Indiana Eligibility Modernization

Region 3 V-CAN Training

January 2009

Contents

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

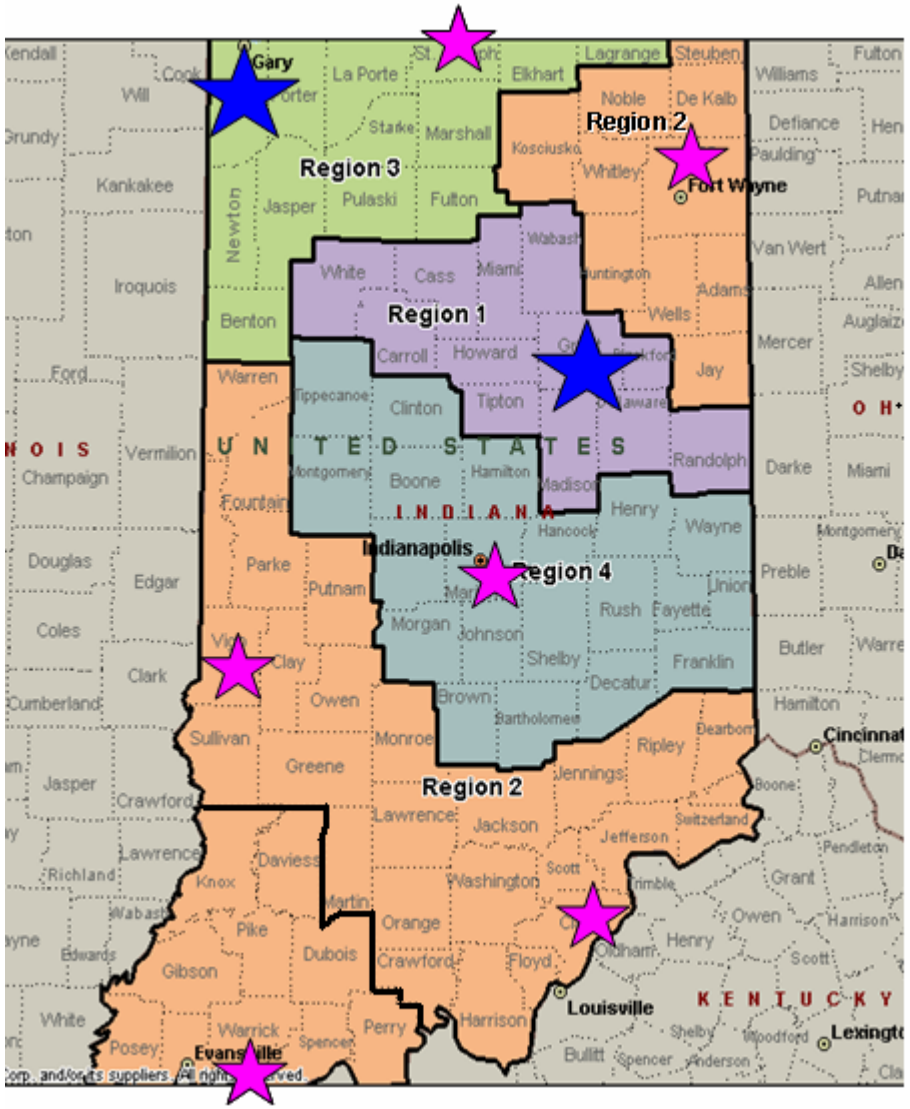
Why Change is Needed

- Problems with the Current System
  - Inconvenience
    - Multiple visits to local office
    - Clients can only communicate with assigned caseworker
  - Lack of Self-Sufficiency
    - Work participation rate is 15.6% (November 2007) (Federal requirement – 50%)
    - Delays in getting engaged in job training and placement
  - Low Accuracy
    - High case error rates impact Hoosier taxpayers
    - System does not have enough protections against fraud

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 12/17/08)
  - Over 3.1 million calls to the Service Center
    - Average Call Response Time (since 10/29/07) under 5 minutes
  - Over 101,000 online applications submitted
  - Over 3.3 million documents FAXed or received at a local DFR office
  - Over 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**

Goals of the V-CAN

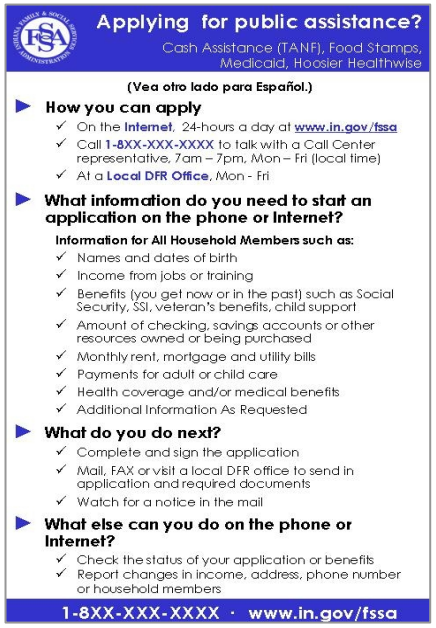
- Information Sharing with Clients
  - V-CAN Members will receive information via email and bi-monthly newsletters from the IBM-led Coalition about Eligibility Modernization.
  - V-CAN Members will receive tools such as posters, tip cards and postcards on ways clients can apply for public assistance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

Levels of Participation

- Access Points
  - Provide access to 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)
  - Can provide access to one or more of the tools available
  - Receive informational updates and client educational materials

Access Point Materials

Poster (18x24)



Postcard (8x5)

Call Center Tip Stand
(8x5 with stand)

Internet Roll Menu

Magnets or
Business Cards (2x3½)

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

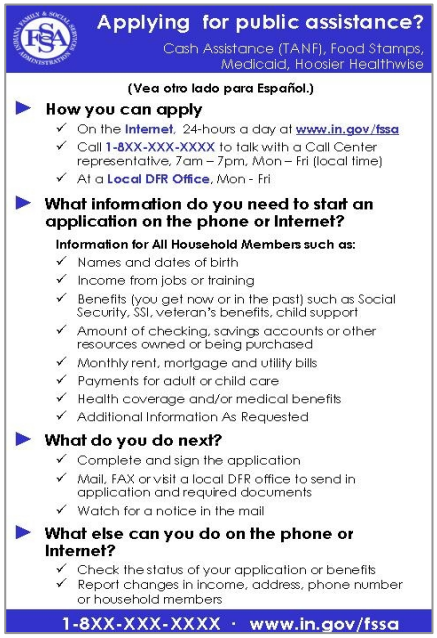
Pen & Pen Content

Levels of Participation (cont.)

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

Referral Member Materials

Poster 18x24



Postcard 8x5

Magnets or Business Cards (2x3½)

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

Pen & Pen Content

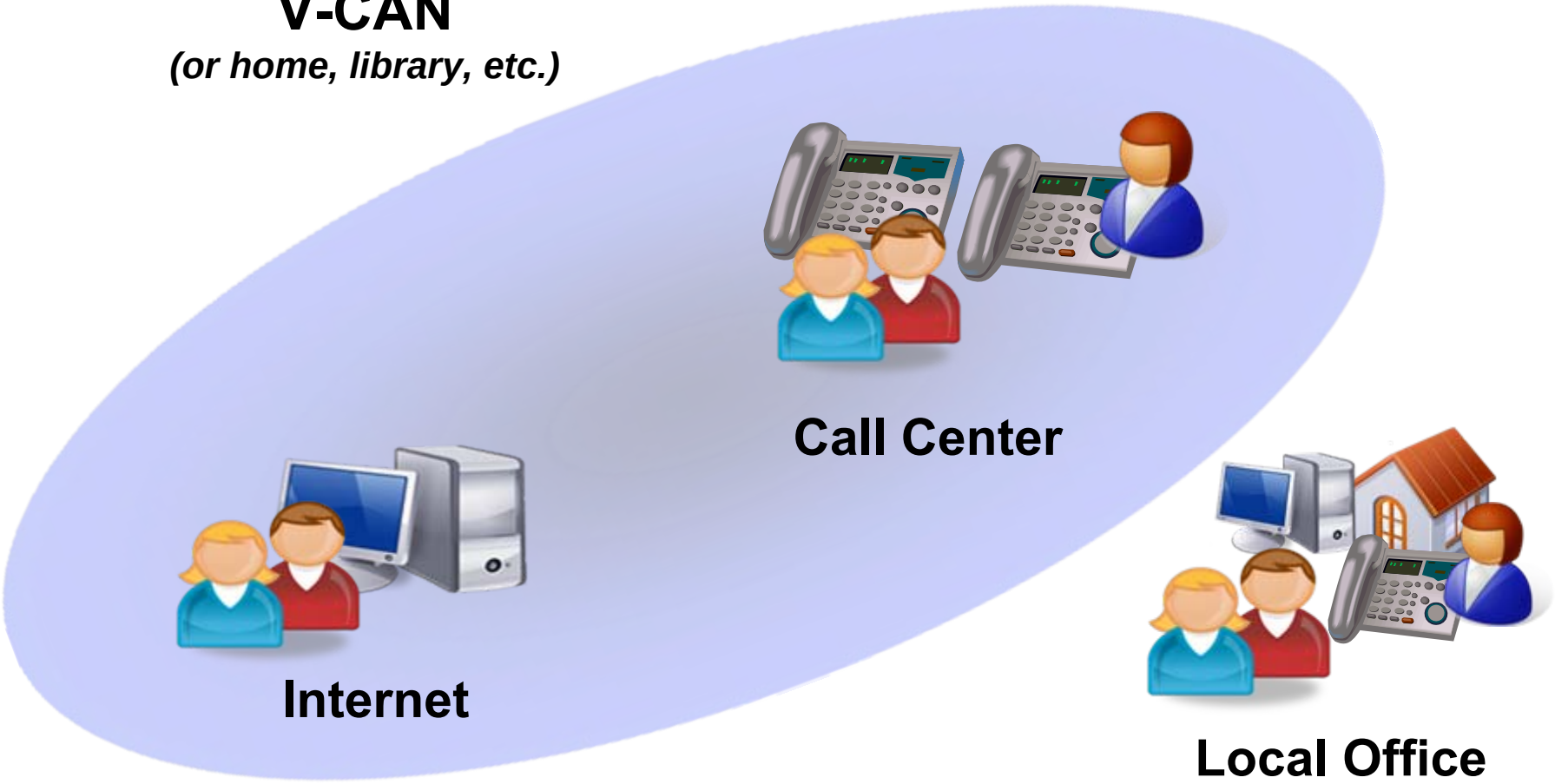
Levels of Participation (cont.)

- Informational
  - Receive informational updates via e-mail regarding Eligibility Modernization including:
    - Notification of newsletters available online
    - Invitations to future training regarding Eligibility Modernization

V-CAN Membership Update

- V-CAN Members Statewide: 1,366 (as of 12/19/08)
  - Access Points: 667
  - Referral Members: 297
  - Informational Members: 402
- 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

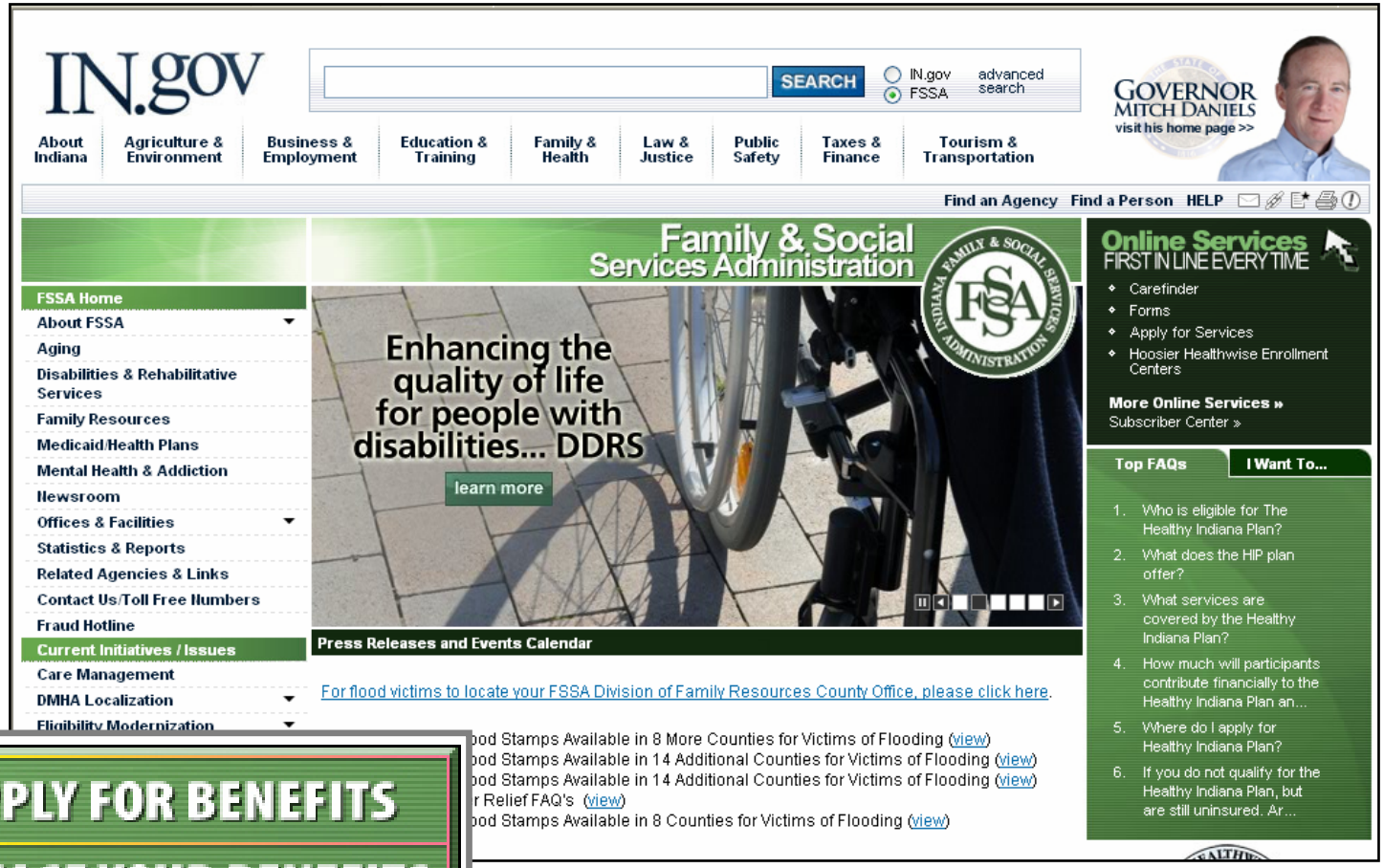


Applying for Benefits in the New System (cont.)

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

Getting Started

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

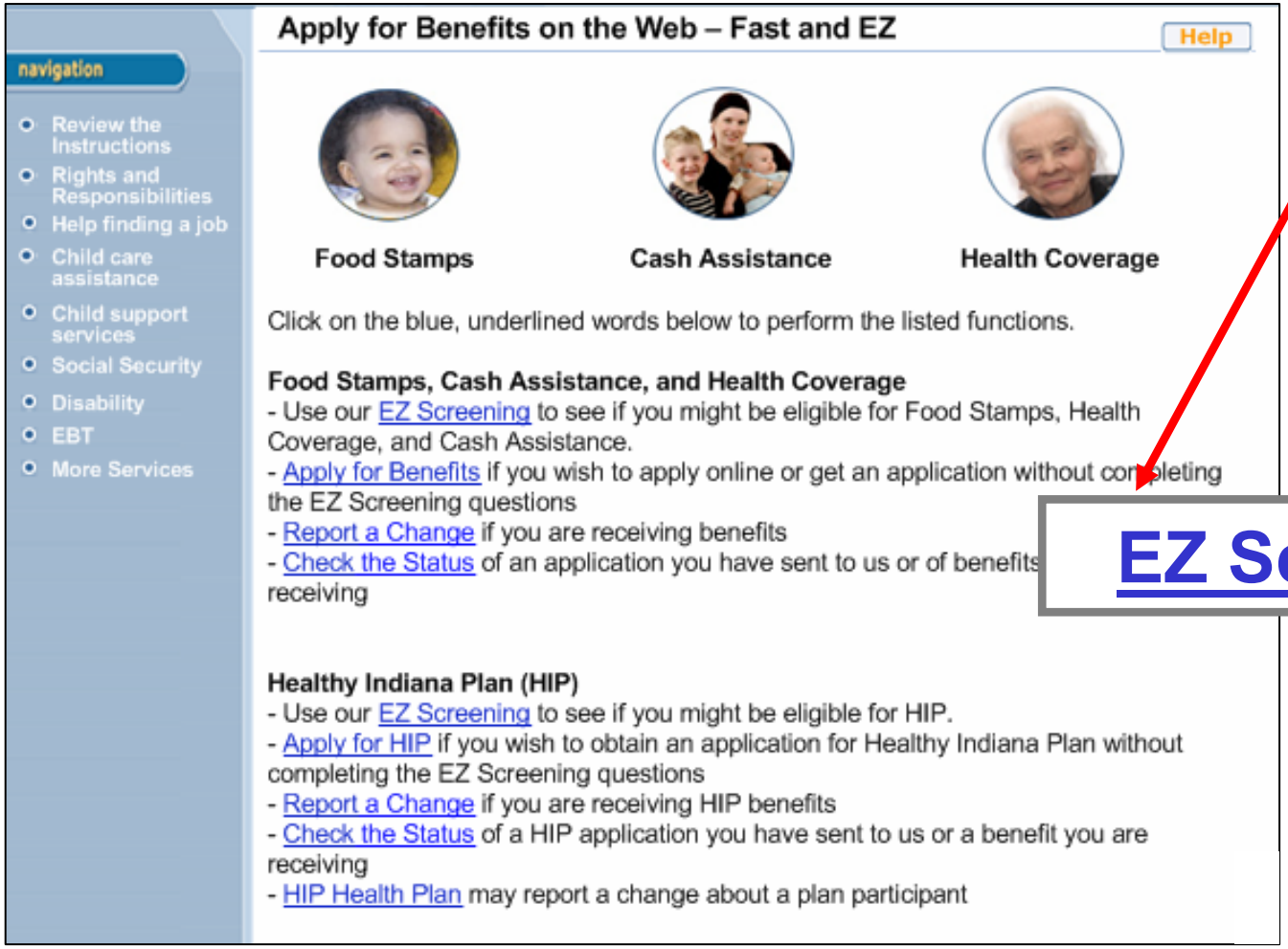


Getting Started (cont.)

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.)



Select *Start Here* then choose *EZ Screening* *

EZ Screening

**** Select "Versión en Español" for Spanish version of online screening/application.***

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.)

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Screen for Services

Help

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.)

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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:

*Last Name:

Suffix:

*Date of birth(MM/DD/YYYY):

*Sex:

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

Cancel | Next >

Internet Screening (cont.)

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Head of Household Details

Help

Tell Us More about Each Person You Live with

For the person whose name is shown below, check the box to the right of the question if the answer is **Yes**. Then click **Next**.

Note: If there is a child who gets Child Support, check Yes for Unearned Income for the ch

Household Details

Answer the Questions for the following Household Member : Jane Smith

Is this person a U.S. Citizen?:	☐
Is this person a migrant or seasonal farm worker?:	☐
Is this person Disabled?:	☐
Is this person Blind?:	☐
Does this person have Medicare Insurance?:	☐
Does this person have Private Health Insurance?:	☐
Was this person in Foster Care on her 18th birthday?:	☐
Is this person pregnant?:	☐
If the member is pregnant, how many babies expected?:	0
Does this person have any Resources? : (Cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc.)	☐
Does this person have any Earned Income? : (Money from a job or self-employment)	☐
Does this person have any Unearned Income? : (Money received from Social Security, SSI, unemployment benefits, Child Support which is associated with the child, etc.)	☐
Does this household have any Shelter Expenses? : (Expenses such as rent, mortgage, heating and cooling)	☐
Does this person have any Medical Expenses?:	☐
Does this person buy and prepare meals with household?:	☐

Cancel Next >

Internet Screening (cont.)

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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	Mother	of	Mary Smith

Cancel Next >

Internet Screening (cont.)

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Summary of How Members are Related

Help

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

Please check how the people you live with are related. If you made a mistake, click on **Change** next to that person's information to correct the mistake. When all of the information is correct, click **Next**.

Summary of How Members are Related

Action	Household Member	How Related	Related Household Member
Change	Mary Smith	is the Daughter of	Jane Smith
Change	Jane Smith	is the Mother of	Mary Smith

< Back to Household | Cancel | Next >

Internet Screening (cont.)

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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.

Resource Details of Jane Smith

Name: Jane Smith *Resource Type: Bank Account *Amount: 0.00 Save Resource

Household Resource Summary

Action	Name	Resource Type	$ Total Value
Change | Remove	Jane Smith	Cash	$ 250.00
Change | Remove	Jane Smith	Bank Account	$ 300.00

Cancel Next >

Internet Screening (cont.)

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Summary of Resources

Help

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

These are all the resources that you listed for yourself and the people you live with. Check the list below and click **Change** or **Remove** to either make changes to a member's resource or to remove a listed resource. If there is another resource to add, click **Add Resource**.

Click **Next** when all the resources are listed and correct.

Household Resource Summary

Actions	Name	Resource Type	$ Total Value
Change | Remove	Jane Smith	Cash	$ 250.00
Change | Remove	Jane Smith	Bank Account	$ 300.00

< Back to Relationships | Add Resource | Cancel | Next >

Internet Screening (cont.)

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Results: Jane Smith - 9000037785

Help

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

Online Application

- **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)

Online Application (cont.)

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Apply for Programs

Help

The programs already checked are those which one or more people may be able to get, based on the screening results. If you do not want to apply for a checked program, click on the box to remove the check mark. If you want to apply for a program that is not checked, click the box next to the program.

Please call Indiana Family and Social Services toll free at 1-800-403-0864 between 7 am - 7 pm EST if you have any questions.

To apply, click **Print Application, Mail Application, or Apply Online**.
If you do not wish to apply, your screening answers will not be saved when you click Cancel.

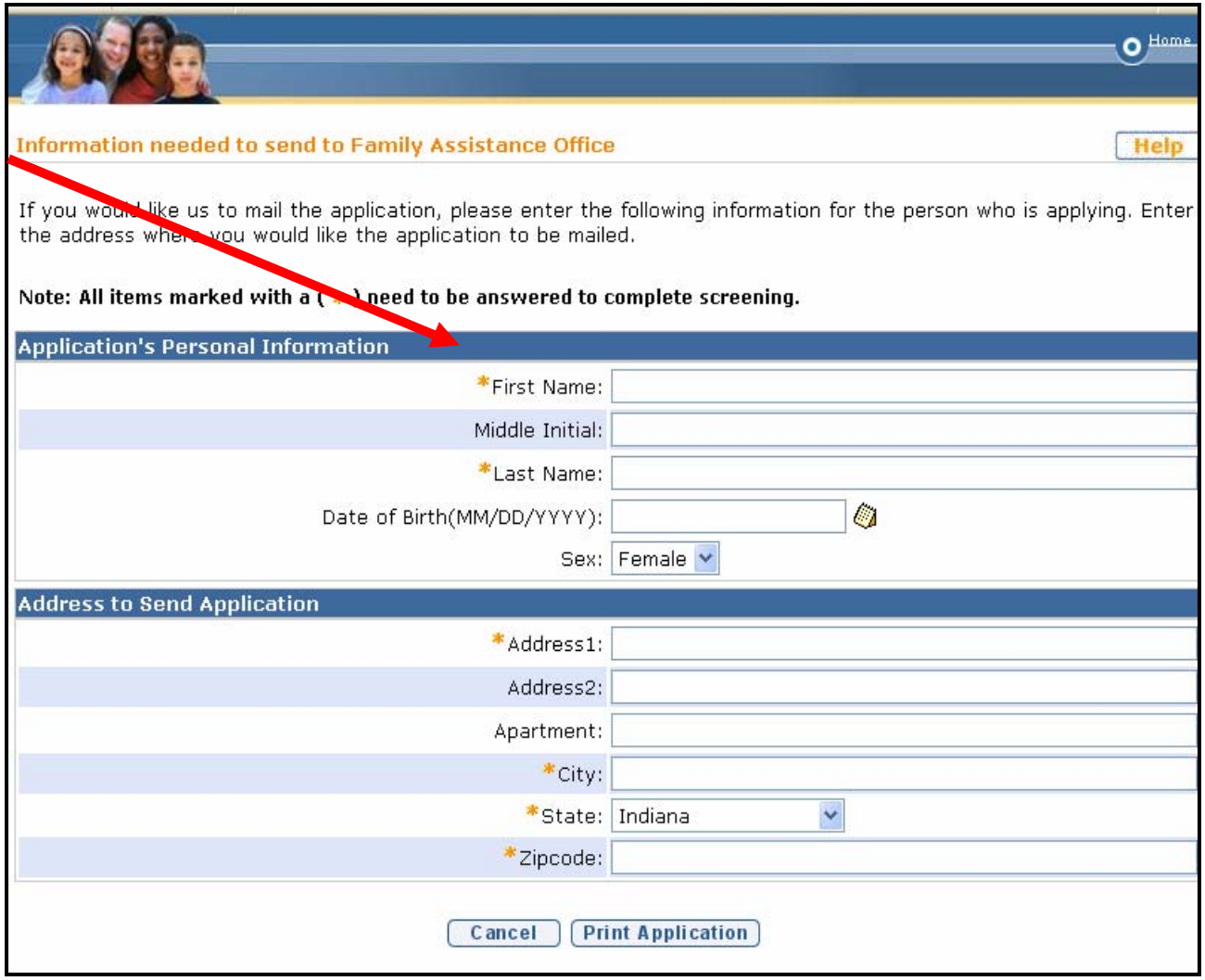
Please select the programs you would like to apply from:

Programs	
☑	Food Stamps
☐	Cash Assistance(TANF)
☑	Health Coverage(Medicaid)

Cancel | Mail Application | Print Application | Apply Online

Online Application (cont.)

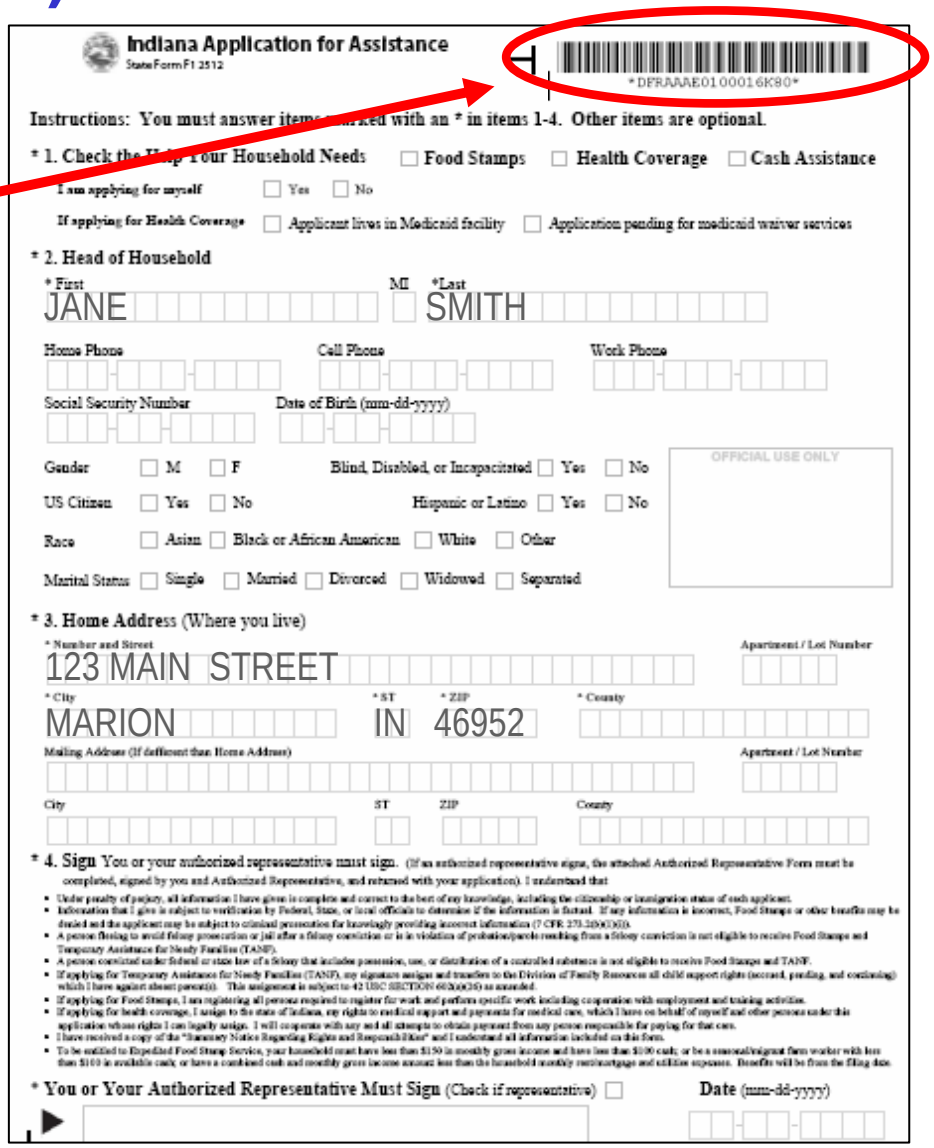
To *print* or have an application *mailed*, enter the applicant's name and address.



Online Application (cont.)

Paper Application
(printed or mailed)

- **The six page paper application contains a case-specific bar-code;**
- **The bar-code links the application and supporting documents to the electronic case file;**
- **The paper application should not be copied and used for multiple applicants.**



Indiana Application for Assistance
State Form F1 2512

DFRAAAE0100016K80

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 273.16(b)(1)(i)).
- A person fleeing 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 (accrued, pending, and continuing) which I have against absent parent(s). This 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 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 $100 in available cash; or have a combined cash and monthly gross income amount less than the household monthly rent/mortgage and utilities expenses. Benefits will be from the filing date.

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

Online Application (cont.)

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- Help finding a job
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- Child support services
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Apply Online – Information to Get You Started

Help

We will ask questions about you and your household.

- You will need information like Social Security Numbers, birthdates, jobs and money, expenses, etc..
- Give all the information possible.
- You can apply by giving name, program choice, address, and signa
- The fields marked with an * are **required**. If you provide **more information**, however, it will **help us determine your eligibility fa**
- We expect to obtain your signature electronically once you have completed the online application.
- If you do not wish to sign electronically, click here to print or have a application mailed to you.

Please click here to view the complete version of your Rights and Responsibilities for the programs you have chosen.

☐ I have read and understand the above information.

Continue

Online Application

- If an applicant does not print or request a mailed application, s/he can apply online.
- Select the *check box* and the *Continue* button to acknowledge the Notice of Rights and Responsibilities.

Online Application (cont.)

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Household Member Information: Jane Smith - 9000007858

Program Selected

I would like to apply for:

☐ All Programs ☐ Cash Assistance ☑ Food

Personal Information

*First Name: Jane

Middle Initial:

*Last Name: Smith

Suffix:

Gender: ◉ Female ○ Male Is this Person Pregnant?:

Date of Birth(M/d/yyyy):

Social Security Number (Don't enter dashes):

Is this person a U.S. Citizen?: ○ Yes ○ No

Is this person a resident of the State of Indiana?: ○ Yes ○ No

Marital Status: ○ Single ○ Married ○ Divorced ○ Widowed ○ Separated

Ethnicity (Optional): ○ Hispanic or Latino ○ Not Hispanic or Latino

Race (Optional) - You may choose more than one:

☐ Asian ☐ Black or African American ☐ White

American Indian or Alaskan Native Hawaiian or Pacific

Online Application

- Answer questions about each household member.
- If the screening was completed, household member information will be auto filled into the online application.

Online Application (cont.)

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Household Member Information Summary

Help

Instructions: Please review to be sure that you and all people who live with you are listed below and the information i correct. If you need to add someone else who lives with you, click **Add Member**.

To change the information about a member, click **Change** in the Action column for that member.

To remove a member, click **Remove**.

When all people who live with you are listed below and their information is correct, click **Continue with the Application** or click on **Apply Now** to stop entering additional information on your application and apply.

Household Members

Action	Name	Date Of Birth
Change | Remove	Jane Smith	3/13/1979
Change | Remove	Mary Smith	2/2/2000

Add Member

< Back | Continue with the Application | Apply Now

Online Application (cont.)

- Expedited Food Stamp applications will be processed within 7 days.
- If a household does not have any income, resources or expenses, enter zero in the text box.

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Expedited Food Stamps

Help

If you are not applying for Food Stamps, click **Continue with the Application.**

Answer all the questions below if you wish to be considered for Expedited Food Stamp Services.

- If your household does not have any income, resources or expense, enter 0 in the box next to the question.
- When you have answered the questions **click Continue with the Application** to complete your application.
- If you want to stop entering additional information you may click on **Apply Now** to go to the end of your application.

Current Food Stamps and Migrant/Seasonal Worker

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?

Total Income, Resources, and Expenses for Current 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? $

< Back | Apply Now | Continue with the Application

Online Application (cont.)

Authorized Representative

- Select the program;
- Select the type of representation;
- Enter the Authorized Representative name and address; and
- Select the "Add Authorize Representative" button.

Authorized Representative

Help

Instructions: Complete the following information if you wish to authorize someone other than yourself to apply for benefits on your behalf, be interviewed on your behalf, receive copies of notices sent to you or assist you in communication with the Family and Social Services Administration. (FSSA). You may authorize someone different for each benefit you are applying for or receiving and designate what activities they may complete for you. You may select an Authorized Representative for any benefit you apply for or receive. When you print or receive your application packet you and the person you authorize to act on your behalf or receive information about your benefits must the sign, date the Authorized Representative section and return that section with Pages 1 and 16 of your signed application.

When all authorized representatives are listed in the Summary of Authorized Representative, click **Continue with the Application** to complete your application. If you want to stop entering additional information you may click on **Apply Now** to go the end of your application.

Authorized Representative

Select the program(s) for which you authorize representation:

☐ Cash Assistance ☐ Food Stamps ☐ Health Coverage

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

Authorized Representative

Select the program(s) for which you authorize representation:

☐ Cash Assistance ☑ Food Stamps ☐ Health Coverage

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

☐ Apply ☐ Receive copies of notices ☐ Receive and use Food Stamps on behalf of my household

☑ Be interviewed ☑ Report changes and receive information about my benefit(s)

Phone Number:

Add Authorized Representative

Authorized Representatives

Action	Authorized Representative Name	Programs Authorized
Change | Remove	Tina Jones	Food Stamps

< Back | Apply Now | Continue with the Application

Online Application (cont.)

Authorized Representative Form

State Form 53460 (R/2-06) FI 2123

DFRAUAE01

Instructions: Complete and sign this form if you wish to authorize someone other than yourself to apply for benefits on your behalf, be interviewed on your behalf, receive copies of notices sent to you or assist you in communication with the Family and Social Services Administration (FSSA). The person you authorize to act on your behalf or receive information about your benefits must sign, date and provide their address on this form. You may authorize someone different for each benefit you are applying for or receiving and designate what activities they may complete for you. You may select an Authorized Representative for any benefit you apply for or receive. Complete the sections below to select your Authorized Representative(s). Check the box for each activity you want this person to complete for you.

1. Applicant/Recipient Name (print):

Case Number: Applicant/Recipient SSN: Date of Birth:

2. Cash Assistance: I want _____ to

☐ apply on my behalf, ☐ be interviewed on my behalf, ☐ receive copies of notices sent to me,

☐ report changes for me and receive information about my Cash Assistance.

a. Applicant/Recipient Signature: _____ Date:

b. Authorized Representative Signature: _____ Date:

c. Authorized Representative Mailing Address:

City: State: Zip Code: Phone Number:

3. Food Stamps: I want _____ to

☐ apply on my behalf, ☐ be interviewed on my behalf, ☐ receive and use Food Stamps on behalf of my household,

☐ receive copies of notices sent to me, ☐ report changes for me and receive information about my Food Stamps.

a. Applicant/Recip

b. Authorized Rep

c. Authorized Rep

City:

4. Health Coverage: I want _____ to

☐ apply on my behalf, ☐ be interviewed on my behalf, ☐ receive copies of notices sent to me,

☐ report changes and remain my representative if my application is approved.

a. Applicant/Recipient Signature: _____ Date:

b. Authorized Representative Signature: _____ Date:

c. Authorized Representative Mailing Address:

City: State: Zip Code: Phone Number:

5. Witness Signature if Applicant/Recipient Signs with an X: _____ DFRAUAE01

2. Cash Assistance: I want _____ to

☐ apply on my behalf, ☑ be interviewed on my behalf, ☐ receive copies of notices sent to me,

☐ report changes for me and receive information about my Cash Assistance.

Authorized Representative Form

- Similar to the Authorized Representative section of the online application
- May be completed and turned in *after* an application has been submitted
- Generic, not a case-specific, bar-code

Online Application (cont.)

Household Financial Information

- Select "yes" if any household members have Resources, Vehicles or Income.
- Applicant will be asked to enter more information about the Resources, Vehicles or Income.

Family and Social Services Administration

Home

recent items

Household Financial Information Help

Instructions: Please answer the questions below. Answering Yes to any question will require you, on a later screen, to supply the owner and other detail information.

When you have answered these questions, click **Continue with the Application** to complete your application. If you want to stop entering additional information you may click on **Apply Now** to go the end of your application.

Resources

Does anyone in your household have any of the following resources?: Yes

- Cash
- Checking Account
- Savings or Christmas Club
- Certificate of Deposit
- Credit Union Account
- Burial Account
- Pre-Paid Funeral Agreement
- Retirement or Pension Fund
- Nursing Home Account
- Funeral Trust
- IRA
- Keogh Plan
- Trust Fund or Estate
- Stocks
- Bonds
- PASS - Medicaid / SSI
- PASS - SSI Only
- Other

Vehicles

Does anyone in your household own or is anyone buying any of the following types of vehicles?: Yes

- Airplane
- Automobile
- Boat
- Bus
- Horse and Carriage
- Moped
- Motor Home
- Motorcycle
- Snow Mobile
- Truck
- Van

Earned Income

Is anyone in your household employed now or has anyone been employed in the last 6 months?: No

Unearned Income

Does anyone in your household receive income from any of the following sources?: No

- Child Support
- Social Security
- Supplemental Security Income
- Unemployment Insurance
- Veterans Benefits
- Workers Compensation
- Disability or Sick Benefits
- Retirement or Pension
- Railroad Benefits
- Money From Another Person
- Interest Income
- Dividends or Royalties
- Foster Care Payments
- Adoption Assistance
- Military Allotment
- Strike Benefits
- Spousal Support
- Trust Fund
- PASS - Medicaid / SSI
- PASS - SSI Only
- Black Lung Benefits
- German Reparation Pay
- Other

< Back | Apply Now | Continue with the Application

Online Application (cont.)

Family and Social Services Administration

Home

navigation
- Review the Instructions
- Help finding a job
- Child care assistance
- Child Support Services
- Social Security
- Disability Services
- EBT
- More Services

Medical Expenses

Help

Please answer the questions below.

When you have answered the questions, click **Apply Now** to complete your application.

Medical Information

Does anyone in your household have any past, recurring, or anticipated medical expenses?:	
Is anyone enrolled in the Medicare Prescription program?:	
Does anyone in the household have health insurance coverage (including Medicare)?:	
Is anyone outside the home required to pay the medical expenses of someone in the household?:	
Has anyone in the household lost Medicare Part A due to working?:	
Has anyone in the household been involved in an accident in the last 24 months?:	

< Back Apply Now

Online Application (cont.)

navigation

- Review the Instructions
- Rights and Responsibilities
- Help finding a job
- Child care assistance
- Child support services
- Social Security
- Disability
- EBT
- More Services

Apply Online – Electronically Sign Your Application

Confirmation Number ### ### ####

Help

Clicking "Sign and Apply Now" allows FSSA to accept and begin working on your online application. **By clicking this you are attesting to the fact you are the applicant.**

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 online, 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, 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 273.2(b)(1)(i)).
- A person fleeing 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 (accrued, pending, and continuing) which I have against absent parent(s). This 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 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 read 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 $100 in available cash; or have a combined cash and monthly gross income amount less than the household monthly rent/ mortgage and utilities expenses. Benefits will be from the filing date.

Would you like to register to vote? ☐ Yes ☐ No

Checking "Yes", "No" or leaving this questions blank will not affect your receipt of benefits. Check "Yes" if you would like to register to vote or update your voter registration information. If you check "No" or do not check a box, you will be considered to have decided not to register to vote or update your voter registration.

To review the information entered... Preview

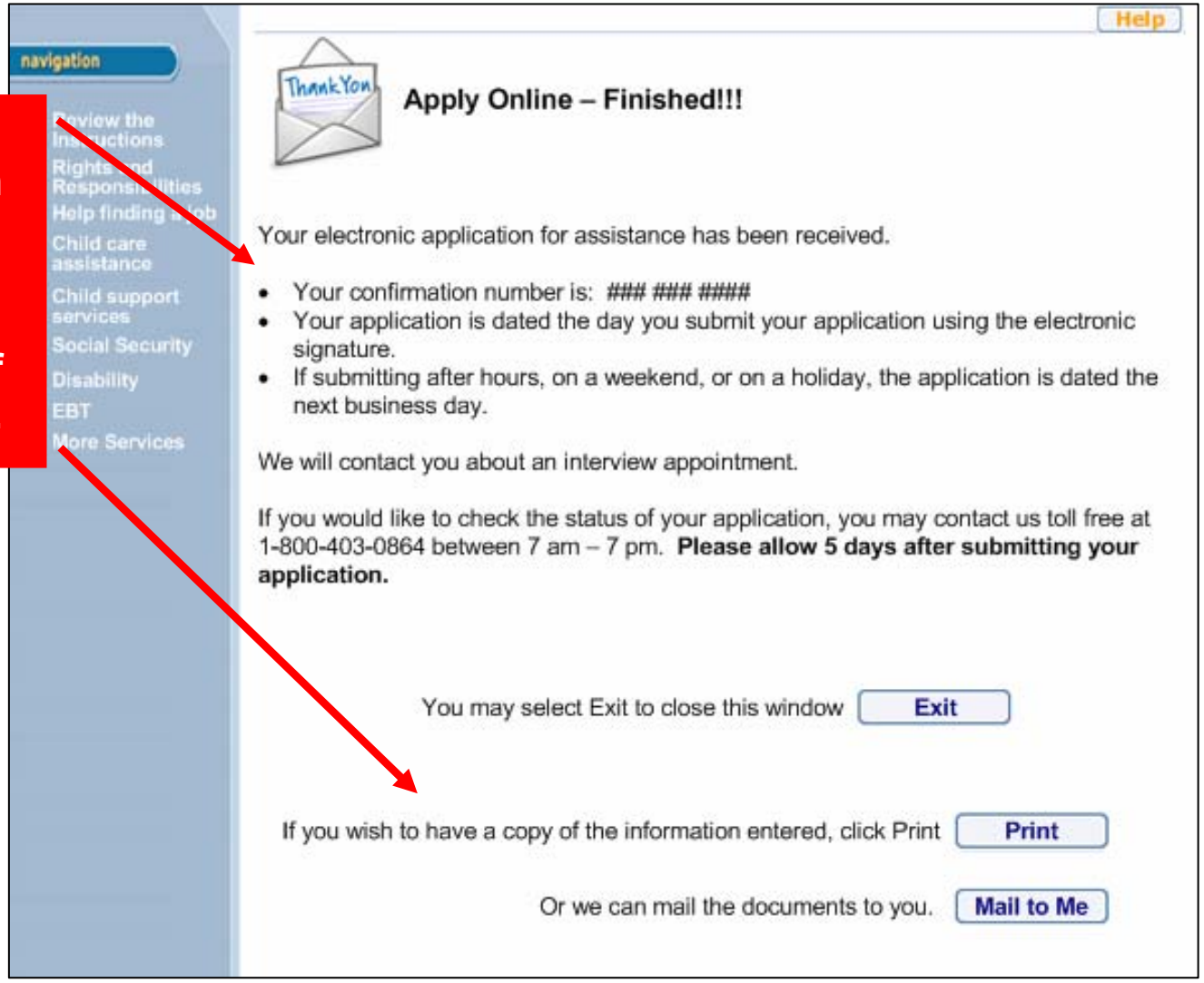
Select Sign and Apply Now for your application... Sign and Apply Now

New! Electronic Signature

- **Select the *"Sign and Apply Now"* button.**
- **If an applicant does *not* want to use the electronic signature, s/he may print or request a mailed paper application.**

Online Application (cont.)

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



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**
  - **DO NOT USE** the Internet browser's "Back" button.
  - Make the Screening/Online Application start page your Home Page, if a computer is being used frequently for applications (or, a Favorite in Internet Browser or Shortcut on desktop – see "Helpful Tips" document).
  - 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, regardless of the method used to apply for benefits:

- 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*
- Summary of Rights and Responsibilities
- Case-Specific, bar-coded Document Coversheet
- Authorized Representative Form
- A list of supporting documents to provide for each program

**** Printed or mailed paper application only.***

Application Packet (cont.)

Summary Section: Household

"DFRXISAE0100016PY9"

Apply for: All Programs ✓ Food Stamps Health Coverage Cash Assistance Not Applying

Name: Jane Smith Male ✓ Female

Social Security Number: 123-45-6789 Date of Birth: 03/13/1979

Ethnicity Hispanic or Latino |✓ Not Hispanic or Latino

Race: __ Asian __ Black or African-American __ White
__ American Indian or Alaskan Native __ Native Hawaiian or Pacific Islander __ Other

Is this person a U.S. Citizen? ✓ Yes No Is this person a resident of the State of Indiana? ✓ Yes No

Does this person have a legal guardian? Yes ✓ No If female, is this person pregnant? Yes ✓|No

Is this person currently a ward of the state or were they a ward on their 18th birthday? Yes |✓|No

If this person is a ward, are IV-E foster care payments being made? Yes | |No

Is this person blind, disabled, or incapacitated? | Yes ✓ No

Is this person receiving benefits from Social Security? | SSI SS

If "SSI", what is this person receiving this benefit for? | Blind Disabled |Aged

Enter the date this benefit began:(mm/dd/yyyy)

Is this person homeless or living in a special setting such as a Nursing Home, Room and Board Assistance Facility, Psychiatric Facility, or other institution? Yes No

Has this person received Food Stamps, Cash Assistance or Medicaid from another state? Yes | |No

Type of assistance received: Cash Assistance |Food Stamps Medicaid

Last date received: (mm/dd/yyyy)

State where received:

Is this person fleeing the law due to a felony charge or conviction, or in violation of a condition of probation or parole? Yes | |No

Has this person been convicted of a drug felony? Yes No Date the crime was committed:

Is this person receiving or applying for Medicaid Waiver Services? Yes ✓ No Type of Waiver:

Does this person currently attend school? Yes ✓|No Fulltime Part Time Marital Status: Single

Enter the number for the highest school grade completed: HS Diploma, GED, HS Equivalency

Who has care and control of this child?

Absent Parent 1 Name:

Social Security Number: Date of Birth: (mm/dd/yyyy) Gender:
__Male __Female

Current or Last Known Address:

What is absent parent's relationship to the child? Legal Parent Court Established Paternity | |Alleged

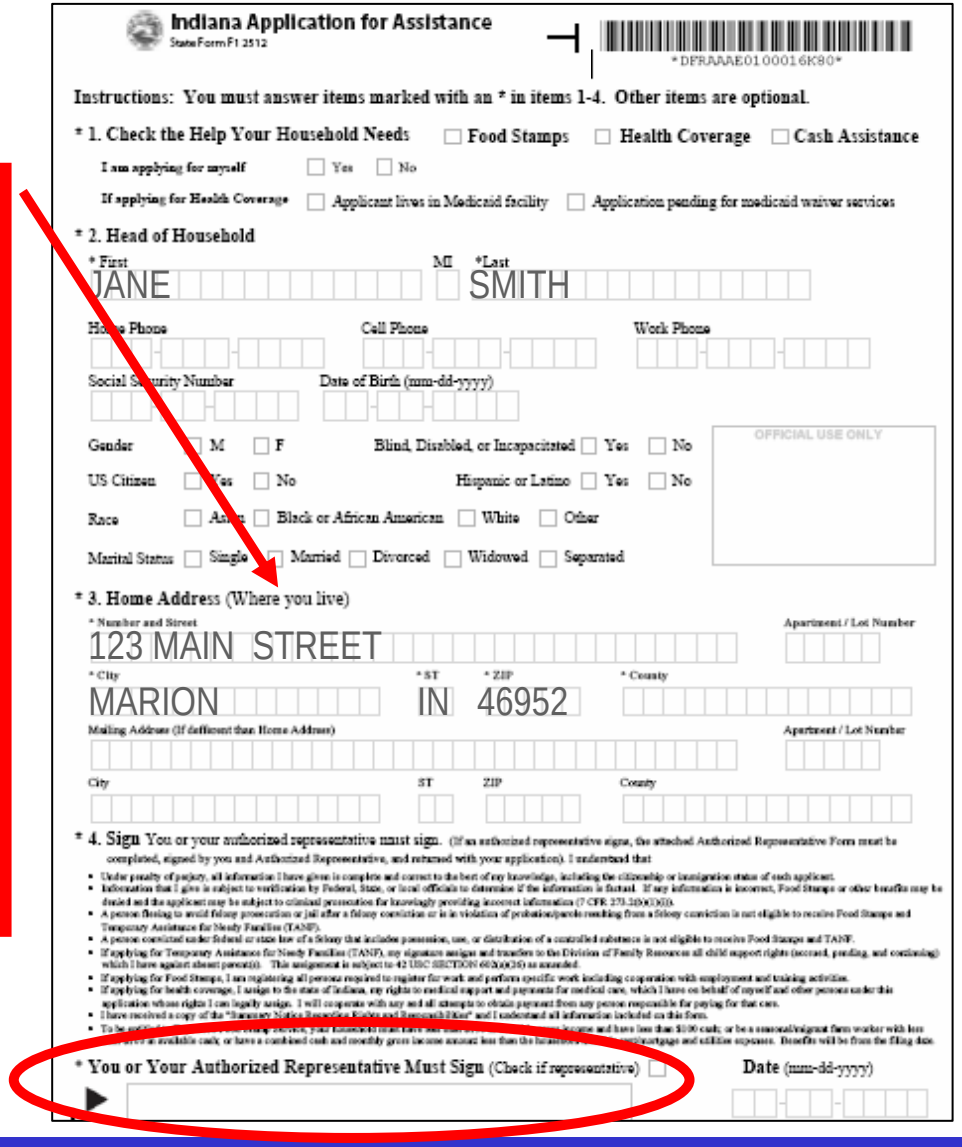
Application Summary

- Summarizes the information entered into the *Online Application*
- Can be printed by or mailed to the applicant after the Online Application is completed.

Application Packet (cont.)

Paper Application and Signature Page

- Partially-completed with information provided during screening (if screening was completed); OR
- Auto-filled with the applicant's name and address (if printed or requested a mailed application).
- The application date is established when a *signed* application is received by the FSSA Service Center or local DFR office *(unless signed electronically).*



Indiana Application for Assistance
State Form F1 2512

DFRAAAE010001 6K80

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 273.16(i)(1)).
- A person fleeing 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 (accrued, pending, and continuing) which I have against absent parent(s). This 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 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 who 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 eligible [illegible] income and have less than $100 cash, or be a seasonal/migrant farm worker with less [illegible] available cash, or have a combined cash and monthly gross income amount less than the [illegible] mortgage and utility expenses. Benefits will be from the filing date.

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

Application Packet (cont.)

Document Coversheet

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

APPLICATION DOCUMENT COVER SHEET

DFRASAE0100008FW1

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 form.
  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(s) of the document(s) on the line provided.
- Please send copies of documents instead of originals whenever possible.
- 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.

Documents Included

Identity
- [ ] Driver's License
- [x] State Photo ID Card
- [ ] Student Photo ID

Money Received (con't)
- [ ] Bureau for Citizenship & Immigration Svcs. Document
- [ ] Hospital Birth Certificate
- [ ] Passport
- [ ] Permanent Resident Card

Money Received / Income
- [ ] Child Support - Proof of Payment Received
- [ ] Copy of Paychecks
- [ ] Veteran's Benefits
- [ ] Worker's Compensation

Resources
- [ ] Annuity Contract
- [ ] Bank / Credit Union Statement
- [ ] Real Estate, Oil, Gas, or Mineral Rights Deed / Document
- [ ] Statement of Vehicle Value from Licensed Dealer

Resources (con't)
- [ ] Stock / Bond Statement or Certificate
- [ ] Trust Agreement
- [ ] Vehicle Registration / Title

Insurance
- [ ] Insurance Cards
- [ ] Life / Burial / Health Insurance Policy
- [ ] Statement from Insurance Provider

Expenses
- [ ] Cancelled Rent Check
- [ ] Homeowner's Insurance Statement
- [ ] Lease Agreement
- [ ] Proof of Energy Assistance Received
- [ ] Proof of Public Housing Assistance
- [ ] Property Tax Statement
- [ ] Rent Receipt
- [ ] Landlord or Mortgage Lender Statement
- [ ] Utility Bill

Child Care / Child Support Expenses
- [ ] County Clerk Record for Child Support
- [ ] Proof of Child Support You Pay
- [ ] Receipt / Copy of Check for Child Care That You Pay
- [ ] Statement from Child Care Provider

Medical
- [ ] Medical Bill / Receipt
- [ ] Medical Statement
- [ ] Medical Statement of Pregnancy / Due Date
- [ ] Prescription Receipt or Printout

Legal
- [ ] Divorce Decree
- [ ] Guardianship Order
- [ ] Marriage Certificate
- [ ] Paternity Record
- [ ] Power of Attorney

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

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**
  - If verification documents are submitted with the Application for Assistance, a Document Cover Sheet is **not** needed.
  - A Document Cover Sheet should be used when verifications are sent after the application was submitted.
  - A Document Cover Sheet is **not** needed when submitting an Authorized Representative (AR) form.
  - If you computer blocks pop-ups, make sure to disable the pop-up blocker before completing the online application.

- **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"

navigation

- Review the Instructions
- Rights and Responsibilities
- Help finding a job
- Child care assistance
- Child support services
- Social Security
- Disability
- EBT
- More Services

Apply for Benefits on the Web – Fast and EZ

Help

Food Stamps

Cash Assistance

He

Click on the blue, underlined words below to perform the listed fu

Food Stamps, Cash Assistance, and Health Coverage

- Use our EZ Screening to see if you might be eligible for Food Stamps, Health Coverage, and Cash Assistance.
- Apply for Benefits if you wish to apply online or get an application without completing the EZ Screening questions
- Report a Change if you are receiving benefits
- Check the Status of an application you have sent
receiving

Healthy Indiana Plan (HIP)

- Use our EZ Screening to see if you might be eligible for HIP.
- Apply for HIP if you wish to obtain an application for Healthy Indiana Plan without completing the EZ Screening questions
- Report a Change if you are receiving HIP benefits
- Check the Status of a HIP application you have sent to us or a benefit you are receiving
- HIP Health Plan may report a change about a plan participant

Check Case Status Online

Enter case number, last name, date of birth and last four digits of Social Security Number.

Check the Status

Case Status – Online (cont.)

Online Case Status

- **Proof of Eligibility form *(print or mail)***
- **Case-specific, bar-coded Document Cover Sheet**
- **Scheduled Appointments**
- **Solicited Document Requests**
- **View Documents**

Case Status:

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 view additional details about your benefits, click View under the 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.

Home

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 view additional details about your benefits, click View under the 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:	James Smith	Social Security Number:	XXX-XX-9859
Date of Birth:	01/01/1950		
Home Address:	123 Main Street Indianapolis, Indiana 12345 Marion	Mailing Address:	123 Main Street Indianapolis, Indiana 12345 Marion

Scheduled Appointment

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

Pending Applications

Programs Applied For	Date Application Received
Food Stamps	01/31/2008
Health Coverage	1/31/2008

Solicited Documents Requests

Correspondence Name	Verification	Client	Mail Date	Due Date
Pending Verifications for Applicants/Recipients	Age	James Smith	2/7/2008	2/10/2008
Pending Verifications for Applicants/Recipients	US Citizenship	Joanie Smith	2/7/2008	2/10/2008

Assistance Groups

Details	Type	Payee	Effective Date	End Date	Status
View	TANF		01/31/2008		Open

Case Status – Online (cont.)

Assistance Groups

(expanded view)

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

Home

Assistance Group: JESSICA MAYER

Help

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

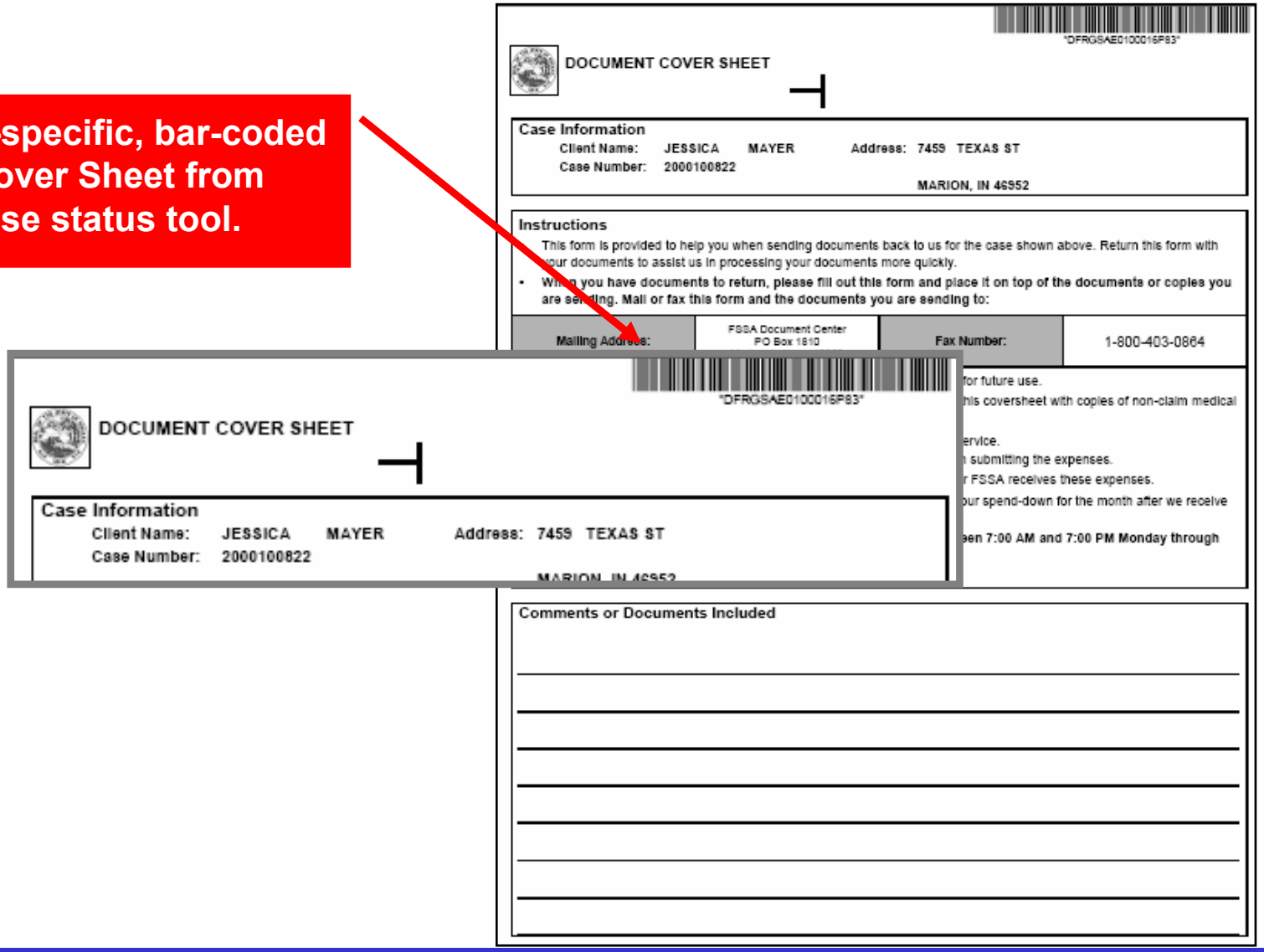
Case Status – Online (cont.)

Available in Spring 2009!

- View a list of documents received for a case within the last six months
- The document name and receipt date will be listed on the screen
- The View Documents screen will be available through the Registered Agency Portal and client-facing online case status screen

Case Status – Online (cont.)

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



"DFRGSAE0100016P93"

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:	FSSA Document Center PO Box 1810	Fax Number:	1-800-403-0864

for future use.
his coversheet with copies of non-claim medical
ervice.
submitting the expenses.
FSSA receives these expenses.
our spend-down for the month after we receive
een 7:00 AM and 7:00 PM Monday through

Comments or Documents Included

"DFRGSAE0100016P93"

DOCUMENT COVER SHEET

Case Information
Client Name: JESSICA MAYER Address: 7459 TEXAS ST
Case Number: 2000100822

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.**
   - If the case includes Food Stamps, an appointment letter (for an interview) is included.
2. **Eligibility Specialist conducts Redetermination Interview on the phone (Food Stamps only).**
   - 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.**

Redetermination

Upcoming changes to redeterminations!

- **Cases including Food Stamps *(non-elderly and non-disabled)***
  - 6 month review questionnaire
  - 12 month redetermination form and interview

- **Cases including Food Stamps *(elderly and disabled)***
  - 12 month redetermination form and interview

- **TANF Cases *(no Food Stamps)***
  - 12 month redetermination form and 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"

navigation

- Review the Instructions
- Rights and Responsibilities
- Help finding a job
- Child care assistance
- Child support services
- Social Security
- Disability
- EBT
- More Services

Apply for Benefits on the Web – Fast and EZ

Food Stamps

Cash Assistance

Health

Click on the blue, underlined words below to perform the listed functions.

Food Stamps, Cash Assistance, and Health Coverage
- Use our EZ Screening to see if you might be eligible for Food Stamps, Health Coverage, and Cash Assistance.
- Apply for Benefits if you wish to apply online or get an application without completing the EZ Screening questions
- Report a Change if you are receiving benefits
- Check the Status of an application you have sent to us or a benefit you are receiving

Healthy Indiana Plan (HIP)
- Use our EZ Screening to see if you might be eligible for HIP.
- Apply for HIP if you wish to obtain an application for Healthy Indiana Plan without completing the EZ Screening questions
- Report a Change if you are receiving HIP benefits
- Check the Status of a HIP application you have sent to us or a benefit you are receiving
- HIP Health Plan may report a change about a plan participant

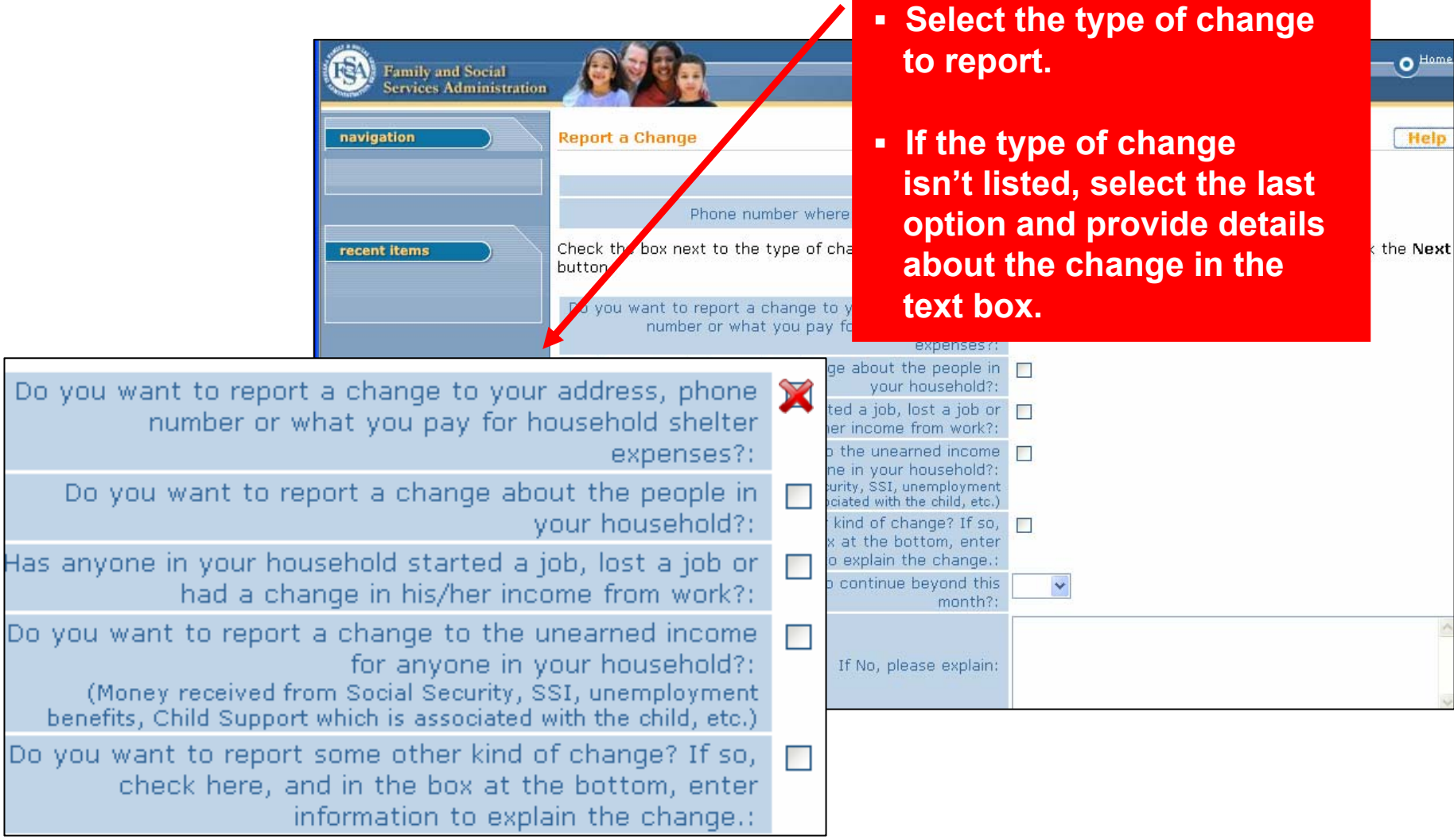
Report a Change Online

Enter case number, last name, date of birth and last four digits of Social Security Number.

Report a Change

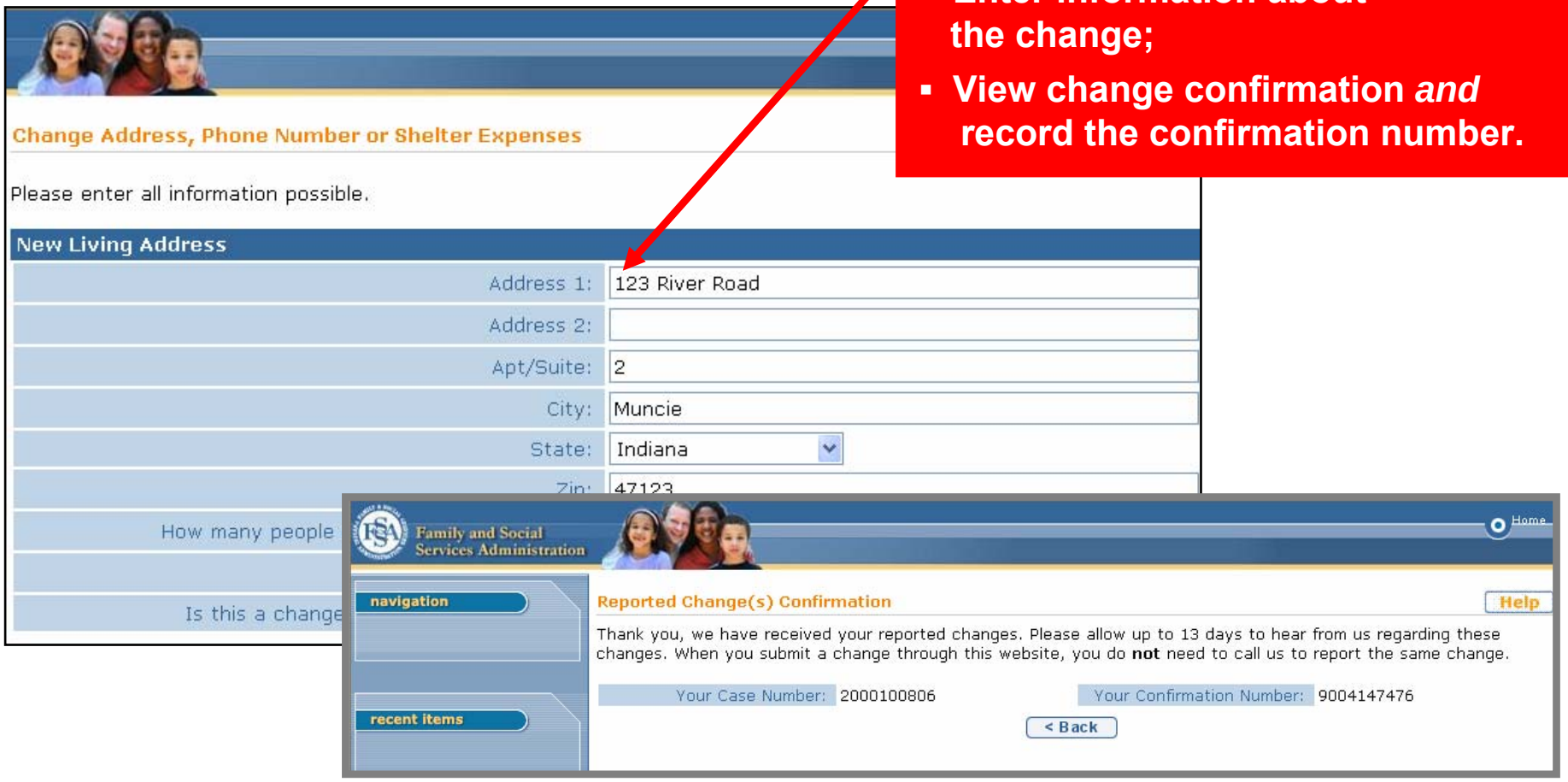
Change Reporting (cont.)

- 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.

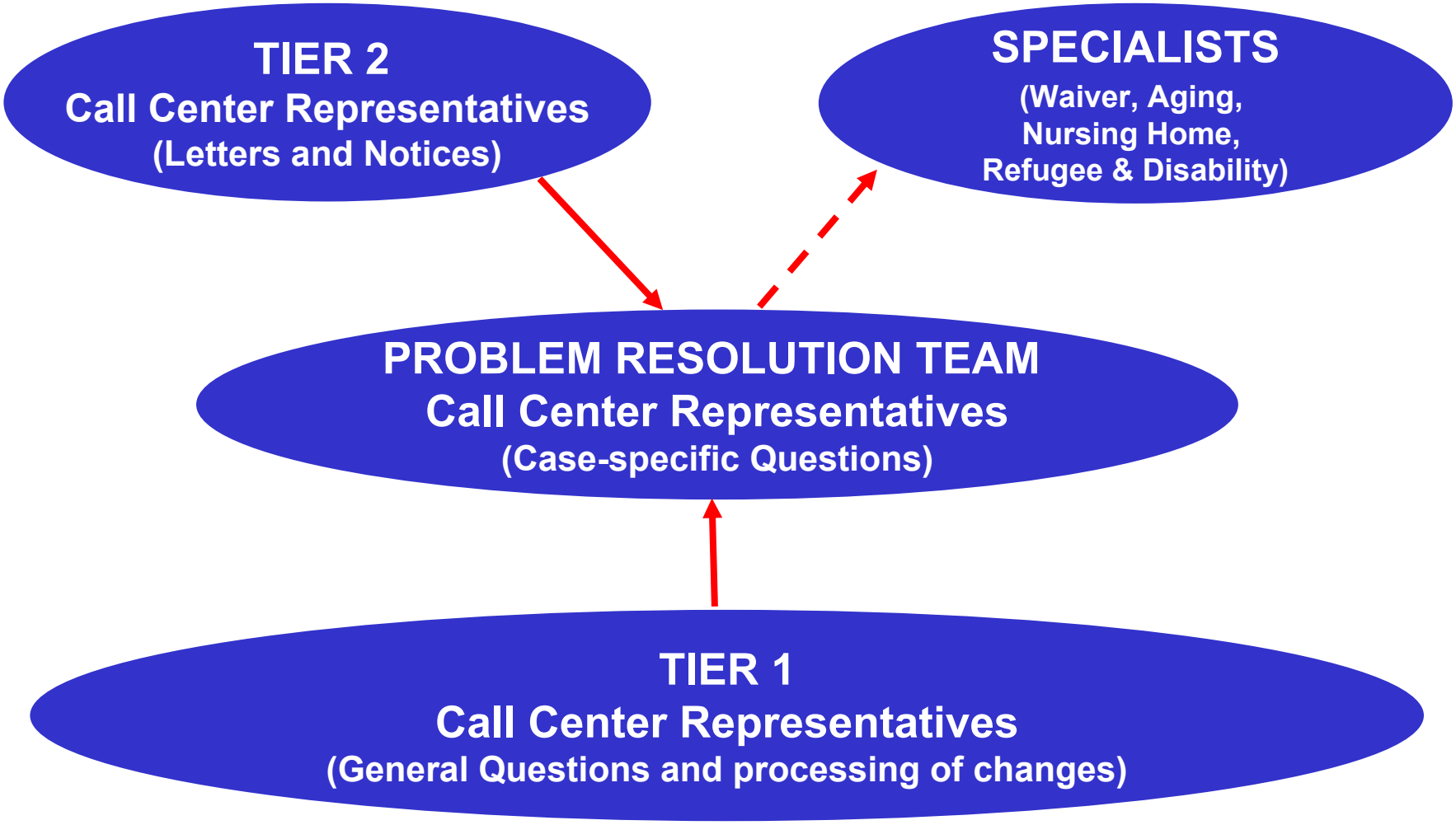


Change Reporting (cont.)

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



Contacting the Call Center



Contacting the Call Center (cont.)

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)

How You Can Participate in the New System

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

Benefits of V-CAN Membership

- Community organizations and service providers may choose the level of V-CAN membership that fits the needs of clients and the organization.

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

- ***Referral*** members display and share information regarding changes to the public assistance eligibility system with clients and receive informational updates and client educational materials.

- ***Informational*** members receive informational updates via e-mail regarding Eligibility Modernization including the V-CAN Connector newsletter, training invitations, etc.

How the V-CAN Benefits Clients

- **Convenient locations within the local community, reducing travel requirements.**
- **Opportunity to access aid without stigma of going to a “welfare office”.**
- **Clients may feel comfortable asking questions about how to apply for benefits with people they trust.**

Provider Benefits of V-CAN Membership

What's in it for you?

- **Enhancing Your Services**
  - Today, you answer questions about public assistance. In the new system, you can offer on-site access to benefit applications and information.
- **Maximizing Resources in the New System**
  - Today, a family visits your free neighborhood health clinic for services, utilizing your privately-raised funding when Medicaid should pay the bill.
  - In the new system, you can encourage the family to apply for Medicaid benefits *right in your office*.
- **Accessing up-to-date information on Eligibility Modernization**
  - By becoming a V-CAN member, you will receive client outreach materials, bi-monthly newsletters and information updates on upcoming developments with the Eligibility Modernization project.
  - V-CAN User Guide with helpful tips on applying for and managing benefits in the new system.

Assisting Clients in the New System

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

- **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

- 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 emails (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 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: A Middle/MI: Last: Frank

Search Reset Cancel

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

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

V-CAN Communication & Support

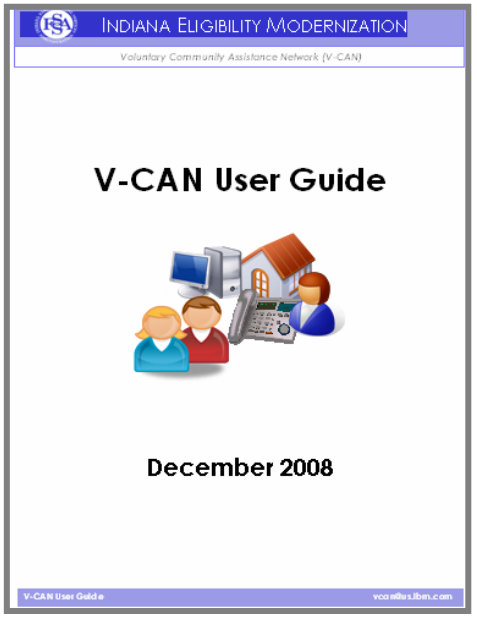
Helpful resources and tips for V-CAN members are available!

- **V-CAN Q&A document**
  - Contains answers to question gathered during regional V-CAN training sessions:
    - ✓ Applying for Benefits
    - ✓ Managing Benefits
    - ✓ FSSA Call Center
    - ✓ Program-Related Questions (i.e., Hoosier Healthwise, Healthy Indiana Plan, Medicaid Waiver, IMPACT, M.E.D. Works, etc).
    - ✓ FSSA DFR Offices
    - ✓ IBM-led Coalition
  - The V-CAN Q&A document was updated in December 2008 and may be downloaded from the FSSA website at www.in.gov/fssa, click “Eligibility Modernization” and “Communications.”

V-CAN Communication & Support (cont.)

V-CAN User Guide

- Serves as a desktop reference for V-CAN members when applying for or managing benefits in the new system.
- Provides instructions and helpful tips for V-CAN members assisting applicants and clients with the new system.
- Includes quick reference cards of public assistance contacts (to be cut-out and placed next to a phone) for V-CAN member agencies.
- The V-CAN User Guide was updated in December 2008 and may be downloaded from the FSSA website at www.in.gov/fssa, click “Eligibility Modernization” and “Communications.”



V-CAN Communication & Support (cont.)

- **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