# **ARKANSAS REGISTER**



# **Transmittal Sheet**

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

|     | Office Only: Effective Date 112                               | 98 Code Number 016. 20. 98033                                                                       |
|-----|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Nar | me of Agency Department                                       | of Human Services                                                                                   |
| Dep | partment Division o                                           | of County Operations                                                                                |
| Cor | ntact Person Roy D. Kindle, S                                 | Jr. Phone 682-8251                                                                                  |
| Sta | tutory Authority for Promulgating and Work Opportunity Recond | ng Rules P.L. 104-193 The Personal Responsibility ciliation Act 1996 and The Agricultural Research, |
|     | FSC 98-23                                                     | Extension and Education Reform<br>Act of 1998                                                       |
| Ir  | ntended Effective Date                                        | Legal Notice Published <u>10-1-98</u>                                                               |
|     | Emergency                                                     | Final Date for Public Comment <u>10 -30 -98</u>                                                     |
| Xx  | 10 Days After Filing                                          | Filed With Legislative Council <u>10-1-98</u>                                                       |
|     | Other                                                         | Reviewed by Legislative Council                                                                     |
|     |                                                               | Adopted by State Agency                                                                             |
|     | CERTIFICATIO                                                  | N OF AUTHORIZED OFFICER                                                                             |
|     | I Hereby Certify T                                            | hat The Attached Rules Were Adopted . with Act 434 of 1967 As Amended.                              |
|     | in Compliance                                                 | A A A TIPE AS AMENDED.                                                                              |
|     | y. I but                                                      | / / / / Signature                                                                                   |
|     |                                                               | 682-8375                                                                                            |
|     |                                                               | Phone Number  Director                                                                              |
|     | 8                                                             | CT (98                                                                                              |

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

NUMBER AND TITLE: FSC 98-23, Revision to the Food Stamp Program Citizenship, Disqualification for Drug Related Penalties, Homeless Shelter Standard and Scheduling Recertification Interviews for Expedited Applicants.

PROPOSED EFFECTIVE DATE: November 1, 1998

STATUTORY AUTHORITY: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and The Agricultural Research Extension and Education Reform Act of 1998.

**NECESSITY AND FUNCTION:** These policies have been revised to add three new categories of eligible aliens, to incorporate the policy directive about disqualification for drug related penalties, to delete the use of a shelter estimate for homeless households who have shelter costs and to add the requirement that all expedited applicants be interviewed at the first recertification.

PAGES FILED: A total of 25 pages were filed.

Roy D. Kindle, Jr. Assistant Director

Office of Program Planning and Development

PROMULGATION DATE: November 1, 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 and The Agricultural Research, Extension and Education Reform Act of 1998; the Food Stamp Certification Manual has been revised to update the Food Stamp Program Citizenship Policy, Disqualification for Drug Related Penalties, Homeless Shelter Standard and Scheduling Recertification Interviews for Expedited Applicants. These policies have been revised to add three new categories of eligible aliens, to incorporate the policy directive about disqualification for drug related penalties, to delete the use of a shelter estimate for homeless households who have shelter costs and to add the requirement that all expedited applicants be interviewed at the first recertification.

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. 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.

**Ruth Whitney** 

Director

**Division of County Operations** 

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

| DEPARTMENT/AGENCY                                           | HUMAN SERVICES                                                                                                                                                   |                        | <u>.</u>       |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|
| DIVISION                                                    | COUNTY OPERATIONS                                                                                                                                                | ····                   | <del> </del>   |
| DIVISION DIRECTOR                                           | RUTH WHITNEY                                                                                                                                                     |                        |                |
| CONTACT PERSON                                              | Roy D. Kindle, Jr.                                                                                                                                               |                        | <del> </del>   |
| ADDRESS Donaghey Plan                                       | za South, P.O. Box 1437, Slot 1220, L                                                                                                                            | ittle Rock, AR 72203   | 3-1437         |
| PHONE NO                                                    | 682-8251                                                                                                                                                         |                        |                |
|                                                             | INSTRUCTIONS  Form for future use. In completely using layman terms. You may exing your rules, please give the proposed                                          |                        |                |
| below.  D. Submit two (2) copies of thi mail or deliver to: | is questionnaire attached to the front of two                                                                                                                    | (2) copies of your pro | posed rule and |
| Arkansas Legisla<br>Bureau of Legisla<br>Room 315, State    | ntive Research                                                                                                                                                   | ******                 | ****           |
| 1. What is the short title of the FSC 98-23                 | his rule?                                                                                                                                                        |                        |                |
| (Disqualification for Drug                                  | proposed rule?<br>Manual - Changes to FSC 1621.1-1621<br>g Related Penalties), FSC 6610-6627 (E<br>fication Interviews for Expedited Applic                      | Homeless Shelter Stan  |                |
| If yes, please provide the the The Agricultural Research,   | nply with federal statute or regulations? federal regulation and/or the statute cita, Extension, and Education Reform Act by and Work Opportunity Reconciliation | of 1998                | NO             |
| 4. Was this rule filed under t Administrative Procedure     | the emergency provisions of the Act?                                                                                                                             | YESX                   | <u>NO</u>      |
| If yes, what is the effective                               | e date of the emergency rule?                                                                                                                                    |                        |                |
| When does the rule expire                                   | ?                                                                                                                                                                | <u> </u>               |                |
| Will this emergency rule to provisions of the Adminis       | be promulgated under the regular strative Procedure Act?                                                                                                         | YES                    | NO             |

| 5.  | Is this a new rule?                                                                          |                                                                                                                                                                                   | ·                                         | YES XX                                              | _ NO                              |
|-----|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-----------------------------------|
|     | Does this repeal an existing r                                                               | rule?                                                                                                                                                                             |                                           | YES XX                                              | NO                                |
|     | Is this an amendment to an e                                                                 | xisting rule?                                                                                                                                                                     | XX                                        | YES                                                 | NO                                |
|     | substantive changes. The p 2) to incorporate the policy of use of a shelter estimate for its | cup showing the changes in the endicy has been revised to: 1) add the directive about disqualification for the changes households who have shout applicants be interviewed at the | hree new c<br>r drug rela<br>elter costs; | categories of e<br>ted penalties;<br>; and 4) to ad | eligible aliens; 3) to delete the |
| 6.  | What state law grants the aut Code citation.  NA                                             | hority for this proposed rule? If c                                                                                                                                               | odified, pl                               | ease give Ark                                       | ansas                             |
| 7.  |                                                                                              | roposed rule? Why is it necessary<br>eded to insure the Food Stamp Cer<br>and Federal regulations.                                                                                |                                           | Manual polic                                        | y is in                           |
| 8.  | Will a public hearing be held                                                                | on this proposed rule?                                                                                                                                                            |                                           | YES <i>XX</i>                                       | _ NO                              |
| 9.  | When does the public comm                                                                    | ent period end?                                                                                                                                                                   | 10-                                       | 30-98                                               |                                   |
| 10. | What is the proposed effective                                                               | ve date of this proposed rule?                                                                                                                                                    | Novembe                                   | r 1, 1998                                           |                                   |
| 11. | Do you expect this rule to be If yes, please explain.                                        | controversial?                                                                                                                                                                    |                                           | YES XX                                              | _ NO                              |
| 12. |                                                                                              | sons, groups, or organizations whi<br>heir position (for or against) if kno                                                                                                       |                                           | pect to comm                                        | ent on                            |
|     | NAME                                                                                         | GROUP/ORGANIZATION                                                                                                                                                                | ADDRE                                     | ESS                                                 |                                   |
|     |                                                                                              |                                                                                                                                                                                   | 1                                         |                                                     | 1                                 |

| GROUP/ORGANIZATION         | ADDRESS                                             |
|----------------------------|-----------------------------------------------------|
| Legal Services of Arkansas | 209 West Capitol, Suite 36<br>Little Rock, AR 72203 |
|                            |                                                     |
|                            |                                                     |

| DEPA  | ARTMENT                                                                          | HUMAN S.                                     | ERVICES                                                        |                                                    |                      |                        |                       | -                         |               |
|-------|----------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|----------------------------------------------------|----------------------|------------------------|-----------------------|---------------------------|---------------|
| DIVIS | SION                                                                             | COUNTY                                       | OPERATIONS                                                     |                                                    |                      |                        |                       |                           |               |
| PERS  | ON COMPLE                                                                        | TING THI                                     | S STATEMENT                                                    | Betty Hel                                          | mbeck                |                        |                       | ····                      | <del></del>   |
| TELE  | EPHONE NO.                                                                       | 682-8284                                     |                                                                | FAX NO                                             | 682-14               | 169                    | <u>_</u>              | 2 20 3                    | 2 37          |
|       |                                                                                  | E                                            | INANCIAL IM                                                    | PACT STAT                                          | <u>remen</u>         | <u>T</u>               | ,                     | 155                       | No STA        |
|       | mply with Act {<br>estionnaire and                                               |                                              | please complete<br>iles.                                       | the following                                      | g Financ             | ial Impa               | ct State              | ement and                 | filewith      |
| SHOF  | RT TITLE OF T                                                                    | HIS RULE                                     | FSC 98-23                                                      |                                                    |                      |                        |                       |                           |               |
| 1.    | Does this propo                                                                  |                                              | ed, or repealed ru                                             | ile or regulati                                    | on                   |                        | YES                   | XX NO                     |               |
| 2.    | prohibited, pleathese changes existing policy                                    | ase explain.<br>should not i<br>directives o | clopment of a fina<br>result in any char<br>r will not otherwi | iges in Progr<br>ise substantic                    | am expe<br>ally chan | nditures<br>ige eligib | since i               | they incorp<br>equirement | oorate<br>ts. |
| 3.    |                                                                                  |                                              | or regulation is to<br>menting the regul                       |                                                    | . Iederai            | rule or re             | egulati               | on, please                | give the      |
|       |                                                                                  | <u>1998-99</u>                               | Fiscal Year                                                    |                                                    |                      | <u>1999-00</u>         | ) Fisca               | ıl Year                   |               |
|       | General Reven<br>Federal Funds<br>Cash Funds<br>Special Revent<br>Other<br>Total | \$                                           | 0<br>0<br>0<br>0<br>0                                          | General I Federal I Cash Fur Special I Other Total | Funds<br>nds         | \$                     | 0<br>0<br>0<br>0<br>0 |                           |               |
| 4.    | What is the tot repealed rule o                                                  |                                              | cost by fiscal yea?                                            | ar to any part                                     | y subjec             | t to the p             | ropose                | ed, amende                | d, or         |
|       | 1998-99 Fiscal                                                                   | Year \$                                      | 0                                                              | 1999-00                                            | Fiscal Y             | ear \$                 |                       | )                         | <u> </u>      |
| 5.    | What is the tot                                                                  | al estimated                                 | cost by fiscal year                                            | ar to the agen                                     | ncy to im            | plement                | this re               | egulation?                |               |
|       | 1998-99 Fiscal                                                                   | l Year \$                                    | 0                                                              | 1999-00                                            | Fiscal Y             | ear \$_                | C                     | )                         |               |

# MANUAL TRANSMITTAL

# Arkansas Department of Human Services Division of County Operations

| X    | Policy          | Form   | Policy<br>Directive | Issuance Number        | • FSC 98-23         |
|------|-----------------|--------|---------------------|------------------------|---------------------|
| Food | l Stamp Certifi | cation | Manual              | <b>Issuance Date</b>   | 11-1-98             |
| Fro  | m: Ruth Wh      | iitney |                     | <b>Expiration Date</b> | Until<br>Superseded |

Subj: Citizenship, Drug Related Felonies, Homeless Shelter Estimate and Expedited Service

|               | Pages to be Deleted | Dated   | Pages to be Added         | Dated   |  |
|---------------|---------------------|---------|---------------------------|---------|--|
|               | PD FSC 97-8         | 8/2/97  | None                      |         |  |
| Front         | 1621 – 1621.1       | 6-15-98 | 1621 - 1621.1             | 11-1-98 |  |
| Back          | 1621.1 – 1621.2     | 6-15-98 | 1621.1 - 1621.1           | 11-1-98 |  |
| Front         | 1621.2 – 1621.2     | 6-15-98 | 1621.1 – 1621.2           | 11-1-98 |  |
| Back          | 1621.2 – 1621.2.1   | 6-15-98 | 1621.2 – 1621.2           | 11-1-98 |  |
| Front<br>Back | None<br>None        |         | 1621.2 – 1621.2.1<br>None | 6-15-98 |  |
| Front         | 1621.5.1 – 1621.5.3 | 6-15-98 | 1621.5.1 – 1621.5.3       | 6-15-98 |  |
| Back          | 1621.5.3 – 1621.6   | 6-15-98 | 1621.5.3 – 1621.5.3       | 11-1-98 |  |
| Front<br>Back | None<br>None        |         | 1621.5.4 – 1621.6<br>None | 10-1-97 |  |
| Front         | 1622.9 - 1622.9     | 6-1-96  | 1622.9 - 1622.9           | 6-1-96  |  |
| Back          | 1622.10 1623.1      | 10-1-97 | 1622.10 - 1623            | 11-1-98 |  |
| Front         | 1623.1 - 1623.1     | 6-1-96  | 1623.1 1623.1             | 6-1-96  |  |
| Back          | 1623.2 - 1623.2     | 10-1-97 | 1623.2 1623.2             | 10-1-97 |  |
| Front         | 6610 – 6610         | 10-1-95 | 6610 – 6610               | 11-1-98 |  |
| Back          | 6610 – 6621         | 9-1-94  | 6610 – 6621               | 11-1-98 |  |
| Front         | 6626.2 – 6627       | 5-1-95  | 6626.2 – 6627             | 11-1-98 |  |
| Back          | 6627 – 6628         | 7-1-93  | 6627 – 6628               | 11-1-98 |  |

| Front         | 9500 – 9510  | 10-1-97 | 9500 – 9501         | 11-1-98 |
|---------------|--------------|---------|---------------------|---------|
| Back          | 9600 – 9600  | 10-1-97 | 9510 – 9510         | 11-1-98 |
| Front<br>Back | None<br>None |         | 9600 – 9600<br>None | 10-1-97 |

#### SUMMARY OF CHANGES

FSC 1621.1 – Three new categories of eligible aliens have been added as items 4, 5 and 6.

FSC 1621.2 – Three items have been added to explain the documentation needed by aliens in the new categories of eligible aliens.

Special Instructions – The new categories of eligible aliens are effective 11/1/98. These provisions will be applied to any application approved on or after 11/1/98. These provisions will be applied to participating households at the household's request, at the next quarterly report or at the next recertification, whichever comes first. Restored benefits will be provided back to November 1, 1998, for any alien affected by these provisions. See FSC 13300 – 13360 for instructions on restoring benefits.

Both the Division of County Operations (DCO) and the Department of Agriculture, Food and Nutrition Service (FNS) will be sending notices to aliens that may be affected by this change in policy. DCO will be sending notices to all participating food stamp households with a member classified as an ineligible alien. Pages containing the text of these notices are attached to this transmittal.

A copy of each notice may be provided by the DCO County Office to any household that may be affected by the policy. Local agencies and/or any individual who works closely with the alien population may also be provided with a copy of each notice.

FSC 1621.5.3 – The address of the new INS office in Fort Smith has been added to the policy. Also, a listing of the counties served by each of the INS offices has been included in the policy.

FSC 1622.20 – This is a new section. It contains the policy governing disqualification for drug related felonies.

FSC 1623 – This section have been revised to clarify that disqualification by member applies to fleeing felons and individuals convicted of drug related felonies.

**FSC 1623.2** – This section have been revised to clarify that disqualification by member applies to fleeing felons and individuals convicted of drug related felonies.

FSC 6610 – Item 7, the shelter estimate for homeless households has been deleted as an allowable shelter cost. Homeless households may continue to claim actual shelter costs. Any homeless household entitled to use the utility standard will be allowed to use this standard.

FSC 6627 – Since households are now allowed to switch between actual utility costs and the utility standard at recertification, the next to last paragraph, which contained information about the 12 month calendar period, has been removed from this section. The last paragraph, which was repetitious was also been removed.

FSC 9500 – The instructions for handling recertifications of expedited households with postponed verification have been removed from this section.

FSC 9501 – This is a new section. It contains instructions for handling applications for recertification submitted by households certified under the expedited provisions with verification postponed. Under the new instructions, all expedited households that submit an application for recertification must be interviewed.

FSC 9510 – The requirement that a household be given an ID card has been removed. The requirement that households subject to QR be given a QR pamphlet has been added.

INQUIRIES TO: Betty Helmbeck, Food Stamp Section, (501) 682-8284



## ARKANSAS DEPARTMENT OF HUMAN SERVICES

## **NOTICE**

# FOOD STAMP CHANGES IMMIGRANT ELIGIBILITY

Effective November 1, 1998, there will be changes in the Food Stamp Program rules that say which immigrants may receive food stamp benefits. These new rules will have no effect on immigrants who are currently receiving food stamp benefits. Instead, the following classes of noncitizens are being added to the list of immigrants who are allowed to receive food stamp benefits:

- > Any alien who was lawfully present in the United States on August 22, 1996 and:
  - Is currently under 18 years of age; or
  - Was age 65 or older on August 22, 1996; or
  - Is <u>currently</u> receiving certain benefits or assistance due to blindness or disability.
- Any American Indian born in Canada who is entitled under the law to cross the United States border into Canada. Any Native American who is entitled under the law to cross the United States border into Mexico. These Indian tribes include, among others, the St. Regis band of the Mohawk in New York State, the Micmac in Maine, the Abanaki in Vermont, and the Kickapoo in Texas.
- Any individual lawfully residing in the United States who was a member of a Hmong or Highland Loatian tribe at the time the tribe assisted United States personnel by taking part in a military or rescue operation during the Vietnam era. This era began August 5, 1964, and ended May 7, 1975. This also includes the spouse and/or dependent children of such an individual.

To see if you or someone in your household is one of the people affected by the change in the law, contact the DHS County Office.

## NOVEMBER 1, 1998, FOOD STAMP CHANGES FOR NONCITIZENS

September 15, 1998

This notice is to inform you that immigrants who receive SSI payments may now be eligible for food stamps. Immigrants who do not receive SSI may also receive food stamps, but this notice does not review those rules.

## Can non-citizens whose food stamps were cut off after August 1996 get them again?

**Yes.** You may be able to get food stamps. People who were cut off stamps after August 1996 because they were not U.S. citizens may now be able to get them. People who were legally in the U.S. in August 1996 but not getting food stamps may now be eligible.

#### What happened to change things?

A new law made many persons who are citizens, but who were legally in the United States on August 22, 1996, and who are receiving Supplemental Security Income (SSI) payments, eligible for food stamps beginning November 1, 1998, if their household meets the other food stamp eligibility requirements.

## What if I didn't get food stamps before August 22, 1996?

You can be eligible for food stamps even if you did not get them in the past.

## What if I didn't arrive in the U.S. until after August 22, 1996?

Many immigrants who arrived after August 22, 1996, are not eligible for food stamps. However, some people (such as refugees, asylees, or Cuban/Haitian entrants) may be eligible.

# What are some of the other special requirements for non-citizens to get food stamps? Does it make a difference whether I'm getting SSI because I'm elderly and poor, or because I'm blind or disabled?

If you are getting SSI and dare not a citizen, you can get food stamps if you were legally living in the United States on August 22, 1996, and at least 65 years old then, or either under age 18 now, or receiving disability payments.

## How can I find out whether I'm eligible to get food stamps now?

To see if you are one of the people who were affected by this change in the law, contact your local food stamp office.

## Where can I find the food stamp office?

In the telephone book, you should find the local food stamp office listed under "Food Stamps," "Human Resources," or "Social Services" in the state or local government pages.

## When can I apply for food stamps?

If you think you will be eligible beginning November 1, 1998, you can apply for food stamps as early as October.

## Can I apply for food stamps at the SSI office?

If everyone in your household is receiving or applying for SSI, you may apply for food stamps at the social security office.



#### CAMBIOS EN EL PROGRAMA DE CUPONES PARA ALIMENTOS PARA LOS EXTRANJEROS, 1 DE NOVIEMBRE DE 1998

La razon para esta noticia es que los immigrantes quiencs reciben Ingresos Sociales Suplementarios (Supplemental Security Income, SSI) ahora tambien podrian recibir los cupones para alimentos. Immigrantes quienes no estan recibiendo SSI posiblemento puedan recibir los cupones, pero esta noticia no tieneque ver cone sas reglas.

¿Es posible que un extranjero cuyos cupones para alimentos fueron eliminados despues do agosto de 1996 sen elegible nuevumente?

SI. Usted podria ser elegible para parrticipar en el programa de cupones para alimentos nuevamente. Las personas a quienes se le suspendieron los cupones para alimentos en agosto de 1996 porque no eran ciudadanos estadounidenses ahora podrian participar en el programs. Personas legalmente on los Estados Unidos a partir de agosto de 1996 pero que no participaban en el programa de cupones tambien podrifan ser elegibles.

#### ¿Como sucesio este cambio?

Una nueva ley permitee que las personas que no eran ciudadanos, pero que estaban legalmente en los Estados Unidos el 22 de agosto de 1996, y que estan recibiendo el Ingreso Social Suplementario (SSI), sean elegibles para recibir los cupones para alimentos a partir del 1 de noviembre de 1998 si su hogar reune los otros requisitos de elegibilidad del programa.

## ¿Que' pasa si yo no estuve recibiendo los cupones antes del 22 de agosto do 1996?

Usted podria ser elegible para participar en el programa de cupones para alimentos aun que no los recibia entonces.

## ¿Que' pasa si no liegue a los Estados Unidos hasta despues del 22 de agosto de 1996?

Muchos immigrantes quiencs llegaron despues de esa fecha no podran recibir loc cupones. Sin embargo, algunas personas (tales como refugidos, asilados, o Cubanos/Haitianos) poddrian ser elegibles.

¿Cuales son algunos de los otros requisitos para que los extranjeros puedan solicitar cupones para alimentos? ?Existe alguna diferencia entre las razones para recibir el SSI: anciano y pobre, ciego o incapacitado?

Si usted recibe el SSI no es ciudadano, puede recibir cupones para alimentos si usted estaba viviendo legalmente en los Estados Unidos el 22 de agosto de 1996, y al menos tenfa 65 afios de edad para entonces, o tiene memos de e18 afios ahora, o recibe compensacion por incapacidad.

## ¿Como puedo saber si ahora soy elegible para recibir los cupones para alimentos?

Para saber si usted es una de las personas que se benefician con este cambio de ley, llame a su oficina local de cupones para alimentos.

## ¿Donde puedo cncontrar la ofiicina de cupones para alimentos?

En el directorio teletonico, la oficina de cupones para alimentos se encuentra bajo "Food Stamps", "Human Resources", o Social Services" en las paginas que corresponden al gobierno estatal o local.

## ¿Cuando puedo solicitar los cupones para alimentos?

Si piensa que usted sera elegible a partit del 1 de noviembre de 1998, usted puede solicitar cupones para alimentos tan temprano como el mes do octubre.

## ¿Puedo solicitar cupones para alimentos en la oficina de SSI?

Si todos en su hogar estan recibiendo o solicitando el SSI, usted puede solicitar los cupones para alimentos en la oficina de seguro social.

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FOOD STAMP CERTIFICATION MANUAL
1621 - 1621.1
DATE: 11-1-98
SECTION: HOUSEHOLD INFORMATION
SUBJECT: CITIZENSHIP REQUIREMENT

#### 1621 <u>Citizenship</u>

An individual may become a citizen of the United States (U.S. citizen) by birth or by naturalization. Citizens by birth are individuals born in the U.S. or born outside the U.S. to a U.S. citizen parent or to parents who meet certain residency requirements. Citizens of American Samoa or Swain's Island are U.S. nationals and are treated as U.S. citizens. A non-citizen must have completed all of the requirements for citizenship (including the swearing in) and have verification of citizen status before participating in the Food Stamp Program as a citizen.

## 1621.1 The Food Stamp Program Citizenship Requirement

Participation in the Food Stamp Program is limited to U.S. citizens and certain noncitizens. This section describes the noncitizens who may participate in the Food Stamp Program if otherwise eligible:

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

. Was granted asylum under section 208 of the INA; or

. Was granted status as a refugee under Section 207 of the INA; or

. Had deportation withheld under section 243(h) or, after April 1, 1997, section 241(b)(3) of the INA; or

. 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.

See FSC 1621.2.1 for additional information about determining the seven year period of participation.

#### For an unlimited period:

- Any alien who is <u>CURRENTLY ADMITTED FOR PERMANENT RESIDENCE</u> 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 enrolled in the U.S. armed forces.

See FSC 1621.3 - 1621.3.1 for additional information about 40 quarters of qualified work.

See FSC 1621.4 - 1621.4.3. for additional information about aliens with a military connection.

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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; or

. Was granted status as a refugee under Section 207 of the INA; or

. Had deportation withheld under Section 243 (h) or, after April 1, 1997, Section 241(b)(3) of the INA; or

. Is a Cuban or Haitian entrant under Section 501(e) of the Refugee Assistance Act of 1988; or

. Is a conditional entrant under Section 203(a)(7) of the INA;

. Has been a parolee for at least one year under Section 212(d)(5) of the INA.

See FSC 1621.4 - 1621.4.3 for additional information about aliens with a military connection.

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.

See 1621.4.2 for additional information about battered aliens.

- 4. Any alien who was lawfully present in the United States on August 22, 1996, and:
  - . Is currently under 18 years of age; or
  - . Was age 65 or older on August 22, 1996; or
  - . Is currently <u>receiving</u> one of the payments for blindness or disability listed in the <u>Glossary</u>, definition of "Aged/Disabled Household."
  - 5. Any American Indian born in Canada to whom the provisions of section 289 of the INA apply or any member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act. This provision covers Native Americans who are entitled to cross the United States border into Canada or Mexico. These Indian tribes include, among others, the St. Regis band of the Mohawk in New York State, the Micmac in Maine, the Abanaki in Vermont, and the Kickapoo in Texas.
  - 6. Any individual who is lawfully residing in the United States and who was a member of a Hmong or Highland Loatian tribe at the time the tribe rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era beginning August 5, 1964, and ending May 7, 1975. The spouse or unremarried surviving spouse and unmarried dependent children of such an individual may also receive food stamp benefits if otherwise eligible.

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DATE: 11-1-98

SECTION: HOUSEHOLD INFORMATION
SUBJECT: CITIZENSHIP REQUIREMENT

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.

#### 1621.2 Documentation of Alien Status

Documentation of alien status must be provided by the noncitizen. Normally, one of the following forms may be presented to establish that an alien is lawfully present in the United States.

ALIEN LAWFULLY ADMITTED FOR PERMANENT STATUS

• INS Form I-551, Alien Registration Receipt Card (green card)

 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)

• 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 (green card) with the code CU6, CU7 or CH6

 Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94, Arrival/Departure Record, with stamp showing code CU6 or CU7

• INS Form I-94, Arrival/Departure Record, with stamp showing parole as Cuban/Haitian Entrant under Section 212(d)(5) of the INA

FOOD STAMP CERTIFICATION MANUAL SECTION: HOUSEHOLD INFORMATION SUBJECT: CITIZENSHIP REQUIREMENT DATE: 11-1-98

#### AMERASIAN IMMIGRANT

 INS Form I-551, Alien Registration Receipt Card (green card), with the code AM6, AM7, or AM8

 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 battered individual no longer lives with the batterer.

Note:

Aliens who are otherwise ineligible for food stamp benefits are not made eligible for food stamp benefits because they receive SSI. The citizenship requirements supersede the categorical eligibility requirements of FSC 1920.

ALIEN LAWFULLY PRESENT ON AUGUST 22, 1996
Proof of lawful presence on August 22, 1996, and proof of age or proof of receipt of one of the disability payments listed in the Glossary definition of "Age/Disabled Household."

AMERICAN INDIAN BORN IN CANADA

Proof of membership in an Indian tribe covered under the provisions of section 289 of the INA or as defined under section 4(e) of the Indian Self-Determination and Education Assistance Act.

HMONG OR HIGHLAND TRIBE MEMBER
Proof of lawful presence and proof of membership (for self, spouse, or parent) in a tribe that rendered assistance to U.S. personnel in a military or rescue operation on or after August 5, 1964, but no later than May 7, 1975.

Documentation presented by the alien must be authenticated through the SAVE system. Also, the SAVE system may be used if the documentation presented by the alien is not listed above. See FSC 1621.5 - 1621.5.4 for additional information.

The DHS County Office must immediately inform Immigration and Naturalization Services (INS) whenever the Family Support Specialist determines that any member of a household is an illegal alien. An illegal alien is present in the United States in violation of the Immigration and Nationality Act (INA).

When a household indicates inability or unwillingness to provide documentation of alien status for any household member, that member should be classified as an ineligible alien. In such cases, the worker will not continue efforts to obtain documentation of alien status. Ineligible aliens are not reported to the INA; however, illegal aliens will be reported.

FOOD STAMP CERTIFICATION MANUAL 1621.2 - 1621.2.1

DATE: 6-15-98

SECTION: HOUSEHOLD INFORMATION SUBJECT: CITIZENSHIP REQUIREMENT

To report <u>illegal</u> aliens send a letter to:

Border Patrol 700 West Riverside Drive North Little Rock, AR 72114

Include the alien's name, address, social security number, and telephone number.

The worker must allow alien applicants a reasonable opportunity to provide acceptable documentation of their qualified alien status prior to the 30th day following the date of application. A reasonable opportunity means the household has at least 10 days from the date of request to provide an acceptable document. An alien who has been given a reasonable opportunity to submit acceptable documentation and has not done so by the 30th day following the date of application, will not be certified for benefits until acceptable documentation has been submitted. See FSC 9444 if an alien submits an expedited application.

If documentation of alien status is received after certification, the alien will be added to the household within ten days of the date documentation is received. If all household members are awaiting documentation of qualified alien status, the application will be denied at the end of the normal processing period as specified in FSC 8500. The application may be reinstated if the conditions in FSC 8506 are met.

## 1621.2.1 Determining Five Year Period of Participation

Certain aliens may participate in the Food Stamp Program for no longer than five years after the alien gains status under one of the specified criteria. See FSC 1621.1.

Refugees admitted under Section 207 of the Immigration and Nationality Act are given refugee status before the person enters the country. Therefore, for refugees, the five year count begins the date the refugee enters the U.S. The five year limit for refugees does not change once it has been established. This applies even if the refugee's immigration status is later changed to another legal immigration status.

For other aliens such as, but not limited to, asylees, the five year count begins the date the alien was granted the particular status.

Example - A non-citizen entered the country in September 1991, as a student. In December 1992, his status was changed to asylee admitted under Section 208 of the INA. If otherwise eligible, he can participate in the Food Stamp Program through the month of November 1997, without meeting additional criteria.

Once a five year period has been established, subsequent changes in the alien's citizenship status will have no impact on his or her eligibility to participate in the Food Stamp Program.

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FOOD STAMP CERTIFICATION MANUAL SECTION: HOUSEHOLD INFORMATION SUBJECT: CITIZENSHIP REQUIREMENT DATE: 6-15-98

Additional alien registration numbers may be input to the ASVI by pressing the number 2 on the telephone keypad and then entering the alien registration number as instructed above. The telephone connection may be disconnected by pressing the number 3 on the telephone keypad.

NOTE: It is important to enter the ASVI authorization code and alien registration number immediately after connection occurs. ASVI will automatically disconnect if there is a long period of inactivity; then the authorization code will not be accepted for several minutes.

### 1621.5.2 Information Provided by the ASVI

If the alien registration number is found on SAVE, the ASVI will provide the following information:

- The verification number which has been assigned by INS to track the call. THE VERIFICATION NUMBER MUST BE RECORDED IN THE CASE RECORD.
- The alien's first name and last name, spelled out.
- The alien's birthdate.
- The alien's status code.
- The employment eligibility message.
- The alien's country of birth.
- The alien's SSN, if known, or the alternate ID number.
- The alien's date of entry into the U.S.

The data provided by the ASVI must be compared to the documentation provided by the alien. If the data provided by ASVI is consistent with the documentation provided by the alien, this fact will be documented in the case record. The member will then be designated as an eligible or ineligible alien according to the procedures in FSC 1621.1.

If the alien registration number is not found on SAVE, the ASVI will provide the verification number and the message "Institute Secondary Verification."

## 1621.5.3 Secondary Verification Procedures

Secondary verification procedures will be used when the alien registration number is not found on SAVE. Secondary verification procedures will also be used when:

- Any of the items presented as documentation appear to be counterfeit or altered; or
- An alien presents unfamiliar INS documentation or a document that indicates immigration status but does not contain an alien registration number; or
- The document contains an alien registration number in the A80 000 000 series, a range of numbers normally used for illegal border crossings: or
- The document presented is a Fee Receipt (I-689) or Employment Authorization Card (I-688A) or any other form of INS receipt; or
- The document presented is a Memorandum of Creation of Record for Lawful Permanent Residence (I-181) or an Arrival-Departure Record Form (I-94) in a foreign passport that bears the endorsement "Processed for I-55a, Temporary Evidence of Lawful Permanent Residence" and the I-818 or I-94 is over one year old.

|               | HOUSEHOLD INFORMATION CITIZENSHIP REQUIREMENT |
|---------------|-----------------------------------------------|
| DATE: 11-1-98 |                                               |

To institute secondary verification, the DCO county office worker must complete INS form G-845. The form will be submitted along with an INS Consent of Disclosure Statement (with the original signature of the alien, or for minors, the signature of the alien's parent) and copies of the documentation of INS status provided by the alien to the appropriate INS Office.

The INS Office in Fort Smith, Arkansas, will serve the following counties:

| Ashley   | Crawford     | Logan      | Polk       |
|----------|--------------|------------|------------|
| Baxter   | Franklin     | Madison    | Scott      |
| Boone    | Hempstead    | Miller     | Sebastian  |
| Bradley  | Hot Spring   | Montgomery | Sevier     |
| Calhoun  | Howard       | Nevada     | Union      |
| Carroll  | Johnson      | Newton     | Washington |
| Clark    | Lafayette    | Ouachita   | •          |
| Columbia | Little River | Pike       |            |

The address and phone number for the Fort Smith Office is: Immigration & Naturalization Service 4991 Old Greenwood Road

Fort Smith, AR 72903 Telephone: (501) 646-4701 FAX: (501) 646-4727

The INS Office in Memphis, Tennessee, will serve the following counties:

| Arkansas   | Drew         | Lincoln     | Randolph    |
|------------|--------------|-------------|-------------|
| Chicot     | Faulkner     | Lonoke      | Saline      |
| Clay       | Fulton       | Mississippi | Sharp       |
| Cleburne   | Grant        | Monroe      | St. Francis |
| Cleveland  | Greene       | Perry       | Stone       |
| Conway     | Independence | Phillips    | Van Buren   |
| Craighead  | Izard        | Phillips    | White       |
| Crittenden | Jackson      | Poinsett    | Woodruff    |
| Cross      | Jefferson    | Pope        | Yell        |
| Dallas     | Lawrence     | Prairie     |             |
| Desha      | Lee          | Pulaski     |             |

The address and phone number for the Memphis Office is:

Immigration & Naturalization Service ATTN: Status Verifier/SAVE 1341 Sycamore View Road, Suite 100 Memphis, TN 38134 Telephone: (901) 544-0264 FAX: (901) 544-0572

INS will generally respond to the request for secondary verification within 10 days.

HOUSEHOLD INFORMATION FOOD STAMP CERTIFICATION MANUAL SECTION: CITIZENSHIP REQUIREMENT 1621.5.4 - 1621.6 SUBJECT: DATE: 10-1-97

## 1621.5.4 Action on Responses from SAVE

If the response from ASVI or INS form G-845 indicates the individual is eligible, the DCO county worker will document this information in the case record. No additional information is required.

If the response from ASVI or INS form G-845 indicates the individual is ineligible, the worker will take the appropriate action to remove the individual from the case unless all household members are ineligible aliens. If all household members are ineligible aliens, the case will be closed. FSC 1621.6 contains instructions for handling the income and resources of ineligible aliens.

An advance notice of adverse action will be provided before the required action is taken. The notice will advise the household of the action to be taken and why this action is being taken.

#### Handling the Resources and Income of Ineligible Aliens 1621.6

The resources of ineligible aliens will be counted in their entirety when the household's eligibility is determined. A pro rata share of the alien's income will be counted in the food stamp budget.

The following actions will be taken to calculate the pro rata share of income:

Determine the alien's gross countable income as instructed in FSC 1.

Enter the full gross income amount in the member segment on page 2.

2 of the Food Stamp Authorization Document (DCO-233).

Divide the gross income evenly among all household members 3. including the ineligible alien. (For example, assuming the gross income amount is \$500 and there are five members including the ineligible alien, the calculation would be -  $$500 \div 5 = $100$ prorated amount.)

Multiply the number of eligible members by the prorated amount to 4. determine the amount to be counted in the budget. (For example, if there are four eligible members and the prorated amount is \$100, the calculation would be -  $$100 \times 4 = $400$  to be counted in the

budget.)



| 11 000 011111 0011111111111111111111111 | HOUSEHOLD INFORMATION INELIGIBLE STUDENTS |
|-----------------------------------------|-------------------------------------------|
| DATE: 6-1-96                            | <br>                                      |

An ineligible student's income will be handled as explained below.

Determine which income is received by the ineligible student for 1. himself or herself. Exclude this income.

Determine if there are any cash payments from the ineligible 2. student's excluded income to the eligible household members. Include these cash payments as income. Do not include cash payments made by the ineligible student to someone outside the home for a household expense.

> Consider income deposited by an ineligible student into a checking or savings account as income in the month of the deposit when an eligible household member has access to this income.

- Determine if there is any income received by the ineligible student 3. as the payee for an eligible household member - e.g., child support, TEA, social security. Include this income in the budget.
- (Medical expenses will only be Determine deductible expenses. 4. deductible when incurred by an aged or disabled household member. See FSC 6400, 6510 and 6610 for information on deductible expenses.)

Do not allow any medical, child support payments, shelter or child care expenses paid in full by the ineligible

student <u>from excluded income</u>.
Allow any deductible medical, child support payments, shelter or child care expense paid (in full or in part) by the ineligible student from income which is not excluded - e.g., the expense is paid from income received by or on behalf of eligible members.

Allow any deductible shelter, child support payments, or child care expense paid in full by eligible household members with cash payments from the ineligible student. When deductible expenses are shared by the ineligible student and eligible household members, allow only the amount contributed towards the expense or actually paid by the eligible members.

If such payments or contributions cannot be differentiated, prorate the deductible expense evenly among the individuals actually paying or contributing towards the expense. Allow any of the pro rata share of expense incurred by the eligible household members as shelter expense.

The ineligible student's resources (except for jointly owned resources) will not be considered available to the eligible household members. Resources owned jointly by ineligible students and eligible household members are considered available to the household in their entirety. See FSC 4910.

| 1622.10 - 1623 | SECTION: HOUSEHOLD INFORMATION SUBJECT: DISQUALIFICATIONS |
|----------------|-----------------------------------------------------------|
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#### 1622.10 Fleeing Felons

Fleeing felons and probation/parole violators are ineligible to participate in the Food Stamp Program. Presence of a fleeing felon or probation/parole violator will not make the entire household ineligible. Anyone identified as a fleeing felon or a probation/parole violator will be treated as an ineligible household member, and his or her income and resources will continue to be shown in the food stamp budget. See FSC 1623.2 for instructions.

#### 1622.20 <u>Disqualification for Drug Related Felonies</u>

Each food stamp applicant must state in writing on page 3 of the Food Stamp Application (DCO-220) whether any household member has been found guilty or has plead guilty or nolo contendere (no contest) to any State or Federal offense classified as a felony by the law or the jurisdiction involved, and which has as an element of the offense, the distribution or manufacture of a controlled substance. This provision will not apply to findings of guilt or pleas of guilty or no contest for offenses occurring on or before July 1, 1997.

No individual who has been found guilty or plead guilty or no contest to any felony offense which has as an element of the offense, the distribution or manufacture of a controlled substance, as defined in section 102(6) of the Controlled Substances Act, will be eligible to receive food stamp benefits. This is a permanent disqualification.

The disqualified individual's income and resources must be included in the household's food stamp budget. See FSC 1623.2 for instructions.

#### 1623 Determining if a Household Member is to be Disqualified

The worker must determine if any household member is to be disqualified from participation in the Food Stamp Program for:

- 1. Failing or refusing to provide a Social Security number;
- 2. Failing or refusing to register for work or to cooperate with the Food Stamp E&T Program;
- 3. Failing to comply with the Food Stamp Program Requirement to Work;
- 4. Being found guilty of committing an intentional program violation (IPV);
- 5. Failing or refusing to comply with a Workfare Program noncompliance as a member of another household;
- 6. Being classified as a fleeing felon; or
- 7. Being found guilty of a drug related felony.

| FOOD STAMP CERTIFICATION MANUAL 1623.1 - 1623.1 DATE: 6-1-96 | SECTION: HOUSEHOLD INFORMATION SUBJECT: DISQUALIFIED HH MEMBERS SSN'S | _ |
|--------------------------------------------------------------|-----------------------------------------------------------------------|---|
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#### 1623.1 Disqualification for SSN Noncmpliance

FSC 2000 covers the Social Security number requirements and disqualification of household members who fail to comply with these requirements. Members who fail to comply with these requirements remain disqualified until they do comply.

To disqualify a member for failure to comply with the SSN requirements, the following actions must be completed.

- 1. List the member on the DCO-233 in the member segment. In the field entitled "status" enter code "9" for a SSN disqualification. Do not include the member when determining household size (field 68).
- 2. Include the resources of the ineligible member in their entirety.
- 3. Calculate a pro rata share of any income received by the disqualified member. The pro rata share is calculated by subtracting allowable exclusions (see FSC 5400) then dividing the remaining income evenly among the total household members including the disqualified member. Multiply the pro rata share by the number of eligible members. Count the resulting figure as income. In the case of earned income, enter the pro rata amount of earned income beside each member's name in the member segment.
- 4. Apply the earned income deduction after the prorated earned income of the disqualified member has been determined and added to the household budget.
- 5. When the disqualified member does not incur any portion of an allowable expense, do not prorate the expense. Prorate any allowable shelter, child support payments, or dependent care expense paid totally or in part by the disqualified individual. To prorate, divide the expense evenly among all household members including the disqualified member. Multiply the pro rata share by the number of eligible members. Count the resulting figure as an allowable expense. If the household has elected to use the utility standard (see FSC 6620), the utility standard will be prorated in the same manner. (After the utility standard is prorated, a code "A" must be used in field 64.)
- 6. Do not allow uncapped shelter costs if the disqualified member is the only aged/disabled individual in the household. Do not allow medical expenses incurred by a disqualified aged or disabled member.

See the Glossary for a definition of an aged/disabled individual.

- 7. For households still entitled to uncapped shelter costs after an individual has been disqualified, prorate the expenses as explained above. Allow the uncapped amount of the prorated expenses as instructed in FSC 7610.
- 8. Do not include the disqualified member when determining income eligibility or food stamp allotment.

FOOD STAMP CERTIFICATION MANUAL
1623.2 - 1623.2
DATE: 11-1-98

SECTION: HOUSEHOLD INFORMATION
SUBJECT: DISQUALIFIED HH MEMBERS

## 1623.2 <u>Disqualification for IPV/Work Registration/RTW/Felons</u>

See FSC 12110-12110.2 for instructions on handling TEA or SSI case closures, suspensions, or reductions in TEA or SSI benefits when a household member intentionally failed to comply with a requirement of that program.

FSC 16800 covers the procedure for disqualifying a member who has committed an intentional program violation (IPV). An IPV disqualification may only be imposed after an Administrative Disqualification Hearing, as the result of a decision of fraud by a court of law, or upon the signing of a waiver by the household.

FSC 3100 summarizes the work registration requirements. Individuals who fail or refuse to cooperate with the work registration requirements will be disqualified.

FSC 3600 explains compliance with the Food Stamp Program Requirement to Work (RTW.) Individuals who fail to comply with this requirement are disqualified.

To disqualify a member who 1) is a fleeing felon, 2) has been convicted of a drug related felony, 3) has failed or refused to comply with the work registration requirements or the RTW, or 4) has been found guilty of an IPV, the following actions must be completed:

- 1. Enter the member on the WFSM screen in the member segment. If the member is disqualified as a felon or for an IPV, enter code "5" in the field entitled "Status". If the member is disqualified for a work registration violation enter code "8" in the field entitled "Status". If the member is disqualified for failure to comply with the RTW, enter code "10" in the field entitled "Status". If the disqualified member is the head of the household, do not change fields 1, 2 or 3. Do not include the member when determining total eligible members (field 45).
- 2. Include the total income, resources and expenses (including deductible child support payments) of the disqualified member in the food stamp budget for purposes of determining eligibility and food stamp benefit amount. (Calculate the budget as if the member were to be included.)
- 3. The income and resource limits (including entitlement to uncapped shelter expenses as per FSC 6600) will be based upon the number of eligible members. If there are no other eligible household members, the case will be closed. The household will be notified of the closure via Notice of Action (DCO-1). The DCO-1 will state when the household may reapply.

NOTE: Food stamp benefits must  $\underline{not}$  increase when one or more members are excluded due to disqualification for an  $\underline{IPV}$ .

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| 10010 0010    | SUBJECT: | DEDUCTIONS EXCESS SHELTER DEDUCTION - |
|---------------|----------|---------------------------------------|
| DATE: 11-1-98 |          | ALLOWABLE COSTS                       |

When a household member receives two telephone bills (e.g., one from Southwestern Bell and one from AT&T), the worker will examine both bills to determine the total allowable basic fees and taxes on such fees. Basic fees will include charges for line access (including mileage charges) and for leasing of equipment for one telephone. Long distance charges are not allowable. Fees to companies specializing in reduced rate long distance call service are not allowable. When a household has "Lifeline Service", charges for local calls in excess of the number permitted will not be allowable. The reduced basic service fees such households incur will be allowable.

5. Shelter costs for a home temporarily unoccupied by its owners. Shelter costs will be allowed for those homes that are temporarily unoccupied by the owners because of employment or training away from home, illness or abandonment caused by a natural disaster or casualty loss.

In order to include the costs of a home temporarily unoccupied by the owners, all four of the following criteria must be met:

- The household must be incurring these shelter costs;

- The household must intend to return to the home;

- The home must not be leased or rented during the absence of the owners; and

 If there are occupants currently in the home, these occupants must not be claiming the shelter costs for food stamp purposes.

<u>Verification</u>. If a household claims expenses for a temporarily unoccupied home, the worker will verify the household's actual utility expenses for the unoccupied home in <u>every</u> case and will not use the standard utility allowance.

6. Charges for Repair of Home. Charges for the repair of the home which was damaged or destroyed due to a natural disaster such as, but not limited to, a fire or a flood are deductible when such charges are billed or otherwise become due. Shelter costs will not include charges for repair of the home that have been or will be reimbursed by private or public relief agencies, insurance companies, or from any other source.

## 6620 Explanation of the Utility Standard

The utility standard is a predetermined amount. Eligible households may elect to use the utility standard in the food stamp budget to calculate total shelter costs. When the utility standard is used in the budget, no actual utility costs are considered regardless of whether the costs are more or less than the standard amount.

FOOD STAMP CERTIFICATION MANUAL
6620 - 6621
DATE: 9-1-94
SECTION: DEDUCTIONS
SUBJECT: EXCESS SHELTER DEDUCTION UTILITY STANDARD

Only certain households may elect to use the utility standard. There are restrictions on how often eligible households may switch from using the utility standard to using actual costs even if the actual costs exceed the standard amount.

## Determining Which Households May Choose to Use the Utility Standard

Generally, a household that incurs a cost for the primary source of heating or an air conditioning cost separate from the rent or mortgage payment may elect to use the utility standard. (See FSC 6621.1 for further explanation). The regularity of the heating and/or air conditioning costs is not a factor in determining whether a household may elect to use the standard as long as the household has costs during the season(s) that correspond to the billed periods. In both examples below the household is entitled to elect the utility standard.

- Example 1 A household does not have an air conditioner but incurs a cost for butane gas used for space heaters throughout the house. The space heaters are the household's primary source of heat.
- Example 2 A household rents an apartment where all utilities are furnished except electricity and that household uses an electric powered air conditioner.

Households billed only for phone, water, sewer, garbage, or any combination of these, are not entitled to elect to use the utility standard. Households not entitled to elect to use the utility standard may claim any actual utility costs incurred separately from rent or mortgage payments.

See FSC 6625 - 6626.2 when determining entitlement to the standard for a household which receives a utility assistance check.

FOOD STAMP CERTIFICATION MANUAL

6626.2 - 6627 DATE: 11-1-98 SECTION: DEDUCTIONS

SUBJECT: SHELTER DEDUCTION -

VERIFICATION AND DOCUMENTATION

Any portion of an allowable shelter cost covered by an excluded reimbursement will not be deductible. The worker will determine the allowable shelter costs by subtracting the HUD utility reimbursement check amount from the households total actual utility costs.

Example 1 - A household lives in a privately owned house. HUD pays all the rent and sends the household a \$50 utility reimbursement check. The household pays a light bill of about \$45 and a gas bill of about \$45 per month. The household has an air conditioner and gas furnace. The household is entitled to choose the utility standard.

Example 2 - A household lives in a housing project, pays no rent, and only pays excess utility costs. The household gets a \$50 utility reimbursement check, but is not entitled to choose the utility standard. (Only excess utility charges are paid by the household.)

<u>Example 3</u> - A household lives in a housing project, pays no rent and gets a \$50 utility reimbursement check. The household's water and gas is furnished. The household must pay the electricity bill. The household uses an air conditioner. The electricity bill runs about \$90 per month. The household may choose to use the utility standard.

#### Verification and Documentation of Shelter Costs

At any case action, verification of changes for the shelter occupied by the household, property taxes, or insurance will be requested only when these costs are questionable. At any case action, entitlement to the utility standard needs to be verified only if the household's statements regarding the households primary source of heating or cooling are questionable or contradictory.

At initial application, actual utility expenses will be verified if the household's costs exceed the utility standard <u>and</u> result in a deduction. At recertification, reported change, quarterly report or midpoint review, actual utility costs which exceed the utility standard and will result in a deduction will be verified if the source has changed (e.g. - the household has moved) or the amount has changed by more than \$25.00. (NOTE: At reported change, mid-point review or quarterly report, households are required to report changes in shelter costs only if the household moves.) Actual utility costs which are unchanged or changed by \$25 or less will not be verified unless the information provided by the household regarding these expenses is incomplete, inaccurate, inconsistent or outdated. When verification of question-able information regarding shelter costs is requested, documentation of this request must appear. The reason the information was considered questionable must appear in this documentation.

If the household cannot provide verification of actual expenses before the date specified on the "Notice of Delayed Action" (DCO-206) or the "Notice of Action" (DCO-1), the worker will use the utility standard in the household's budget if the household is entitled to use the standard. See FSC 6621. If the household is not entitled to use the standard, all unverified utility costs will be disallowed.

FOOD STAMP CERTIFICATION MANUAL

6627 - 6628 DATE: 11-1-98 SECTION: DEDUCTIONS

SUBJECT: EXCESS SHELTER DEDUCTION -

EXCESS UTILITIES/CSA, CIP/

VERIFICATION AND DOCUMENTATION

If the household wishes to claim expenses for an unoccupied home (see FSC 4410), the caseworker must verify the household's actual utility expenses for the unoccupied home in every case. In no instance will the utility standard be allowed for an unoccupied home.

If a worker chooses to require verification of a household's shelter costs other than actual utilities and obtaining the verification may delay the household's certification, the worker will advise the household that eligibility and benefit level may be determined without the deduction of the unverified shelter cost. If the shelter cost cannot be verified within 30 days of the date of application, the worker will determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If the household subsequently provides the missing verification, the worker will treat the information as a reported change and will provide increased benefits, if any, in accordance with the standards provided in FSC 11310.

#### Applying the Excess Shelter Deduction 6628

The excess shelter deduction is calculated after the household's adjusted food stamp income has been determined by applying all other allowable deductions.

To apply the deduction, enter the costs calculated in fields 57-60 on the Food Stamp Authorization Document (DCO-233). Total shelter costs will be entered in field 61. One-half of the adjusted food stamp income (from field 56) will be calculated and entered in field 62. The figure in field 62 will be subtracted from the figure in field 61. The result will be considered the excess shelter deduction.

Unless the household contains an aged or disabled member, the total amount deducted for the excess shelter deduction must not exceed the maximum allowable. See Appendix D for the current maximum allowable amounts.

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| FOOD STAMP CERTIFICATION MANUAL 9500 - 9501 | EXPEDITED CASE ACTIONS CERTIFICATION PERIODS |
|---------------------------------------------|----------------------------------------------|
| DATE: 11-1-98                               |                                              |

#### 9500 <u>Assigning Certification Periods</u>

Normal certification periods will be assigned to households approved under expedited guidelines if the household has:

1. Provided all required verification;

2. Complied with the SSN requirements; and

3. Complied with the work registration requirements.

Either a one or two month certification period will be assigned to households approved under expedited guidelines <u>if verification was postponed as instructed in FSC 9441.1</u>. A one month certification period will be assigned when the expedited application was filed on or before the 15th day of the month. A two month certification period will be assigned when the expedited application was filed on or after the 16th day of the month and approved the same month.

NOTE: When a household submits an expedited application after the 15th of the month and that application is approved before the end of the month, the household is issued aggregate benefits for the month of application and the following month. For this reason, a two month certification is usually assigned. See FSC 8651 for a full explanation of aggregate benefits.

## 9501 Recertification of Households Certified With Verification Postponed

At the next certification, any household certified under the expedited provisions with verification postponed must either complete the verification requirements that were postponed or be certified under normal processing standards. See FSC 9441.1 for a full explanation. Therefore, at the next recertification, any household that wishes to continue receiving food stamp benefits must submit a new application and must be interviewed.

At application approval, the county office worker must take the following actions to schedule a recertification interview for expedited households assigned a one or two month certification period <u>because</u> verification requirements were postponed.

1. Schedule a time for the household to appear for its next interview;

Provide the household with another Food Stamp Application (DCO-220);
 Provide the household with a Notice of Expiration (DCO-239) completed

according to the instructions in FSC 10210;

4. Provide the household with a manual *Notice of Action* (DCO-1) explaining the terms of the application approval and any items of verification the household must provide prior to recertification.

FOOD STAMP CERTIFICATION MANUAL
9510 - 9510
DATE: 11-1-98

SECTION: EXPEDITED CASE ACTIONS
SUBJECT: NOTICES AND FORMS

#### 9510 Notices/Forms

Certain forms and notices are provided to all eligible households (including expedited households) when an application is approved.

These forms and notices are listed below. The policy reference indicates where detailed information regarding the form or notices may be found.

<u>Notice of Action (DCO-1) FSC 8810</u> - The DCO-1 will be issued automatically unless additional information must be provided - e.g., the household is certified pending verification.

<u>Change Report Form (DCO-234) FSC 11350</u> - The DCO-234 will be issued to all occasional reporting households. Its use must be explained.

<u>Food Stamp Quarterly Reporting (PUB-360) FSC 11520</u> - A pamphlet explaining quarterly reporting will be provided to any household subject to quarterly reporting.

FOOD STAMP CERTIFICATION MANUAL SECTION: EXPEDITED CASE ACTIONS SUBJECT: DESTITUTE HOUSEHOLDS DATE: 10-1-97

## 9600 <u>Destitute Households</u>

Destitute households are <u>migrant or seasonal farmworker households</u> that have little or no income at the time of application.

A <u>migrant</u> is an individual who travels away from home on a regular basis <u>with a group of laborers</u> to seek employment in an agriculturally related activity.

A <u>seasonal farmworker</u> is an individual who travels away from home on a regular basis to seek employment in an agriculturally related activity.

Even though a destitute household may receive income at some other time during the month of application, household members may be in immediate need of food assistance.

There are three income-related criteria under which migrant or seasonal farmworker households may be considered destitute.

1. The household's only income for the month of application is from a new source and no more than \$25 from the new source will be received within 10 calendar days of the date of application.

Income normally received on a monthly or more frequent basis is considered to be from a new source if less than \$25 was received from that source in the 30 days prior to the date of application.

Example - A migrant farmworker applies for food stamp benefits on July 15th. He reports that he last worked picking tomatoes on June 16th and received \$15.00 in wages for that day's work. He expects to go back to work for the same grower picking okra on July 25th. This income is considered to be from a new source.

Income normally received less often than monthly is considered to be from a new source if less than \$25.00 was received at the last normal pay interval.

2. The household's only income for the month of application was received prior to the date of application from a terminated source.

Income received on a monthly or more frequent basis is considered to be from a terminated source when no more income will be received from that source during the month of application or the following month.

3. The household received income from a terminated source prior to the date of application and expects income of \$25 or less from a new source within 10 calendar days of the date of application.

Apply this criterium only if the household is to receive no other income in the month of application.

