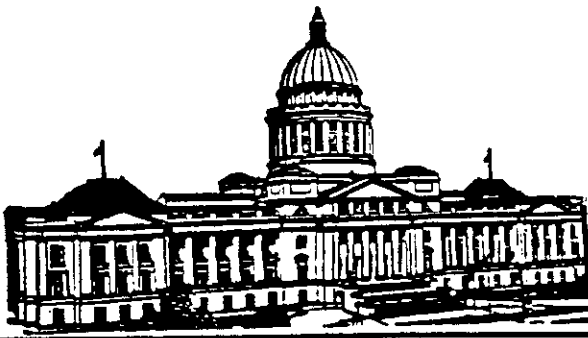


ARKANSAS REGISTER

Transmittal Sheet



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

For Office
Use Only:

Effective Date 7/25/98 Code Number 016.20.98--021

Name of Agency Department of Human Services

Department Division of County Operations

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

Statutory Authority for Promulgating Rules P.L. 104-193 The Personal Responsibility and Work Opportunity Reconciliation Act 1996

FSC 98-12

Intended Effective Date

Legal Notice Published 6-15-98

☐ Emergency

Final Date for Public Comment 7-14-98

☒ 10 Days After Filing

Filed With Legislative Council 6-15-98

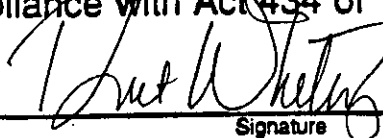
☐ Other

Reviewed by Legislative Council

Adopted by State Agency 8-1-98

CERTIFICATION OF AUTHORIZED OFFICER

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


Signature

682-8375

Phone Number

Director

Title

6/8/98
Date

EX-100
REGISTER DIV.
JUL 15 PM 3:37

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

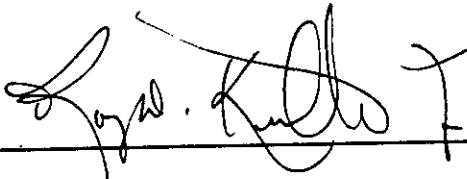
NUMBER AND TITLE: FSC 98-12, Simplified Food Stamp Program

PROPOSED EFFECTIVE DATE: August 1, 1998

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

NECESSITY AND FUNCTION: The State submitted to the Department of Agriculture, Food and Nutrition Service a plan to operate a Simplified Food Stamp Program (SFSP) for households that participate in the Transitional Employment Assistance (TEA) Program. Under this plan, households composed entirely of TEA recipients or a combination of TEA and Supplemental Security Income (SSI) will participate in the SFSP. Under SFSP rules, the TEA application will also serve as an application for food stamp benefits.

PAGES FILED: A total of 28 pages were filed.



**Roy D. Kindle, Jr.
Assistant Director
Office of Program Planning and Development**

PROMULGATION DATE: July 24, 1998

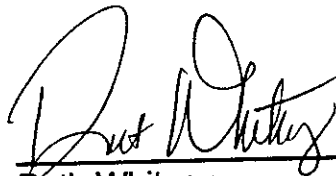
CONTACT PERSON: Roy D. Kindle, Jr.
Assistant Director
Office of Program Planning and Development
P.O. Box 1437, Slot 1220
Little Rock, AR 72203-1437

(501) 682-8251

NOTICE OF RULE MAKING

Pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the State submitted a plan to the Department of Agriculture, Food and Nutrition Service to operate a Simplified Food Stamp Program (SFSP) for households that participate in the Transitional Employment Assistance (TEA) Program. Under this plan, households composed entirely of TEA recipients or a combination of TEA and Supplemental Security Income (SSI) will participate in the SFSP. Under SFSP rules, the TEA application will also serve as an application for food stamp benefits.

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

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

Ruth Whitney
Director
Division of County Operations

DEPARTMENT/AGENCY HUMAN SERVICES

DIVISION COUNTY OPERATIONS

DIVISION DIRECTOR RUTH WHITNEY

CONTACT PERSON Roy D. Kindle, Jr.

ADDRESS Donaghey Plaza South, P.O. Box 1437, Slot 1241, Little Rock, AR 72203-1437

PHONE NO 682-8251

- 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:

FILED
MAR. REGISTER DIV.
58 JUL 15 PM 3:37
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
BY: _____

- 13:37
 TEST
 STATE
 HSAS

 1. What is the short title of this rule?
TEA 98-8, IMF 98-7 and FSC 98-12
 2. What is the subject of the proposed rule?
SIMPLIFIED FOOD STAMP PROGRAM
 3. Is this rule required to comply with federal statute or regulations? _____ YES XX NO
 If yes, please provide the federal regulation and/or the statute citation.
 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? _____ YES XX NO
 If yes, what is the effective date of the emergency rule? _____
 When does the rule expire? _____
 - Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? _____ YES _____ NO

5. Is this a new rule? XX YES NO
- Does this repeal an existing rule? YES XX NO
- Is this an amendment to an existing rule? XX YES NO

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

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

The Personal Responsibility And Work Opportunity Reconciliation Act of 1996 (PRWORA)

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

The State submitted to the Department of Agriculture, Food and Nutrition Service, a plan to operate a Simplified Food Stamp Program (SFSP) for households that participate in the Transitional Employment Assistance (TEA) Program. Under this plan, households composed entirely of TEA recipients or a combination of TEA and Supplemental Security Income (SSI) recipients will participate in the SFSP. Under SFSP rules, the TEA application will also serve as application for food stamp benefits and food stamp eligibility will be based primarily on TEA rules.

8. Will a public hearing be held on this proposed rule? YES XX NO

9. When does the public comment period end?

7-14-98

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

August 1, 1998

11. Do you expect this rule to be controversial?

 YES XX NO

If yes, please explain.

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

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

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. 682-1469

FINANCIAL IMPACT STATEMENT

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

SHORT TITLE OF THIS RULE TEA 98-8, IMF 98-7, and FSC 98-12

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

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, no state will be allowed to operate a Simplified Food Stamp Program (SFSP) if the operation of a SFSP would increase total Program costs. The Department of Agriculture, Food and Nutrition Service (FNS), contracted with Mathematica, Inc. to provide cost analysis for any SFSP plan submitted to FNS. The Arkansas Department of Human Services submitted all requested data to Mathematica for cost analysis. Based on its analysis, Mathematica and FNS have concluded that operation of a SFSP in Arkansas will not increase food stamp benefit costs.

The rules governing the operation of a SFSP (use of the TEA application to make application for the SFSP, long certification periods, simple reporting requirements, etc.) will mean that the State will have no additional costs associated with the issuance of food stamp benefits under the SFSP.

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.

1997-98 Fiscal Year

1998-99 Fiscal Year

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

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

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

1997-98 Fiscal Year \$ 0 1998-99 Fiscal Year \$ 0

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

1997-98 Fiscal Year \$ 0 1998-99 Fiscal Year \$ 0

MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

☒ Policy ☐ Form ☐ Directive Issuance Number TEA 98-8

Transitional Employment Assistance Manual Issuance Date 8/01/98

From: Ruth Whitney
Director

Expiration Date Until
Superseded

Subj: Implementation of the Simplified Food Stamp Program

<u>Pages to be Deleted,</u>	<u>Dated</u>	<u>Pages to be added,</u>	<u>Dated</u>
None		TEA 10000 - 10800	8/1/98

SUMMARY OF CHANGES

This policy contains the Simplified Food Stamp Program policy. A *Table of Contents* is attached.

Inquiries to: Betty Helmbeck, Food Stamp Section, (501) 682-8284
Linda Greer, Employment/Income Support, (501) 682-8257

CONTENTS OF SFSP POLICY

10000	Intent of Simplified Food Stamp Program
10010	Program Design
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10101	Citizenship Requirements for SFSP
10102	Verification of Citizenship
10103	Special Income and Resource Guidelines - Ineligible Aliens
10104	Special SSN Requirements - Family Cap Households
10105	Special Resource Guidelines - Family Cap Households
10106	Special Income Guidelines - Family Cap Households
10107	Special Income and Resource Guidelines - SSI Recipients
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10201	Certifying Households Under Regular Food Stamp Program Rules
10202	Certifying SFSP Applicants Under the Expedited Provisions
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10230	Proration of Benefits
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10250	Aggregate Allotments
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10261	Retroactive Benefits
10262	Restorations and Supplemental Benefits
10263	Recoupments
10300	Changes
10310	Households No Longer Entitled to Participate in the SFSP
10400	Converting Active Cases to the SFSP
10500	Notices
10600	Hearings
10700	Quality Assurance Reviews

**Simplified Food Stamp Program
Program Intent**

**TEA 10000-10020
Household Composition**

10000

Intent of Simplified Food Stamp Program

The Simplified Food Stamp Program (SFSP) provides TEA Cash Assistance Program participants with their basic food needs while the parent or other adult relative works toward increasing his or her earnings potential.

10010

Program Design

The following SFSP requirements will be based on TEA policy: residency, Social Security Numbers, income and resources. (NOTE: The TEA Cash Assistance payment must be counted as income in the SFSP budget.)

Households that participate in the SFSP will not have to meet any work requirements in addition to the TEA Cash Assistance Program work requirements. TEA Cash Assistance recipients who are students will not have to meet the Food Stamp Program student requirements. SFSP participants will have no change reporting requirements in addition to the TEA Cash Assistance reporting requirements.

**CITIZENSHIP REQUIREMENTS FOR FOOD STAMP PROGRAM
RECIPIENTS ARE BASED ON LAW AND CANNOT BE WAIVED. ANYONE
WHO IS NOT A U.S. CITIZEN MUST MEET THE REGULAR FOOD STAMP
PROGRAM CITIZENSHIP REQUIREMENTS AS SPECIFIED IN TEA 10101
BEFORE HE OR SHE IS ALLOWED TO PARTICIPATE IN THE SFSP.**

10020

Household Composition

A food stamp household must meet one of the following descriptions:

- An individual who lives alone.
- A group of individuals who live together and customarily purchase food and prepare meals together.
- An individual or a group of individuals who live with others and customarily (more than 50% of the time) purchase food and prepare meals for home consumption separate and apart from the others.
- An individual who is living with others but is unable to purchase and prepare meals due to a permanent disability such as, but not limited to, senility. This type of household may include the individual and his or her spouse regardless of the physical

8/1/98

**Simplified Food Stamp Program
Household Composition**

**TEA 10020-10100
Households to be Served**

condition or age of the spouse. All income of the individual or the spouse will be counted in the food stamp budget. The income of all other household members will be disregarded; however, the total gross non-excludable income of all other household members may not exceed 165% of the maximum net income standard as shown on the Food Stamp Basis of Issuance Charts, Exhibit A.

Separate household status will not be granted under any circumstance to:

- The spouse of a household member;
- Children under the age of 22, regardless of marital status, who live with a natural, adoptive, or stepparent;
- Siblings, regardless of marital status, who live together if one sibling is age 17 or younger; or
- Children under the age of 17, regardless of marital status, who are under the parental control of another household member even if that household member is not a parent or a sibling.

Individuals under the age of 22 who do not meet one of these restrictions may participate in the Food Stamp Program as a separate household if otherwise eligible.

10100 *Households to be Served in the Simplified Food Stamp Program*

Only households where all household members receive TEA Cash Assistance or a combination of TEA Cash Assistance and SSI benefits will participate in the SFSP. Households with children not added to the TEA Cash Assistance grant solely due to the family cap provisions of TEA 4131 will participate in the SFSP. These children will be included in the SFSP household.

Households with children not added to the TEA Cash Assistance grant solely due to the family cap provisions are not categorically eligible to receive food stamp benefits. These households must meet the Food Stamp Program resource limits and the gross income limits for the SFSP household including the child affected by the Family Cap provisions. See TEA 10104-10106 for additional information.

Households that participate in the SFSP will be classified on the Food Stamp Automated Customer Tracking System (FACTS) as public assistance (PA) households.

8/1/98

**Simplified Food Stamp Program
Households to be Served**

**TEA 10100-10101
Citizenship**

Recipients of TEA Diversion Assistance as specified in TEA 2010 will not participate in the SFSP. Any Diversion Assistance recipient who is not currently receiving food stamp benefits may submit a Food Stamp Application (DCO-220) through the county office's normal procedures. Diversion Assistance recipients will be classified as NA households on the Food Stamp Automated Customer Tracking System (FACTS).

10101 *Citizenship Requirements for SFSP*

Participation in the SFSP is limited to U.S. citizens and to the non-citizens described in this section.

For up to five years from the date of admission under one of the specified criteria, any alien who:

- Was granted asylum under Section 208 of the INA;
- Was granted status as a refugee under Section 207 of the INA;
- Had deportation withheld under Section 243 (h) or, after April 1, 1997, Section 241 (b) (3) of the INA;
- Was admitted as an Amerasian immigrant pursuant to Section 584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988;
- or
- Is a Cuban or Haitian entrant under 501(e) of the Refugee Assistance Act of 1988.

For refugees admitted under Section 207 of the INA, the five year count begins the date the alien was granted the particular status. For other aliens, the five year count begins the date the alien was granted the particular status.

For an unlimited period:

1. Any alien who is currently admitted for permanent residence as defined in Section 101 (a) (2) of the INA and who:
 - Can be credited with 40 quarters of qualified work (their own, a spouse's or a parent's); or
 - Is a veteran of or is on active duty in the U.S. armed forces; or
 - Is the spouse or dependent child of an individual who is a veteran of or who is on active duty in the U.S. armed forces.

8/1/98

2. Any alien who is a veteran of or is on active duty in the U.S. armed forces OR any alien who is the spouse and/or dependent child of an individual with a military connection if the alien:
 - Was granted asylum under Section 208 of the INA;
 - Was granted status as a refugee under Section 207 of the INA;
 - Had deportation withheld under Section 243(h) or, after April 1, 1997, Section 241 (b) (3) of the INA;
 - Is a Cuban or Haitian entrant under Section 501 (e) of the Refugee Assistance Act of 1988;
 - Is a conditional entrant under Section 203(a) (7) of the INA; or
 - Has been a parolee for at least one year under Section 212 (d) (5) of the INA.
3. Under certain conditions, an alien who is a battered spouse or battered child of a veteran or a person who is on active duty in the U.S. armed forces. The nonabusive parent of a battered child or the dependent child of a battered spouse may also meet the citizenship requirements under this provision.

A qualifying quarter of work as specified in item 1 above includes one worked by the alien, one worked by a parent (natural adoptive or step) of an alien while the alien was under the age of 18. It also includes any quarter worked by a spouse during the marriage if the alien remains married to the spouse or the spouse is deceased. Any quarter during which the alien received SSI, Medicaid or TEA is not a qualifying quarter of work.

Ineligible aliens include all other aliens such as, but not limited to:

- Visitors and tourists;
- Students;
- Diplomats;
- Aliens admitted under color of law;
- Aliens who have applied for eligible status but have not yet been approved (except for battered spouses and/or children with a military connection); and
- Aliens whose status is questionable or unverified.

10102

Verification of Citizenship

One of the following documents may be presented by the alien to establish that he or she is legally present in the United States:

- **Alien Lawfully Admitted For Permanent Status** - INS Form I-551, *Alien Registration Receipt Card*, OR unexpired temporary I-551 stamp in foreign passport or on INS Form I-94, *Arrival/Departure Record*.
- **Asylee** - INS Form I-94, *Arrival/Departure Record*, annotated with stamp showing grant of asylum under Section 208 of the Immigration and Nationality Act (INA) OR INS Form I-688B, *Employment Authorization Card*, annotated with stamp showing admission under Section 207 of the INA.
- **Refugee** - INS Form I-94, *Arrival/Departure Record*, annotated with stamp showing admission under Section 207 of the INA.
- **Alien Paroled Into The U.S. For At Least One Year** - INS Form I-94, *Arrival/Departure Record*, with stamp showing admission for at least one year under Section 212 (d) (5) of the INA.
- **Alien Whose Deportation or Removal Was Withheld** - Order from an immigration judge showing deportation withheld under Section 243 (h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241 (b) (3) of the INA after April 1, 1997.
- **Alien Granted Conditional Entry** - INS Form I-94, *Arrival/Departure Record*, with stamp showing admission under Section 203 (a) (7) of the INA.
- **Cuban/Haitian Entrant** - INS Form I-551, *Alien Registration Receipt Card*, with the code CU6, CU7 or CH6, OR unexpired temporary I-551 stamp in foreign passport or on INS Form I-94, *Arrival/Departure Record*, with stamp showing parole as Cuban/Haitian Entrant under Section 212 (d) (5) of the INA.
- **Amerasian Immigrant** - INS Form I-551, *Alien Registration Receipt Card*, with the code AM6, AM7, or AM8, OR unexpired temporary I-551 stamp in foreign passport or on INS form I-94, *Arrival/Departure Record*, with the code AM1, AM7, or AM3.
- **Battered Alien** - Evidence of having petitioned INS for permanent resident status and reasonable proof of battery. Reasonable proof of battery includes, but is not limited to, police reports, information from medical or school personnel, and/or photographs. A collateral statement may be accepted to verify that the battered individual no longer lives with the batterer.

Aliens who are applying to participate in the SFSP based on military service must first provide documentation that he or she meets the citizenship requirements of TEA 10010. Then he or she must provide verification that he or she meets minimum active duty service requirements. Veterans must provide documentation of an honorable discharge for reasons other than alienage.

**Simplified Food Stamp Program
Verification of Citizenship**

**TEA 10102-10104
SSN Requirements**

A surviving spouse of a deceased veteran must provide verification that the marriage meets the requirements of Section 1304 of Title 38 U.S.C. Battered aliens must provide documentation of being battered and of having petitioned INS for permanent resident status.

The Social Security Administration is the primary source of verification of qualifying quarters of work. An automated system has been developed to provide an array, by year, beginning with 1937, of all qualifying quarters of work. Appendix Q to the Food Stamp Certification Manual provides complete information about verifying qualifying quarters of work through the automated system.

10103 *Special Income and Resource Guidelines - Ineligible Aliens*

Some aliens may be eligible to participate in the TEA Program but not eligible to participate in the SFSP. The resources of these ineligible aliens will be counted in their entirety. A prorata share of the income of these ineligible aliens will be counted in the SFSP budget. If the alien is the payee for the TEA Cash Assistance, a prorata share of the TEA Cash Assistance will be counted in the SFSP budget.

To calculate the prorata share of the income to be counted:

- Determine the alien's gross countable income as instructed in TEA 2330 - 2341.
- Divide the gross income among all household members including the ineligible alien to obtain the prorata amount for each member.
- Multiply the number of eligible members by the prorata amount.
- Count the result as income in the SFSP budget.

Medical expenses and dependent care costs are not deductible. Other deductible expenses will be allowable. These expenses will not be prorated unless the ineligible alien incurs part or all of the expense. If the ineligible alien does incur part or all of the expense, the expense will be prorated using the same method as the method used for proration of income.

10104 *Special SSN Requirements - Family Cap Households*

Children who are not included in the grant due to the family cap provisions must provide a social security number (SSN) or apply for an SSN before they can receive food stamp benefits. If the child cannot provide an SSN, the county office worker will complete an Application for an SSN (SS-5) and an Enumeration Referral (DCO-12). A pseudo SSN will be entered on the DCO-12 to insure enumeration occurs. Both forms must be mailed to local SSA office.

8/1/98

The Food Stamp Program SSN requirement may be delayed for up to two full calendar months after the month of birth for newborn children while the parents obtain an SSN for the child or obtain the birth proof needed to apply for an SSN. The child may participate in the SFSP while the SSN requirement is postponed.

Delay of the SSN requirement will not apply if a form SSA-2853 was completed for a newborn by a hospital. When the parent provides a copy of the SSA-2853, the county office may complete an SS-5 and DCO-12. When these documents are sent to SSA, the household has complied with the SSN requirement.

If the SSN requirement is postponed, the household must be notified that proof of compliance with the SSN requirements must be provided before the end of the second calendar month of the postponement or the child will be disqualified to receive food stamp benefits. If this information is not provided by the end of the second calendar month, action must be taken to disqualify the child.

To disqualify a member for non-compliance with the SSN requirements:

- Use a household status code "9" in the member segment of the WFSM screen.
- Include all of that member's resources.
- Count a prorata share of the member's income.
- Do not allow any expense incurred entirely by the disqualified member.
- Allow a prorata share of any shared expense.
- Include the disqualified member when determining the food stamp benefit amount.

10105 *Special Resource Guidelines - Family Cap Households*

The resource limits for SFSP households with a child not added to TEA Cash Assistance due to the family cap provision are \$3,000 for any household with an aged member, regardless of household size, and \$2,000 for all other households. If the household's countable resources exceed the resource limits, the household will be ineligible to receive food stamp benefits.

Only the resources owned solely or jointly by a child who was not added to the grant due to the family cap provision will be counted in determining the household's countable resources for food stamp eligibility. (Resources owned solely by an SSI and/or TEA recipient are excluded in their entirety.) If one of these children has resources, see TEA 2270 - 2277.6 for instructions on determining countable resources.

10106 *Special Income Guidelines - Family Cap Households*

Households with at least one child not added to TEA Cash Assistance due to the family cap provisions must meet the Food Stamp Program gross income limits in order to participate in the SFSP. See the *Food Stamp Basis of Issuance Charts, Exhibit A*, for the current gross income limits. Any income received by children who are not included in the grant due to the family cap provision will be considered when the food stamp benefit amount is determined. TEA policy 2330 - 2341 will be used to determine the amount of countable income.

10107 *Special Income and Resource Guidelines - SSI Recipients*

The income of any SSI recipient who participates in the SFSP will be counted as income to determine food stamp benefit level. If there is a child in the home affected by the family cap provision, the household is not categorically eligible; therefore, the household must meet the Food Stamp Program gross income limits in order to participate in the SFSP. Any SSI payment received will be counted as income in the SFSP budget.

See TEA 2330-2341 for instructions on determining countable income. Resources owned by the SSI recipient will be excluded.

10200 *Applying to Participate in the Simplified Food Stamp Program*

Households that submit an application to participate in the TEA Cash Assistance Program will also have submitted an application to participate in the SFSP. Page one of The TEA Cash Assistance application will contain the information necessary to determine food stamp eligibility and to screen for expedited services.

If the household is already participating in the regular Food Stamp Program, the household will be converted to the SFSP as explained in TEA 10400.

When some of the household members are not included in the TEA Cash Assistance case for any reason except the family cap provision or receipt of SSI, the household must submit a *Food Stamp Application*, DCO-220, through the county office's normal procedures in order to receive food stamp benefits. These households will be classified as NA households.

10201

Certifying Households Under Regular Food Stamp Program Rules

Food stamp benefits will be authorized under regular Food Stamp Program rules for TEA Cash Assistance applicants when:

- The household is entitled to expedited service for food stamp benefits;
- Eligibility for TEA Cash Assistance benefits cannot be determined within 30 days; or
- The TEA Cash Assistance portion of the application is denied, but the household may be eligible for food stamp benefits under regular Food Stamp Program rules.

Eligibility will be established under regular Food Stamp Program rules using the TEA application if the TEA application is approved but one or more household members are not included in the TEA assistance grant for reasons other than the family cap provisions or receipt of SSI. See TEA 10202 and TEA 10203 for additional information.

Pages one and two of the TEA application, along with the information on the remainder of the TEA application, should contain adequate information to determine eligibility under the normal Food Stamp Certification (FSC) policy for both expedited and non-expedited households. An interview must be conducted by a county office worker before food stamp eligibility can be established. In most instances, this will be the TEA interview.

If additional information is needed to establish eligibility under regular Food Stamp Program rules, this information may be requested via the Notice of Delayed Food Stamp Application (DCO-206). The household must be allowed at least 10 days or until the end of the TEA application processing period to provide this information.

If eligibility for food stamp benefits is delayed due to a request for additional information and the TEA application is approved prior to receipt of the requested information, eligibility for food stamp benefits will be determined at the time the TEA application is approved. The rules applicable to the SFSP will be applied when the food stamp application is approved.

Food stamp applications processed under regular Food Stamp Program rules will be registered and, if the household is ineligible, denied using the area provided on page 1 of the TEA application. The date of the TEA application is also the date of the food stamp application. When a food stamp application is approved, the food stamp benefits will be prorated to the date of the TEA application. The household will not be considered to be at fault for any application processing delays past 30 days.

**Simplified Food Stamp Program
Certifying Households - Regular FSP Rules**

**TEA 10201-10202
Expedited Service**

Any household that submitted only a TEA application but was certified under regular Food Stamp Program rules will be assigned a certification period no longer than three months. (Expedited households certified pending verification will be assigned a one or two month certification period as explained in TEA 10202.) The household will not be placed on quarterly reporting.

If a household is certified under regular Food Stamp Program rules and the TEA application is later approved, the household will be converted to the SFSP as instructed in TEA 10400. When the household is converted to the SFSP, the certification period will be extended to a maximum of 12 months with no additional interview required.

If the household is not converted to the SFSP for any reason, a normal recertification must occur at the end of the certification period. At recertification, a Food Stamp Application (DCO-220) must be completed and submitted by the household and an interview must be conducted.

DECISION POINT *General guidelines have been provided for determining food stamp eligibility for TEA applicants based on regular Food Stamp Program rules. Each county will apply these procedures in accordance with the county's internal procedures for processing both regular and expedited food stamp applications. For example, if there is a Unit in the office which determines food stamp eligibility for NA households, that Unit could work with a copy of the TEA application to determine food stamp eligibility under regular Food Stamp Program rules.*

10202

Certifying SFSP Applicants Under the Expedited Provisions

The following SFSP applicants must be provided with food stamp benefits within seven calendar days of the date of application:

- Households with \$100 or less in countable liquid resources and less than \$150 in gross monthly income;
- Eligible households whose total combined gross monthly income and liquid resources are less than the amount incurred by the household for its utilities and rent or mortgage payment; or
- Destitute households with \$100 or less in countable liquid resources. A household may not be considered destitute unless it contains migrant or seasonal farmworker members in the job stream.

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There are questions on page 1 of the TEA Application (DCO-180) that are designed to help identify households entitled to expedited service.

Verification of the following items may be postponed for households entitled to expedited service: residency, income, liquid resources, actual utilities, medical costs, and alien status. Identity must be verified. When verification is postponed, expedited households will be assigned a one month period of certification unless the application was submitted after the 15th of the month and approved the same month. If so, the household will be assigned a two month period of certification.

There is no limit to the number of times a household may be certified under the expedited service provisions. However, prior to each subsequent expedited certification, the household must either complete the verification requirements that were postponed or be certified under normal processing standards.

10203 *Work Registration Requirements - Regular Food Stamp Program*

Food Stamp Program work registration exemptions are allowed for the following household members:

1. Age 15 or younger
2. Age 16 or 17 and living with a parent or attending a school or training program on at least a half-time basis
3. Age 60 or older
4. Disabled
5. Caring for a dependent child under age 6 or an incapacitated person of any age
6. Receiving unemployment benefits
7. Participating in a treatment program for alcoholism or drug addiction
8. Employed or self-employed on a full-time basis
9. Enrolled full-time in a high school or an institution of higher education
10. Receiving TEA Cash Assistance

All other household members are subject to the work registration requirements.

When the household signs the TEA Application, DCO-180, non-exempt household members are automatically registered for work. If the TEA Application is denied after the household has been certified for food stamp benefits and not all household members are exempt from work registration, a *Notification of Work Registration* (DCO-260) will be issued to the household. A DCO-260 will also be issued if the TEA Application is approved, the household is not eligible to participate in the SFSP, and some household members will be subject to work registration under Food Stamp Program rules.

10204

Medical Deductions - Regular Food Stamp Program

Since most individuals who participate in the SFSP have Medicaid coverage, no medical deduction will be allowed in the SFSP. However, in some instances, a medical deduction must be calculated for TEA applicants certified under regular Food Stamp Program rules. Under regular Food Stamp Program rules, a deduction will be given for allowable medical costs in excess of \$35 per month when such costs are incurred by a household member who is age 60 or older or who is in receipt of disability benefits based on permanent and total disability.

The following medical costs are allowable:

- The cost of attendants, home health aides, disabled child care services, or homemakers when such services are required due to the disability or illness of the aged or disabled member.
- Corrective devices such as, but not limited to, dentures, braces, eye glasses, hearing aids, or prosthetic devices.
- Hospital and nursing home care.
- Health and hospitalization policy premiums not to include health and accident policies payable in lump sum settlements.
- Medical and dental care.
- Medical equipment and supplies.
- The purchase, maintenance and training of seeing eye dogs and other service animals for the disabled.
- Prescription drugs including over the counter medication recommended or prescribed by a health care professional.
- Transportation and lodging incurred to obtain medical treatment.

Monthly expenses will be anticipated based on the best information available. Monthly expenses will be allowed. Periodic expenses will be allowed if the expense is regularly recurring and can be reasonably anticipated. If a periodic expense is allowed, the household may choose to use the entire expense in the month incurred or to average the expenses over the period of use. A one-time expense may be allowed if the expense was incurred within the 30 calendar day period prior to the month of application or if payment on the expense will otherwise become due in the month of application. The household may choose to allow the entire one-time expense in the month incurred or to average the expense forward over the assigned certification period. Past due medical costs are not allowed. Any portion of the medical expense to be reimbursed will not be allowed. All medical expenses must be verified.

10205 *Dependent Care Deduction - Regular Food Stamp Program*

Since child care costs will be paid for individuals who receive TEA Cash Assistance, no dependent care deduction will be allowed in the SFSP. However, in some instances, a dependent care deduction must be calculated for TEA applicants certified under regular Food Stamp Program rules. Under regular Food Stamp Program rules, a deduction will be given for costs for the actual care of a child or other dependent person incurred to allow a household member to work or to pursue education preparatory to work. Dependent care costs are limited to \$200 per month for a dependent under age 2 or \$175 per month for a dependent age 2 or older.

10210 *Authorizing Food Stamp Benefits*

The following deductions will be allowed in the SFSP.

Earned Income Deduction This is 20% of the household's gross earned income.

Standard Deduction This is \$134.

Child Support Deduction This is an average of the legally obligated child support payments made in the last three months by a household member to an individual who is not a household member.

Excess Shelter Deduction
for TEA Households
With No Aged/Disabled
Members This is the household's total allowable shelter cost in excess of 50% of the household's income after all other allowable deductions. A standard shelter cost will be assigned to each household that incurs a shelter cost. The standard shelter cost includes the rent (or mortgage payment, taxes and insurance) and the utility costs. The standard shelter cost differs from county to county. A standard shelter cost table appears in TEA 10213.

Excess Shelter Deduction
for TEA Households
With Aged/Disabled
Members This is the households total allowable shelter cost in excess of 50% of the household's income after all other allowable deductions. There are special shelter cost provisions that apply to SFSP households that contain either a member age 60 or older or a member who receives SSI. These households will be allowed to choose between using the standard shelter cost or the household's actual verified shelter costs in the food stamp budget. A list of allowable shelter costs appears in TEA 10211. A standard shelter cost table appears in TEA 10213.

**Simplified Food Stamp Program
Actual Shelter Costs**

**TEA 10211-10212
Authorizing Correct Benefit Amount**

10211 *Actual Shelter Costs*

Only the following items will be an allowable shelter cost:

- Continuing, not past due, charges for the shelter occupied by the household.
- Current property taxes on the household's shelter.
- Current, not past due, insurance charges on the household's shelter not to include separate identifiable costs for insuring furniture or personal belongings.
- Current, not past due, utility costs for cooking fuel, heating fuel, cooling, electricity, water, sewer, garbage, trash collection and fees for installation of utilities.
- Current, not past due, basic service fee for one telephone including tax on the basic fee, installation charges and line access charges.
- Current, not past due, shelter costs for a home temporarily unoccupied by its owners because of employment or training away from home, illness, a natural disaster, or casualty loss.
- Current, not past due, unreimbursed charges for repair of a home damaged or destroyed due to a natural disaster or casualty loss.
- For homeless households, a shelter estimate of \$143 unless the actual costs are higher.

The county office worker may accept any documentation that establishes the household's current actual shelter costs. Such documentation includes, but is not limited to, current receipts or bills or statements from the provider.

10212 *Authorizing the Correct Benefit Amount*

In order to authorize the correct amount of food stamp benefits, the county office worker must prepare a budget. The budget may be prepared on a Food Stamp Authorization Document (DCO-233), or the worker may print a copy of the current Food Stamp Master File (WFSM) screen and indicate the new budget in red on this copy.

SIGNED COPIES OF ALL AUTHORIZATION DOCUMENTS ARE ESSENTIAL.
THE INITIAL ACTION TO AUTHORIZE SFSP BENEFITS AND EVERY
BUDGET CHANGE MUST BE DOCUMENTED IN THE TEA CASE RECORD.

A copy of any document used to authorize any subsequent changes in the food stamp benefit amount must appear in the TEA case record. If the SFSP case is closed, a copy of the document used to close the SFSP case must appear in the TEA case record. **THESE DOCUMENTS WILL SERVE AS THE COUNTY'S RECORD OF WHEN BENEFITS WERE AUTHORIZED AND WHO AUTHORIZED THEM.**

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DECISION POINT *Each county will designate how the SFSP documents will be filed in the TEA case record. The county may designate a special section for SFSP documents or may intermingle SFSP documents with the TEA documents in a certain specified order. No matter what method of filing SFSP documents is chosen by the county, the same method must be used consistently throughout the county office. Also, the method must allow a reviewer to determine when food stamp benefits were authorized for the household and what figures were used to calculate the current benefit amount. If a household's food stamp benefits are ended, the reviewer must be able to determine when the benefits were ended and whether this was a valid decision.*

To prepare a budget, the worker will complete the following steps on either the DCO-233 or the copy of the WFSM screen:

- Step 1** Determine gross monthly earned income as per TEA 2343-2344. Include any income received by household members prohibited from receiving TEA Cash Assistance benefits solely due to the family cap provision. Round individual earned income amounts up or down to the nearest dollar. Add individual rounded amounts together. Enter total in field 35.
- Step 2** Calculate the earned income deduction by multiplying total gross earned income by 20%. Round this figure up or down to the nearest dollar. Enter the rounded figure in field 36.
- Step 3** Subtract the earned income deduction from the gross earned income. The result is called the net earned income. Enter this figure in field 37.
- Step 4** Determine gross unearned income as per TEA 2330-2331. **TEA CASH ASSISTANCE WILL BE COUNTED AS UNEARNED INCOME.** Enter individual amounts (rounded up or down to the nearest dollar) in fields 38-48. Enter the total in field 49.
- Step 5** Add together the net earned income and the gross unearned income. The result is called the household's gross income. Enter this in field 51.
- Step 6** Subtract the standard deduction of \$134. Enter the standard deduction in field 52 and then subtract field 52 from field 51. Enter the result in field 53.

**Simplified Food Stamp Program
Authorizing Correct Benefit Amount**

TEA 10212-10212

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- Step 7** If a household member makes child support payments, enter the child support deduction (rounded up or down to the nearest dollar) in field 55a and then subtract field 55a from field 53. Enter the result in field 56. If there is no child support deduction, bring the figure in field 53 down to field 56. The result is called the adjusted income.
- Step 8** If the household has shelter costs, enter the applicable shelter standard from TEA 10211 or (for households with an aged or disabled member) the actual shelter costs (unrounded) in field 61. Enter a code A in field 59.
- Step 9** Calculate 50% of the adjusted income from Step 7. (Round resulting figure up or down to the nearest dollar.) Enter this in field 62.
- Step 10** Subtract field 62 from field 61. If the result is greater than 0, the household has an excess shelter deduction. Enter this in field 64. This is the excess shelter deduction. An excess shelter deduction may not exceed \$250 unless there is a household member age 60 or older or an SSI recipient in the home. If there is a household member age 60 or older in the home, enter a code 1 in field 63. If there is an SSI recipient in the home, enter a code 2 in field 63. (Only when a code 1 or 2 appears in field 63 will the food stamp system allow shelter costs in excess of \$250.)
- Step 11** Subtract any excess shelter deduction in field 66 from field 65. The result is the net monthly income. Enter the result in field 67.
- Step 12** Enter the number of eligible household members in field 68.
- Step 13** Enter the maximum food stamp benefit amount for the household size as specified in the Food Stamp Basis of Issuance Tables in field 69 or go to Step 14.
- Step 14** Multiply the net monthly income in field 67 by 30%. The result is the reduction rate. Enter the reduction rate in field 70.
- Step 15** Subtract the reduction rate in field 70 from the maximum benefit amount in field 69. The result is the household's food stamp benefit amount. Enter the food stamp benefit amount in field 71
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**Simplified Food Stamp Program
Shelter Standard by County**

**TEA 10213-10220
Certification Periods**

10213 *Shelter Standard by County*

COUNTY	standard	COUNTY	standard	COUNTY	standard
01 - Arkansas	\$155	26 - Garland	\$196	51 - Newton	\$221
02 - Ashley	\$167	27 - Grant	\$219	52 - Ouachita	\$176
03 - Baxter	\$245	28 - Greene	\$184	53 - Perry	\$224
04 - Benton	\$224	29 - Hempstead	\$191	54 - Phillips	\$183
05 - Boone	\$210	30 - Hot Spring	\$183	55 - Pike	\$145
06 - Bradley	\$133	31 - Howard	\$188	56 - Poinsett	\$172
07 - Calhoun	\$145	32 - Independence	\$231	57 - Polk	\$165
08 - Carroll	\$208	33 - Izard	\$217	58 - Pope	\$202
09 - Chicot	\$151	34 - Jackson	\$146	59 - Prairie	\$151
10 - Clark	\$174	35 - Jefferson	\$168	60 - Pulaski	\$167
11 - Clay	\$186	36 - Johnson	\$182	61 - Randolph	\$237
12 - Cleburne	\$230	37 - Lafayette	\$172	62 - Saline	\$183
13 - Cleveland	\$183	38 - Lawrence	\$218	63 - Scott	\$165
14 - Columbia	\$175	39 - Lee	\$170	64 - Searcy	\$199
15 - Conway	\$215	40 - Lincoln	\$166	65 - Sebastian	\$183
16 - Craighead	\$173	41 - Little River	\$223	66 - Sevier	\$207
17 - Crawford	\$200	42 - Logan	\$219	67 - Sharp	\$195
18 - Crittenden	\$157	43 - Lonoke	\$170	68 - St. Francis	\$164
19 - Cross	\$222	44 - Madison	\$262	69 - Stone	\$225
20 - Dallas	\$187	45 - Marion	\$248	70 - Union	\$185
21 - Desha	\$146	46 - Miller	\$214	71 - Van Buren	\$157
22 - Drew	\$175	47 - Mississippi	\$197	72 - Washington	\$239
23 - Faulkner	\$218	48 - Monroe	\$157	73 - White	\$226
24 - Franklin	\$208	49 - Montgomery	\$198	74 - Woodruff	\$178
25 - Fulton	\$212	50 - Nevada	\$190	75 - Yell	\$180

10220 *Certification Periods*

Households participating in the SFSP will be assigned a 12 month certification period. At any periodic review described in TEA 4101.1 or 4101.2, the certification period may be extended for up to 12 additional months. Certification periods shorter than 12 months may be assigned if TEA Cash Assistance eligibility will cease before the end of the 12 month period. Also, certification periods shorter than 12 months may be assigned at the discretion of the county administrator.

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The household will not be required to submit an application for a certification period to be extended in the SFSP. However, an application approval must be keyed in order to extend the certification period.

SEE TEA 10201 FOR INFORMATION ON ASSIGNING CERTIFICATION PERIODS TO TEA APPLICANTS CERTIFIED UNDER REGULAR FOOD STAMP PROGRAM RULES.

DECISION POINT *We must assign a 12 month certification period to households participating in the SFSP. While counties are not required to do a recertification, they are required to have some contact with the household at the end of the 12 month certification period. (This will not apply if the household's certification period was extended at a periodic review.)*

Each county must devise a method of tracking when certification periods end for SFSP participants and for insuring these certification periods are properly extended. For example, each county receives a Notice of Food Stamp Certification Expiration (DCO-239) or an equivalent report for each household whose certification period is expiring. The county may use these documents to identify households participating in the SFSP whose certification will be expiring. The county may also develop an internal tracking system for these cases.

Each county must also devise a method of contacting these households to insure that the household is still eligible to receive food stamp benefits through the SFSP. Such a method may be as simple as contacting the household by telephone to insure that there has been no change in income, resources or household composition which will affect the household's entitlement to participate in the SFSP. The county may also choose to bring the household into the office for an interview.

10230 Proration of Benefits

When a household who is not currently participating in the regular Food Stamp Program makes a TEA Cash Assistance application, benefits for the first month of participation in the SFSP will be prorated to the date on which the TEA Cash Assistance application was filed. If a prorated food stamp benefit is less than \$10.00, no benefits will be issued.

**Simplified Food Stamp Program
Proration of Benefits**

**TEA 10230-10240
Minimum Benefit Amount**

The Food Stamp Automated Customer Tracking System (FACTS) automatically calculates prorated initial food stamp benefits based on the date of application. When a TEA Cash Assistance applicant's eligibility for the SFSP is authorized, the date of application keyed to the FACTS system must be the date the TEA Cash Assistance application was submitted to the county office. In some instances, it may be necessary to manually calculate prorated benefits. For example, if retroactive benefits are authorized as instructed in TEA 10261, prorated benefits must be calculated manually.

Should it be necessary for any reason to calculate prorated benefits manually, the following table may be used. To use this table, locate the date of application, then multiply the full monthly benefit amount by the corresponding multiplication factor.

DATE OF APPLICATION	MULTIPLICATION FACTOR	DATE OF APPLICATION	MULTIPLICATION FACTOR
1	1.0000	17	.4667
2	.9667	18	.4334
3	.9334	19	.4000
4	.9000	20	.3667
5	.8667	21	.3334
6	.8334	22	.3000
7	.8000	23	.2667
8	.7667	24	.2334
9	.7334	25	.2000
10	.7000	26	.1667
11	.6667	27	.1334
12	.6334	28	.1000
13	.6000	29	.0667
14	.5667	30	.0334
15	.5334	31	.0334
16	.5000		

10240 Minimum Benefit Amount

In the SFSP, the minimum food stamp benefit for eligible one and two person households in the SFSP is \$10.00. The minimum benefit for households with three or more members is \$2.00.

10250 *Aggregate Benefits*

An aggregate food stamp benefit amount includes the family's food stamp benefits for the month of application and the following month. An aggregate food stamp benefit amount will be issued when a TEA Cash Assistance application is approved if the TEA Cash Assistance application was submitted after the 15th of the month and is approved before the end of the same month. If the prorated food stamp benefit amount for the month of application is less than \$10, only the household's benefits for the following month will be issued. However, these benefits will be issued when the application is approved.

Aggregate benefits are authorized via the RETRO fields of the *Food Stamp Authorization Document* (DCO-233). See DCOUM 7300 for additional instructions.

10260 *Issuance*

Food stamp benefits will be issued via the Electronic Benefits Transfer (EBT) system.

In the EBT system, food stamp benefits are accessed through a point-of-sale (POS) device by using a magnetic stripe plastic card. Families who participate in the SFSP may receive either one or two EBT cards to access their TEA Cash Assistance and food stamp benefits. Each EBT card contains the cardholder's name and a Primary Account Number (PAN) which is unique to each individual card.

A personal identification number (PIN) is assigned to each food stamp benefit recipient. The PIN is known only to the recipient. The PIN can only be changed at the recipient's request.

Except for Jefferson County, EBT cards are issued through the mail by a contractor. Issuance of an EBT card occurs automatically when eligibility for the SFSP is approved. The EBT card will be mailed by 3:00 p.m. the following day. The PIN follows in a separate envelope the next day. The card will not be activated until the food stamp benefit recipient calls the CUSTOMER SERVICE NUMBER at 1-800-997-9999 and verifies his or her identity. Food stamp recipients must also call the CUSTOMER SERVICE NUMBER at 1-800-997-9999 to report lost, stolen or damaged cards.

In Jefferson County, both the EBT card and the PIN are issued at the DHS county office. Jefferson County issues original EBT cards and replacement cards at the county office. County office personnel provide assistance to the customer with the PIN selection process. The county office also provides training material and, if necessary, a brief orientation of the POS device, the PIN pad, and the printed receipt. If the EBT card is lost or stolen in Jefferson County, the customer must call the CUSTOMER SERVICE

NUMBER at 1-800-997-9999 to report the problem and then go to the county office to receive the replacement card.

A food stamp recipient may name an authorized representative. If an authorized representative is named, the authorized representative will have a separate card, card number and PIN. The food stamp recipient may choose not to have an EBT card if there is an authorized representative.

Food stamp benefits are available twenty-four hours a day, seven days a week. Monthly food stamp benefits are credited to the recipient's account at 5:00 a.m. CST on the calendar dates shown below.

LAST DIGIT OF RECIPIENT'S SSN	AVAILABILITY DATE
0-3	5th calendar day of the month
4-6	10th calendar day of the month
7-9	15th calendar day of the month

Cancellation of monthly benefits will occur when the county office receives reliable information that all adult members of the SFSP are deceased or when the entire household has moved from Arkansas. In other situations, benefits will not normally be canceled after the end-of-month extract.

Cancellation of daily benefits will occur in the Food Stamp Section when the authorized amount is excessive for the household size, when the wrong transaction code is keyed or if the transaction will otherwise cause an imbalance in the accounting process. Benefits may also be canceled in the Food Stamp Section if a keying error has occurred and the county requests the cancellation.

All cancellations, monthly or daily, must be authorized through the Office of Program Planning and Development, Food Stamp Section, (501)682-2448.

An EBT food stamp benefit account does not close when a SFSP case closes. The former recipient remains entitled to the account balance. As long as benefits remain in the EBT food stamp account, the former recipient may still change payees, have cards issued or reissued and select or change PINs.

An EBT food stamp benefit account that is accessed by the cardholder at least once every three months remains an active account. The EBT contractor will notify the State, not the recipient, when an account has not been accessed for 30, 60 and 90 day periods. The

**Simplified Food Stamp Program
Issuance**

**TEA 10260-10262
Restorations & Supplements**

FACTS system will send an automatic notice to the food stamp recipient on the 60th day to advise the recipient that the account will become aged (inaccessible) unless there is at least one access by the recipient before the 90th day. Benefits in aged accounts may be restored to a food stamp recipient. See TEA 10262 for instructions on restoring benefits.

When a household moves from Arkansas to another state where EBT is not used to issue food stamp benefits or where the state's EBT system will not interact with the Arkansas EBT system, a contractor will issue any remaining food stamp benefits to the household via mail. The EBT Unit in the Central Office will coordinate this issuance.

10261 *Retroactive Benefits*

At the time a food stamp application is approved, food stamp benefits will normally be authorized back to the date of the TEA Cash Assistance application. If the date of application is in a month prior to the month of the TEA Cash Assistance application approval, retroactive food stamp benefits must be authorized for the month (or months) prior to the approval month. Retroactive benefits are subject to proration as explained in TEA 10230. For example, if a food stamp application is submitted on June 23 and approved on August 2, food stamp benefits for the months of June and July will be authorized as retroactive benefits.

To authorize retroactive benefits:

1. Prepare a budget as instructed in TEA 10210 to calculate the amount of food stamp benefits due for the retroactive month or months;
2. Apply proration of benefits as instructed in TEA 10230; and
3. Enter the amount calculated as retroactive benefits in the RETRO fields of the *Food Stamp Authorization Document* (DCO-233). On the WFSM screen, these are fields 33-34.

10262 *Restorations and Supplemental Benefits*

Supplemental benefits and restored benefits are food stamp benefits issued to a household to correct:

- An error made by the agency;
- An error which occurred in the automated system;
- The failure or inability of the county office worker to process a reported change in accordance with TEA Cash Assistance guidelines.

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The distinction between supplemental and restored benefits may be made by considering the month in which the extra food stamp benefits are to be authorized. When the extra benefits are authorized before the end of the month in which the incorrect allotment was originally issued, these benefits are classified as a supplement. When the extra benefits are authorized any time after the end of the month in which the incorrect benefits were originally issued, these benefits are classified as a restoration.

Either supplemental benefits or restored benefits will be calculated by:

1. Preparing a budget as instructed in TEA 10210 to calculate the correct amount of food stamp benefits due;
2. Subtracting the original food stamp benefit amount from the correct amount of benefits due; and
3. Authorizing the supplemental or restored benefit amount via the Automated Adjustment Screen (WFMO) by preparing a Food Stamp Adjustment - Automated 248 System (DCO-248).

See DCOUM 8340 for instructions on authorizing supplemental benefits.

See DCOUM 8370 for instructions on authorizing restored benefits.

NOTE: If a household has an unpaid food stamp overpayment, the amount of restored benefits (BUT NOT SUPPLEMENTAL BENEFITS) must be offset by the amount due on the overpayment. Food stamp benefit overpayments are listed on the WCLM screen. Instructions for offsetting restored benefits may be found in FSC 13320.

10263 *Recoupments*

A household's food stamp benefit amount may be reduced prior to issuance to recover an overpayment. Such action is called "recoupment." A food stamp recoupment can only be applied to a food stamp overpayment.

A recoupment will be initiated against each new overpayment claim processed by the Overpayment Unit if an adult member of the household against which the claim was established is currently certified to receive food stamp benefits. A recoupment will be initiated against the household that includes the individual in whose name the overpayment was reported and established.

**Simplified Food Stamp Program
Recoupments**

**TEA 10263-10310
May no Longer Participate in SFSP**

Inadvertent household errors and agency error claims will be recouped at the rate of 10% of the household's monthly benefit amount or \$10.00, whichever is greater. Intentional program violation (IPV) claims will be recouped at the rate of 20% of the household's monthly benefit amount or \$10.00, whichever is greater.

10300 *Changes*

Households participating in the SFSP will be required to report changes as explained in TEA 4000 - 4440. There are no additional reporting requirements particular to the SFSP. Any change reported to the TEA worker which is effective in the TEA Cash Assistance case must be reflected in the food stamp benefits also.

When a change affects the household's income or household size, a new food stamp budget must be calculated in order to determine the effects of the change on the household's food stamp benefit amount. See TEA 10212 for instructions on calculating a budget. (NOTE: Changes in income disregarded for TEA purposes because they are not significant changes will also be disregarded in the SFSP budget.)

When a household's SFSP benefits change, a notice will be issued to the household. If the household's SFSP case will close or the household's food stamp benefits will decrease as a result of the change, an advance notice of adverse action will be issued to the household. See TEA 10500 for additional information about notice requirements.

10310 *Households No Longer Entitled to Participate in the SFSP*

A household is no longer entitled to participate in the SFSP when:

- The TEA Cash Assistance case is closed; or
- When one or more household members are no longer included in a TEA Cash Assistance case and/or are no longer receiving SSI.

When a household is no longer entitled to participate in the SFSP, the household's certification period will be shortened. To shorten a certification period, the new ending certification date must be entered in field 76 of the Food Stamp Master File (WFSM). A Notice of Food Stamp Certification Expiration (DCO-239) will be completed and issued to the household using the local office procedures for NA food stamp applications. A Food Stamp Application (DCO -220) will be enclosed with the DCO-239. The household must receive the DCO-239 on any day during the next to the last month of the shortened certification period. For example, if the certification period is being shortened to end in August, the household must receive a DCO-239 some time during July.

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10400 *Converting Active Cases to the SFSP*

When a household is approved to participate in the TEA Cash Assistance Program, the household's records must be examined to determine if there is a food stamp case. If the household is currently participating in the regular Food Stamp Program, the food stamp record and the TEA Cash Assistance record will be examined to determine if the household is eligible to participate in the SFSP. See TEA 10100.

If the household is not eligible to participate in the SFSP, no action is required. Food stamp eligibility will continue to be handled through the county office's normal procedures.

If the household is eligible to participate in the SFSP, the household's food stamp eligibility will be established under the SFSP. This will not require the submission of a food stamp application. (NOTE: If the household will lose benefits under the SFSP, an advance notice of adverse action must be issued to the household before the reduced allotment becomes effective. See TEA 10500.) The household's certification period will be extended to 12 months if necessary. If the certification period is extended, an application approval must be keyed.

10500 *Notices*

In the SFSP, a Notice of Action (DCO-1) will be issued:

- At initial approval to advise the household of the food stamp benefit amount;
- To notify a household of an impending increase or decrease in the food stamp benefit amount;
- To notify a household of an impending closure of its case; and
- To notify a household when a restored benefit or a supplemental benefit is being issued.

Notices of action issued to advise the household of a decrease in benefits or case closure must be in the form of an advance notice of adverse action. That means the notice must be issued at least ten calendar days before the effective date of the action. Day one of the ten day advance notice period will be the day after the notice is issued. No action will be taken to decrease benefits or to close the case until the ten day period has ended.

Notices of action issued to advise the household of an increase in benefits or the issuance of restored benefits or supplemental benefits must be in the form of an adequate notice. An adequate notice is issued to be received on or before the date the household normally receives its food stamp benefits. (This is the date benefits are normally credited to the household's EBT account. See TEA 10260.)

8/1/98

No notice is required when:

- All household members die;
- The household moves from the State; or
- The case is closed at the household's written request.

The notice of action for the SFSP will be combined with the TEA notice of action whenever this is practical.

10600 *Hearings*

Any household whose benefits under the SFSP are adversely affected by an action of the agency must be provided an opportunity to appeal this action through the hearing process.

See TEA 8000 - 8014 for a full explanation of the administrative hearing process.

10700 *Quality Assurance Reviews*

The cases of households participating in the SFSP will be subject to quality assurance (QA) reviews in both the positive and the negative universe. Reviews will be based on the TEA Cash Assistance rules of eligibility. Any SFSP participant who refuses to cooperate in the QA review process will be ineligible to participate in the SFSP until the household cooperates with the QA reviewer or until January 3 of the year following the end of the review period.

MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

☐ Policy ☒ Form ☐ Directive Issuance Number FSC 98-12

Food Stamp Certification Manual Issuance Date 8/01/98

From: Ruth Whitney
Director

Expiration Date Until
Superseded

Subj: Implementation of the Simplified Food Stamp Program

<u>Forms to be Deleted,</u>	<u>Dated</u>	<u>Forms to be added,</u>	<u>Dated</u>
DCO-206	12/95	DCO-206	8/98

SUMMARY OF CHANGES

The form has been revised to allow its use in the Simplified Food Stamp Program.

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

Arkansas Department of Human Services
FOOD STAMP PROGRAM NOTICE OF DELAYED APPLICATION

Date Application Filed _____

Case Number _____

CERTIFICATION WORKER _____

If you need this material in a different format, such as large print, contact your DHS county office.

COUNTY OFFICE ADDRESS & PHONE

Name
Address
Address

Date Notice Issued _____

The box(es) checked below apply to your case:

- ☐ To assist us in your certification, you are requested to come to the DHS County Office for an interview on _____ at _____
Month Date Year Time
- ☐ Because you needed food stamp benefits right away (Expedited Services) we postponed asking you to give us certain information. We now need you to bring or mail the following information: _____

In order for your application to be processed you must verify (show proof) of the items checked below. Bring or send these items to the DHS County Office.

- ☐ Proof of your identity (driver's license, state ID card, employment ID card, etc.)
- ☐ Proof of your residence (rent receipt, utility bill or other documents showing your name and address).
- ☐ Proof you have applied for a Social Security card for: _____
- ☐ Proof of age, identity and citizenship for: _____
- ☐ Doctor statement verifying that: _____ is not able to work; or that someone must stay at home with him/her on a full-time basis due to disability.
- ☐ Latest statement of checking/savings account or statement of certificate of deposit for _____
- ☐ Proof of the amount of checks from: Social Security, SSI, VA, Unemployment, Railroad Retirement, HUD, Worker's Compensation, or other sources, including work, for all household members.
- ☐ For _____, proof of pay for the period _____ to _____
- ☐ For _____, proof of last day worked, date and amount of the last check.
- ☐ Proof of medical expenses for _____
- ☐ Proof of the amount Medicare and other insurances have paid on medical bills for _____
- ☐ Statement from your babysitter with address, phone, and the amount and how often you pay for child care.
- ☐ Proof of the child support paid by _____ from _____ to _____
- ☐ Proof that _____ is legally obligated to pay child support.
- ☐ Rent receipt/house payment receipt.
- ☐ Real estate tax receipt or tax statement.
- ☐ Proof of amount you pay for house insurance.
- ☐ Latest utility bills.
- ☐ Other: _____

If this information is not provided by _____, your application will be denied.

IMPORTANT: SEE OTHER SIDE FOR AN EXPLANATION OF THE ACTION WE ARE TAKING ON THIS APPLICATION.

APPLICATION TYPE: ☐ One Month Certification ☐ Initial/Untimely Subsequent ☐ Timely Subsequent
☐ Joint TEA/Food Stamp Application

Your Responsibilities

The Interview (This will not apply to joint TEA and food stamp benefit applications.)

A county office worker must interview the applicant, spouse, another responsible household member or the authorized representative. Whoever is to be interviewed must come to the DHS County Office at the time shown on the front of this form. If you cannot keep this appointment, please call immediately to reschedule your appointment.

We can interview you by telephone if no one can come in for you and you are elderly or disabled or you work during our office hours. You must let us know if you need a telephone interview.

Providing Information

You will be told at your interview if you need to give us more information. You and your household are responsible for providing needed information. If you need help getting the information, contact your county office worker.

If you do not give us this information before the date shown in the block on the front of this form, your application will be denied. The time allowed for you to give information depends on the type of application. Check the front of this form to see what type of application you submitted. See below for an explanation of the time allowed.

Initial/Untimely Subsequent/Joint TEA and Food Stamp Benefit Application

If you need to give us more information, you will be allowed 10 days to do so. This date is shown on the front of this form. If you need more time, you must contact your county office worker right away. For joint TEA and food stamp benefit applications, your date of application is the date you submitted your TEA application.

For initial and untimely subsequent applications, even if your food stamp benefit application is denied, you may still give us this information for up to 60 days after your application date. Your application date is shown on the front of this form. If you do, we will reinstate your application. If you are eligible, we will give you food stamp benefits based on the following schedule.

If Information is Given By This Date	<u>Then</u>	Benefits Will be Paid From This Date
Within 30 days of application date.	————→	The application date.
More than 30 days but less than 61 days after application date.	————→	The day the information was given.

One Month Certification

The 10 day standard will not apply. Your application will be approved or denied within 30 days from the date your last application was approved. You must give us any needed information on or before the date shown on the front of this form. If not, your application will be denied, and you will have to give us another application form before we can decide if you are eligible.

Timely Subsequent

The 10 day standard will not apply. Your application will be approved or denied within 30 days of the date your last application was approved. You must give us any needed information on or before the date shown on the front of this form. If not, your application will be denied, and you will have to give us another application form before we can decide if you are eligible.

Your Right To Appeal

If you are unhappy with the way we handle your food stamp application or if you feel we have failed to act on your application, you or your representative may ask for a hearing. To ask for a hearing, call or go in to the DHS County Office. Send written requests for a hearing to:

Arkansas Department of Human Services
Attention: Appeals and Hearings, Slot 1001
P. O. Box 1437
Little Rock, AR 72203
(501) 682-8622
TDD for Hearing Impaired - 1-800-285-1131

THE INFORMATION ON THIS PAGE APPLIES ONLY TO THE FOOD STAMP PROGRAM.

SOCIAL SECURITY NUMBERS - You must give us a Social Security Number (SSN) for each household member. This is required by the Food Stamp Act of 1977, as amended by PL 97-98. SSNs are subject to verification and reviews or audits to assure your household is eligible for food stamp benefits. SSNs are used to check the identity of household members, to prevent duplicate participation and to facilitate mass changes. During this process, we may contact your employer, bank or other parties.

PENALTIES - Any member of your household who intentionally breaks any of the following rules will not be able to get food stamp benefits for one year. The second time a household member intentionally breaks one of these rules, he or she will not be able to get food stamp benefits for two years. The third time a household member intentionally breaks one of these rules, he or she will never again be allowed to get food stamp benefits.

- DO NOT GIVE FALSE INFORMATION OR WITHHOLD INFORMATION IN ORDER TO GET OR TO CONTINUE TO GET FOOD STAMP BENEFITS.
- DO NOT ALTER ANY AUTHORIZATION DOCUMENT TO GET FOOD STAMP BENEFITS YOU ARE NOT ELIGIBLE TO RECEIVE.
- DO NOT USE FOOD STAMP BENEFITS TO BUY NON-FOOD ITEMS LIKE ALCOHOLIC DRINKS, TOBACCO, OR PERSONAL GROOMING ITEMS.
- DO NOT TRADE OR SELL FOOD STAMP BENEFITS OR ALLOW UNAUTHORIZED USE OF ELECTRONIC BENEFITS TRANSFER (EBT) CARDS.
- DO NOT USE SOMEONE ELSE'S EBT CARD FOR YOUR HOUSEHOLD'S BENEFIT.

- **ADDITIONAL PENALTIES**—A court of law can ban anyone who intentionally breaks Food Stamp Program rules from getting food stamp benefits for an additional 18 months. A court can also impose fines of up to \$250,000 or send the violator to jail for up to 20 years or both.
- Any member of your household found to have made a fraudulent statement or representation about their identity or residence in order to get food stamp benefits in two locations during the same month will be barred from getting food stamp benefits for ten years.

NOTICE: THE FOLLOWING INDIVIDUALS ARE PERMANENTLY BANNED FROM PARTICIPATING IN THE FOOD STAMP PROGRAM:

- Violators found guilty in a court of law of buying or selling fire arms, ammunition, explosives, or controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for food stamp benefits.
- Violators convicted in a court of law of trafficking food stamp benefits in excess of \$500.
- Fleeing felons and parole/probation violators.
- Individuals who were found guilty of or pled guilty or nolo contendere (no contest) to any state or federal offense classified as a felony by the law or jurisdiction involved, and which has as an element of the offense the distribution or manufacture of a controlled substance

WORK REGISTRATION - Under the Food Stamp Act, all non-exempt household members who are physically and mentally fit must register for work. *By your signature on this application, you are agreeing to work-register all non-exempt household members.* If any member of your household is subject to work registration for the Food Stamp Program you will receive a notice. The notice will tell you exactly which household members are subject to work registration and what their responsibilities are.

ACCESSING YOUR FOOD STAMP BENEFITS - If your household is eligible to receive food stamp benefits, you will access your benefits through an Electronic Benefits Transfer (EBT) card. Your county office worker will explain how to use the EBT card to access your food stamp benefits.

FOR COUNTY USE ONLY

Identity Verified			Date	County	
Reg.# _____	HH TYPE _____	EXPEDITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Denial Date _____		
Soc. Sec.# _____	HH SZ _____	Screener _____	Reason _____	Clt. Not. _____	
Appl. Dt. _____	Type _____	Date _____	Wkr. # _____		
Key Dt. _____	Wkr. # _____	LD Date _____	Op. Int. _____		
	Op. Int. _____	Int. _____			

EXTENSION OF CERTIFICATION PERIOD - (Up to 12 months, not to exceed period of TEA eligibility)

Date of Contact with Household _____

Method of Contact with Household _____

Is the household still entitled to participate in the SFSP? YES _____ NO _____

If yes, new certification period begins _____ and ends _____

**Arkansas Department of Human Services (DHS)
Division of County Operations (DCO)**

FOR OFFICE USE ONLY

REG	ACES REG #	APP DT	COUNTY	CAT	ADULTS	CHILD	WORKER #	WORKER NAME	MRT	KEY DATE	OP INT
	1										
	2										
DEN	WORKER #	DENIAL DATE	REASON			CATEGORY		CN	KEY DATE	OP INT	
	1										
	2										

Application For Transitional Employment Assistance

If you need this material in a different format, such as large print, contact your DHS county office.

Please answer all questions as completely and as accurately as possible. If you do not understand a question the caseworker you speak with will help you. If you do not have enough space for your answer, attach another sheet of paper to this application.

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MI	BIRTH DATE	RACE	SEX
MEDICARE NUMBER	MARITAL STATUS	TELEPHONE NUMBER WHERE YOU CAN BE REACHED				
STREET ADDRESS		CITY	STATE	ZIP CODE		
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE		

Please list everyone in your home and complete each space by their name:

Social Security Number	Name		Birthdate	Race	Sex	Relationship to you	Is this person a			Office Use Only MRT
	Last	First					US Citizen	Legal Alien	Other	
	APPLICANT									

Does anyone in your household have earned income? YES ☐ NO ☐

If yes, enter gross amount \$ _____

Does anyone in your household have unearned income (such as Social Security, SSI, Child Support, Unemployment benefits)?

YES ☐ NO ☐

If yes, enter the name of the person who receives any type of income listed above and the total monthly payment.

Name _____ Amount _____

Do you expect a change in any of the above? YES ☐ NO ☐ If yes, what and when? _____

AUTHORIZED REPRESENTATIVE

You can authorize someone outside your household to use your food stamp EBT card to buy food for your household. If you would like to authorize someone, write the name or names below.

Name _____ Telephone _____

Address _____ Address _____

Family Planning - I may be eligible for Family Planning Services and:

- ☐ I do want Family Planning Services
☐ I want more information
☐ I do not want Family Planning Service

Is anyone in your household pregnant? ☐ YES ☐ NO

Child Health Services (Health Checkups) The health checkup program has been explained to me and:

- ☐ I do want this service for all eligible persons
☐ I do want this service for only the following persons:

☐ I do not want this service.

Unpaid Medical Expenses

Do you have any unpaid medical expenses from the past 3 months? ☐ YES ☐ NO

Would you like to register to vote? ☐ YES ☐ NO

DO YOU HAVE?	YES	NO	OWNER'S NAME	Total Value	OTHER
Cash or savings				\$	
Certificates of Deposit (CD) Credit Union Accounts				\$	Bank Name
Checking accounts				\$	Bank Name
Stocks, bonds, IRAs Keogh Plans, Mutual Funds				\$	
Real Estate other than your home				\$	Location Amount Owed \$
Other (Prepaid burial plans, trust funds, etc.)				Total Value \$	Description -

How many cars, trucks and vans do you and the members of your household have? _____

Please list below:

Make & Year	Amount Owed	Who Owns	Medical Benefits
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

• Do you or anyone in your home own or are you buying other buildings or property? ☐ YES ☐ NO

• How have you been meeting your expenses for the past 6 months? _____

• Do you or any other household member pay money for a room or meals to a person with whom you live? YES ☐ NO ☐

• Are you or any other household member participating in the Food Stamp Program in another place? YES ☐ NO ☐

• Are you or any other household member now disqualified, or have you or any other household member ever been disqualified from the Food Stamp, AFDC, or TEA Program for providing incorrect information or for failing to provide information that affected eligibility and benefits? YES ☐ NO ☐
 If yes, which program? _____

• Have you or a member of your household been found guilty of or plead guilty or nolo contendere to a felony offense involving the manufacture or distribution of a controlled substance on or after July 1, 1997? YES ☐ NO ☐

CHILD SUPPORT PAYMENTS - List child support paid by a household member to someone outside the home. Do you or anyone else in your home pay child support? YES ☐ NO ☐

If yes, who pays? _____ Amount paid \$ _____ How often? _____

DCO-180 (R. 8/98)

READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS APPLICATION.

I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.

I authorize DCO to obtain information from other state agencies and other sources to confirm the accuracy of my statements.

I understand that no person may be denied TEA, Food Stamp, or Medicaid benefits on the grounds of race, color, sex, age, handicap, religion, national origin, or political belief.

I may request a hearing from DHS if a decision is not made on my case within the proper time limit or if I disagree with the decision.

I agree to notify the DHS county office within 10 days if I or any of my dependents cease to live in my home, if I move, if I become employed or my earnings change, or if any other changes occur in my circumstances.

I authorize DHS to examine all records of mine or records of those who receive or have received Medicaid benefits through me to investigate whether or not any person has committed Medicaid fraud, or for use in any legal, administrative or judicial proceeding.

I understand that cash assistance will be limited to twenty-four (24) months of my lifetime.

CHILD SUPPORT ENFORCEMENT REQUIREMENTS

TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA) - I understand that if I accept TEA cash assistance, by state law, I will have assigned all rights, title, and interest in any support that I have in my own behalf or in behalf of any other person for whom I am receiving TEA. I understand that all support payments including those received by me directly from the absent parent, are to be paid to the Office of Child Support Enforcement. I understand that this assignment ends when I no longer receive TEA except as to any unpaid support obligation that has accrued at the time my TEA case is closed. I also understand that as a condition of eligibility for TEA, I must cooperate with the Office of Child Support Enforcement in establishing paternity and obtaining child support.

MEDICAID - As a condition of eligibility for Medicaid, each applicant or recipient must cooperate with the Office of Child Support Enforcement (OCSE) in establishing paternity and obtaining medical support for each child who has a parent absent from the home. All other OCSE services, including collection of child support payments from the absent parent, will be provided unless OCSE receives a written notice from me that I do not want these services.

ASSIGNMENT OF MEDICAL PAYMENTS

I authorize any holder of medical or other information about me to release information needed for a Medicaid claim to DHS. I further authorize release of any information to other parties who may be liable for my medical expenses. As an eligibility condition, I automatically assign my right to any settlement, judgment, or award which may be obtained against any third party to DHS to the full extent of any amount which is paid by DHS on my behalf. I authorize and request that funds, settlement or other payments made by or on behalf of third parties, including tortfeasors or insurers arising out of a Medicaid claim, be paid directly to DHS. My application for Medicaid benefits shall in itself constitute an assignment by operation of law and shall be considered a statutory lien of any settlement, judgment, or award received by me from a third party. A third party is any person, entity, institution, organization or other source which may be liable for injury, disease, disability or death sustained by me or others named herein, including estates of said individuals. I also assign all rights in any settlement made by me or on my behalf arising out of any claim to the extent of medical expenses paid by DHS, whether or not a portion of such settlement is designated for medical expenses. Any such funds received by me shall be paid to DHS. A copy of this authorization may be used in place of the original.

Personal Responsibility Agreement

I understand public assistance is temporary as I seek to become self-supportive and economically independent. I understand that it is my responsibility to find and keep a job and to secure all other potential sources of income for the support of myself and my dependent children.

In return for public assistance, I agree to be held responsible for:

1. Looking for employment or following up on job referrals required by my case worker before, during, and after approval of my application for assistance.
2. Cooperating with my case worker in developing and following my Employment Plan.
3. Accepting full or part-time employment that may be offered.
4. Not voluntarily terminating employment.
5. Ensuring that my children receive their age appropriate childhood immunizations.
6. Ensuring that my school age children attend school.
7. If I am an unmarried minor parent, I will reside in the household of a parent, legal guardian, other adult relative, or in an approved adult-supervised living arrangement unless my case worker approves other living arrangements.
8. Cooperating with the Office of Child Support Enforcement in seeking child support payments and/or establishing paternity.

I understand that in some circumstances the agency may determine that I had good cause for not complying with the above requirements and in certain unique circumstances I may be granted an extension or exemption of a specific program requirement. I also understand that I must sign this Agreement in order to apply for Transitional Employment Assistance.

I declare under penalty of perjury that the information I have provided on this form is true and correct. If I receive benefits for which I am not eligible because I withheld information or provided inaccurate information, such assistance will be subject to recovery by DCO. Any assistance I receive in the future may be reduced to recover this overpayment, and I may be subject to prosecution for fraud and fined and/or imprisoned.

Parent/Caretaker Relative Signature

Date

Parent/Caretaker Relative Signature

Date

Minor Parent Signature (if appropriate)

Date

Case Worker's Signature

Date

**INSTRUCTIONS
TO
DCO-180
Application for Transitional Employment Assistance**

Purpose

The DCO-180 is used as the application form for TEA, the Simplified Food Stamp Program (SFSP), TEA Medicaid, and other Medicaid categories. The DCO-180 will be used as an application for the regular Food Stamp Program if the TEA applicant is not entitled to participate in the SFSP. The form will also be completed to add persons to existing cases in these categories. Also, this form will be the input document for registration and denial purposes.

Completion

The DCO-180 should be completed by the applicant/recipient except in the areas designated "For Office Use Only". Only in cases of illiteracy or disability which prohibits completion by the applicant/recipient will the caseworker complete the form. The caseworker will sign as both the caseworker and the person helping complete the form in such cases. Any changes or additions made on this form should be completed by the applicant/recipient or the caseworker who originally completed the form.

Only one form will be completed for applications made on a given day. For example, TEA, SFSP, and TEA Medicaid applications made by the same application on the same day will require only one form. Once a signed DCO-180 is received and registered, it will not be released to the applicant to take home.

For Office Use Only

A. Registration

Once the DCO-180 is signed and received by the county, it must be registered. (Page 2 of the DCO-180 contains the registration data for registering and denying food stamp applications either under SFSP rules or regular FSP rules. See Item C below.) Only one application can be registered at a time. For applications with multiple categories, all data must be entered for each registration. The top section designated "For Office Use Only" will be completed as follows:

Field Name	Description
Register No	These fields will be completed by the terminal operator. Once all registration data has been keyed and accepted, the system will display a register number. If registering multiple applications, list the register numbers in the same order as the categories were registered.
Application Date	The date (MMDDYY) the signed DCO-180 is received by the county.

County	The three digit county number.
Category	The appropriate two digit category code. If registering multiple applications, enter the category code for each type of application. Refer to the DCO-Users Manual for valid category codes.
Adults	The number of adults included in the application.
Children	The number of children included in the application.
Worker #	The last four digits of the worker's Social Security number or the assigned worker number.
Worker Name	Name of the worker whose number is entered in field 8.
MRT	If an MRT decision is indicated, enter "Y", otherwise, leave blank as the system will automatically default no "N".
Key Date	Completed by the terminal operator. The date (MMDDYY) information is keyed and accepted by the system.
OP. IN	Initials of the terminal operator keying information into the system.

B. TEA, TEA Medicaid Denials

If the application(s) is to be denied, then the denial section must be completed and forwarded to the terminal operation upon disposition. If denying more than one application with the same casehead, enter the appropriate two digit category code in the same order they were entered on the system as indicated in the category field. Each denial code should coincide with the appropriate category. Refer to the DCO Users Manual for a listing of the denial.

Field Name	Description
Worker #	The last four digits of the worker's Social Security number or the assigned worker number.
Denial Date	The effective date (MMDDYY) the application for assistance is being denied.
Reason	Two digit denial reason. Refer to the DCO-Users Manual for Denial Codes and Reasons.
Category	The two digit category code being denied.
CN	Client Notice. Y - System generated notice specific to Reason (Field 15) will be generated. N - System generated notice will not be generated. Worker will send notice.

Field Name	Description
------------	-------------

- | | |
|----------|--|
| Key Date | Completed by the terminal operator. The date (MMDDYY) information is keyed and accepted by the system. |
| OP INT | Initials of the terminal operator keying information into the system. |

C. SFSP Registration and Denial

If the DCO-180 is to be used as a food stamp application, either for the SFSP or the regular FSP, page 2 of the DCO-180 will be used to register the food stamp application. If the food stamp application is denied, page 2 of the DCO-180 will be used as the denial document.

To register a food stamp application, the following fields must be completed:

Field Name	Description
------------	-------------

- | | |
|-------------|--|
| Register # | This field will be completed by the individual who keys the document. Once all registration data has been keyed via the FACTS Application screen (WFAP) and accepted, the system will display a register number. |
| Soc. Sec. # | The Social Security number of the applicant. |
| Appl. Dt. | The date (MMDDYY) the signed DCO-180 is received by the county. |
| Key Dt | The date (MMDDYY) the application was registered via WFAP. |
| HH Type | One of the following codes:
1N NA (not categorically eligible)
2C PA (categorically eligible) |
| HH SZ | Number of household members. |
| Type | Code A for initial application. |
| Wkr. # | The worker number of the caseworker. |
| Op. Int. | The initials of the individual who keyed the document. |
| Expedited? | Identifies whether the household is entitled to expedited service. |
| Screener | The initials of the worker who screened the application for entitlement to expedited service. |
| Date | The date the application was screened for entitlement to expedited service. |

LD Date	If the household is identified as entitled to expedited service some time after the application was filed, the date the late determination occurred.
Int.	If a late determination for expedited service occurs, the initials of the worker who made this determination.
Denial Date	If the application is denied, the date (MMDDYY) on which the denial occurred.
Reason	The reason for the denial. Use one of the following codes: <ul style="list-style-type: none"> 01 Residence not established 02 Income not verified 03 Other mandatory verification not provided 07 Voluntary quit 08 Earned income only - exceeds maximum 09 Income exceeds maximum (combination or other) 10 Resources exceed maximum (real property) 11 Resources exceed maximum (liquid resources) 12 Resources exceed maximum (vehicles) 13 Resources exceed maximum (combination) 14 Death 15 Moved from state 16 Refused to cooperate 17 Missed appointment 18 Other 19 Duplicate registration 20 Transfer to another county 21 Applicant request
Cl. Not.	The client notice indicator. Use one of the following codes: <ul style="list-style-type: none"> Y System generated notice specific to reason. No notice is generated for codes 18, 19, 20 and 21. N No system generated notice. Manual notice must be issued either separate from or in combination with the TEA notice.
Wkr. #	The worker number of the caseworker who authorized the denial.
Op. Int.	The initials of the individual who keyed the denial.

D. Extension Of Certification Period

These fields will be used to record when the SFSP certification period was extended. The following information must be completed whenever the SFSP certification is extended:

- Date of contact with household
- Method of contact with household
- Yes checked if the household is still entitled to participate in the SFSP

- No checked if the household is no longer entitled to participate in the SFSP
- Beginning and ending months of the new certification period
- Signature of caseworker who assigned new certification period

Routing and Retention

Form DCO-180 will be forwarded upon completion by the worker to the terminal operator. If the transaction is accepted on line, the terminal operator will initial and date the form and return it to the worker. The form should then be filed in the case record and retained until the case record is destroyed.