



Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration
Anne Waltermann Murphy, Secretary

Indiana Eligibility Modernization

Introductory V-CAN Training

June 2009



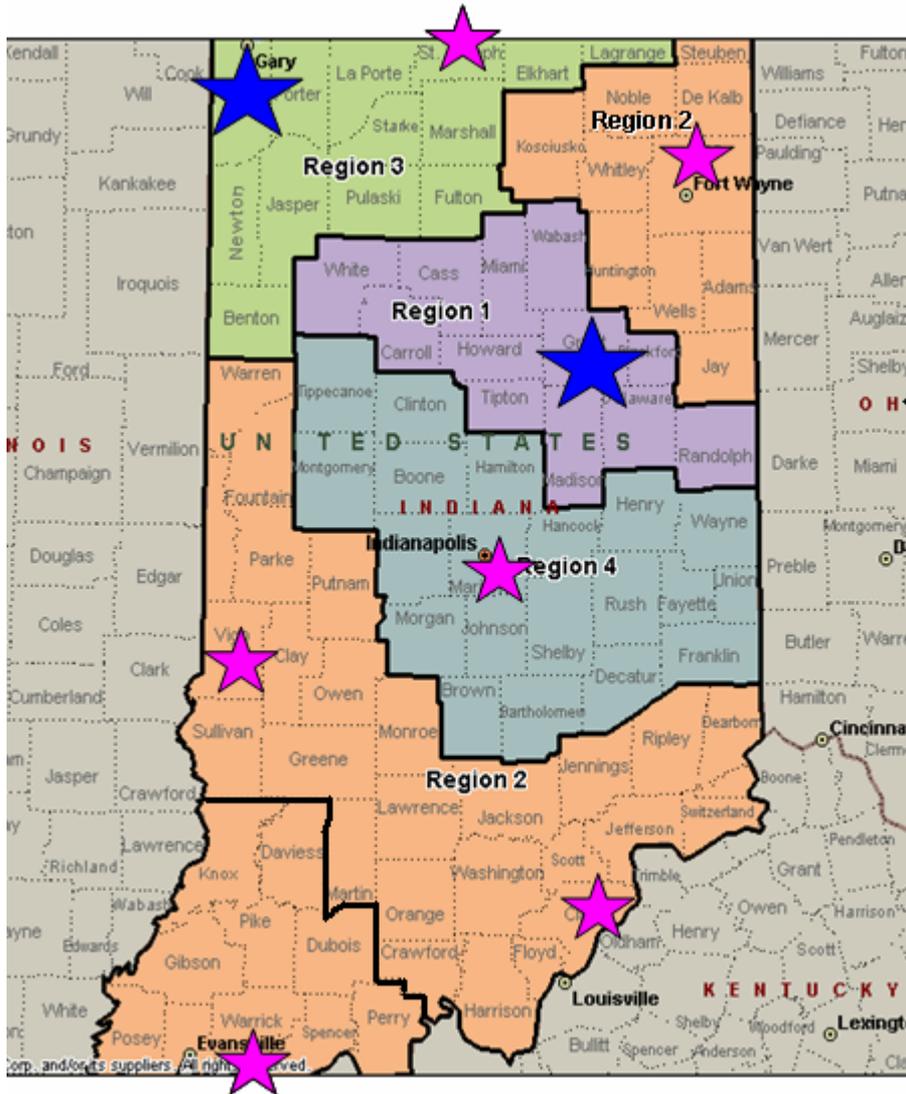
Contents

- Modernization Overview & Update
- V-CAN Overview & Update
- Applying for Benefits in the New System
- Managing Benefits in the New System
- How You Can Participate in the New System
- Questions

What Changes in the New System

- More ways to apply for TANF, Food Stamps and Medicaid. Applicants can:
 - Start an application on the Internet (available 24 hours a day);
 - Call a toll-free number from 7:00 am - 7:00 pm, local time Monday – Friday to start an application or ask questions;
 - Mail or FAX copies of required application documents (such as rent receipts or pay stubs); or
 - Visit a county office in person (an office will remain in each county in the new system).
- More ways to check on status of application or benefits
 - Call a toll-free, 24-hour phone system to get information
 - On the Internet, 24-hours a day
- Data collection and electronic storage
 - Application and supporting documents will be scanned and stored electronically

Regional Implementation



Major Service Center 

Minor Service Center 

NOTE: Service Center locations are approximate and preliminary.

Implementation Update

- New Tool Usage (as of 6/18/09)
 - Over 5.5 million calls to the Service Center
 - Over 173,000 online applications submitted
 - Over 6 million documents FAXed or received at a local DFR office
 - Over 3.2 million hard copy documents received and scanned



V-CAN Overview

- Voluntary Community Assistance Network (V-CAN)
 - A formalized network of community organizations and service providers to serve our mutual clients
 - Activities for participants are limited to **information, referrals and/or access** for clients who wish to apply for assistance

- All participation in the V-CAN is [voluntary](#)

- Information Sharing with Clients
 - V-CAN Members will receive information via email and bi-monthly newsletters from the IBM-led Coalition about Eligibility Modernization
 - V-CAN Members will receive tools such as posters, tip cards and postcards on ways clients can apply for public assistance benefits

- Improved Access for Clients
 - V-CAN Members provide clients with the option of using a computer to access the Internet and/or telephone to contact the Call Center
 - Clients can apply for or manage benefits when and where it is convenient for them

Client Support Materials

We Are Improving Our Service to You!

You Can Now Apply for and Manage Your Public Assistance Anytime, Anywhere!

Cash Assistance (TANF) · Food Stamps · Medicaid · Hoosier Healthwise

On the Internet (24 hours a day),

- Find out if you might be eligible
- Apply for assistance
- Check to see if application is approved/denied
- Report a change (like an address, income, etc.)

On the Phone Menu System (24 hours a day),

- Check to see if application is approved/denied
- Report a change (like an address, income, etc.)
- Find a local DFR office near you
- Hear answers to common questions

With a Call Center Representative (Mon-Fri, 7am-7pm),

- Start an application (to be mailed to you)
- Check to see if application is approved/denied
- Make a change (like an address, income, etc.)
- Ask a question

In a Local DFR Office (Mon-Fri),

- Use a computer to apply on the Internet
- Use a phone to talk to the Call Center
- Get help from a DFR worker
- Drop off copies of required documents

1-8XX-XXX-XXXX · www.in.gov/fssa

Indiana Family & Social Services Administration (FSSA) · Division of Family Resources (DFR)

Poster (18x24)

Applying for public assistance?

Cash Assistance (TANF), Food Stamps, Medicaid, Hoosier Healthwise

(Vea otro lado para Español.)

How you can apply

- On the Internet, 24-hours a day at www.in.gov/fssa
- Call 1-8XX-XXX-XXXX to talk with a Call Center representative, 7am – 7pm, Mon – Fri (local time)
- At a **Local DFR Office**, Mon – Fri

What information do you need to start an application on the phone or Internet?

Information for All Household Members such as:

- Names and dates of birth
- Income from jobs or training
- Benefits (you get now or in the past) such as Social Security, SSI, veteran's benefits, child support
- Amount of checking, savings accounts or other resources owned or being purchased
- Monthly rent, mortgage and utility bills
- Payments for adult or child care
- Health coverage and/or medical benefits
- Additional Information As Requested

What do you do next?

- Complete and sign the application
- Mail, FAX or visit a local DFR office to send in application and required documents
- Watch for a notice in the mail

What else can you do on the phone or Internet?

- Check the status of your application or benefits
- Report changes in income, address, phone number or household members

1-8XX-XXX-XXXX · www.in.gov/fssa

Postcard (8x5)

Apply for public assistance here!

Cash Assistance (TANF), Food Stamps, Medicaid, Hoosier Healthwise

Using the Division of Family Resources (DFR) Call Center:

(Vea otro lado para Español.)

What can I do on the toll-free line?

from 7am – 7pm (with Call Center Representatives):

- Start application with a Representative
- Report a change in income, address, etc.
- Check if application is approved or denied
- Change date or time of an interview
- Ask about a letter you got from DFR

After Hours (Menu System 24x7 days a week):

- Leave a message to report a change
- Check if application is approved or denied
- Find a local DFR office in your area
- Listen to answers to questions about benefits

Go to www.in.gov/fssa to go back to the site.

Use # to repeat what you said.

www.in.gov/fssa

Call Center Tip Stand (8x5 with stand)

Internet Application Tips

(Vea otro lado para Español.)

Are you applying for public assistance?

Go to www.in.gov/fssa to apply for:

- Cash Assistance (TANF)
- Food Stamps
- Medicaid
- Hoosier Healthwise

Read the tips in this display before applying online.

Have questions while applying? Call 1-8XX-XXX-XXXX.

Public Assistance Application Tips

Internet Roll Menu

Applying for Public Assistance?

Use the Internet or phone to apply for or manage your benefits:

- Cash Assistance (TANF)
- Food Stamps
- Medicaid
- Hoosier Healthwise

www.in.gov/fssa or 1-8XX-XXX-XXXX

Magnets or Business Cards (2x3½)

Are you applying for public assistance?

Pen & Pen Content

Are you applying for public assistance? Visit www.in.gov/fssa or call 1-8XX-XXX-XXXX

V-CAN Membership Update

- V-CAN Members Statewide: 1,542 (as of 6/19/09)
 - Access Points: 727
 - Referral Members: 377
 - Informational Members: 438

- Types of V-CAN Member Agencies:
 - Health Centers & Hospitals
 - Township Trustees
 - Nursing Homes & Area Agencies on Aging
 - Information & Referral Agencies
 - Food Banks & Pantries
 - Disability & Mental Health Agencies
 - Community Centers & Youth Services Providers
 - Domestic Violence Shelters & Rape Crisis Centers
 - Housing Agencies & Homeless Shelters
 - Public Libraries

Applying for Benefits in the New System

- ✓ Getting Started
- ✓ Internet Screening and Application Options
- ✓ Call Center
- ✓ Local Office
- ✓ Application Tips



Getting Started

Go to www.in.gov/fssa, click "Apply for Benefits / Manage Your Benefits"

The screenshot shows the IN.gov website with the following elements:

- Header:** IN.gov logo, search bar, and navigation links for IN.gov and FSSA.
- Navigation Menu:** About Indiana, Agriculture & Environment, Business & Employment, Education & Training, Family & Health, Law & Justice, Public Safety, Taxes & Finance, Tourism & Transportation.
- Right Side:** Governor Mitch Daniels' name and photo with a link to his home page.
- Main Content:** A banner for "Family & Social Services Administration" with the text "Enhancing the quality of life for people with disabilities... DDRS" and a "learn more" button.
- Left Side:** A vertical menu with categories like "FSSA Home", "About FSSA", "Aging", "Disabilities & Rehabilitative Services", "Family Resources", "Medicaid Health Plans", "Mental Health & Addiction", "Newsroom", "Offices & Facilities", "Statistics & Reports", "Related Agencies & Links", "Contact Us/Toll Free Numbers", "Fraud Hotline", "Current Initiatives / Issues", "Care Management", "DMHA Localization", and "Eligibility Modernization".
- Right Side (Online Services):** "Online Services FIRST IN LINE EVERY TIME" with links for Carefinder, Forms, Apply for Services, and Hoosier Healthwise Enrollment Centers. Below it is "More Online Services" with a link to the Subscriber Center.
- Bottom Right:** "Top FAQs" and "I Want To..." sections with a list of 6 frequently asked questions regarding the Healthy Indiana Plan.

APPLY FOR BENEFITS

MANAGE YOUR BENEFITS

Food Stamps Available in 8 More Counties for Victims of Flooding ([view](#))
 Food Stamps Available in 14 Additional Counties for Victims of Flooding ([view](#))
 Food Stamps Available in 14 Additional Counties for Victims of Flooding ([view](#))
 or Relief FAQ's ([view](#))
 Food Stamps Available in 8 Counties for Victims of Flooding ([view](#))

Getting Started (cont.)

Family & Social Services Administration

Apply for Benefits

Do I Qualify for Services?
Click on the county in which you're seeking services to see what's available.

Adams	Allen	Bartholomew	Benton	Blackford	Boone
Brown	Carroll	Cass	Clark	Clay	Clinton
Crawford	Daviness	Dearborn	DeKalb	Delaware	
Dubois	Elkhart	Fayette	Flower	Fountain	Franklin

Adams **Allen** Bartholomew Benton Blackford Boone

Jasper	Jay	Jefferson	Jennings	Johnson	Knox
Kosciusko	LaGrange	Lake	LaPorte	Lawrence	Madison
Marion	Marshall	Martin	Miami	Monroe	Montgomery
Morgan	Newton	Noble	Ohio	Orange	Owen
Parke	Perry	Pike	Porter	Posey	Pulaski
Putnam	Randolph	Ripley	Rush	St. Joseph	Scott
Shelby	Spencer	Starke	Steuben	Sullivan	Switzerland
Tippecanoe	Tipton	Union	Vanderburgh	Vermillion	Vigo
Wabash	Warren	Warrick	Washington	Wayne	Wells
White	Whitley				

Online Services
FIRST IN LINE EVERY TIME

- Carefinder
- Forms
- Apply for Services
- Hoosier Healthwise Enrollment Centers

More Online Services

Subscriber Center >

Top FAQs **I Want To...**

- Who is eligible for The Healthy Indiana Plan?
- What does the HIP plan offer?
- What services are...
- Where do I apply for Healthy Indiana Plan?
- If you do not qualify for the Healthy Indiana Plan, but are still uninsured. Ar...

CareFinder INDIANA

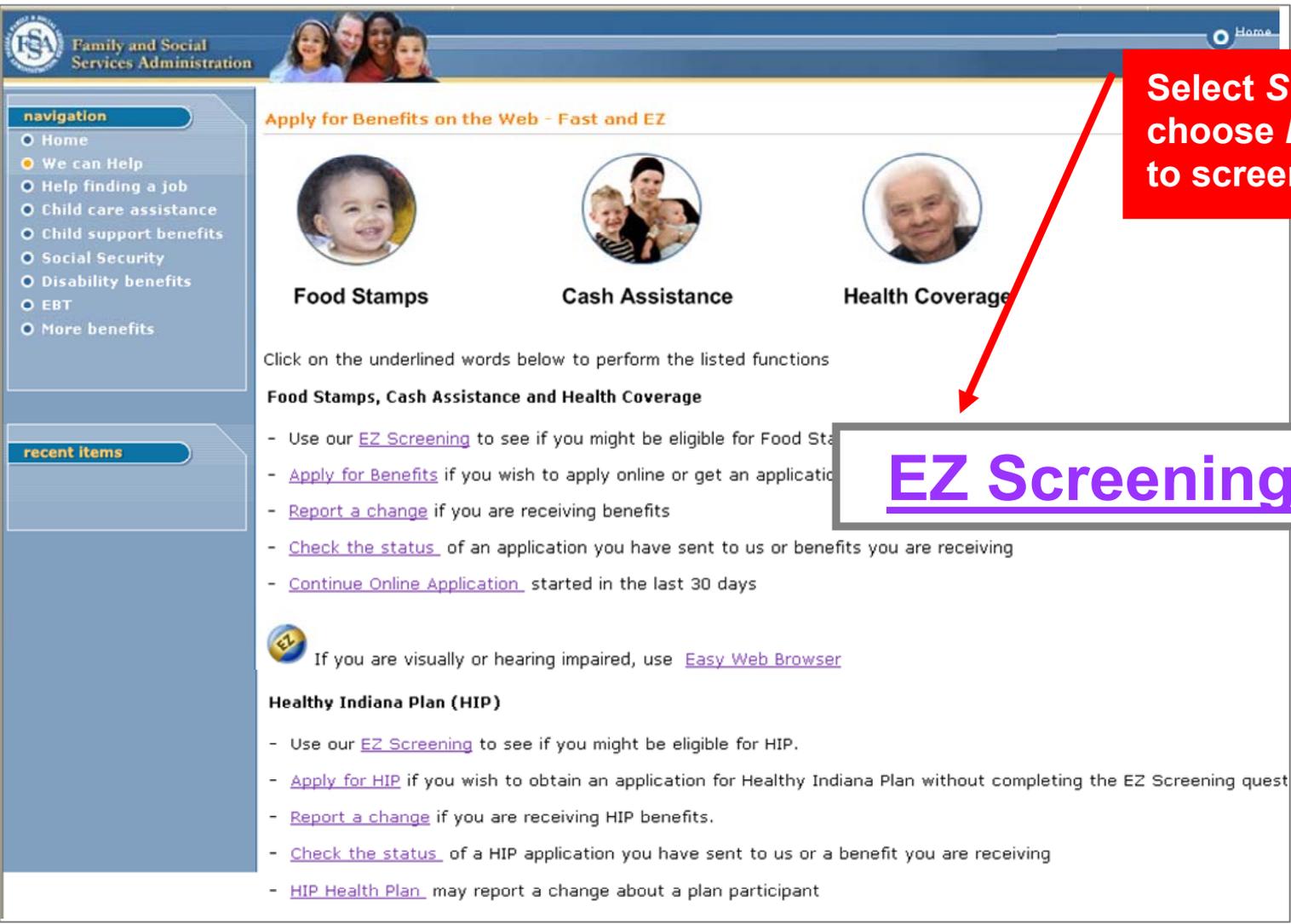
HOOSIER HEALTHWISE IV HEALTH CARE PROGRAM

HIP

Select your county*

* Applicable for Region 1 and 2 counties only; Region 3 and 4 counties will use the FSSA QualCheck system until implementation occurs.

Getting Started (cont.)



The screenshot shows the FSA website interface. At the top left is the FSA logo and the text 'Family and Social Services Administration'. Below this is a navigation menu with options like 'Home', 'We can Help', 'Help finding a job', 'Child care assistance', 'Child support benefits', 'Social Security', 'Disability benefits', 'EBT', and 'More benefits'. The main content area is titled 'Apply for Benefits on the Web - Fast and EZ' and features three circular icons representing 'Food Stamps', 'Cash Assistance', and 'Health Coverage'. Below these icons, there is a list of links for 'EZ Screening', 'Apply for Benefits', 'Report a change', 'Check the status', and 'Continue Online Application'. A red arrow points from a red callout box to the 'EZ Screening' link, which is highlighted with a grey box.

Select *Start Here*, then choose *EZ Screening* to screen for services

[EZ Screening](#)

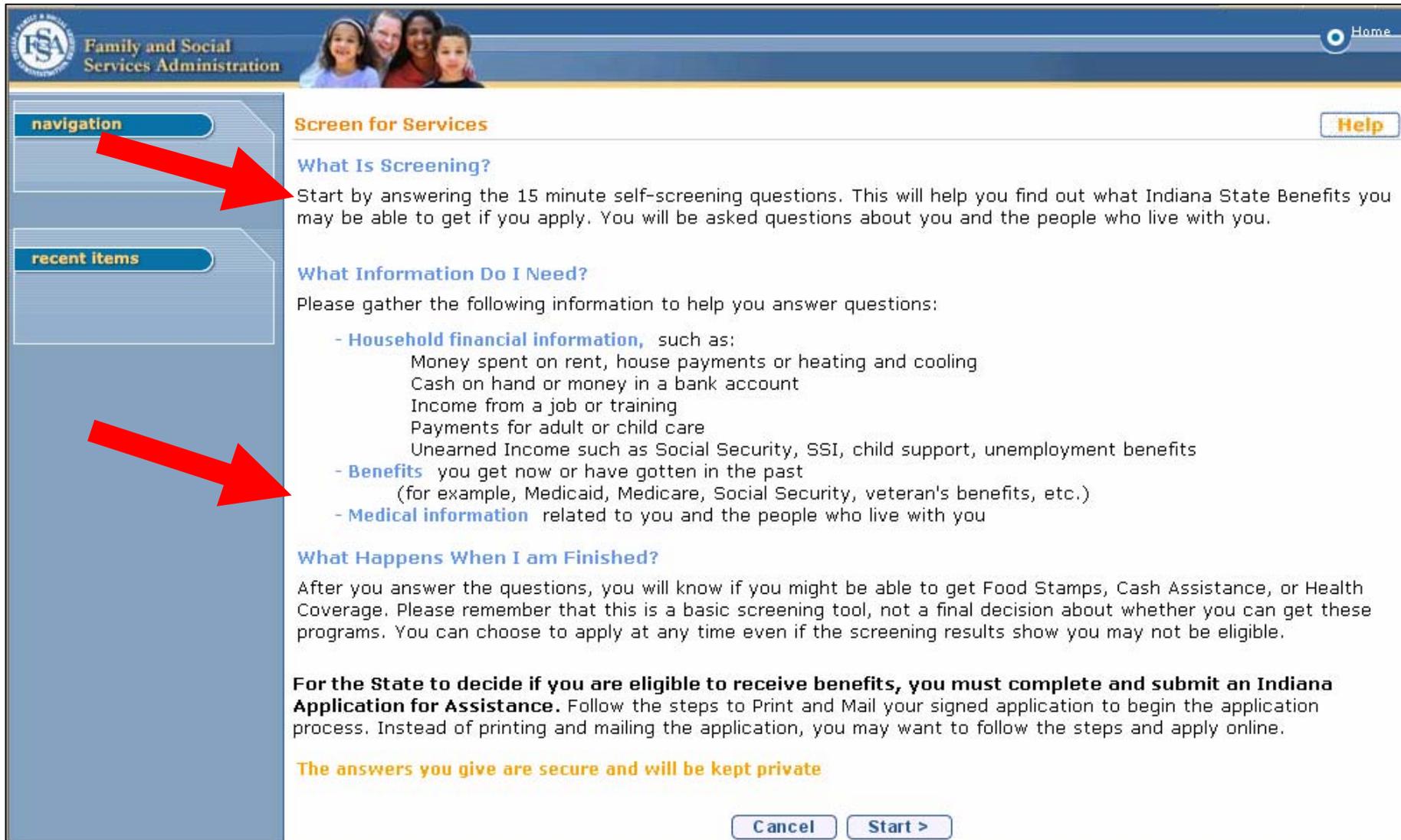
Internet Screening

■ Step 1: Complete the Internet Screening

- Applicants will complete the screening (similar to QualCheck used today) in English or Spanish
- Applicants will answer questions related to household members, employment, income and resources
- The screening tells applicants whether they may or may not be potentially eligible for assistance
- The screening is **not** an official eligibility determination

Note: Applicants are not required to complete the screening prior to applying for benefits. If desired, applicants can select “Apply for Benefits” and go directly to the online application.

Internet Screening (cont.)



Family and Social Services Administration

Home

Help

Screen for Services

What Is Screening?

Start by answering the 15 minute self-screening questions. This will help you find out what Indiana State Benefits you may be able to get if you apply. You will be asked questions about you and the people who live with you.

What Information Do I Need?

Please gather the following information to help you answer questions:

- **Household financial information**, such as:
 - Money spent on rent, house payments or heating and cooling
 - Cash on hand or money in a bank account
 - Income from a job or training
 - Payments for adult or child care
 - Unearned Income such as Social Security, SSI, child support, unemployment benefits
- **Benefits** you get now or have gotten in the past (for example, Medicaid, Medicare, Social Security, veteran's benefits, etc.)
- **Medical information** related to you and the people who live with you

What Happens When I am Finished?

After you answer the questions, you will know if you might be able to get Food Stamps, Cash Assistance, or Health Coverage. Please remember that this is a basic screening tool, not a final decision about whether you can get these programs. You can choose to apply at any time even if the screening results show you may not be eligible.

For the State to decide if you are eligible to receive benefits, you must complete and submit an Indiana Application for Assistance. Follow the steps to Print and Mail your signed application to begin the application process. Instead of printing and mailing the application, you may want to follow the steps and apply online.

The answers you give are secure and will be kept private

Cancel Start >

Internet Screening (cont.)



Family and Social Services Administration



[Home](#)

navigation

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Who Needs Help?

[Help](#)

Start
 Household
 Relationships
 Resources
 Income
 Expenses
 Summary
 Results

Answer the following questions and click **Next**. You can Cancel to exit the screening process without saving the answers at any step of the process.

The answers you give are secure and will be kept private.

Information for Food Stamps Expedited Processing

If you need help with food and would like to see if you may be eligible for expedited processing, please complete all of the following questions.

Is anyone in your household a migrant or seasonal farm worker?:

Has everyone in your household (including yourself) been approved to receive Food Stamps this month?:

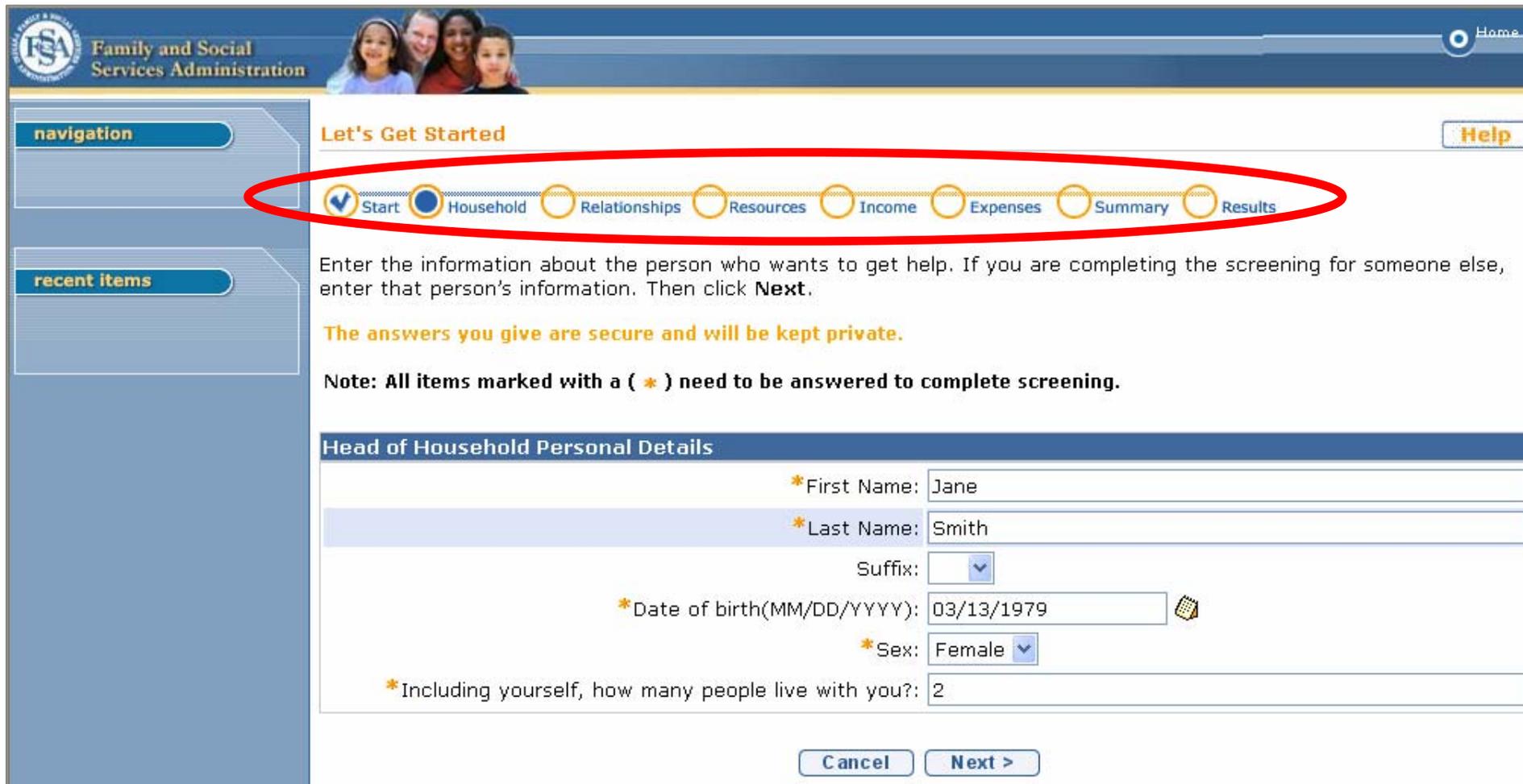
What is your household's gross monthly income? :
(Income before taxes and other deductions, including all money your household received or expects to receive this month)

What financial resources does your household have? :
(Financial resources include cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc.)

What are your household's monthly rent/mortgage and utility costs? :

Expedited Food Stamps
Enter "0" in the text boxes if a household does not have income, resources or expenses

Internet Screening (cont.)



Family and Social Services Administration

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Let's Get Started

Help

Start Household Relationships Resources Income Expenses Summary Results

Enter the information about the person who wants to get help. If you are completing the screening for someone else, enter that person's information. Then click **Next**.

The answers you give are secure and will be kept private.

Note: All items marked with a (*) need to be answered to complete screening.

Head of Household Personal Details

*First Name: Jane

*Last Name: Smith

Suffix:

*Date of birth(MM/DD/YYYY): 03/13/1979 

*Sex: Female

*Including yourself, how many people live with you?: 2

Cancel Next >

Internet Screening (cont.)



Family and Social Services Administration



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recent items

Summary of Who Lives in the Household Help

Start
 Household
 Relationships
 Resources
 Income
 Expenses
 Summary
 Results

Please review to be sure that you and all people who live with you are listed below and the information is correct. If you need to add someone else who lives with you, click **Add Member**. To change any information about a member, click **Change**. To remove a member, click **Remove**.

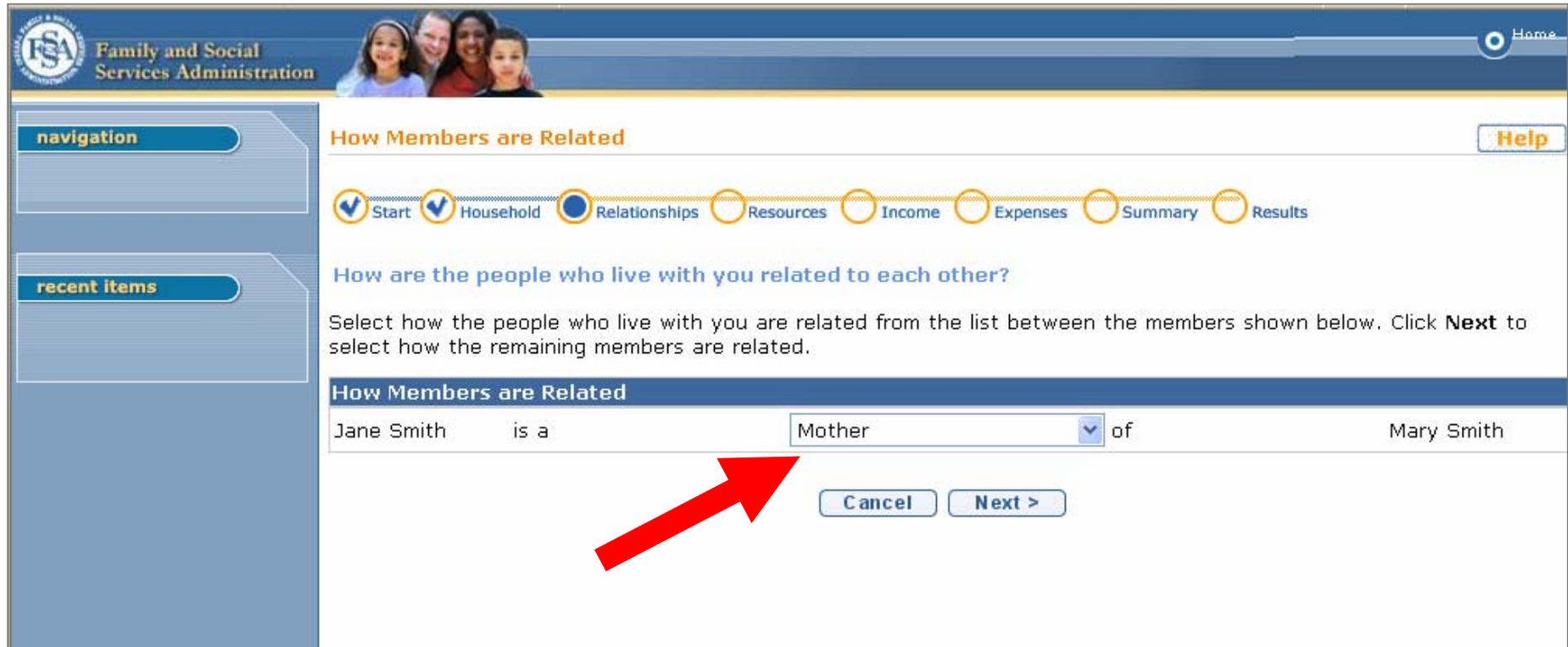
When all people who live with you are listed below and their information is correct, click **Next**.

Household Members

Actions	Name	Date Of Birth	Primary Contact	Buy & Prepare meals with household
Change Remove	Mary Smith	4/11/2005	No	No
Change Remove	Jane Smith	3/13/1979	Yes	No

< Back to Start
Add Member
Cancel
Next >

Internet Screening (cont.)



 Family and Social Services Administration Home

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How Members are Related Help

Start Household Relationships Resources Income Expenses Summary Results

How are the people who live with you related to each other?

Select how the people who live with you are related from the list between the members shown below. Click **Next** to select how the remaining members are related.

How Members are Related

Jane Smith is a of Mary Smith

Internet Screening (cont.)



Family and Social Services Administration

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Add Resources Help

Start
Household
Relationships
Resources
Income
Expenses
Summary
Results

Tell Us about Your Resources

Resources are cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc. Repeat the process until all resources for that member are listed below. Select the resource type and enter the resource amount for the member shown and click **Save Resource**. Click **Next** to add resources for the next member. Click **Change** to make changes to a member's resource or **Remove** to remove a listed resource.

Note: All items marked with a (*) need to be answered to complete screening.

Add Resources

* Name:

* Resource Type:

* Amount:

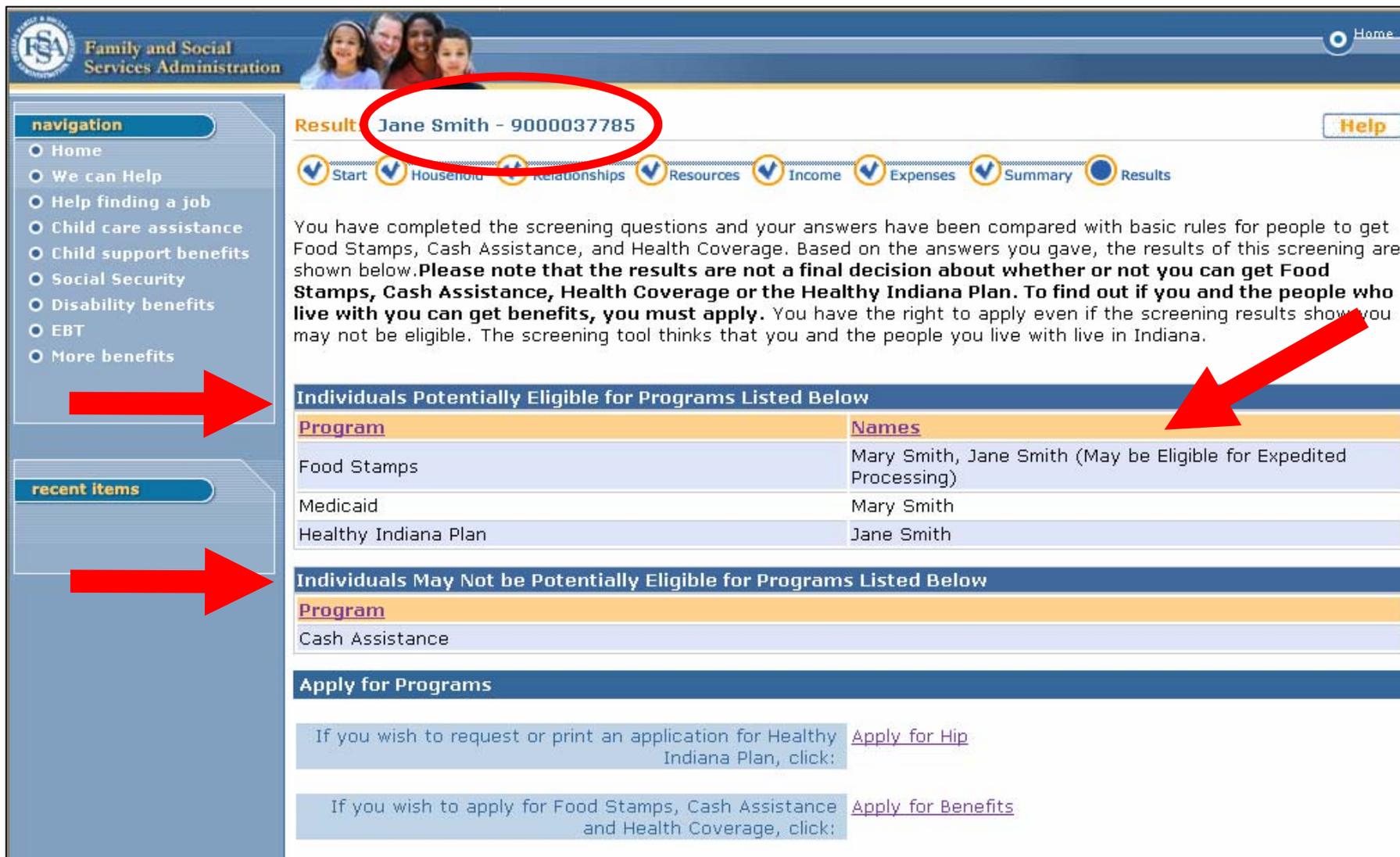
Save Resource

Household Resource Summary

Action	Name	Resource Type	\$ Total Value

Cancel
Next >

Internet Screening (cont.)



Result Jane Smith - 9000037785

Start Household Relationships Resources Income Expenses Summary **Results**

You have completed the screening questions and your answers have been compared with basic rules for people to get Food Stamps, Cash Assistance, and Health Coverage. Based on the answers you gave, the results of this screening are shown below. **Please note that the results are not a final decision about whether or not you can get Food Stamps, Cash Assistance, Health Coverage or the Healthy Indiana Plan. To find out if you and the people who live with you can get benefits, you must apply.** You have the right to apply even if the screening results show you may not be eligible. The screening tool thinks that you and the people you live with live in Indiana.

Individuals Potentially Eligible for Programs Listed Below

Program	Names
Food Stamps	Mary Smith, Jane Smith (May be Eligible for Expedited Processing)
Medicaid	Mary Smith
Healthy Indiana Plan	Jane Smith

Individuals May Not be Potentially Eligible for Programs Listed Below

Program
Cash Assistance

Apply for Programs

If you wish to request or print an application for Healthy Indiana Plan, click: [Apply for Hip](#)

If you wish to apply for Food Stamps, Cash Assistance and Health Coverage, click: [Apply for Benefits](#)

Application Options

▪ Step 2: Apply for benefits

- After the Internet Screening, applicants can apply for any or all programs
- Applicants can choose how to complete the application:
 - **Online**, answering questions in the online application (to sign electronically and submit)
 - **Print** a partially-completed paper application where they are (to finish on paper, sign and submit)
 - Request a partially-completed application be **mailed** (to finish on paper, sign and submit)

Application Options (cont.)



The screenshot shows the 'Apply for Programs' page on the Family and Social Services Administration website. The page includes a navigation menu on the left, a main content area with instructions, and a selection table for programs. A red arrow points to the 'recent items' section in the navigation menu, and a red circle highlights the 'Mail Application' and 'Print Application' buttons at the bottom.

navigation

- Home
- We can Help
- Help finding a job
- Child care assistance
- Child support benefits
- Social Security
- Disability benefits
- EBT
- More benefits

recent items

Apply for Programs

If you want to apply for benefits, click the box next to each program you are applying for.

After selecting the programs, you can apply by completing an application online, click **Apply Online**; printing the application, click **Print Application**; or requesting that an application be mailed to you, click **Mail Application**.

If you do not wish to apply, click **Cancel**

If you have any questions, call Indiana Family and Social Services toll free at 1-800-403-0864 between 7 am - 7 pm Eastern Time.

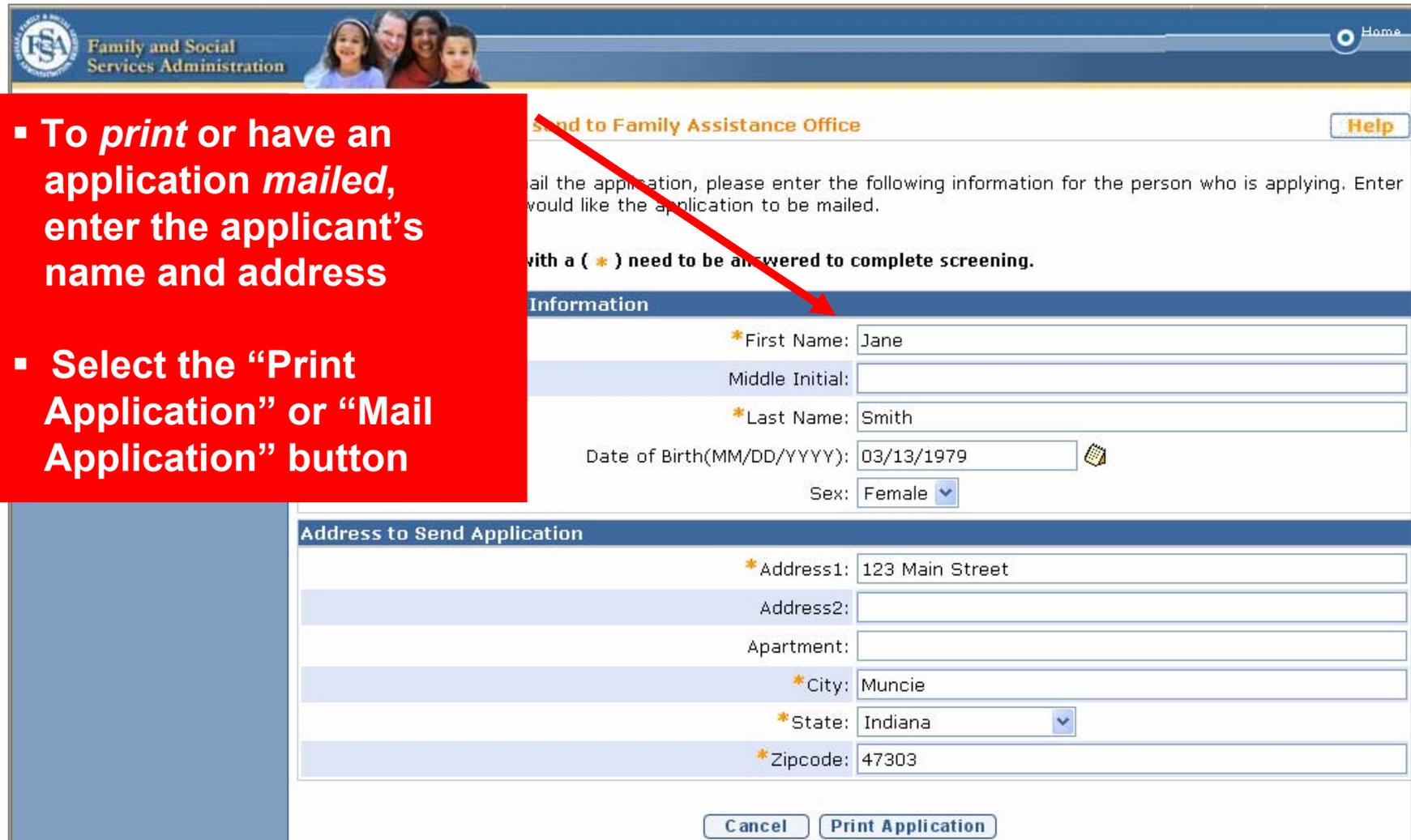
Please select the programs you would like to apply for:

<input checked="" type="checkbox"/>	Food Stamps
<input checked="" type="checkbox"/>	Cash Assistance(TANF)
<input checked="" type="checkbox"/>	Health Coverage(Medicaid)

Cancel **Mail Application** **Print Application** **Apply Online**

Print or Mail Application

- To *print* or have an application *mailed*, enter the applicant's name and address
- Select the “Print Application” or “Mail Application” button



Family and Social Services Administration

Send to Family Assistance Office [Help](#)

Mail the application, please enter the following information for the person who is applying. Enter what you would like the application to be mailed.

Fields with a (*) need to be answered to complete screening.

Information

*First Name: Jane
Middle Initial:
*Last Name: Smith
Date of Birth(MM/DD/YYYY): 03/13/1979 
Sex: Female

Address to Send Application

*Address1: 123 Main Street
Address2:
Apartment:
*City: Muncie
*State: Indiana
*Zipcode: 47303

Print or Mail Application (cont.)

Paper Application

- There are only four pages for an applicant to complete
- The paper application contains a case-specific bar-code linking application and supporting documents to the electronic case file
- The paper application should not be copied and used for multiple applicants
 - A physical signature is required
 - A signature acknowledges the Summary of Rights & Responsibilities



Indiana Application for Assistance
State Form F1 2512

DFRAJAE0100016K80

Instructions: You must answer items marked with an * in items 1-4. Other items are optional.

*** 1. Check the Help Your Household Needs:** Food Stamps Health Coverage Cash Assistance

I am applying for myself: Yes No

If applying for Health Coverage: Applicant lives in Medicaid facility Application pending for Medicaid waiver services

*** 2. Head of Household**

*First: JANE MI *Last: SMITH

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____ Date of Birth (mm-dd-yyyy): _____

Gender: M F Blind, Disabled, or Incapacitated: Yes No

US Citizen: Yes No Hispanic or Latino: Yes No

Race: Asian Black or African American White Other

Marital Status: Single Married Divorced Widowed Separated

OFFICIAL USE ONLY

*** 3. Home Address (Where you live)**

* Number and Street: 123 MAIN STREET Apartment / Lot Number: _____

* City: MARION * ST: IN * ZIP: 46952 * County: _____

Mailing Address (if different than Home Address): _____ Apartment / Lot Number: _____

City: _____ ST: _____ ZIP: _____ County: _____

*** 4. Sign** You or your authorized representative must sign. (If an authorized representative signs, the attached Authorized Representative Form must be completed, signed by you and Authorized Representative, and returned with your application). I understand that:

- Under penalty of perjury, all information I have given is complete and correct to the best of my knowledge, including the citizenship or immigration status of each applicant.
- Information that I give is subject to verification by Federal, State, or local officials to determine if the information is factual. If any information is incorrect, Food Stamps or other benefits may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information (7 CFR 273.20(b)(3)).
- A person living to avoid felony prosecution or jail after a felony conviction or in violation of probation/parole resulting from a felony conviction is not eligible to receive Food Stamps and Temporary Assistance for Needy Families (TANF).
- A person convicted under Federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive Food Stamps and TANF.
- If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the Division of Family Resources all child support rights (arrear, pending, and continuing) which I have against absent parents. This assignment is subject to 42 USC SECTION 602(a)(2) as amended.
- If applying for Food Stamps, I am registering all persons required to register for work and perform specific work including cooperation with employment and training activities.
- If applying for health coverage, I assign to the state of Indiana, my rights to medical support and payments for medical care, which I have on behalf of myself and other persons under this application whose rights I can legally assign. I will cooperate with any and all attempts to obtain payment from any person responsible for paying for that care.
- I have received a copy of the "Summary Notice Regarding Rights and Responsibilities" and I understand all information included on this form.
- To be entitled to Expedited Food Stamp Service, your household must have less than \$150 in monthly gross income and have less than \$100 cash; or be a seasonal migrant farm worker with less than \$10 in available cash; or have a combined cash and household gross income amount less than the household monthly mortgage and utility expenses. Benefits will be from the flag day.

*** You or Your Authorized Representative Must Sign** (Check if representative) Date (mm-dd-yyyy): _____

Print or Mail Application (cont.)

Summary of Rights and Responsibilities

- Transformed from *five* pages into a *two* page summary
- Easy to read format, provides a summary of applicant rights and responsibilities



ID#FNRBE010001717R4*


Indiana Benefits
Summary of Rights & Responsibilities

A summary of your rights and responsibilities for Cash Assistance, Health Coverage, and Food Stamp benefits from the State of Indiana is provided below.

- The rights and responsibilities apply to people who are applying for or receiving benefits.
- Each program has specific requirements. A complete Notice Regarding Rights & Responsibilities is on our web site www.in.gov/fssa/apply. You can get a copy at an office of The Division of Family Resources or by calling us at 1-800-403-0864.
- Please be sure that you understand your rights and responsibilities.

Your Rights.

1. You may apply for benefits at any time using our web site, by fax, by mail, or in person.
2. The date your complete application is received by us determines the date your benefits begin if you are eligible.
3. You may have someone apply for benefits for you.
4. You may review information in our computer about you.
5. You may request a fair hearing if you disagree with any action on your request.

Your Responsibilities. You must

1. Answer all required questions on your application and during appointments.
2. Provide a Social Security Number for each applicant or apply for one.
3. Provide the documents showing immigration status if any applicant is an immigrant.
4. Provide complete and correct information to the best of your knowledge or you may be criminally prosecuted.
5. Report everyone who lives with you.
6. Be available for an appointment.
7. Call us to reschedule it if you can not make your appointment.
8. Provide requested papers or allow us to get them.
9. Report changes in your situation.

Our Responsibilities. We must

1. Protect your information.
2. Begin processing your application when we receive it.
3. Verify information that you provide.
4. Let you know what additional information we need.
5. Interview you.
6. Help you get information that you have not been able to obtain.
7. Decide on your application within
 - 30 days for Food Stamps and Cash Assistance
 - 45 days for Health Coverage
 - 90 days for Medicaid with disability
8. If you are eligible for Expedited Food Stamp Service, we will provide Food Stamps within seven days of receiving your application.
9. Send a written notice about actions taken on your application.

Online Application



Family and Social Services Administration

Home

navigation

- Home
- We can Help
- Help finding a job
- Child care assistance
- Child support benefits
- Social Security
- Disability benefits
- EBT
- More benefits

recent items

Apply for Programs

[Learn more](#)

If you want to apply for benefits, click the box next to each program you are applying for.

After selecting the programs, you can apply by completing an application online, click **Apply Online**; printing the application, click **Print Application**; or requesting that an application be mailed to you, click **Mail Application**.

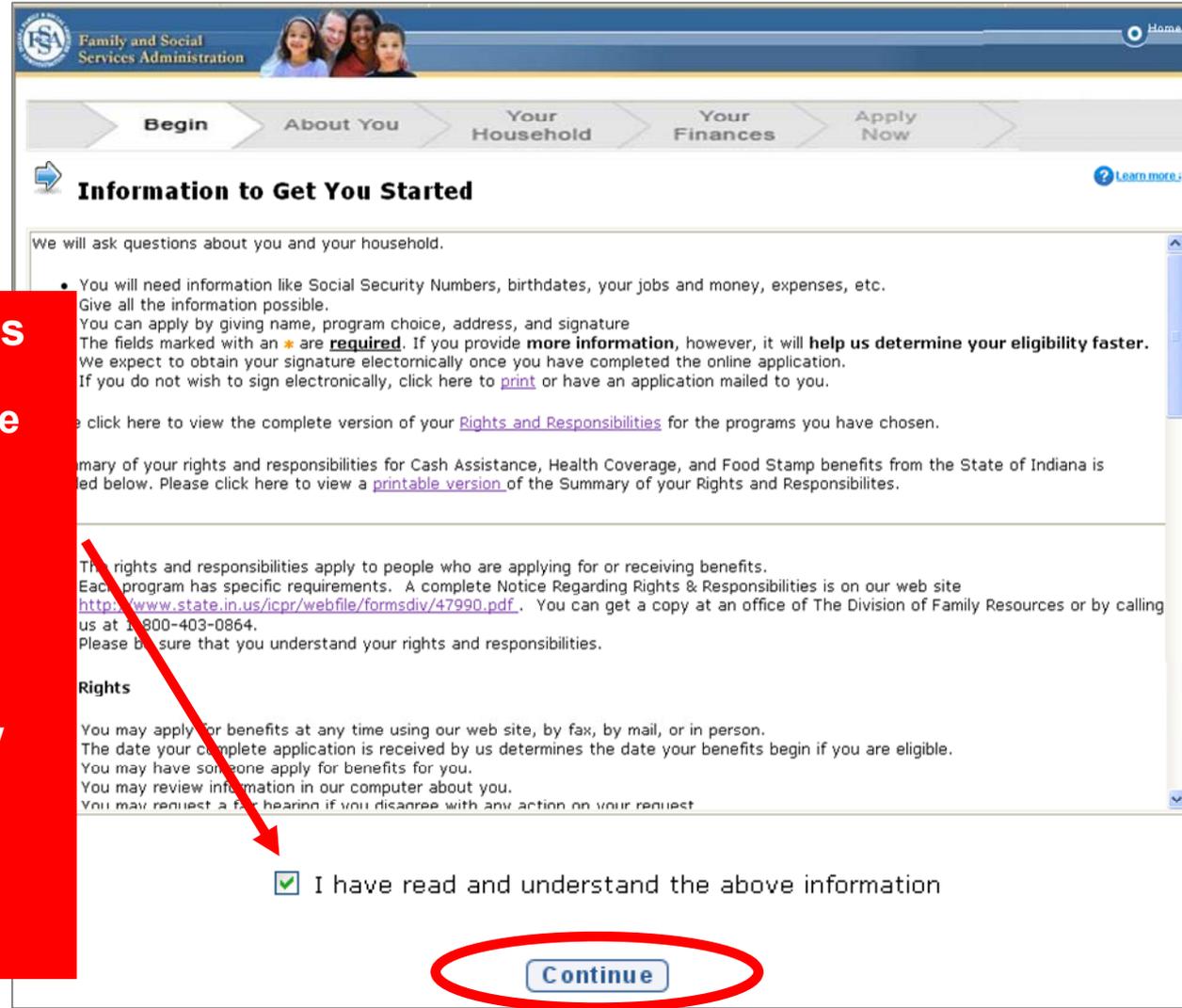
If you do not wish to apply, click **Cancel**

If you have any questions, call Indiana Family and Social Services toll free at 1-800-403-0864 between 7 am - 7 pm Eastern Time.

Please select the programs you would like to apply for:

<input checked="" type="checkbox"/>	Food Stamps
<input checked="" type="checkbox"/>	Cash Assistance(TANF)
<input checked="" type="checkbox"/>	Health Coverage(Medicaid)

Online Application (cont.)

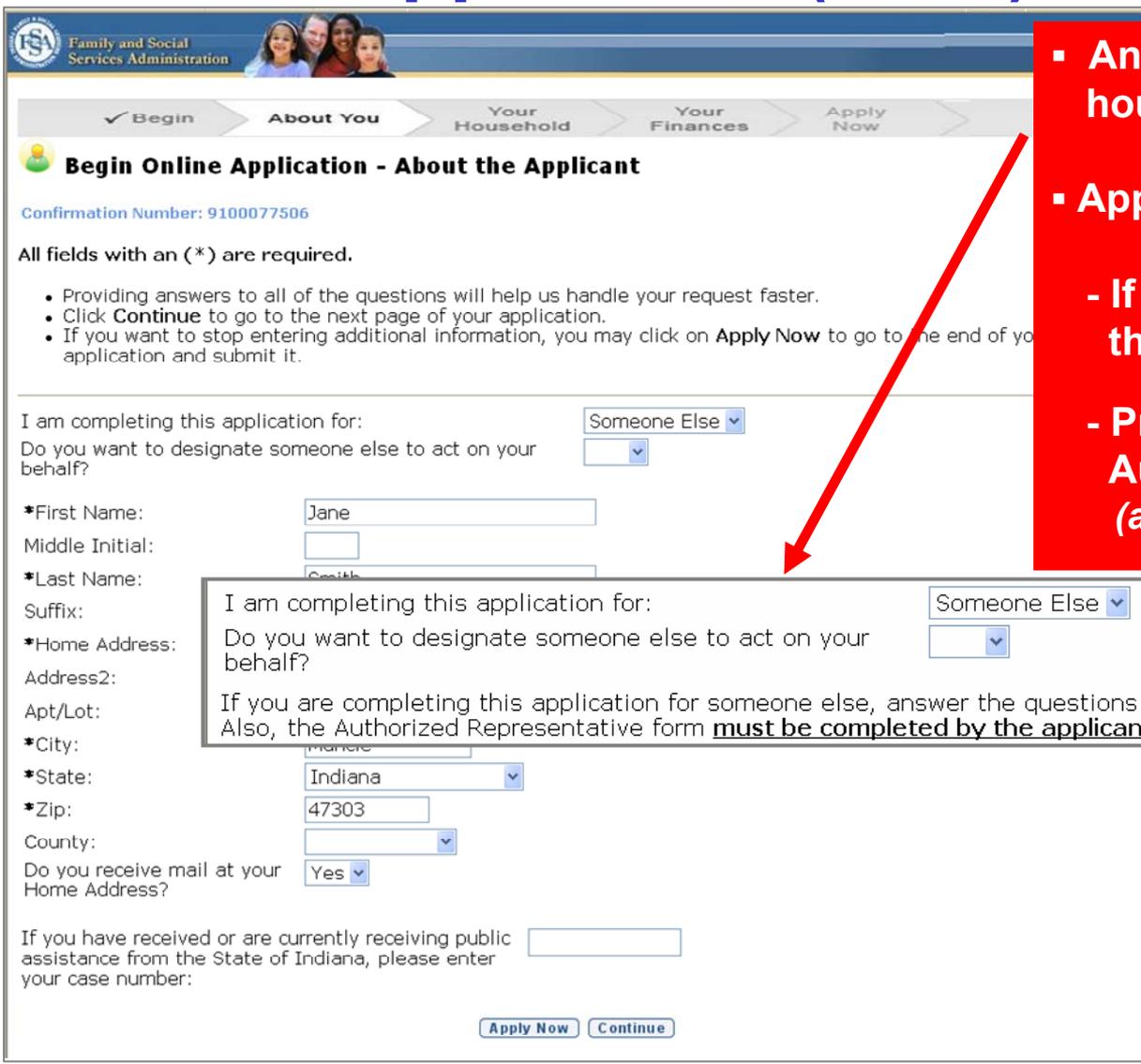


The screenshot shows the 'Information to Get You Started' page of the Family and Social Services Administration website. The navigation bar includes 'Begin', 'About You', 'Your Household', 'Your Finances', and 'Apply Now'. The main content area contains text explaining the application process and a list of required information. A red arrow points from the 'Rights and Responsibilities' section of the text to a checked checkbox that reads 'I have read and understand the above information'. Below this checkbox is a blue 'Continue' button, which is circled in red.

Rights and Responsibilities

- Select the *check box* and the *Continue* button to acknowledge the Notice of Rights and Responsibilities
- Select the “*Rights and Responsibilities*” link to view and/or print the complete Notice of Rights and Responsibilities

Online Application (cont.)



Family and Social Services Administration

Begin About You Your Household Your Finances Apply Now

Begin Online Application - About the Applicant

Confirmation Number: 9100077506

All fields with an (*) are required.

- Providing answers to all of the questions will help us handle your request faster.
- Click **Continue** to go to the next page of your application.
- If you want to stop entering additional information, you may click on **Apply Now** to go to the end of your application and submit it.

I am completing this application for:

Do you want to designate someone else to act on your behalf?

*First Name:

Middle Initial:

*Last Name:

Suffix:

*Home Address:

Address2:

Apt/Lot:

*City:

*State:

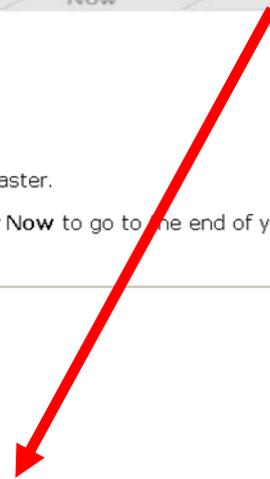
*Zip:

County:

Do you receive mail at your Home Address?

If you have received or are currently receiving public assistance from the State of Indiana, please enter your case number:

- Answer questions about each household member
- Applying on behalf of a client?
 - If yes, make sure to answer the first question
 - Print, complete and sign the Authorized Representative form (at the end of the online application)



I am completing this application for:

Do you want to designate someone else to act on your behalf?

If you are completing this application for someone else, answer the questions with information about their household. Also, the Authorized Representative form **must be completed by the applicant.**

Online Application (cont.)


Family and Social Services Administration

Home

✓ Begin About You Your Household Your Finances Apply


Jane Smith - How Can We Reach You?

Confirmation Number: 9100076836

- Click **Back** if you need to change any of the answers you entered on previous pages.
- Click **Continue** to go to the next page of your application.
- If you want to stop entering additional information, you may click on **Apply Now** to submit your application and submit it.

Home Phone (XXXXXXXXXX):

Cell Phone (XXXXXXXXXX):

Work Phone (XXXXXXXXXX):

Email Address:

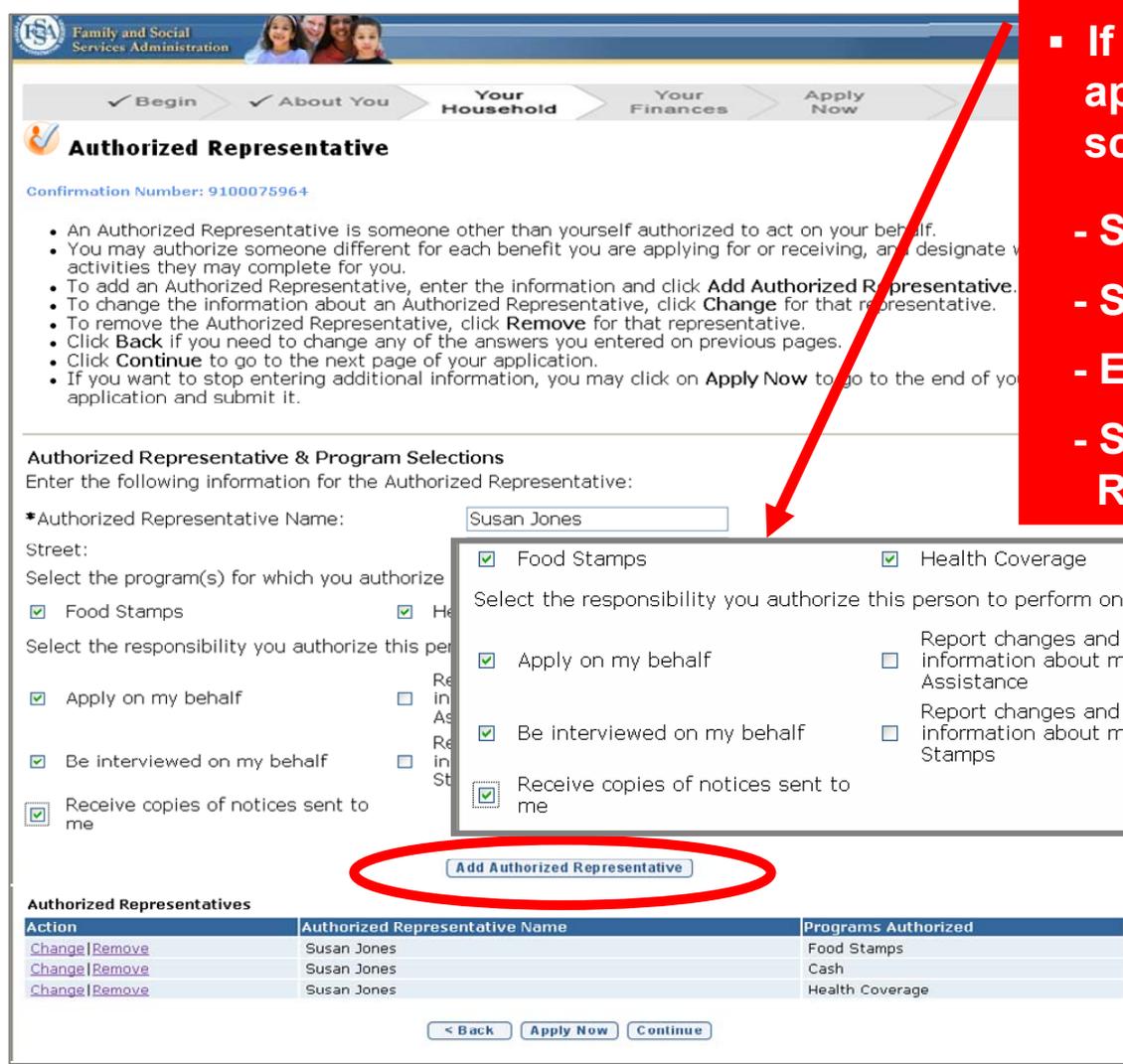
< Back Apply Now Continue

- It's important to provide the applicant's phone number for interview purposes

NOTE: While e-mail is not used to contact clients, e-mail may be used as a future enhancement to the system.

Online Application (cont.)

- If an applicant fills out the application for him/herself, the AR screen will appear.
- Select the program
- Select the type of representation
- Enter the AR name and address
- Select the “Add Authorized Representative” button



Family and Social Services Administration

Begin | About You | **Your Household** | Your Finances | Apply Now

Authorized Representative

Confirmation Number: 9100075964

- An Authorized Representative is someone other than yourself authorized to act on your behalf.
- You may authorize someone different for each benefit you are applying for or receiving, and designate the activities they may complete for you.
- To add an Authorized Representative, enter the information and click **Add Authorized Representative**.
- To change the information about an Authorized Representative, click **Change** for that representative.
- To remove the Authorized Representative, click **Remove** for that representative.
- Click **Back** if you need to change any of the answers you entered on previous pages.
- Click **Continue** to go to the next page of your application.
- If you want to stop entering additional information, you may click on **Apply Now** to go to the end of your application and submit it.

Authorized Representative & Program Selections
Enter the following information for the Authorized Representative:

*Authorized Representative Name:

Street:

Select the program(s) for which you authorize:

Food Stamps Health Coverage Cash Assistance

Select the responsibility you authorize this person to perform on your behalf:

Apply on my behalf Report changes and receive information about my Cash Assistance Receive and use Food Stamps on behalf of my household

Be interviewed on my behalf Report changes and receive information about my Food Stamps Report changes and remain my representative if my application is approved(Health Coverage only)

Receive copies of notices sent to me

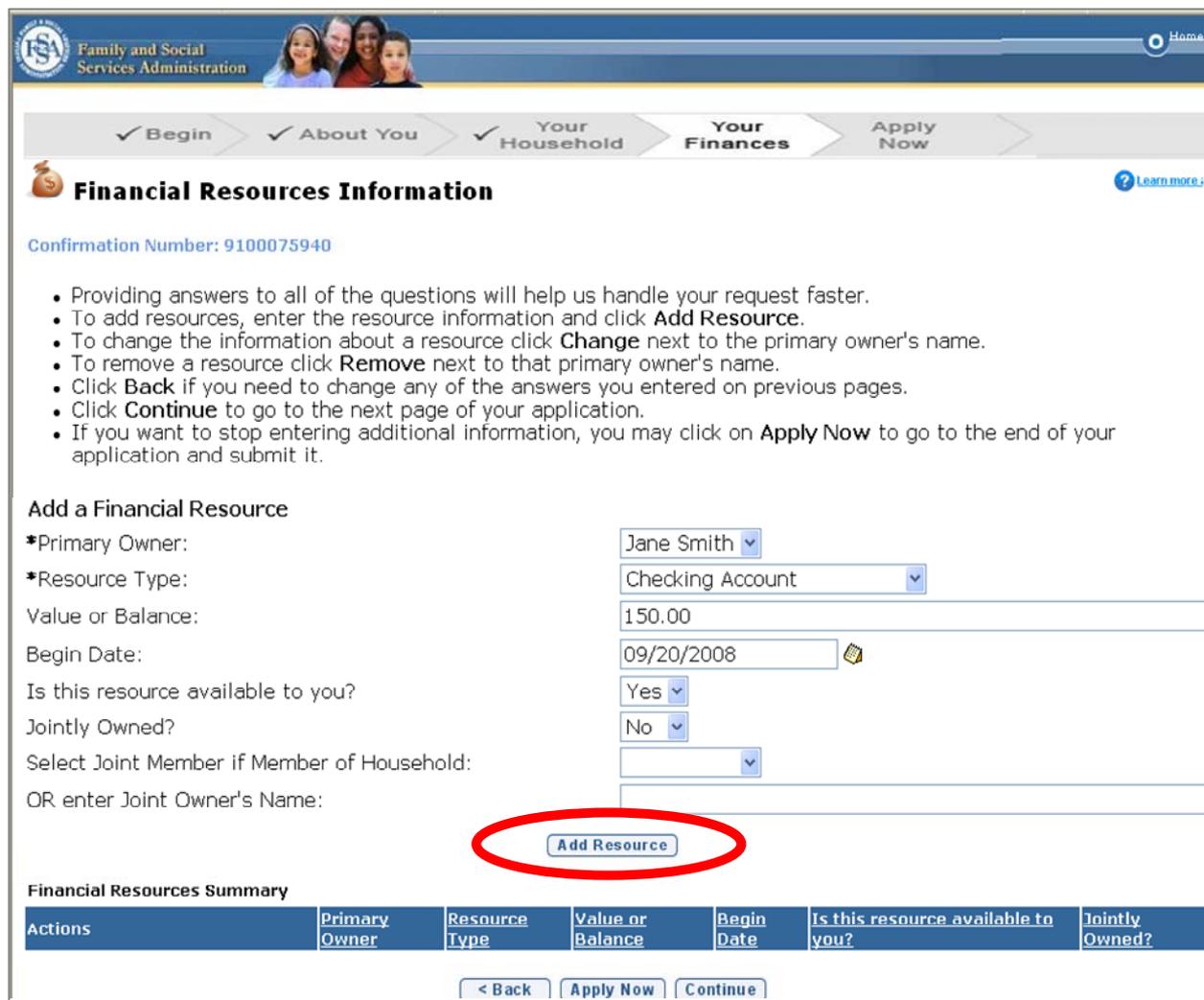
Add Authorized Representative

Action	Authorized Representative Name	Programs Authorized
Change Remove	Susan Jones	Food Stamps
Change Remove	Susan Jones	Cash
Change Remove	Susan Jones	Health Coverage

< Back Apply Now Continue

Online Application (cont.)

- Enter more information about resources, vehicles and employment
- Select the “Add Resource” button to add resources to the application



Family and Social Services Administration

Home

Begin About You Your Household Your Finances Apply Now

Financial Resources Information [Learn more?](#)

Confirmation Number: 9100075940

- Providing answers to all of the questions will help us handle your request faster.
- To add resources, enter the resource information and click **Add Resource**.
- To change the information about a resource click **Change** next to the primary owner's name.
- To remove a resource click **Remove** next to that primary owner's name.
- Click **Back** if you need to change any of the answers you entered on previous pages.
- Click **Continue** to go to the next page of your application.
- If you want to stop entering additional information, you may click on **Apply Now** to go to the end of your application and submit it.

Add a Financial Resource

*Primary Owner: Jane Smith

*Resource Type: Checking Account

Value or Balance: 150.00

Begin Date: 09/20/2008

Is this resource available to you? Yes

Jointly Owned? No

Select Joint Member if Member of Household:

OR enter Joint Owner's Name:

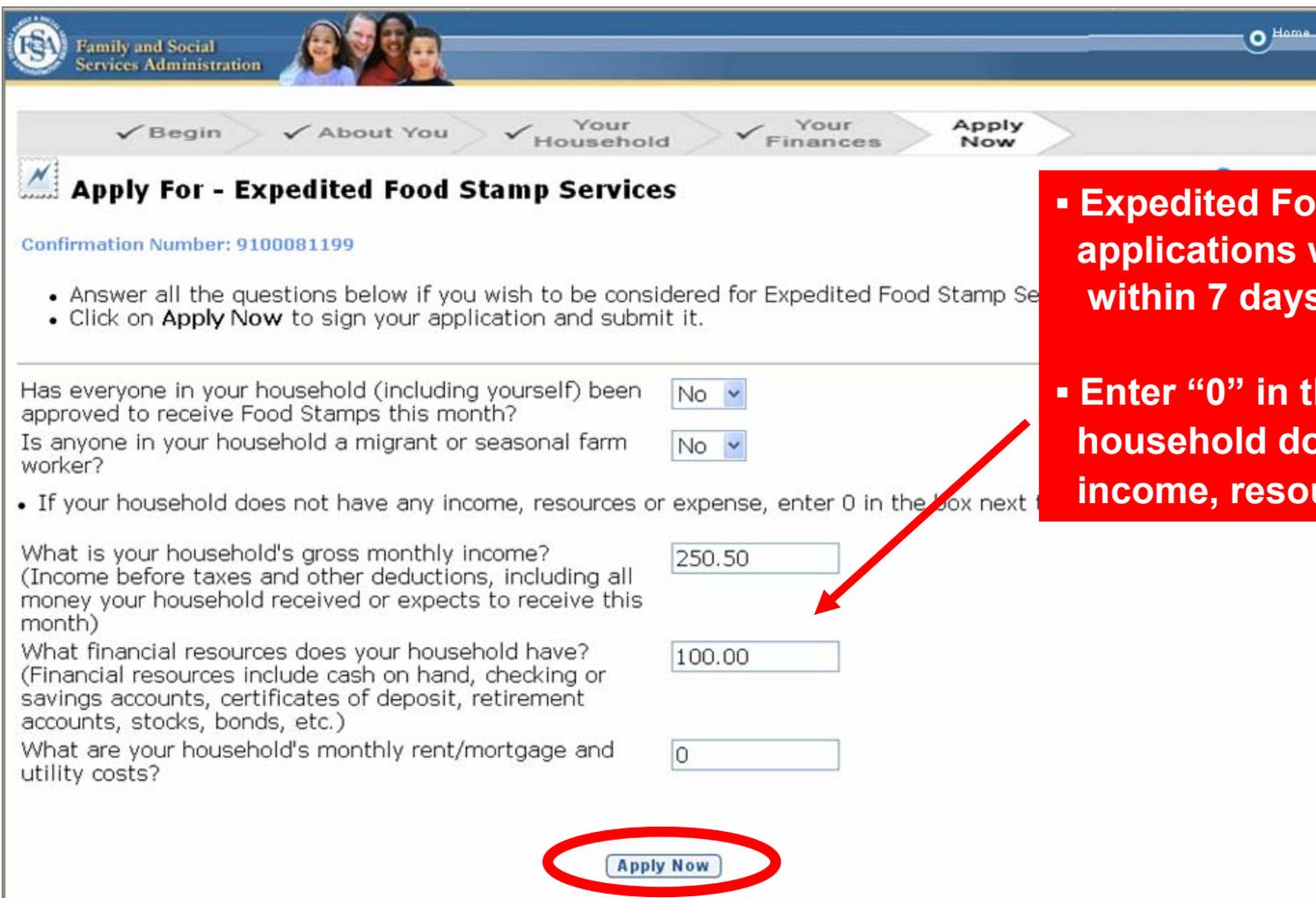
Add Resource

Financial Resources Summary

Actions	Primary Owner	Resource Type	Value or Balance	Begin Date	Is this resource available to you?	Jointly Owned?
---------	---------------	---------------	------------------	------------	------------------------------------	----------------

< Back Apply Now Continue

Online Application (cont.)



The screenshot shows the 'Apply For - Expedited Food Stamp Services' page. At the top, there is a navigation bar with the FSA logo and 'Family and Social Services Administration'. Below this is a progress bar with steps: 'Begin', 'About You', 'Your Household', 'Your Finances', and 'Apply Now'. The 'Apply Now' step is highlighted. The main heading is 'Apply For - Expedited Food Stamp Services' with a confirmation number '9100081199'. There are instructions to answer questions and click 'Apply Now'. The form contains several questions with dropdown menus and text boxes. A red arrow points from the 'Apply Now' button to the 'What is your household's gross monthly income?' question. The 'Apply Now' button is circled in red.

Family and Social Services Administration

Home

✓ Begin ✓ About You ✓ Your Household ✓ Your Finances **Apply Now**

Apply For - Expedited Food Stamp Services

Confirmation Number: 9100081199

- Answer all the questions below if you wish to be considered for Expedited Food Stamp Services.
- Click on **Apply Now** to sign your application and submit it.

Has everyone in your household (including yourself) been approved to receive Food Stamps this month?

Is anyone in your household a migrant or seasonal farm worker?

- If your household does not have any income, resources or expense, enter 0 in the box next to the question.

What is your household's gross monthly income? (Income before taxes and other deductions, including all money your household received or expects to receive this month)

What financial resources does your household have? (Financial resources include cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc.)

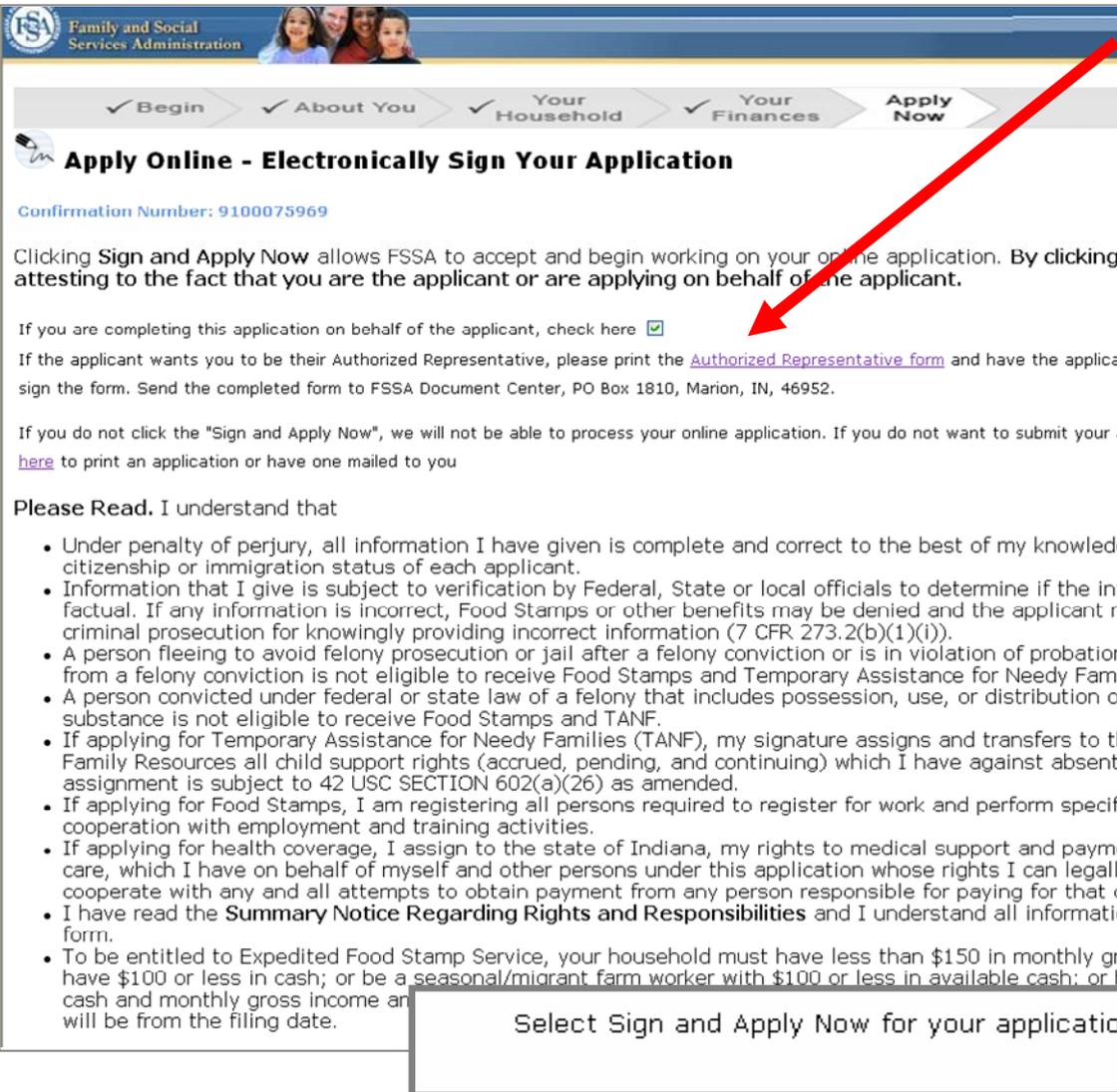
What are your household's monthly rent/mortgage and utility costs?

Apply Now

▪ Expedited Food Stamp applications will be processed within 7 days

▪ Enter "0" in the text boxes if a household does not have any income, resources or expenses

Electronic Signature



Family and Social Services Administration

✓ Begin ✓ About You ✓ Your Household ✓ Your Finances **Apply Now**

Apply Online - Electronically Sign Your Application

Confirmation Number: 9100075969

Clicking **Sign and Apply Now** allows FSSA to accept and begin working on your online application. By clicking **Sign and Apply Now**, you are attesting to the fact that you are the applicant or are applying on behalf of the applicant.

If you are completing this application on behalf of the applicant, check here

If the applicant wants you to be their Authorized Representative, please print the [Authorized Representative form](#) and have the applicant sign the form. Send the completed form to FSSA Document Center, PO Box 1810, Marion, IN, 46952.

If you do not click the "Sign and Apply Now", we will not be able to process your online application. If you do not want to submit your application, click [here](#) to print an application or have one mailed to you.

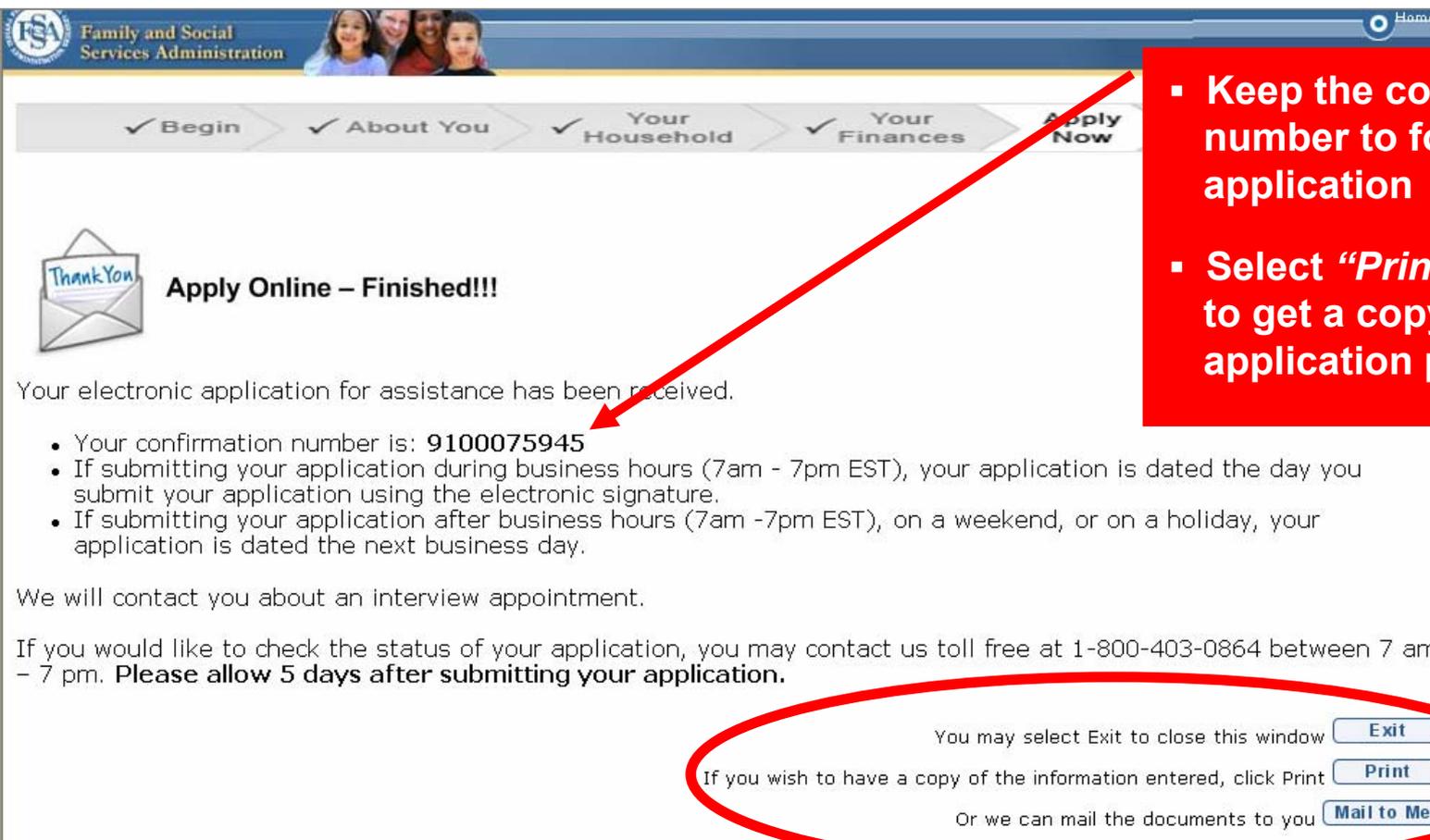
Please Read. I understand that

- Under penalty of perjury, all information I have given is complete and correct to the best of my knowledge and the citizenship or immigration status of each applicant.
- Information that I give is subject to verification by Federal, State or local officials to determine if the information is factual. If any information is incorrect, Food Stamps or other benefits may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information (7 CFR 273.2(b)(1)(i)).
- A person fleeing to avoid felony prosecution or jail after a felony conviction or is in violation of probation, parole, or a felony conviction is not eligible to receive Food Stamps and Temporary Assistance for Needy Families (TANF).
- A person convicted under federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive Food Stamps and TANF.
- If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the state of Indiana all child support rights (accrued, pending, and continuing) which I have against absent parent(s) and my assignment is subject to 42 USC SECTION 602(a)(26) as amended.
- If applying for Food Stamps, I am registering all persons required to register for work and perform specific activities with employment and training activities.
- If applying for health coverage, I assign to the state of Indiana, my rights to medical support and payment for health care, which I have on behalf of myself and other persons under this application whose rights I can legally assign. I will cooperate with any and all attempts to obtain payment from any person responsible for paying for that care.
- I have read the **Summary Notice Regarding Rights and Responsibilities** and I understand all information contained in the form.
- To be entitled to Expedited Food Stamp Service, your household must have less than \$150 in monthly gross income and less than \$100 in cash; or be a seasonal/migrant farm worker with \$100 or less in available cash; or have a combined monthly gross income and cash and monthly gross income and cash of \$150 or less as of the filing date.

Select Sign and Apply Now for your application. **Sign and Apply Now**

- To designate an Authorized Representative (if applying for someone else)
 - Check the box
 - Select the link to print and complete the case-specific Authorized Representative form
- Select the **“Sign and Apply Now”** button
- Application Date is established:
 - When the **“Sign and Apply Now”** button is selected during business hours; or
 - The next business day, when selected after hours, on weekends or holidays.

Electronic Signature (cont.)



Family and Social Services Administration

Home

✓ Begin ✓ About You ✓ Your Household ✓ Your Finances Apply Now

 **Apply Online – Finished!!!**

Your electronic application for assistance has been received.

- Your confirmation number is: **9100075945**
- If submitting your application during business hours (7am - 7pm EST), your application is dated the day you submit your application using the electronic signature.
- If submitting your application after business hours (7am -7pm EST), on a weekend, or on a holiday, your application is dated the next business day.

We will contact you about an interview appointment.

If you would like to check the status of your application, you may contact us toll free at 1-800-403-0864 between 7 am - 7 pm. **Please allow 5 days after submitting your application.**

You may select Exit to close this window

If you wish to have a copy of the information entered, click Print

Or we can mail the documents to you

- Keep the confirmation number to follow up on the application
- Select **“Print”** or **“Mail to Me”** to get a copy of the application packet

Electronic Signature (cont.)

The signature page will include the application date and ***Signed Electronically*** in the signature box

Indiana Application for Assistance
 State Form 53263 (R1-09) F1 2512

Instructions: You must answer items marked with an * in items 1-4. Other items are optional.

* 1. Check the Help Your Household Needs: Food Stamps Health Coverage Cash Assistance

I am applying for myself Yes No

If applying for Health Coverage Applicant lives in Medicaid facility Application pending for Medicaid waiver services

* 2. Head of Household

* First MI * Last
 J a n e M S m i t h

Home Phone Cell Phone Work Phone

Social Security Number Date of Birth (mm-dd-yyyy)
 0 2 - 1 1 - 1 9 7 3

Gender M F Blind, Disabled, or Incapacitated Yes No

US Citizen Yes No Hispanic or Latino Yes No

Race Asian Black or African American White Other

Marital Status Single Married Divorced Widowed Separated

* 3. Home Address (Where you live)

* Number and Street Apartment / Lot Number
 1 2 3 M a i n S t r e e t

* City * ST * ZIP * County
 M u n c i e I N 4 7 3 0 3 D e l a w a r e

Mailing Address (if different than Home Address) Apartment / Lot Number
 1 2 3 M a i n S t r e e t

City ST ZIP County
 M u n c i e I N 4 7 3 0 3 D e l a w a r e

* 4. Sign You or your authorized representative must sign. (If an authorized representative signs, the attached Authorized Representative Form must be completed, signed by you and Authorized Representative, and returned with your application). I understand that

- Under penalty of perjury, all information I have given is complete and correct to the best of my knowledge, including the citizenship or immigration status of each applicant.
- Information that I give is subject to verification by Federal, State, or local officials to determine if the information is factual. If any information is incorrect, Food Stamps or other benefits may be denied and the applicant may be subject to criminal prosecution for knowingly providing incorrect information (7 CFR 273.20(b)(3)).
- A person failing to avoid felony prosecution or jail after a felony conviction or is in violation of probation/parole resulting from a felony conviction is not eligible to receive Food Stamps and Temporary Assistance for Needy Families (TANF).
- A person convicted under Federal or state law of a felony that includes possession, use, or distribution of a controlled substance is not eligible to receive Food Stamps and TANF.
- If applying for Temporary Assistance for Needy Families (TANF), my signature assigns and transfers to the Division of Family Resources all child support rights (arrest, pending, and continuing) which I have against absent parent(s). This assignment is subject to 42 USC SECTION 652(a)(3) as amended.

I am applying on behalf of myself and other persons under this file for paying for that care.

I am the parent or legal guardian of the child(ren) named on this form.

I am the parent or legal guardian of the child(ren) named on this form and I am not the biological parent.

Date (mm-dd-yyyy)
 0 2 - 1 1 - 2 0 0 9

* You or Your Authorized Representative Must Sign (Check if representative)

Signed Electronically

Call Center

- **Step 1: Applicant answers questions with a Call Center Representative**
 - Applicant begins application by answering Internet Screening questions over the phone with a Call Center Representative (in English or Spanish).
 - The Call Center mails a partially-completed application (developed from the Internet Screening responses) and application packet to the applicant.

- **Step 2: Applicant submits application**
 - Once the application is completed and signed, the applicant can submit the application and supporting documents to the FSSA Service Center by mail, FAX or by dropping off at a Local DFR Office.

Local Office

- **Step 1: Applicant starts application at local DFR office**
 - Applicants can visit a local DFR office to apply using any method:
 - ✓ Internet
 - ✓ Call Center
 - ✓ Paper Application
 - ✓ In-person with a Caseworker

- **Step 2: Applicant completes application, signs and submits**
 - When application is complete, Applicant will:
 - Sign electronically and print the application packet (if using the Internet);
 - Request that the application be mailed (if using the Call Center); or
 - Sign the application (if using the paper application or being interviewed).

 - Applicant submits copies of required documents at Local DFR Office or by mail or FAX (same toll-free number) to the Document Center.

Application Tips

■ Online Screening and Application

- If your computer blocks pop-ups, make sure to disable the pop-up blocker before completing the online application. In Internet Explorer, go to www.ifcem.com and click Tools ⇒ Pop-Up Blocker ⇒ Turn off pop-up blocker.
- **DO NOT USE** the Internet browser's "Back" button.
- The 10-digit Confirmation Number, starting with a "5," should only be used when completing an online application in process. The Case Number (10-digit, starting with a "1") is assigned prior to the application interview and will be on the Pending Verifications Notice (2032) and future notices.

■ Paper Application

- **DO NOT USE** the "2400" application (State Form 30465) once the new system is implemented.
- You **may** continue to use Hoosier Healthwise and Medicare Savings Program (QMB/SLMB/QI) paper applications.

Submitting Applications in the New System

- ✓ Application Packet
- ✓ Application Interview Process
- ✓ Application Processing
- ✓ Tips on Submitting Applications



Application Packet

Applicants will print or have mailed to them the following documents in an Application Packet:

- Indiana Application for Assistance
 - Application Summary (*if completed online application*); or
 - Partially-completed paper application (*if printed or requested a mailed paper application*).
- Indiana Application for Assistance signature page*
- Rights and Responsibilities
 - Two page Summary of Rights & Responsibilities (*paper application packet*); or
 - Five page Notice of Rights & Responsibilities (*online application packet*)
- Case-Specific, bar-coded Document Coversheet
- Authorized Representative Form (*paper application only*)
- A list of supporting documents to provide for each program

*** Must be signed and returned if completing the application on paper. If the electronic signature is used, the signature page should NOT be returned.**

Application Packet (cont.)

Document Coversheet

Select the document(s) mailed or FAXed to the FSSA Document Center

APPLICATION DOCUMENT COVER SHEET
State Form 53678 (R/2-09) / DFR 1011

Instructions

- Please fill out and submit this form when you send copies of documents that we have asked you to provide.
- A list of the documents to provide is in the *Information to Get You Started* instructions included with your application.
- When you have filled out this form, place it on top of the copies of your documents and mail or fax it and your copies to:

Mailing Address: FSSA Document Center
PO Box 1810
Marion, Indiana 46952

Fax Number: 1-800-403-0864

To fill out the form, please complete the Documents Included section below using a blue or black ink pen.

- Place an X in the box next to each document that you are sending us. Example: X Utility Bill
- If a document that you are sending us is not listed, then place an X in the box next to "Other(s)" and write the name of the document(s) on the line provided.
- Please send copies of the documents instead of originals. Write your name and Social Security Number on each item you fax or mail.
- This form should be used to provide information for your household only.
- You may copy this form before filling it out and save it to use later if you cannot send in all of the requested documents now.
- If you have questions, please call us toll-free at (1-800-403-0864) between 7:00 am and 7:00 pm Monday through Friday.

Identity	Money Received (con't)	Resources (con't)	Child Care / Child Support Expenses
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Disability Payments	<input type="checkbox"/> Stock / Bond Statement or Certificate	<input type="checkbox"/> County Clerk Record for Child Support
<input type="checkbox"/> State Photo ID Card	<input type="checkbox"/> Employer Statement of Termination	<input type="checkbox"/> Trust Statement	<input type="checkbox"/> Proof of Child Support You Pay
	<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Receipt / Copy of Check for Child Care that You Pay
	<input type="checkbox"/> Pension Statements / Stubs	Insurance	<input type="checkbox"/> Statement from Child Care Provider
	<input type="checkbox"/> Railroad Retirement Benefits	<input type="checkbox"/> Insurance Card	
	<input type="checkbox"/> Self Employment Records	<input type="checkbox"/> Life / Dental / Health Insurance Policy	
	<input type="checkbox"/> Sick Benefits	<input type="checkbox"/> Statement from Insurance Provider	Medical
	<input type="checkbox"/> Social Security / SSI Award Letter		<input type="checkbox"/> Medical Bill / Receipt
	<input type="checkbox"/> Statement of Loan, Gift or Contribution	Expenses	<input type="checkbox"/> Medical Statement
	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Cancelled Rent Check	<input type="checkbox"/> Medical Statement of Pregnancy / Due Date
	<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> Homeowner's Insurance Statement	<input type="checkbox"/> Prescription Receipt or Printout
	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Lease Agreement	
		<input type="checkbox"/> Proof of Energy Assistance Received	Legal
		<input type="checkbox"/> Proof of Public Housing Assistance	<input type="checkbox"/> Divorce Decree
		<input type="checkbox"/> Property Tax Statement	<input type="checkbox"/> Guardianship Order
		<input type="checkbox"/> Rent Receipt	<input type="checkbox"/> Marriage Certificate
		<input type="checkbox"/> Landlord or Mortgage Lender Statement	<input type="checkbox"/> Paternity record
		<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Power of Attorney

Documents Included

Identity

- Driver's License
- State Photo ID Card
- Student Photo ID

Money Received / Income

- Child Support - Proof of Payment Received
- Copy of Paychecks

Other Documents

- Other(s): _____

Application Interview Process

■ Two-hour Interview Window

- Interviews will be scheduled in two-hour windows to maximize the number of interviews completed in a work day

■ Type of Interviews

- Typically, application interviews will be conducted over the phone
- In-person interviews in Local DFR Office may be requested, if needed
- If the applicant's phone number is not on file, the phone interview will be scheduled in the Local DFR Office
- An interview date and time may be rescheduled by contacting the Call Center
- Food Stamp interviews will be conducted in two phases:
 - An Eligibility Specialist (Coalition Worker) will conduct the first part of the Food Stamp interview
 - A State Worker will complete the second part of the Food Stamp interview and will determine eligibility

Please Note: If a State Worker is not available to complete the second part of the interview, the applicant will be called back within two business days.

Application Processing

■ Application Processing Standards

Applications are subject to the following processing standards:

- ✓ 7 days for Expedited Food Stamps
- ✓ 30 days for Food Stamps and Cash Assistance (TANF)
- ✓ 45 days for Medicaid (including the Healthy Indiana Plan)
- ✓ 90 days for Disability Medicaid

■ Checking Application Status

Applicants and/or Authorized Representatives should not check the application status until:

- ✓ Two weeks after the application is submitted; or
- ✓ The 2032 Pending Verification notice is received.

Tips for Submitting Applications

■ When to Use a Document Cover Sheet

- A Document Cover Sheet should be used when verifications are sent after the application was submitted
- If verification documents are submitted with the Application for Assistance, a Document Cover Sheet is **not** needed
- A Document Cover Sheet is **not** needed when submitting an Authorized Representative (AR) form

■ Other Document Center Tips

- For most efficient processing, FAX or mail only **one client's document(s) at a time**, even if sending multiple AR forms
- Each piece of documentation should be submitted on an individual page (a driver's license, Social Security card, etc., should be copied or FAXed on a separate page)
- Remove all paper clips or staples before mailing application packet

Managing Benefits in the New System

- ✓ Case Status
- ✓ Change Reporting
- ✓ Redetermination
- ✓ Contacting the Call Center



Case Status

- **Applicants and Authorized Representatives may check the status of application:**
 - ✓ On the 24 Hour Automated System
 - ✓ On the Internet
 - ✓ On the Phone with a Call Center Representative

- On the 24 hour automated system, applicants must provide last four digits of Social Security Number and case number or date of birth

- On the Internet, applicants must provide last name, case number, date of birth and last four digits of Social Security Number

- Applicants will receive case status information (i.e., open, pending or closed), benefit amount and month of redetermination

Case Status – Online

Go to www.in.gov/fssa, click “Apply for Benefits / Manage Your Benefits”

The screenshot shows the FSA website interface. At the top, it says 'Family and Social Services Administration' with a 'Home' link. A navigation menu on the left includes: Home, We can Help, Help finding a job, Child care assistance, Child support benefits, Social Security, Disability benefits, EBT, and More benefits. The main content area is titled 'Apply for Benefits on the Web - Fast and EZ' and features three circular icons for 'Food Stamps', 'Cash Assistance', and 'Health Coverage'. Below these icons, there is a list of actions: 'EZ Screening', 'Apply for Benefits', 'Report a change', 'Check the status', and 'Continue Online Application'. A red arrow points from a red box on the right to the 'Check the status' link.

Check Case Status Online

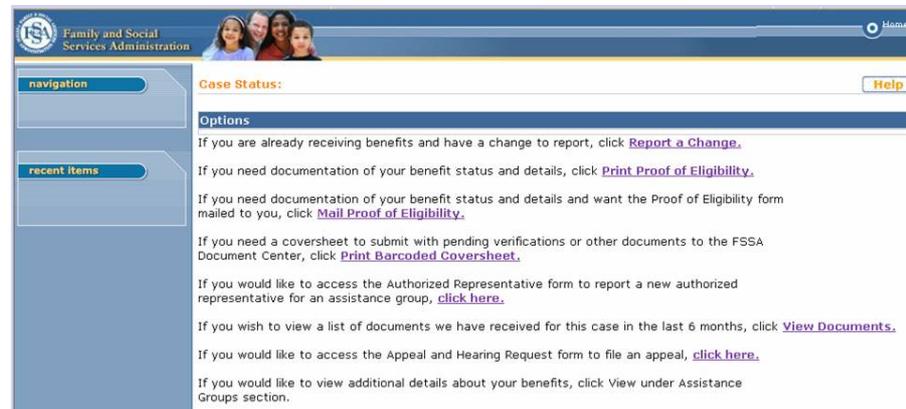
- Enter the following:
 - Case number
 - Last name
 - Date of birth
 - Last four digits of Social Security Number

Check the Status

Case Status – Online (cont.)

Online Case Status

- Print or mail a Proof of Eligibility form
- Print a case-specific, bar-coded Document Coversheet
- View scheduled appointments
- View solicited document requests
- View a list of documents submitted within the last six months
- Print Hearing & Appeal Request form



Case Status: [Help](#)

Options

If you are already receiving benefits and have a change to report, click [Report a Change](#).

If you need documentation of your benefit status and details, click [Print Proof of Eligibility](#).

If you need documentation of your benefit status and details and want the Proof of Eligibility form mailed to you, click [Mail Proof of Eligibility](#).

If you need a coversheet to submit with pending verifications or other documents to the FSSA Document Center, click [Print Barcoded Coversheet](#).

If you would like to access the Authorized Representative form to report a new authorized representative for an assistance group, [click here](#).

If you wish to view a list of documents we have received for this case in the last 6 months, click [View Documents](#).

If you would like to access the Appeal and Hearing Request form to file an appeal, [click here](#).

If you would like to view additional details about your benefits, click View under Assistance Groups section.

Eligible Appointment	
Appointment Type:	Appointment Date:
Scheduled Time:	Office Location (In-Office Only):

IMPACT Appointment			
Appointment Date	Begin Time	Client Name	Office Location (In-Office Only)

Pending Applications	
Programs Applied For	Date Application Received

Solicited Documents Requests				
Correspondence Name	Verification	Client	Mail Date	Due Date
Pending Verifications for Applicants-Recipients	Social Security Number	JOHN MAYER	2/25/2008	3/7/2008
Pending Verifications for Applicants-Recipients	Summary of Eligibility Redetermination Information	JOHN MAYER	2/25/2008	3/7/2008

Assistance Groups					
Details	Type	Payee	Effective Date	End Date	Status
View	TANF	JESSICA MAYER	4/1/2008		Open
View	Food Stamps	JESSICA MAYER	4/1/2008	3/31/2008	Closed
View	Family Related Medicaid	JESSICA MAYER	4/1/2008		Open

Case Status – Online (cont.)

Assistance Groups

(expanded view)

- View Assistance Groups
- View Authorized Representatives for each program
- View Redetermination month



Assistance Group: JESSICA MAYER

Details

Type of Assistance: Food Stamps	Redetermination Month: 03/2008
Payee: JESSICA MAYER	Case ID: 2000100822
Status: Open	Category Sequence: 01
Effective Date:	Current Month Amount: 73.00
End Date:	Next Month Amount: 379.00
EBT Card Benefit Availability Date: 2/26/2008	

Assistance Group Clients

Name	Benefit Status	Effective Date	End Date
JOHN MAYER	Eligible		
JESSICA MAYER	Eligible		
NICK MAYER	Eligible		

Authorized Representative

Primary Name

Assistance Group Clients

Name	Benefit Status
JOHN MAYER	Eligible
JESSICA MAYER	Eligible
NICK MAYER	Eligible

Case Status – Online (cont.)

View Documents Screen


Family and Social Services Administration


navigation

recent items

Documents: JESSICA MAYER - 2000100822

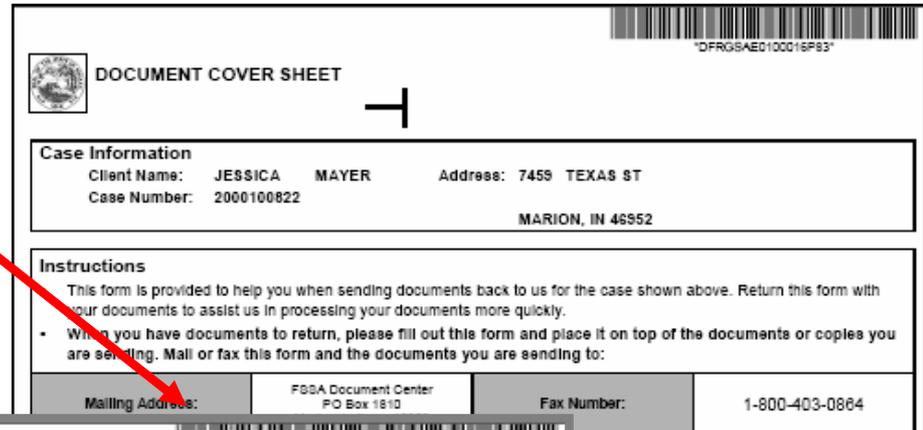
Documents for this case received within the last 6 months are shown. Documents sent must be checked by FSSA.

Documents we have received

Document Name	Receipt Date
Bank Statement	2/17/2009
Client Assignment and Certification	2/17/2009
General Document Cover Sheet (English)	2/17/2009
Life or Health Insurance Card	2/17/2009
Social Security Statement	2/17/2009
Tax Record	2/17/2009

Case Status – Online (cont.)

Print a Case-specific, bar-coded Document Cover Sheet from the online case status tool



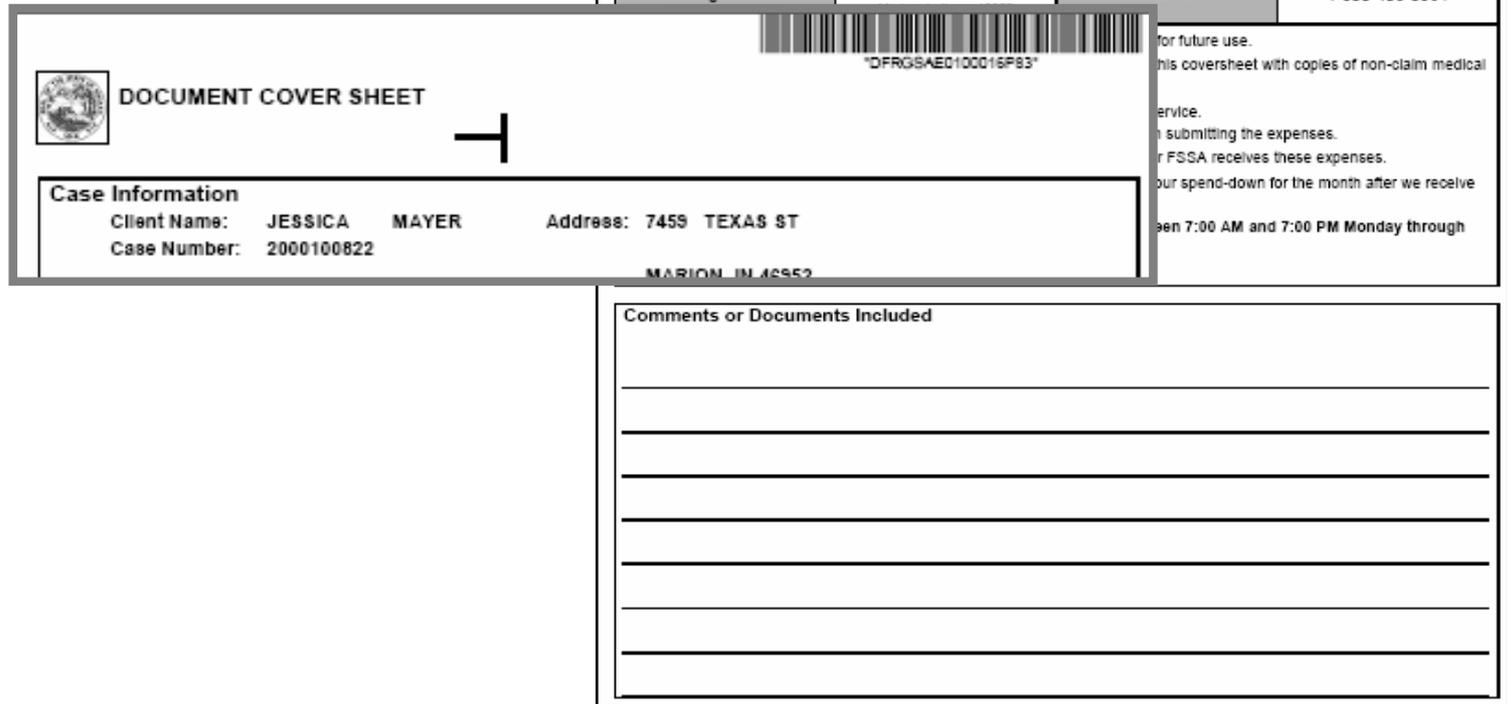
DOCUMENT COVER SHEET

Case Information
Client Name: JESSICA MAYER Address: 7459 TEXAS ST
Case Number: 2000100822 MARION, IN 46952

Instructions
This form is provided to help you when sending documents back to us for the case shown above. Return this form with your documents to assist us in processing your documents more quickly.

- When you have documents to return, please fill out this form and place it on top of the documents or copies you are sending. Mail or fax this form and the documents you are sending to:

Mailing Address: FSA Document Center PO Box 1810 Fax Number: 1-800-403-0884



DOCUMENT COVER SHEET

Case Information
Client Name: JESSICA MAYER Address: 7459 TEXAS ST
Case Number: 2000100822 MARION, IN 46952

Comments or Documents Included

Case Status – Automated System

Automated Selections for Checking Case Status

- **Select 2 – for Food Stamps, Cash Assistance, or Health Coverage programs**

- **Select 2 - To get case status**
 - Enter the last four digits of Social Security Number
 - Enter the 10-digit case number *(or date of birth, if the case number is not available)*
 - Social Security Number and Case Number will be repeated
 - If the information is correct, Select 1

- **Case Status Player** *(provides current and next month benefit amount, redetermination month, list of pending verifications and due dates, appointment date and time and the date coverage begins).*

Redetermination



The Redetermination Process:

- 1. A Redetermination Notice is mailed to the client.**
- 2. Eligibility Specialist conducts Redetermination Interview on the phone.***
 - After the Interview, a Redetermination packet (summary information, signature page and documents needed) will be mailed to the client
- 3. Client **signs** and mails or FAXes the Redetermination signature page and supporting documents to the Document Center.**
 - Document Center scans the Redetermination documents into the system
 - Eligibility Specialist is notified that Redetermination documents are ready for review
- 4. Eligibility Specialist reviews for completeness and forwards to a State Worker.**
- 5. A State Worker determines client eligibility.**

** Hoosier Healthwise-only cases do not require a redetermination interview.*

Change Reporting

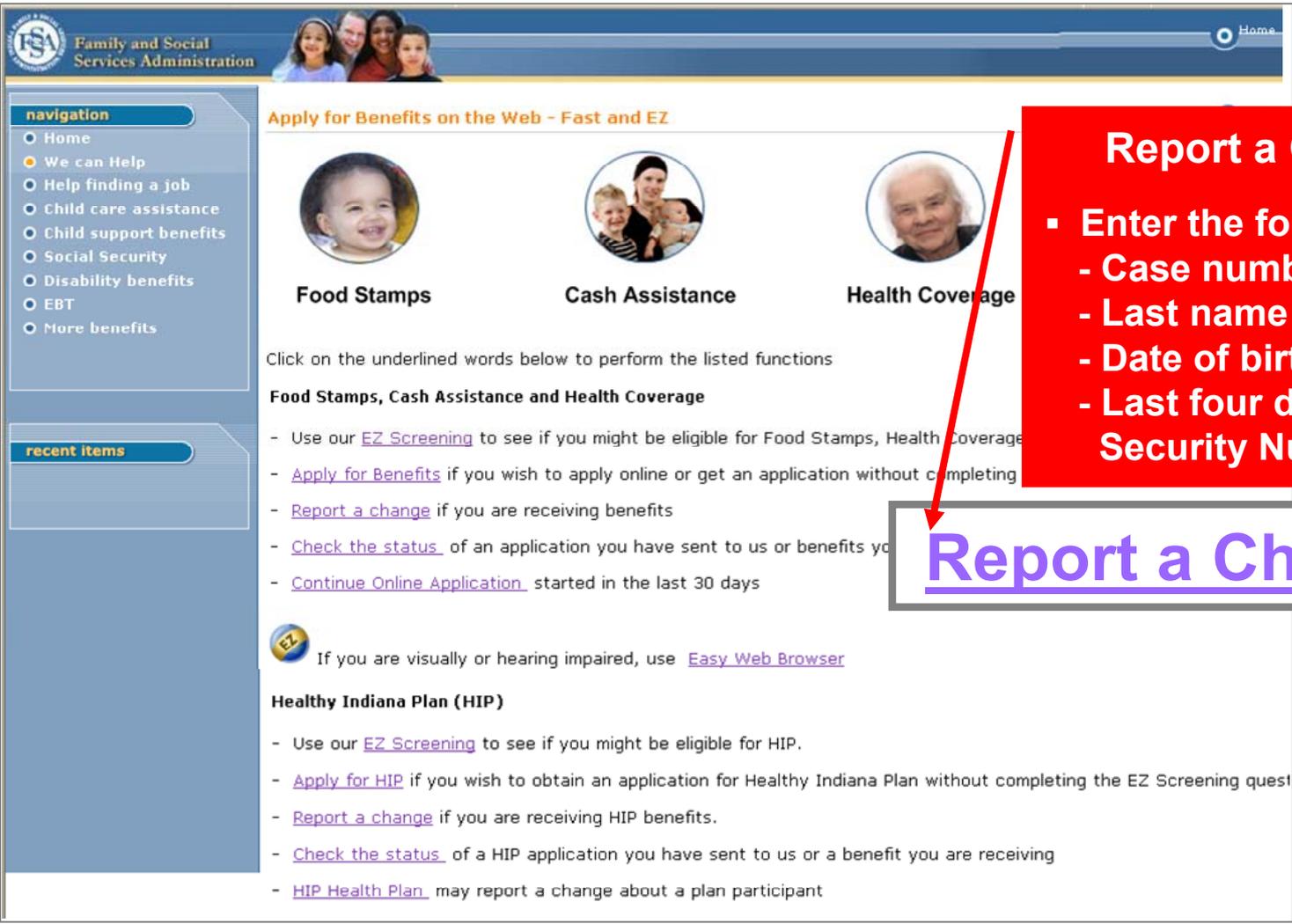
- **To report a change of address, phone number, income or household members, clients can use:**
 - ✓ Internet
 - ✓ Call Center (with a Representative or Automated System)
 - ✓ Local DFR Office

- On the Internet, applicants must provide last name, case number, date of birth and last four digits of Social Security Number

- On the 24 hour automated system, applicants must provide last four digits of Social Security Number and case number or date of birth

Change Reporting (cont.)

Go to www.in.gov/fssa, click "Apply for Benefits / Manage Your Benefits"



The screenshot shows the Family and Social Services Administration (FSA) website. The header includes the FSA logo and the text "Family and Social Services Administration". A navigation menu on the left lists options like "Home", "We can Help", "Help finding a job", "Child care assistance", "Child support benefits", "Social Security", "Disability benefits", "EBT", and "More benefits". The main content area is titled "Apply for Benefits on the Web - Fast and EZ" and features three circular icons for "Food Stamps", "Cash Assistance", and "Health Coverage". Below these icons, there is a list of actions: "EZ Screening", "Apply for Benefits", "Report a change", "Check the status", and "Continue Online Application". A red arrow points from a red box on the right to the "Report a Change" link in the list.

Report a Change Online

- Enter the following:
 - Case number
 - Last name
 - Date of birth
 - Last four digits of Social Security Number

Report a Change

Change Reporting (cont.)



- Select the type of change to report
- If the type of change isn't listed, select the last option and provide details about the change in the text box

Do you want to report a change to your address, phone number or what you pay for household shelter expenses?

Do you want to report a change about the people in your household?

Has anyone in your household started a job, lost a job or had a change in his/her income from work?

Do you want to report a change to the unearned income for anyone in your household?
 (Money received from Social Security, SSI, unemployment benefits, Child Support which is associated with the child, etc.)

Do you want to report some other kind of change? If so, check here, and in the box at the bottom, enter information to explain the change.:

Do you want to report a change about the people in your household?

Has anyone in your household started a job, lost a job or had a change in his/her income from work?

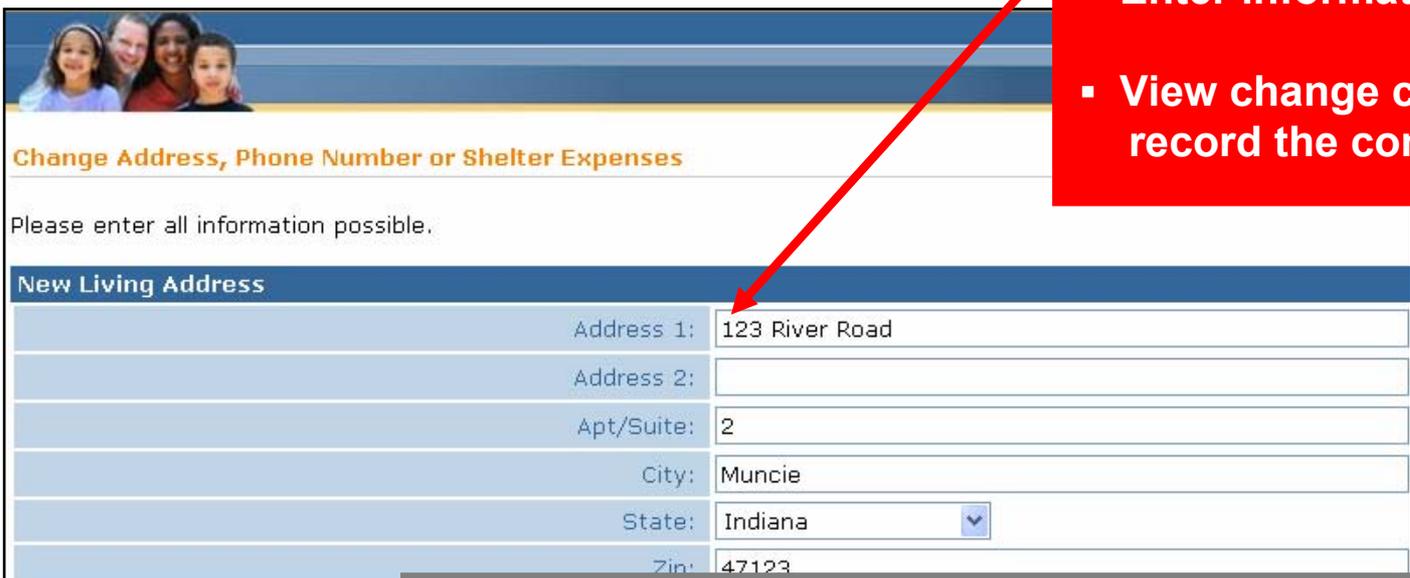
Do you want to report a change to the unearned income for anyone in your household?
 (Money received from Social Security, SSI, unemployment benefits, Child Support which is associated with the child, etc.)

Do you want to report some other kind of change? If so, check here, and in the box at the bottom, enter information to explain the change.:

If No, please explain:

Change Reporting (cont.)

- Enter information about the change
- View change confirmation *and* record the confirmation number



Change Address, Phone Number or Shelter Expenses

Please enter all information possible.

New Living Address

Address 1:	123 River Road
Address 2:	
Apt/Suite:	2
City:	Muncie
State:	Indiana
Zip:	47123



Reported Change(s) Confirmation

Thank you, we have received your reported changes. Please allow up to 13 days to hear from us regarding these changes. When you submit a change through this website, you do **not** need to call us to report the same change.

Your Case Number: 2000100806 Your Confirmation Number: 9004147476

[< Back](#)

Contacting the Call Center

Between 7 am – 7 pm local time, Monday – Friday

- **Press (1) for English or (2) for Spanish**
- **Press (1) for Healthy Indiana Plan (HIP); (2) Benefit Programs or (3) for IMPACT Employment Services**
- **Main Menu Options (*after selecting (2) Benefit Programs*):**
 1. Apply for Assistance (by speaking with a Representative)
 2. Check Case Status
 3. Ask about a Letter or Notice
 4. Report a Change (i.e., income, address, etc.)
 5. Review or Reschedule an Appointment
 6. Find a Local Office
 7. Request a Proof of Eligibility Letter
 8. More Options



Contacting the Call Center (cont.)

■ Main Menu Options (cont.):

8. More Options

1. Trouble Getting Required Information
2. Report Suspected Fraud
3. Questions about Electronic Benefit Transfer (EBT) Cards
4. Frequently Asked Questions (FAQs)
5. Third Party Inquiry (general or case specific)
6. Other Questions

■ Peak Call Center Usage:

- Mondays
- Mornings
- After holidays



Contacting the Call Center (cont.)

- **The Automated System (after hours) gives the following options:**
 1. Find a Local DFR Office
 2. Check Case Status
 3. Report a Change (leave a message with address, income, household changes)
 4. Listen to Frequently Asked Questions regarding:
 1. Programs (Food Stamps, Cash Assistance (TANF), Medicaid, Hoosier Healthwise, Medicaid for nursing home care, IMPACT)
 2. Reporting Changes
 3. Electronic Benefit Transfer (EBT) Questions
 4. Fraud
 5. Service Center mailing address/FAX number
 6. Disagreements with a Case Decision
 5. EBT Questions (to obtain more detailed EBT account information from JP Morgan)

New! Easy Web Browser

The screenshot shows the website header with the FSA logo and 'Family and Social Services Administration'. A navigation menu on the left lists options like 'Home', 'We can Help', 'Help finding a job', 'Child care assistance', 'Child support benefits', 'Social Security', 'Disability benefits', 'EBT', and 'More benefits'. The main content area is titled 'Apply for Benefits on the Web - Fast and EZ' and features three circular icons for 'Food Stamps', 'Cash Assistance', and 'Health Coverage'. Below these icons, there is a list of instructions for users, including links for 'EZ Screening', 'Apply for Benefits', 'Report a change', 'Check the status', and 'Continue Online Application'. A red arrow points from a red callout box to the 'EZ' icon in the instructions. A white callout box highlights the text: 'If you are visually or hearing impaired, use Easy Web Browser'.

▪ New tool for visually and hearing impaired clients to use the online tools

 If you are visually or hearing impaired, use [Easy Web Browser](#)

Easy Web Browser (cont.)

Home Back Stop   	Rate Volume Page   	Zoom 100%  	Space Ruler Style   	Print Setting Help Exit    
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Easy Web Browsing : Welcome Page

Welcome to Easy Web Browsing world!
 Easy Web Browsing is ready to start. Please press "Start Easy Web Browsing" button.
 Popular functions can be set before you start Easy Web Browsing. You can select functions among "Larger font", "Change color pattern" and "Continuous Reading".
 Please press the button you prefer, and then press "Start Easy Web Browsing" button.
 To cancel the selected setting, please press the same button again.

<p>Set larger font</p> 	<p>Change foreground and background color</p>   	<p>Set Continuous Reading</p> 
-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Start Easy Web Browsing

How You Can Participate in the New System

- ✓ Assisting Clients in the New System
- ✓ V-CAN Communication and Support



Assisting Clients in the New System

- **Authorized Representative (Acting on Behalf of Client)**
 - To assist someone with the application and/or redetermination process because of a barrier with completing the application

- **Registered Agency**
 - To follow up on case status for clients working with a service provider or social service agency

Registered Agency

- Human services agencies registered with the IBM-led Coalition have access to case status for clients who have signed an agency release.
- Registered agencies have the following access to case status:
 - ✓ Online (through the Registered Agency Portal)
 - ✓ On the phone (Call Center Representative or Automated System)
 - ✓ Case inquiry e-mails (with Specialists)
- Agencies working **with** clients to follow up on case status, rather than **on behalf of** clients, should become a Registered Agency.
- Registered Agencies are not Authorized Representatives and have access to case status information only.*

* *Registered Agencies cannot report changes, conduct interviews on behalf of a client or receive copies of notices mailed to clients.*

Registered Agency

- All designated agency staff have access to case status information
- View case status for all clients who have signed release
- Check online or phone cases status
- E-mail case inquiry form for service providers
- Speak with Call Center Representative regarding case status

Authorized Representative

- Only designated individual has access to client information
- May apply on behalf of an applicant *
- May be interviewed on behalf of applicant *
- May receive notices client receives
- May report a change on behalf of client *
- Check case status online or on the phone
- E-mail case inquiry form for service providers
- Speak with Call Center Representative regarding case status

NOTE: Authorized Representative is liable for information provided

Agency Registration and Case Status Process

- Step 1 – Become a Registered Agency
 - The registration process allows the IBM-led Coalition to give your agency access to case status *without* being an Authorized Representative for each client

- Step 2 – Request Access to Cases
 - Once registered, your agency may request access to cases
 - Each client must give your agency permission to view his/her case

- Step 3 – Check Case Status
 - Online (through the Registered Agency Portal)
 - On the phone (Call Center Representative or Automated System)
 - Case inquiry e-mails (with Specialists)

Check Case Status - Registered Agency Portal


Family and Social Services Administration

Home

navigation

Registered Agency Portal - Search For Case Access Help

To search for a case, enter the Search Criteria and click Search.

To view all cases for your agency, leave Search Criteria blank or click Reset, then Search.

To request access to a case not on your Agency's list, click [Request Access to New Case](#)

Search Criteria

Case Number:

First: Middle/MI: Last:

Search Results (Number of Items: 1)

Case Number	Case name	Last 4 SSN	Birth Date
1023258919	Andy Frank	8290	7/10/1972
1033258201	Agnes Frank	3838	10/5/1980
1043252015	Anthony Franklin	3224	3/10/1975
1044258923	Arthur Franklin	3373	10/19/1959

Check Case Status - Registered Agency Portal (cont.)

Online Case Status

- Access client case status, appointment information, solicited documents and the View Documents screen
- Registered Agencies do not have access to the *Report a Change* link

Case Status: [Report a Change](#)

Options

If you are already receiving benefits and have a change to report, click [Report a Change](#).

If you need documentation of your benefit status and details, click [Print Proof of Eligibility](#).

If you need documentation of your benefit status and details and want the Proof of Eligibility form mailed to you, click [Mail Proof of Eligibility](#).

If you need a coversheet to submit with pending verifications or other documents to the FSSA Document Center, click [Print Barcoded Coversheet](#).

If you would like to access the Authorized Representative form to report a new authorized representative for an assistance group, [click here](#).

If you wish to view a list of documents we have received for this case in the last 6 months, click [View Documents](#).

If you would like to access the Appeal and Hearing Request form to file an appeal, [click here](#).

If you would like to view additional details about your benefits, click View under Assistance Groups section.

If you have recently reported a change to the information listed below, please allow 30 days for this change to be processed.

Case Information

Full Name: JESSICA MAYER	Social Security Number: XXX-XX-0000
Date of Birth: 1/17/1977	
Home Address: MARION, Indiana 46952 Grant	Mailing Address:

Eligible Appointment

Appointment Type:	Appointment Date:
Scheduled Time:	Office Location (In-Office Only):

IMPACT Appointment

Appointment Date	Begin Time	Client Name	Office Location (In-Office Only)

Pending Applications

Programs Applied For	Date Application Received

Solicited Documents Requests

Correspondence Name	Verification	Client	Mail Date	Due Date
Pending Verifications for Applicants-Recipients	Social Security Number	JOHN MAYER	2/25/2008	3/7/2008
Pending Verifications for Applicants-Recipients	Summary of Eligibility Redetermination Information	JOHN MAYER	2/25/2008	3/7/2008

Assistance Groups

Details	Type	Payee	Effective Date	End Date	Status
View	TANF	JESSICA MAYER	4/1/2008		Open
View	Food Stamps	JESSICA MAYER	4/1/2008	3/31/2008	Closed
View	Family Related Medicaid	JESSICA MAYER	4/1/2008		Open

Check Case Status – On the Phone

- Speak with a Call Center Representative
 - Ask questions or check case status
 - Call Center Representative will verify that you are calling from a Registered Agency
- Use the 24-hour Automated Phone System
 - Check case status, benefit amount, redetermination month, list of solicited documents and upcoming appointments
 - Use the last four digits of Social Security Number and case number **or** date of birth to check status



FSSA Call Center

Check Case Status – Case Inquiry E-mails

- Complete a Case Inquiry Form to submit a case-specific question to a Specialist at the FSSA Service Center
- Attach Case Inquiry Form as a Microsoft Word document to an e-mail*
- A Specialist will respond to the inquiry within **two** business days
- Inquiries received after 3:00 pm are considered received on the next business day
- Once a response is provided, you may request a follow-up phone call with the Specialist
- Your agency must have a signed release form on file for the client or a member of the agency must serve as the client's Authorized Representative to submit a case inquiry
- E-mail the V-CAN at vcan@us.ibm.com to get a copy of the Case Inquiry Form

*** Please Note: Do not include instructions in the body of the e-mail.**

Check Case Status – Case Inquiry E-mails (cont.)

■ Case Inquiry Form, cont.

Complete Section A with Agency name and contact information



AGENCY CASE INQUIRY State Form 53827 (R / 4-09) / DFR 2129

Instructions for an agency supporting FSSA/DFR clients: Complete Sections A and B for each client/case for which information is being requested. Send e-mail with form attached to case_help@ifcem.com. Inquiries received after 3:00PM will be considered as received the next business day. Follow-up Request must be within 3 days of the Date of Response in Section C. If a follow-up request is more than 3 days from Date of Response, complete Sections A and B as a new request.

SECTION A – Agency Information (Completed by requesting Agency)

Agency Name:

Date of Request:

Agency Phone Number (with area code):

Check the access your agency has for the client listed in Section B:

Name of the Authorized Representative at the Agency – First: Last:

(This person must be authorized to receive case information regarding the person and the program named in Section B.)

Agency is registered with FSSA/DFR and has been granted access to the 'Registered Agency Portal' for the client/case listed in Section B of this form. **Note:** Information provided to agencies with Registered Agency Portal access for the named client is limited to information related to DFR Case/benefit Status.

AAA/IPMG Waiver Case Manager: *(For Area Agency on Aging or IPMG only, if no Authorized Representative is listed above, the information released is limited to case status and verifications requested)*

Requestor Name:

Requestor E-mail Address:

By checking this box, I affirm that I am an employee of the Agency named above. I also agree that any confidential client case information being requested is for the purpose of assisting the applicant/recipient, or his/her respective authorized representative to complete an application or redetermination for DFR benefits/services or to manage the client's ongoing DFR benefits/services. I further acknowledge such information will only be disclosed to the applicant/recipient or Agency staff we have designated to assist the client in securing or maintaining DFR benefits/services. Additionally, where applicable, I agree to comply with the Health Insurance Portability and Accountability Act (42 U. S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

If the above box is not checked, we will be unable to fulfill your request for information.

Check Case Status – Case Inquiry E-mails (cont.)

■ Case Inquiry Form, cont.

SECTION B – Client/Case Information *(Completed by requesting Agency. All items with an asterisk (*) completed in order for this request to be processed.)*

FSSA Case Number:

Client First Name:

*Last Name:

*Date of Birth:

*Last four numbers of SSN:

*Inquiry is Related to: Food Stamps (FS) Medicaid TANF Healthy Indiana Plan (HIP)
(Check all that apply. The Authorized Representative listed in Section A must be authorized to receive information about the program(s) checked here.)

*Concern/issue regarding this client/case:

SECTION C – Response *(Completed by FSSA Service Center)*

Request #:

Date of Response:

Responder ID:

Research Results:

Case Action Required: Yes No

Case Number:

If Yes is checked above for Case Action Required, complete following information

Program(s) Affected: FS Medicaid TANF HIP

Case Action Completed:

Effective Date of Action:

Member(s) Affected:

Section D – Follow-up Request *(Completed by requesting Agency within 3 days of Section C response)*

Date of Follow-up Request:

Phone Appointment Needed

Concern/issue regarding Section C response for client / case listed in Section B:

Section D1 – Phone Appointment Scheduled *(Completed by FSSA Service Center)*

Date:

Time:

An Eligibility Specialist from the FSSA Service Center will call the Requestor listed in Section A at the appointment time and date listed.

- Complete *Section B* with case information and the case question
- *Section C* will be completed by the Specialist
- Complete *Section D* for a follow up request

Joining the V-CAN

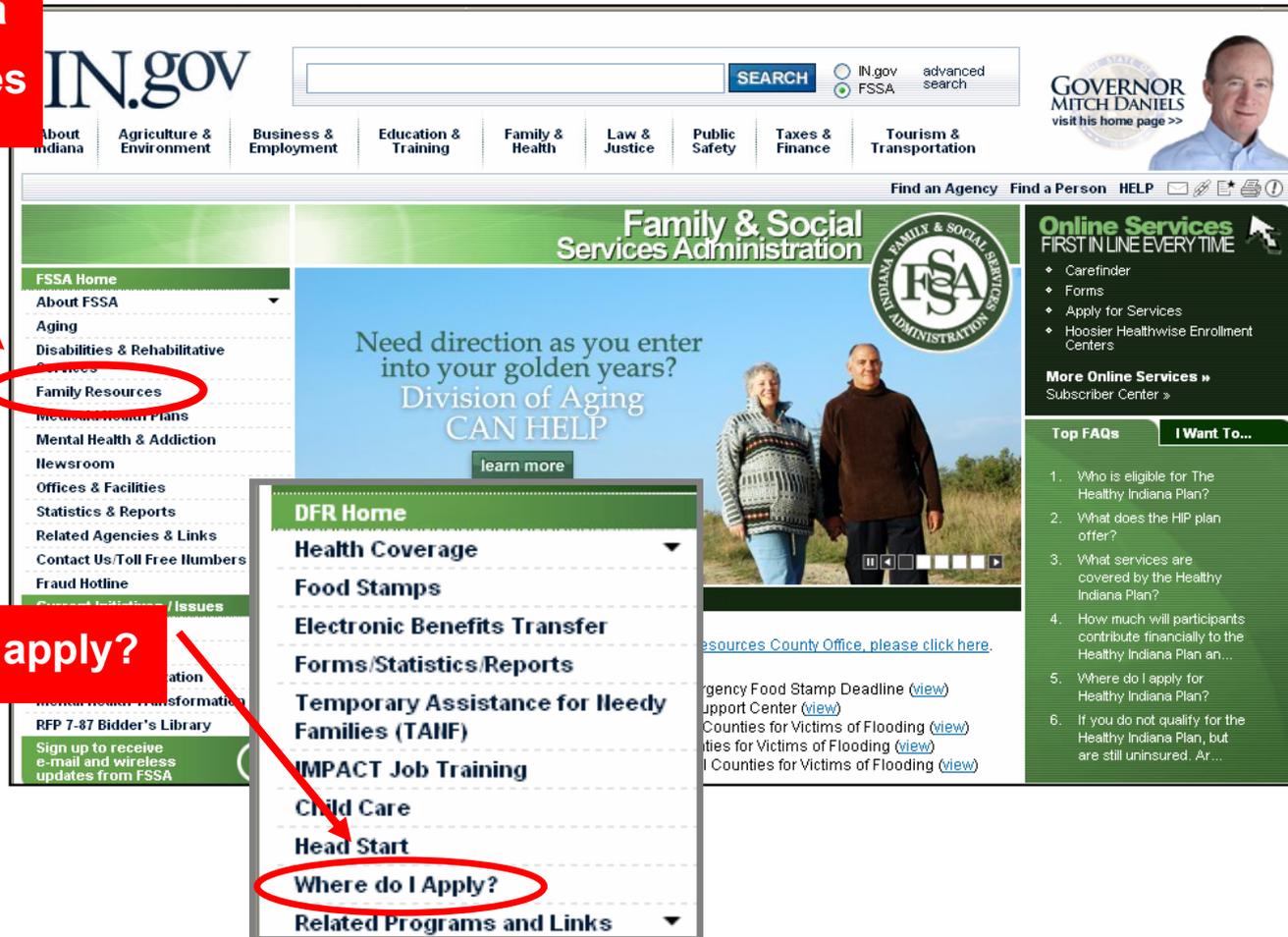
- Access Points
 - Provide access to one or more new application tools, like the Internet application, Call Center toll-free number or FAX machine
 - Can serve the public (Publicized Access Points) or serve current clients only (Non-Publicized Access Points)

- Referral
 - Display and share information regarding changes to the public assistance eligibility system with clients
 - Receive informational updates and client educational materials

- Informational
 - Receive informational updates via e-mail regarding Eligibility Modernization including newsletter, training invitations, etc.

V-CAN Publicized Access Point List

- 1) Go to www.in.gov/fssa
- 2) Click Family Resources



The screenshot shows the IN.gov website with the navigation menu expanded to 'Family & Health'. The 'Family Resources' link is circled in red. A dropdown menu is open, showing various services, with 'Where do I Apply?' circled in red. A red arrow points from the 'Family Resources' link to the dropdown menu.

IN.gov SEARCH IN.gov advanced search FSSA

GOVERNOR MITCH DANIELS visit his home page >>>

Find an Agency Find a Person HELP

Family & Social Services Administration

Need direction as you enter into your golden years? Division of Aging CAN HELP learn more

Family Resources

- DFR Home
- Health Coverage
- Food Stamps
- Electronic Benefits Transfer
- Forms/Statistics/Reports
- Temporary Assistance for Needy Families (TANF)
- IMPACT Job Training
- Child Care
- Head Start
- Where do I Apply?**
- Related Programs and Links

Online Services FIRST IN LINE EVERY TIME

- Carefinder
- Forms
- Apply for Services
- Hoosier Healthwise Enrollment Centers

More Online Services » Subscriber Center »

Top FAQs I Want To...

- Who is eligible for The Healthy Indiana Plan?
- What does the HIP plan offer?
- What services are covered by the Healthy Indiana Plan?
- How much will participants contribute financially to the Healthy Indiana Plan an...
- Where do I apply for Healthy Indiana Plan?
- If you do not qualify for the Healthy Indiana Plan, but are still uninsured. Ar...

- 3) Select "Where do I apply?"

V-CAN Publicized Access Point List (cont.)

IN.gov SEARCH IN.gov advanced search FSSA

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About Indiana Agriculture & Environment Business & Employment Education & Training Family & Health Law & Justice Public Safety Taxes & Finance Tourism & Transportation

Find an Agency Find a Person HELP

Family & Social Services Administration

Directory of Local Offices

Subscribe for e-mail updates >

For those of you who would like to apply for Temporary Assistance for Needy Families (TANF), the Food Stamp Program, Medicaid or other services, please see below.

- For more information about specific programs offered through the Family & Social Services Administration, see [Programs and Services](#).

To apply for assistance in Adams, Allen, Blackford, Carroll, Cass, Clark, Daviess, Dearborn, Dekalb, Delaware, Dubois, Floyd, Fountain, Gibson, Howard, Huntington, Jackson, Jay, Jefferson, Jennings, Knox, Kosciusko, Madison, Martin, Miami, Monroe, Noble, Ohio, Orange, Owen, Parke, Putnam, Randolph, Ripley, Scott, Spencer, Steuben, Sullivan, Switzerland, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, and Whitley counties, [click here](#).

For all other counties please visit the closest location below. Once an appointment is made, you will be assigned a caseworker and an appointment will be set up for you to discuss your needs and assess if you are eligible for services. This initial appointment will take from 1-1 1/2 hours. Your eligibility is determined within 30-60 day timeframes.

APPLY FOR BENEFITS
MANAGE YOUR BENEFITS

CareFinder

Select your county

- [Vanderburgh](#)
- [Vermillion](#)
- [Vigo](#)
- [Wabash](#)
- [Warren](#)
- [Warrick](#)
- [Washington](#)
- [Wayne](#)
- [Wells](#)
- [White](#)
- [Whitley](#)

V-CAN Publicized Access Point List (cont.)

IN.gov | SEARCH | IN.gov advanced search | FSSA search

GOVERNOR MITCH DANIELS visit his home page >>

Find an Agency | Find a Person | HELP

Family & Social Services Administration

Vigo

Address:
Vigo County Division of Family Resources
43L Meadows Shopping Center
Terre Haute, IN 47803

FLOOD VICTIMS CALL: (765) 668-5358

Telephone Number: (800) 403-0864
Office Hours: Monday-Friday, 8:00 a.m. - 4:30 p.m.

Other resources available in Vigo County:

- Community Action Agency: (812) 232-1264 or 1-800-777-9427
- Area Agency on Aging: (812) 238-1561 or 1-800-489-1561
- Community Mental Health: (812) 231-8323
- Other locations in Vigo County where you can apply and manage benefits

APPLY FOR BENEFITS
MANAGE YOUR BENEFITS

VCAN Access Points within Vigo County

These locations are volunteering to allow you to apply for or manage benefits. The information below tells you what is available for the public to use for application and management of benefits (cash assistance, food stamps and health coverage). If the box has a "check-mark," this location is providing that tool for your use.

For more information or assistance, please call 1-800-403-0864.

Center Name	Address	Phone	Computer	Fax
West Central Indiana Economic Development District (Area 7 Agency on Aging)	1718 Wabash Avenue, PO Box 359, Terre Haute, IN 47808	✓	✓	✓
Covenant Cooperative Ministry	122 S. 10 1/2 Street, Terre Haute, IN 47807	✓	✓	✓
Ryves Youth Center at Etling Hall	1356 Locust Street, Terre Haute, IN 47807		✓	✓
Vigo County Public Library - Main	One Library Square, Terre Haute, IN 47807		✓	
Vigo County Public Library - West Terre Haute Branch	626 W. National Avenue (10 a.m. - 6 p.m. M-F), West Terre Haute, IN 47885		✓	✓
Amedisys	4134 S. 7th Street, Terre Haute, IN 47802	✓	✓	✓

Select "Other locations where you can apply and manage benefits"

Client Informational Videos

- A series of videos are posted on the FSSA website and in local DFR offices for clients in modernized counties
- Informational videos for clients focus on what has changed and how to use the new system
 - What has changed at DFR?
 - What happens when I apply for benefits?
 - I'm already getting benefits. What do I need to do?
 - How do I get started on the phone?

Client Informational Videos (cont.)

Go to the FSSA website: www.in.gov/fssa



Select the *DFR Application Videos* button

Family & Social Services Administration

DFR can help you maintain your family's well-being.

[learn more](#)

APPLY FOR BENEFITS

MANAGE YOUR BENEFITS

DFR APPLICATION VIDEOS

Online Services
FIRST IN LINE EVERY TIME

- Child Carefinder
- Forms
- Apply for Services
- Hoosier Healthwise Enrollment Centers

More Online Services »
Subscriber Center »

Top FAQs | **I Want To...**

- Who is eligible for The Healthy Indiana Plan?
- What does the HIP plan offer?
- Where do I apply for Healthy Indiana Plan?
- What services are covered by the Healthy Indiana Plan?
- How much will participants contribute financially to the Healthy Indiana Plan ...
- If you do not qualify for the Healthy Indiana Plan, but are still uninsured. Are ...

More FAQs »

Hoosier Healthwise

Press Releases and Events Calendar

[To locate your FSSA Division of Family Resources County Office, please click here.](#)

- HIP Achieves Milestone ([view](#))
- Division of Aging Encourages Community Members to get Involved with Senior Neighbors this Holiday Season ([view](#))
- Over 50,000 Families Receive Disaster Food Stamps ([view](#))
- Emergency Food Stamps Available in Four Additional Counties for Victims of Severe Weather ([view](#))
- Black Male State Conference Begins with a Focus on Education ([view](#))

News

Client Informational Videos (cont.)

IN.gov SEARCH IN.gov advanced search FSSA

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About Indiana Agriculture & Environment Business & Employment Education & Training Family & Health Law & Justice Public Safety Taxes & Finance Tourism & Transportation

Find an Agency Find a Person HELP

Family & Social Services Administration

Division of Family Resources

watch DFR application videos

Online Services FIRST IN LINE EVERY TIME

- Apply for Services
- Locate an Office
- Child Care
- Check My Food Stamp Balance

More Online Services »
Subscriber Center »

Top FAQs I Want To...

- Who is eligible for The Healthy Indiana Plan?
- What does the HIP plan offer?
- Where do I apply for Healthy Indiana Plan?
- What services are...

APPLY FOR BENEFITS
MANAGE YOUR BENEFITS

CareFinder

About the Division of Family Resources

The Division of Family Resources (DFR) provides various tools to strength services that focus on prevention, early intervention, self-sufficiency, family support. The division administers cash assistance, child care assistance, food stamp training services for low-income clients as well as Medicaid eligibility throughout

DFR Home > DFR Videos

DFR Videos

- [What has changed at DFR?](#)
- [What happens when I apply for benefits?](#)
- [I'm already getting benefits. What do I need to do?](#)
- [How do I get started on the phone?](#)

Select a video

Indiana Public Health and Assistance Helpline

- In addition to contacting the FSSA Call Center or visiting a local DFR office, clients can contact the ***Indiana Public Health and Assistance Helpline*** to:
 - Ask questions about where to apply for Cash Assistance (TANF), Food Stamps or Health Coverage
 - Report a problem or concern with the new system
 - Call toll-free: 1-877-2-IND-AID (1-877-246-3243)
- Service providers may order Indiana Public Health and Assistance Helpline brochures or posters by calling 1-877-246-3243

Please Note: Service providers and community organizations are encouraged to work through the V-CAN or Case Inquiry E-mail option to address problems or concerns with the new system.

V-CAN Communication & Support

■ Communication to V-CAN Members

- Bi-Monthly *V-CAN Connector* newsletter, updates via email and article inserts on modernization for member newsletters

■ V-CAN Client Support Materials

- Complete the V-CAN Material Request Form located at www.in.gov/fssa to request materials for your Access Point or Referral site(s)

■ Become a V-CAN Member or Upgrade Your Membership

- Visit www.in.gov/fssa; click “Eligibility Modernization” and “Communications”
- Click “How do I become a member of the V-CAN?” and complete the V-CAN Registration form

■ Implementation Feedback

- We want to hear from you! Email vcan@us.ibm.com to let us know how modernization is going for your clients

Questions?

Find us online!

**www.in.gov/fssa , click on
“Eligibility Modernization/
Communications”**

V-CAN Contact Information

vcan@us.ibm.com