTING

Unless the form is completed by the household during the interview, prepare an original and one copy. When the original is returned, the copy may be discarded.

Retain either the copy or the original (if returned) in the case record for three years from the date of completion.

CHILD SUPPORT

Does anyone living in your household  
pay child support? YES \_\_\_\_\_ NO \_\_\_\_\_

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

To whom? \_\_\_\_\_

CHILD SUPPORT

Does anyone living in your household  
pay child support? YES \_\_\_\_\_ NO \_\_\_\_\_

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

To whom? \_\_\_\_\_

CHILD SUPPORT

Does anyone living in your household  
pay child support? YES \_\_\_\_\_ NO \_\_\_\_\_

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

To whom? \_\_\_\_\_

CHILD SUPPORT

Does anyone living in your household  
pay child support? YES \_\_\_\_\_ NO \_\_\_\_\_

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

To whom? \_\_\_\_\_

CHILD SUPPORT

Does anyone living in your household  
pay child support? YES \_\_\_\_\_ NO \_\_\_\_\_

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

To whom? \_\_\_\_\_



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

DEPARTMENT/AGENCY Human Services  
DIVISION County Operations  
DIVISION DIRECTOR Roy Hart  
CONTACT PERSON Betty Helmbeck  
ADDRESS Donaghey Plaza South, 7th & Main, Little Rock  
PHONE NO. 682-8284 FAX NO. 682-1469

**FILED**  
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95 OCT 20 PM 1:57  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_

**INSTRUCTIONS**

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

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

\*\*\*\*\*

1. What is the short title of this rule?

PD FSC 95-20

2. What is the subject of the proposed rule?

Food Stamp Program - Implements a deduction for child support payments.

3. Is this rule required to comply with federal statute or regulations? Yes XX No \_\_\_\_\_

If yes, please provide the federal regulation and/or statute citation. Section 13921 of the Mickey Leland Hunger Relief Act (P.L. 103-66, enacted August 10, 1993)

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes \_\_\_\_\_ No XX

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

N/A

When does the emergency rule expire?

N/A

Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? Yes \_\_\_\_\_

No N/A

53-1-0-01634

5. Is this a new rule? Yes \_\_\_\_\_ No x

Does this repeal an existing rule? Yes \_\_\_\_\_ No x  
If yes, please provide a copy of the repealed rule.

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

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

NA

7. What is the purpose of this proposed rule? Why is it  
necessary?

A change in the federal law makes this rule necessary.

8. Will a public hearing be held on this proposed rule?  
Yes \_\_\_\_\_ No x If yes, please give the date, time,  
and place of the public hearing?

9. When does the public comment period expire?

10/26/95

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

ADOPTED

10/01/95; APA effective date 11/03/95

11. Do you expect this rule to be controversial? Yes \_\_\_\_\_  
No x If yes, please explain.

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

NA

PLEASE ANSWER ALL QUESTIONS COMPLETELY

July 28, 1995



DEPARTMENT Human Services  
DIVISION County Operations  
PERSON COMPLETING THIS STATEMENT Betty Helmbeck  
TELEPHONE NO. 682-8284 FAX NO. 682-1489

### FINANCIAL IMPACT STATEMENT

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

SHORT TITLE OF THIS RULE PD FSC 95-20

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes \_\_\_\_\_ No XX
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. The increase in food stamp benefits resulting from the implementation of this rule will be fully funded by federal dollars.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.  
N/A

1995-96 Fiscal Year

1996-97 Fiscal Year

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

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

n/a

1995-96 Fiscal Year

1996-97 Fiscal Year

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

N/A

1995-96 Fiscal Year

1996-97 Fiscal Year

July 28, 1995

